

Keith Marshall

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From: Barnabas Patient Voices <[keith@barnabasvoices.org.uk](mailto:keith@barnabasvoices.org.uk)>  
Sent: 04 August 2024 12:17  
To: Barnabas Patient Voices  
Subject: Barnabas Patient Voices Monthly Update, August  
Attachments: BPV\_Minutes\_20240724.pdf; PPG Newsletter - 2024 - July.pdf; PA\_News.pdf; Barnabas\_Stats\_Poster.pdf

Email to All **Barnabas Patient Voices** Members ...  
Printed copies to members without email

A copy will also be posted on our Facebook group, <https://www.facebook.com/groups/barnabas.ppg>, and website, <https://barnabasvoices.org.uk/>. If you can't read any of the attached documents, or want printed copies of anything mentioned, please contact me and I'll try to send you a copy.

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Welcome to the August update for **Barnabas Patient Voices** members.

We've got a lot to get through this month.

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**Please share healthcare news!** (But not anything about your personal care.) Please be brief – just a link to a news item is fine. Email to me at [keith@barnabasvoices.org.uk](mailto:keith@barnabasvoices.org.uk), or leave me a note with reception at the medical centre.

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**Don't forget to keep an eye on our website, <https://barnabasvoices.org.uk/>, and/or our Facebook group, <https://www.facebook.com/groups/barnabas.ppg>, for timely updates and information.**

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## **Coronavirus Update**

A lot seems to have happened in the Covid arena since my last update.

TL;DR. (1) We're in the midst of a large wave of infection. (2) Response to the Spring Booster vaccinations was underwhelming. (3) Long Covid is real but still not fully understood. (4) The Covid Inquiry in its first report has been scathing about our preparedness.

First of all, where are we with Covid infections? Well the news is that we appear to be in the middle of a wave of infection which is probably higher than last winter's wave. This is due to the FLiRT variants (especially, KP.3 & KP.3.1.1) which are now dominant and are especially able to evade the immune system, so this is not a benign wave! It is difficult to be certain because there is now effectively no reporting and testing, outside hospitals, so the epidemiologists are having to extrapolate from the little data there is on hospital admissions and infections – and this data is indicating the existence (and likely size) of the wave. Two quotes from this week's reports:

[T]he Covid wave in England continues ... Sadly, the current Covid "FLiRT" variants aren't relaxing their grip.

[Prof. Christina Pagel, <https://christinapagel.substack.com/p/and-the-covid-wave-in-england-continues>]

Covid levels remain high. It now seems likely that this summer wave is continuing, indicating that Covid is not a seasonal disease and we are likely to experience further waves as new variants emerge and immunity levels wane.

[Bob Hawkins, <https://bhawkins3.substack.com/p/covid-situation-report-aug-1-2024>]

On top of that, Australia is now seeing a new wave of other new variants ( being called FLuQE ) which are also highly infectious.

Bottom line. (1) If you have a cold-like ailment it is more likely at present to be Covid than a cold. (2) You would be wise to continue to keep taking precautions (eg. masking) in busy indoor areas, especially if you are in an older age category or particularly vulnerable.

Bob Hawkins has also taken a look at the success (or not) of the Spring Booster Campaign:

The Spring 2024 booster campaign in England closed on June 30 ... just under than 4.3 million doses have been administered, covering an estimated 60% of the eligible population. However, immunosuppressed individuals continue to have lower vaccine coverage.

As always, it's important to remember that the risk of hospitalisation from Covid infection increases significantly with age and for those immunocompromised.

[Bob Hawkins, <https://bhawkins3.substack.com/p/covid-situation-report-jul-5-2024>]

More information on Long Covid has been published in the last week or two. It is estimated that 1-2% of those infected with Covid will go on to develop Long Covid (although that has fallen from the early days, due to vaccination and previous infection. So at no point is the risk of Long Covid zero, and the more times you are infected, the higher the likelihood of a bad outcome. 1-2% sounds small, but it is estimated that about 2million people across the UK have Long Covid, with many of them unable to work.

The medics are still working to fully understand Long Covid and how to treat it. The current state of our understanding has recently been documented in an article by Prof. Trisha Greenhalgh et al. in the *Lancet*, which Prof. Greenhalgh has summarised at <https://independentsage.substack.com/p/long-covid-a-dystopian-game-of-pinball>.

The UK Covid Inquiry First Report on Resilience and Preparedness has been published. It identifies 9 major flaws in government planning and preparedness and makes 10 recommendations. The underlying conclusion is that not only did the government not get a grip and follow their own (incomplete) plan, but in the whole approach we were planning to fail and just accept a million deaths as unavoidable collateral. Two articles which summarise key parts of the report from members of Independent SAGE: first Dr Duncan Roberts summarises the flaws and recommendations at <https://independentsage.substack.com/p/the-uk-covid-inquiry-first-report> ; and secondly Prof. Christina Pagel looks at the way in which we planned to fail at <https://christinapagel.substack.com/p/covid-inquiry-report-we-planned-for> .

Phew!

## **July Open Meeting – Minutes**

The minutes of our Open Meeting on 24 July are attached. Please read them as they contain a lot of information and background.

## **September Open Meeting**

Our next Open Meeting is **in person at the Medical Centre** on the rearranged date of **Saturday 28 September at 11:00**. Provisional agenda to follow in my September Monthly Update.

**Our final Open Meeting of the year is scheduled for Wednesday 20 November; 13:00 over Zoom.**

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## **Barnabas Practice News**

### **Staff Updates**

As you will see from the meeting minutes the Practice has appointed another salaried GP, who will join in October (after 3 months notice in their current position). There is also a plan to recruit another one or two salaried GPs – and further receptionists.

### **Phone System**

As well as the plan for additional receptionists, work is continuing on improving the phone system. Most significantly the Practice (like all GP practices) is required to install a call-back facility by October.

### **Practice Statistics (April-June 2024)**

I've put together a small poster of appointments statistics for the Practice – attached. My intention is to display this on the waiting area noticeboards, but I thought I'd share it with you all first. Comments welcome.

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## **General NHS & Healthcare News**

### **Respiratory Syncytial Virus (RSV) Vaccination**

RSV is a common cause of coughs and colds. While it usually gets better by itself, can be serious for some babies and older adults. Consequently from September, those aged 75 to 79 and women 28 or more weeks pregnant will be offered vaccination against RSV. If eligible you will be contacted by the Practice when the vaccination is available. But also note that this vaccination cannot be given at the same time as flu vaccination. NHS article at <https://www.nhs.uk/conditions/respiratory-syncytial-virus-rsv/>.

### **More GP Appointments**

NHS report that GPs are now delivering 20% more appointments than they were before the outbreak of Covid. I don't have data going back to 2019, but in during January to March this year Barnabas offered 15% more appointments than in the corresponding period in 2023. NHS report at <https://www.england.nhs.uk/2024/07/gps-now-delivering-a-fifth-more-appointments-than-pre-pandemic/>.

### **GP Work-to-Rule**

You will have seen in the media that GP members of the BMA (which is not all GPs) have voted to work-to-rule over their workloads and the lack of funding for General Practice. One possible action could to restrict appointments to just 25 a day for a GP (when currently many are seeing 40 or more

patients as day). I don't (yet) know how, if at all, this will affect us. BBC News report at <https://www.bbc.co.uk/news/articles/c72vp774rp3o>.

### **Principles of Better Patient Safety**

The Patient Safety Commissioner has issued a set of draft Principles of Better Patient Safety to act as a guide for senior leaders in how to deliver safer care for patients and reduce avoidable harm. You can have your say on the principles until 6 September. There's some more information and a link to the survey at <https://www.patientsafetycommissioner.org.uk/principles-of-better-patient-safety/#1721036718859-99a4b6a6-6c37>.

### **Patients Association Survey**

The recent PA survey of patients' experiences of healthcare has revealed significant challenges in accessing care, reinforcing the need to improve patients' access to services.

- Three out of ten reported struggles to get GP appointments.
- Around one in five reported using private healthcare because they were unable to get care on the NHS.
- But more than half agreed they'd been seen by professionals who were kind and compassionate.

These survey results show how a broken NHS is damaging the relationship patients have with the services they need. It also bears out the data from the GP Patient Survey which we discussed at our last Open Meeting (see above). More on the survey results at <https://www.patients-association.org.uk/news/beyond-the-breaking-point-general-election-survey>.

### **GP Practice Problems**

There's a BBC report about a large medical practice in Devon which has almost exactly the same problems as Barnabas, and which we're regularly discussing. It bears out the analyses of all the surveys etc. mentioned above, and shows that the problems really are country-wide. Report at <https://www.bbc.co.uk/news/articles/c19kpe0prv8o>. Can the new government actually turn any of this round?

### **NHS Investigation**

Talking of the new government, one of the first things the new Health Secretary did was to appoint the world-renowned surgeon Prof Lord Darzi to lead an independent investigation into the performance of the NHS. Lord Darzi should have a head-start as in 2008 he led a review of the NHS that recommended a relentless focus on quality of care, and a move away from the political command and control of (clinical) processes. There's more in a Guardian report at <https://www.theguardian.com/society/article/2024/jul/11/prof-lord-ara-darzi-surgeon-nhs-review>.

### **Healthwatch Ealing Annual Report**

You can read Healthwatch Ealing's Annual Report online at <https://www.healthwatchealing.org.uk/sites/healthwatchealing.org.uk/files/Healthwatch%20Ealing%20Annual%20Report%2023.24.pdf>.

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### **Newsletters**

A round-up of potentially interesting newsletters received since the last update.

- **Patients Association** weekly news from 05/07, 19/07, 26/07, 02/08 – attached as a single document; sorry as usual no printed copies due to size.
- **Mike Lally's PPG Newsletter** for July

## Links / QR Codes for the Latest Publications

These will always take you to the latest versions ...

<b>Barnabas Bulletin</b>	<a href="https://barnabasvoices.org.uk/docs/Barnabas_Bulletin.pdf">https://barnabasvoices.org.uk/docs/Barnabas_Bulletin.pdf</a>	
<b>What's Where near Barnabas</b>	<a href="https://barnabasvoices.org.uk/docs/Whats_Where_near_Barnabas.pdf">https://barnabasvoices.org.uk/docs/Whats_Where_near_Barnabas.pdf</a>	

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I think that's more than enough for this month. Take care and enjoy the summer!

Keith



Keith Marshall, Chairman, **Barnabas Patient Voices**

Phone: 020 8864 7993 – Mobile: 07847 149 417

Email: [keith@barnabasvoices.org.uk](mailto:keith@barnabasvoices.org.uk)

Web: <https://barnabasvoices.org.uk>

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