



# Maltings Quarterly

Quote of the Month: “You never know the value of a moment until it becomes a memory” – Dr Zeuss

## Welcome to Maltings Quarterly

I am delighted to have been asked to take on the Editorship of **Maltings Quarterly**, especially at a time when the Government’s Road map is on track and the easing of lockdown restrictions which we are now beginning to see as more of our society is being opened and UK vaccination programme has enabled this to happen.

**Maltings Quarterly** is an opportunity to drill down into topics in more detail than we do in the monthly newsletter,

Locally, here at The Maltings, despite enormous challenges for all staff and patients for which there was no roadmap, staff have continued to help our resident population to the very best of their ability.

The changes we have seen, including more virtual consultations with face to face appointments where necessary and critical, greater use of the website to access patient services and supporting the national vaccine programme, cannot go unnoticed; and whilst patient satisfaction varies according to personal circumstance, I think it is timely to publicly thank our GPs, nurses, support staff and everyone else that makes our surgery a compassionate and supportive at a time of decreasing resource and higher expectations of primary care.

### Kevin Morris

I welcome your thoughts on this new quarterly publication – you can contact me via [kevinmorris63@icloud.com](mailto:kevinmorris63@icloud.com)



## Vaccinating the Nation (In Context!)

The NHS has carried out several high-profile immunisation drives throughout its history – most notably the vaccination campaigns for polio, measles, and of course the current push to vaccinate the country’s population against Covid-19.

Less than a century ago, polio – a debilitating disease that can cause paralysis – was feared across the world. In 1955, a British version of the US vaccine was successfully developed and rolled out across the country. And by 1962, a version of the vaccine that could be administered on a sugar lump was pioneered, which made vaccination even simpler.

However, the public response to the polio vaccination drive was initially rather poor. In the 1950s, epidemics of the disease were breaking out in the Midlands and Northern Ireland. These two spikes in cases helped persuade people to get vaccinated, as well as the surprise death in 1959 of a 29-year-old footballer called Jeff Hall, who had died within a fortnight of being diagnosed with the disease.



A young patient receives her polio vaccination, c1959. The public response to the vaccination drive was initially rather poor. (Photo by Getty Images)

Once people were convinced of the need to be vaccinated, the program was rolled out very quickly, and the virus was eventually eradicated in the UK (the last polio outbreak in the country happened in the late 1970s).

But for those who weren’t vaccinated in time and who had to be treated by the NHS for polio, their experiences were often horrible. Children recalling their treatments spoke about being kept in iron lungs (machines to assist with breathing which were akin to large metal coffins), and they were rarely allowed to see their parents. Once they were allowed home, they often had to sleep in cold plaster casts and wear callipers (leg braces).

However, the polio immunisation drive pales in significance when compared to the race to vaccinate the UK’s population against covid 19 – and treat those who are suffering from its effects. In the words of historian Susan Cohen, “the service has responded absolutely remarkably” to this unprecedented strain on their resources and staff. Cohen says: “They’ve put their lives on the line to save other people, and that’s what the NHS has always been about.”



## What is the point of the NHS? A personal view

When it emerged as the centrepiece of the post-war welfare state, promoted by Winston Churchill and, far more famously, by Labour's Nye Bevan, and necessitated by the class relations of a society in which concessions and compromises from a shaken, weary ruling class were there to be won by a reformist Labour movement, the NHS's purpose was clear. There were even, as Bevan was to formulate it, four clear principles: it was to be

- free at the point of use,
- available to everyone who needed it,
- paid for out of general taxation, and
- used responsibly.

That was the point right there: to provide free medical treatment for all at the point of need.

But it's a point that has been lost as the NHS's purpose has expanded. Those core principles have become woolly, their impulsion dissipated, as other political interests and ends have shaped the NHS's uncertain, recent trajectory.

But the NHS now also treats people before the point of need, telling them how to live, and bringing them within the ambit less of the welfare than the healthcare state. It has allowed the state to engage with people, not as citizens, but as patients in want of guidance and direction.

And whilst lifestyle medicine has an important role to play in the 21st century, with preventative approaches being at the core of GP medicine, or resourcing the cause before the problem, this would need fundamental reform both in terms of real investment, improved medical training and a redefinition of the social contract between patient and doctor as it cannot be a bolt on to the current medical model.

Advancing clinical research or improving medical treatments has an equally valid claim if the NHS remains free at the point of need. Covid 19 and the speed at which it led to a vaccine has taught us that lesson.

And it's that the NHS is in the grip of another crisis. So, whilst we all moan and groan at lack of access to GPs or getting



## To Carb or Not to Carb that is the question

**Low carb advocate Dr David Unwin has been included on a list of the top 50 most influential GPs in the UK.**

The Southport-based general practitioner has worked closely with [Diabetes.co.uk](http://Diabetes.co.uk) to highlight the benefits of a low carbohydrate, high fat diet in the prevention and management of type 2 diabetes. Dr Unwin was named in ninth place in the Power 50 list, an annual initiative put together by GP magazine Pulse.

Dr Unwin's practice saved a total of £57,000 on medications for conditions including hypertension and type 2 diabetes in 2017/18 by offering patients an "alternative of lifestyle medicine and support".

The surgery has been running a low carb group for five years, with one young participant shedding an incredible seven stone.

Dr Unwin has helped us to develop the award-winning Low Carb Program, which has seen over 360,000 people register in just under three years. Results have demonstrated a reduction in the average HbA1c for people with type 2 diabetes by 1.2 mmol/mol (1.3%) after one year. Additionally, 40% of participants stop taking at least one of their drugs prescribed for the condition over 12 months.

Outcomes of the program after one year were published in the Journal of Medical Internet Research earlier in the summer.

Another collaboration with [Diabetes.co.uk](http://Diabetes.co.uk) has seen Dr Unwin contribute to the creation of an e-learning module called 'Type 2 Diabetes – a Low GI Approach', which was published by the Royal College of General Practitioners (RCGP) and is aimed at healthcare professionals.

Dr Unwin believes he has "probably done more good online than in 32 years of face-to-face medicine".

Commenting on his work, Pulse said: "The 'low carb GP' is the figurehead of a movement that is exerting a considerable influence in healthcare. This influence was demonstrated by the number of people who nominated Dr Unwin for the Power 50. And it seems groups that issue nutrition advice are being persuaded to change long-held beliefs."

through on the telephone, the issues of cashflow and recruitment are real as are funding mechanisms and staffing shortages, but a crisis of mission and purpose, the very things that ought to inform and answer the organisational and fiscal questions now facing the NHS and most acutely in primary care need reform.

In other words, what exactly is the point of the NHS? What kind of health service is it meant to be providing the nation? And finally what role can 'The Maltings Surgery' play in shaping the agenda?

In March, Dr Unwin picked up the Diabetes UK Primary Care Poster prize for a project which focused on supporting people at high risk of type 2 diabetes begin a low carb diet. Also, among his achievements, he was asked to contribute to Diabetes UK's dietary guidelines for 2018.



## Does the Oxford Astra Zeneca vaccine cause blood clots?

### Message from Herts Valleys CCG

The following information is being added to the [COVID-19 vaccination question and answer section](https://covid.healthierfuture.org.uk/) on the Healthier Future website <https://covid.healthierfuture.org.uk/>.

### Question: Does the Oxford Astra Zeneca vaccine cause blood clots?

**Answer:** Blood clots can occur naturally and are not uncommon. Reports of blood clots received so far are not greater than the number that we would normally expect to see amongst the groups of the population who have been vaccinated. People should still go and get their COVID-19 vaccine when asked to do so.

More than 11 million doses of the Astra Zeneca vaccine have now been administered across the UK. Vaccine safety is of paramount importance and the regulatory agency, the Medicines and Healthcare products Regulatory Agency (MHRA) continually monitors the safety of vaccines in the UK.



## What's Happening To Your Patient Record?

**On July 1<sup>st</sup> NHS-England will be uploading our patient records to a central repository; and each day thereafter any changes will be uploaded too. Should you be concerned?**

You may remember back in 2013/14 there was a programme called Care.data – the downloading of everyone's GP records? That programme was abandoned in 2016 due to complaints about confidentiality and commercial use.

Well it's back! On September 1<sup>st</sup> your complete GP record will be uploaded to NHS-Digital's central repository. And every day thereafter any changes will be uploaded. But should you care? Well we really need to understand how the data is to be used once it's updated. First there's a benefit to us as patients – if we're ill anywhere in England the local healthcare professionals can (in theory) access our record – that's called our **direct care or primary use**.

But then there's secondary use – for public bodies and academics to do research and analysis that will indirectly benefit everyone – that's **secondary use**.

And finally there's **tertiary use** – where the Government provides the data to private healthcare companies. The NHS web site claims that the NHS would never "sell the data"; but that begs the question that if it is of commercial value, why wouldn't the NHS want to recover some of its costs?

Next there's the issue of how safe is the data after it's been uploaded or distributed for secondary or tertiary use? There's no question that NHS Digital is safer today than it was in 2014; but there's still a high probability of leakage. And if it does leak it becomes dangerous as NHS Digital has



For more information and a statement from the MHRA, see this [link](#).

simply pseudonymised and not anonymised the data. That means that, although the data is essentially anonymous when it is distributed, your personal details can be re-constructed.

You can opt out – using the letter below! Or you can do it online at <https://digital.nhs.uk/services/national-data-opt-out> **If you decide that's what you would like to do you only have until August 23<sup>rd</sup> to exercise your opt-out!** If you want to send it to the Surgery use this email address [maltingsurgery@nhs.net](mailto:maltingsurgery@nhs.net)

## What happens after you ring the Surgery?



**Most of us have experienced a degree of frustration when we contact the Surgery for whatever reason; but let's think of it from the Surgery's perspective and see what we, as patients can do to help!**

The following diagram highlights the patient flow; in other words what actually happens to that call.



### The Telephone Service

Although the Surgery had a new switchboard just over 2 years ago with much more capacity and features, its introduction hasn't been without technical problems. The most recent was waiting until you were number one in the queue and then being disconnected. The system provider believes these problems are fixed but if you still experience this problem note the time and tell the surgery – they can go back through the logs to see what happened and brief the provider to sort it out!

#### Hint:

**The Surgery gets 800-1,000 calls a day; you can get through to the Patient Care Advisors using the Online-Consult system which avoids the wait on the telephone!**

## Online-Consult



Click on Online Consult on the Maltings home page and then at the top of the next page you'll see the image on the right – go to **Admin including medical reports**. If that field isn't there type in Admin in the Search Bar!

Popular Topics

[Admin including medical reports ...](#)  
[Medication Request](#)  
[General health query](#)  
[Rash in adults](#)

***Surgery Request: if you have multiple requests please put them all in the same Online Consult submission – it's a real problem trying to sort out if there's one entry per request!***

## First Step

The call is handled by a patient Care Advisor (we generally know them as Receptionists!) who takes down the details. Please make sure you give as accurate and concise description for the reason of your call as that determines to whom the request needs to be referred. The fundamental purpose of this step is to prioritise your call (often referred to as "triage"; unlike many surgeries where the triage process is managed by the Patient Care Advisors, at the Maltings your request is prioritised by Healthcare Professionals within the **Assessment Team**).

## Assessment Team

Requests typically fall into one of two categories:-

- **Administrative** – these are referred to the Administration Team to manage; and
- **Medical** – and this is where triage is really important as there can be many levels of request from repeat prescriptions to urgent treatment needed on the day. So your request could be referred to
  - Prescribing
  - A Nurse
  - A Paramedic
  - A GP
  - A Partner GP

Where appropriate the Healthcare Professional will call you back, discuss the reason you contacted the Surgery and if necessary arrange for you to be seen face-to-face. The response time for all of these calls is based on clinical need and will vary depending on the load that day.

## Current Volumes

At the present moment the number of calls being made to our Surgeries – all Surgeries not just the Maltings – is extremely high. The Maltings can get anywhere between 800 and 1,000 calls a day! That means almost 5% of patients are calling the Surgery ever day!

**Hint: Is your call really necessary?  
If it's not urgent why not leave it to  
later in the day?**

Many calls to the Surgery are about Covid-19 vaccinations, and really the Surgery can't help on that as they are subject to either the Batchwood Hall booking system or the national system. The best number to call for information on the vaccines is the national 119 number.

## Why am I told the list is full?

The Surgery has a capacity that it can treat safely; and with the incredible demand being placed on the Surgery's resources, the situation does get to the point where it would be dangerous to try and "squeeze one more in!" If it's urgent then the Surgery will always try and respond but please try and avoid stretching the system too much.

## What does this do for Patient Experience?

This is a tricky question to answer; the first effect of the current system is to ensure that critical situations are dealt with more effectively than under the old system. A consequence of that is that less urgent patient needs are not managed quite as quickly. But, as patients, we're all used to getting our requests dealt with by the Surgery; and as the current peak demand tends to become more manageable normal service is sure to be resumed!

For further information contact [kevinmorris63@icloud.com](mailto:kevinmorris63@icloud.com)

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