## Keith Marshall

From: Barnabas Patient Voices <keith@barnabasvoices.org.uk>

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Attachments: BPV\_Minutes\_20250315.pdf; Plan\_2025-2027.pdf; patientleaflet3.pdf; PPG

Newsletter - 2025 -March.pdf; PA\_Weekly\_News+NIHR.pdf; SpamAssassinReport.txt

Email to All Barnabas Patient Voices Members ...

Printed copies to members without email

A copy will also be posted on our Facebook group, <a href="https://www.facebook.com/groups/barnabas.ppg">https://www.facebook.com/groups/barnabas.ppg</a>, and website, <a href="https://barnabasvoices.org.uk/">https://barnabasvoices.org.uk/</a>.

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.

Welcome to the April update for Barnabas Patient Voices members.

**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 <u>keith@barnabasvoices.org.uk</u>, or leave me a note with reception at the medical centre. You can also find me on WhatsApp.

# **Infectious Disease Update**

#### Covid

The good news continues ... Covid remains at a low level (although still above the base level for flu). However I have noticed in the latest data reports that rates have drifted up a little over the last few weeks. Background data at <a href="https://substack.com/home/post/p-160483602">https://substack.com/home/post/p-160483602</a>.

A couple of weeks ago Prof. Christina Pagel wrote about the current Covid situation, and took a quick look at a couple of new variants which may take hold. Full article at <a href="https://independentsage.substack.com/p/current-covid-situation-in-uk-and">https://independentsage.substack.com/p/current-covid-situation-in-uk-and</a>. Subsequently it looks as if these variants LP.8.1 and LP.8.1.1 are now dominant in UK, see <a href="https://substack.com/home/post/p-159978886">https://substack.com/home/post/p-159978886</a>.

Meanwhile the **Spring Vaccination campaign** is now open. This time round the following are eligible for a COVID-19 vaccine:

- all adults aged 75 years and over
- residents in a care home for older adults
- individuals aged 6 months and over who are in a clinical risk group

Note that the previous cohort of those who are immunosuppressed is not included.

The Spring Campaign closes on 17 June.

#### Flu

The rate of flu is now dropping rapidly, although it remains above the baseline level, and likely will for another month or so.

## Measles

Measles is, of course, still a hot topic, especially with the large outbreak in (mostly) unvaccinated people in USA. Having said that, the UK is not immune: between 1 January and 3 March this year (the latest data available) there were 151 confirmed cases of measles in England. These were mostly clustered in London, the South West and Yorkshire & Humberside; the majority of cases were in the under 10 age group. Data at <a href="https://ukhsa-dashboard.data.gov.uk/outbreaks/measles">https://ukhsa-dashboard.data.gov.uk/outbreaks/measles</a>.

Let's put measles vaccination in some perspective: I found this quote from author Roald Dahl, who saw his daughter Olivia die of measles:

I should think there would be more chance of your child choking to death on a chocolate bar than of becoming seriously ill from a measles immunization. So what on earth are you worrying about? It really is almost a crime to allow your child to go unimmunized.

### **Barnabas Patient Voices News**

# Open Meeting, 15 March, Minutes

The minutes of our Open Meetings on 15 March are attached. They contain brief notes on a very useful talk from member Sennen Chiu on prostate cancer – many thanks Sennen! There is also the approval of our 2025-27 plan, as well as feedback to, and from, the Practice. Please read the minutes.

## **Next Open Meeting (AGM)**

Our next Open Meeting is on Saturday 17 May, 10:30 at the Medical Centre. Please note the earlier time!

**This meeting is our AGM**, so will include my annual report (which I'll include in next month's update) and the election of Chairman and Vice-Chairman for the next two years. As signalled some months back, do not assume that I will be willing to continue as Chairman. Full agenda for the meeting next month.

## Plan 2025-2027

As you will see from the meeting minutes, our plan for the two years beginning 1 April 2025 was approved. A copy is attached.

As I commented in the meeting ...

- 1. The plan is in 3 sections, each with sub-sections
- 2. Task status has been simplified
- 3. There is no expectation that we will be able to do everything in the plan.

#### **Barnabas Practice News**

### **Barnabas Bulletin**

The Practice have decided to delay until April the issue of their newsletter, *Barnabas Bulletin*, due in March. This reflects the workload at this time due to financial year end. Issues are now planned for April and October. This issue is already well advanced and is awaiting a couple of articles from the Practice. I'll send everyone a copy when it is available.

## Staff Updates

Mostly a reprise of what is in the meeting minutes ...

1. The Practice now has a new Phlebotomist, 3 days a week. This should remove the necessity for patients to travel to Ealing Hospital for blood tests.

- 2. Nurse Assistant Palvi is on maternity leave. The Practice is looking at the options to provide cover
- 3. Chris Sodhi, our Medical Secretary, retired at the end of March. We wish her a long and happy retirement after years of service behind the scenes. Receptionist Izzy is taking on the role of Medical Secretary. Good luck Izzy!
- 4. The Practice have been interviewing for 3 receptionist vacancies. So hopefully reception will be back up to full staffing soon.
- 5. The Practice is unable to recruit more doctors as (a) there is no funding available and (b) there is no consulting room space available. We have 7 GPs (2 partners, 5 salaried) spread between 5 consulting rooms (with one of the consulting rooms also being shared with the phlebotomist, physiotherapist, pharmacist etc.). While doctors could do admin work from home, they cannot do consultations from home (to start with, think confidentiality) which ensures there is always pressure on consulting room space.

## **Local Healthcare News**

# **Northwick Park Hospital, Policy Changes**

Northwick Park Hospital has confirmed that it has updated its policies following an incident involving a feeding tube which lead to the death of the patient in 2023.

Local media report at <a href="https://harrowonline.org/2025/03/27/northwick-park-hospital-trust-confirms-policy-changes-after-incident-involving-feeding-tube/">https://harrowonline.org/2025/03/27/northwick-park-hospital-trust-confirms-policy-changes-after-incident-involving-feeding-tube/</a>.

[Thanks to Sennen for the alert]

# **Minor Eye Problems**

NHS appointments are now available at local optical practices for North West London GP patients. Primary Eyecare Services (PES) has been awarded a contract for an optometry led community eye care service. PES is a national not-for-profit optometry organisation, providing eye care services through local networks of optometry practices in the community. The NW London service includes:

- A Community Eye Service (CES), similar to a Minor Eye Conditions Service (MECS)
- Pre-cataract referral assessment
- Glaucoma referral filtering service

The service is available if you are over 18 and registered with a local GP. You can self-refer or be referred by your GP. However do note that the service does not include a sight test, and patients may need to self-care for minor ailments. More details in the attached flyer.

#### **General NHS & Healthcare News**

## **Abolition of NHS England**

There has been much talk recently about the government's announcement that it is abolishing NHS England. To keep this in perspective, this is my personal view:

- NHSE is the top level management layer controlling the NHS; as such, and due to the size and complexity of the NHS, it has thousands of staff at all levels.
- Although the announcements said NHSE was being "abolished", it isn't. It is being merged back into the ministry, from which it was spun-off in 2012 by the then Health Secretary, Andrew Lansley.
- It has subsequently mushroomed in size.
- Think of what's happening as a merger between two large companies:
  - There will be many duplicated roles, which will need to be merged & rationalised to produce savings (unfortunately mostly jobs).

- The merger will take time (2 years has been quoted, which may be optimistic).
- The merger will cost money in the short term, and the savings won't be realised until it is complete.
- Top level control will be with the major partner (in this case the ministry under the incumbent politician).
- While priorities may be changed we should not expect clinical care to change significantly overall, and certainly not quickly.

Having said that, we do not (yet) know how General Practice (or indeed any other part of the NHS) may be affected.

#### 2025-26 GP Contract

Some highlights from the new GP Contract (as it will affect us patients):

- Base funding is increased by 7.2%. This assumes salaries will increase by 2.8%, although there may be more following the Doctors & Dentists Revie Body.
- GPs can now be paid for every instance where they seek advice & guidance from a consultant with a view to avoiding a referral to secondary care.
- From 1 October GP practices must keep their online consultation tool (for us that's eConsult) open for the whole of core hours (ie. Monday-Friday 08:00-18:30).
- Practices will also be required to identify those patients in the greatest need for continuity of care by seeing the same GP at every appointment.
- There will be a new "patient charter" setting out the standards a patient can expect from their practice.

Summary articles at <a href="https://managementinpractice.com/news/gp-contract-deal-for-2025-26-sees-rise-to-global-sum-by-almost-800m/">https://managementinpractice.com/news/gp-contract-deal-for-2025-26-sees-rise-to-global-sum-by-almost-800m/</a> and <a href="https://www.nhsconfed.org/publications/gp-contract-202526-what-you-need-know">https://www.nhsconfed.org/publications/gp-contract-202526-what-you-need-know</a>.

## **Vaccination**

Returning to vaccination for a moment ... Independent SAGE have released a (fairly readable) report *Preventable Diseases, Preventable Tragedies: Why Vaccines Are Essential.* It looks at all the currently available childhood vaccinations and for each summarises what it is, how it works, the risks and the effects of not having the vaccination. It's a valuable resource. Full report at <a href="https://independentsage.org/wp-content/uploads/2025/03/Preventable-diseases-March-2025.pdf">https://independentsage.org/wp-content/uploads/2025/03/Preventable-diseases-March-2025.pdf</a>.

## **Disease Threat Watch List**

The UK Health Security Agency (UKHSA) has drawn up a new watch list of 24 infectious diseases which could pose the greatest future threat to our public health. Some are viruses with global pandemic potential – like Covid – while others are illnesses that have no existing treatments or could cause significant harm. BBC report, including a link to the detailed list, at <a href="https://www.bbc.co.uk/news/articles/cr72d7p5dl2o">https://www.bbc.co.uk/news/articles/cr72d7p5dl2o</a>.

## **Morning-After Pill**

The government has announced that from later this year, women will be able to get the morning-after pill emergency contraception free from pharmacies. Emergency contraception is already free from most GPs and sexual health clinics. As well as making access easier and fairer, it is hoped that this will free up some GP appointments. BBC report at

https://www.bbc.co.uk/news/articles/c8eprd9n5plo.

## **How are Drugs Named?**

Have you ever wondered how drugs get their names? Perhaps surprisingly it isn't random (although it can look that way) nor is it designed to confuse all but the most hardened professional. It is actually carefully constructed and regulated. Drugs will have three different names:

- The formal chemical name, which is opaque to anyone but a chemist (not pharmacist!) even me and I'm a chemist by origin!
- The generic name, like sildenafil
- And the brand name, like Viagra

Here's a brief introduction to how these names are arrived at <a href="https://rb.gy/q4pnnb">https://rb.gy/q4pnnb</a>; and a long Wikipedia article: <a href="https://en.wikipedia.org/wiki/Drug\_nomenclature">https://en.wikipedia.org/wiki/Drug\_nomenclature</a>.

#### **Newsletters**

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

- Patients Association Weekly News for 7, 14, 21, 28 March & 4 April sorry, as usual, no printed copies
- NIHR Spring Newsletter included with the Patients Association news
- Mike Lally's PPG Newsletter for March copy attached.

# **Links / QR Codes for the Latest Publications**

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



#### Barnabas Bulletin

https://barnabasvoices.org.uk/docs/Barnabas\_Bulletin.pdf



## What's Where near Barnabas

https://barnabasvoices.org.uk/docs/Whats\_Where\_near\_Barnabas.pdf

Phew! That's enough for this month. Stay safe and enjoy the Spring sunshine.

# Keith



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