

SPRING NEWSLETTER

PPG Newsletter | ppg.wwgp@gmail.com

Covid-19 Update

We would like to update you regarding GP procedures at the Warrens.

NHS England want us to make it very clear that remote consulting is still necessary to keep patients, Staff & medical colleagues safe as we learn to live with the COVID pandemic. Case numbers & deaths are reducing & vaccination numbers are increasing but this often fatal infection is still active in our community.

As the pandemic continues to pose unprecedented demands on general practice, care needs to be prioritised to those most in need of support, including those with urgent care needs.

We will continue to triage patients by a remote telephone appointment initially & will organise face to face contacts from this if needed.

PLEASE DO NOT COME TO THE PRACTICE UNLESS A DR OR NURSE HAS ARRANGED A FACE TO FACE APPOINTMENT FOR YOU.

All queries must be made via e-Consult or by telephone as you have been doing this last year. Thank you for your assistance.

We are slowly introducing more routine work such as steroid injections, annual blood screening, asthma reviews, diabetic reviews etc which were halted Nationally in Lockdown. Please be patient.

PLEASE DO NOT COME TO THE PRACTICE UNLESS A DOCTOR OR NURSE HAS ARRANGED A FACE TO FACE APPOINTMENT FOR YOU

Ladies please continue to book your smear appointments with our nurses. Please telephone and we can arrange this for you.

We are all being guided by infection rates & will continue to update you as the risk changes.

Please help to keep us all safe.

Thank you.

WIRED - Vaccinations

Are you the sole or primary carer who provides close personal care or face to face support on a voluntary/unpaid basis for an elderly or disabled person aged 16 or over who is clinically vulnerable to COVID 19? Do you live in Wirral?

If the answer is yes, call WIRED on 01516700777 Mon-Fri 9am to 4pm to book your COVID 19 vaccination at Clatterbridge Vaccination Hub, you'll need your NHS number to book your vaccination.

Also, if you work with unpaid/voluntary carers who live in Wirral, please circulate this message to them.

Dr JM Hughes

Cervical Cytology Tests

We are now back on track with smear tests. Rest assured that the surgery has made it as safe as possible for patients to attend their appointment.

It will look a little different from the last time you came but the staff are here to help make your visit as smooth and stress free as possible. For example, there will be very few people in reception when you arrive. The nurses, wearing a mask, visor, apron and gloves, will collect you from the waiting area and take you into their private room. They will talk you through the smear test procedure and put you at your ease. If you feel a chaperone would help you we can arrange that. We have a one-way in and one-way out system in place and the nurse will guide you to the exit.

We all know that smears are important but it is so easy to put it off and then a month becomes two and before you know it your smear is well overdue. Check out this link that explains all about the smear: <https://www.nhs.uk/conditions/cervical-screening/>

So, if you have had a letter inviting you for your smear, pick up the phone, ring 929 5555 and ask to book in for your smear. All we ask is that you wear a mask when you come into the surgery and come alone unless you need a carer. The staff may be wearing masks but underneath it is still us and we are still smiling!

Physician Associates

We are delighted to welcome **Physician Associates (PAs)** to our team. PAs are medically trained, generalist healthcare professionals who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. PAs are dependent practitioners working with a dedicated medical supervisor, but are able to work autonomously with appropriate support.

Background to the Profession

Although the profession is still considered relatively 'new' in the UK, the first PAs were formally introduced in 2003. In 2004, the Department of Health commissioned an evaluation of the impact of introducing PAs, which pointed to great patient and physician satisfaction. In 2005, the professional body, UK Association of Physician Associates (UKAPA), was established. In 2006, the DH released the Competence and Curriculum Framework, developed in partnership with The Royal College of Physicians (RCP) and the Royal College of General Practitioners.

The profession has gone from strength to strength, with the adoption of the managed voluntary register for PAs (2011) and the launch of the Faculty of Physician Associates through collaboration with UKAPA and the RCP in 2015.

What experience do physician associates have?

All PAs hold at least a bachelor's degree, usually in a life science field (biomedical science/health related science degree). Most physician associate programmes require at least a 2:1 honours degree for entry into the postgraduate diploma course in addition to prior health or social care experience. The prior experience of PAs is diverse ranging from cardiac physiology and psychologists to pharmacists and health educators.

What do physician associates do?

PAs work within a defined scope of practice and limits of competence. They:

- take medical histories from patients
- carry out physical examinations
- see patients with undifferentiated diagnoses
- see patients with long-term chronic conditions
- formulate differential diagnoses and management plans
- perform diagnostic and therapeutic procedures
- develop & deliver appropriate treatment & management plans
- request and interpret diagnostic studies
- provide health promotion and disease prevention advice for patients.

Currently, physician associates are not able to:

- prescribe
- request ionising radiation (eg chest x-ray or CT scan).

Healthier West Wirral Facebook Page

Our PCN (Primary Care Network) has its own Facebook page now. Please access it and 'Like' or 'Follow' by searching for 'Healthier West Wirral' or via this link:

<https://www.facebook.com/HealthierWestW>

COVID 19 – What Next?

Keeping up to date with regard to the latest guidelines and regulations relating to Covid 19 and what we can or can't do remains a challenge. So there is no attempt here to give any useful summary. But some little snippets of information that might be of interest. As with all Covid communications the content will inevitably be out of date by the time of reading.

News about the vaccines

I find a useful bit of advice is that newspaper editors are primarily paid to sell newspapers, our dailies may be a source of medical information, but that is not their primary aim; the decision to include a medical article will always be considered in the light of sales figures. Tomorrow a piece saying the opposite might easily appear. So how should we assess the worrying articles that we read?

Every prescription signed by a doctor requires a balance of potential risks and benefits. Every box of medication that you receive from your pharmacy will contain a leaflet listing all the side effects and reactions that have been reported. Some will be life-threatening, others trivial; some will be expected while others are vanishingly rare or not even proven. The same is true of vaccines, including these new ones for Covid 19. Having read in detail the potential side effects and benefits, when I was offered the vaccine the decision was instant and positive – and nothing that I have read since has changed that view.

The original safety work in 2020 on the various new vaccines was done on tens of thousands of volunteers; and the results were surprisingly clear, showing unusually good levels of protection against the virus with minor levels of adverse reactions. Since then these various vaccines have been used, not on tens of thousands but tens of millions. The early work showed the overall safety profile but it will take several years of careful research to establish the rarer side effects (as opposed to bad medical things that happen for no obvious reason). I look at the list of events recorded in drug trials to the people who were assigned to take placebos. My strong tongue-in-cheek advice is, "If somebody offers you a placebo, for goodness sake don't take. Have you seen the awful and frequently fatal things that happen to people on placebos!" Not true of course; the fact is that the placebo group have been on the receiving end of normal life – and it isn't safe. The clever bit for researchers is to disentangle genuine side-effects from the fog of daily living.

To sort out these rarer side effects is going to take a long time, so one question being asked is with regard to the short time taken in the development of these latest vaccines. Most other vaccines have taken many years of development and testing before licencing and widespread use. Would it not be safer to allow the more usual five to ten year process of all previous vaccines? I think the answer is an obvious "Yes". To get the fuller safety data a process of a further four years would have been more typical, and would have resulted in far more robust analysis of any very rare adverse events. However other European countries are struggling with a fresh wave of Covid deaths, not least because they are a mere 2-3 months behind the UK in the process of rolling out their vaccine programme. The idea that we should be waiting a further four to nine years before they become available doesn't bear thinking about.

One brave decision made by NHS England was to only give a single vaccine to as many vulnerable people as possible but to wait a further 3 months for the booster dose. All of the trial work had been done in the basis of a gap of 3-4 weeks; so the medical companies stuck to their data base and insisted on the booster dose a month later. They correctly said that there was no evidence to support the UK decision. This was clearly true, and yet that simple decision made 5 months ago, has saved thousands of lives. It now turns out that in many cases the final level of immunity might even be stronger given this longer gap between vaccines. In the early trial work there were hints that this might be the case, but 5 months ago the solid evidence wasn't in existence. Good call NHS England!

To give another example, last month UK studies identified 5 cases of a rare type of clot amongst recently vaccinated individuals and one of those people died as a result. The regulators across the world insisted that the vaccine was safe and it was far too early to say one way or another whether the vaccine had played a role. However, across Europe, various countries decided to halt the use of the Astra Zeneca vaccine; but their numbers of new Covid cases continued to increase. Here in the UK, on the single day that those figures were published over 50 people died as a direct result of Covid. As the death rate across the world rises into the millions, for clinicians the decision to recommend the vaccine remains an easy one, there will always be a balance of benefit and risk, each fresh piece of evidence will need to be carefully evaluated and added to the mounting evidence. The most recent figures suggest that if there is a clotting risk it might be greatest among younger women. It is recognised that oestrogen and the contraceptive pill in particular along with smoking can also increase the risk of clots. Time will tell what the relative risks are. Also the Covid 19 infection itself carries a much high risk of clotting disorders. Nevertheless, the cautious approach is to offer younger people an alternative whilst these details are being evaluated. In another year's time the data will be far firmer with regard to any possible very rare side effects but I will always be relieved that, when it came to promoting the vaccine, the UK was the first off the blocks.

Dr A Johnston

Patient Participation Group

If you have any articles for the next newsletter or if you are interested in becoming a patient representative, please contact the Patient Participation Group either by email (ppg.wirral@gmail.com) or by post addressed to: Patient Participation Group, c/o The Warrens Medical Centre, Arrowe Park Road, Wirral, CH49 5PL