

**Date: Monday, 17 September 2013**

**To: Wisbech PRG Groups**

**Subject: Report on attendances at Wisbech Local Clinical Commissioning Group (LCG) and Cambs Clinical Commissioning Group (CCG) Events as LCG & CCG Patient Representative.**

**Purpose: Information.**

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***Please see end of report for glossary of initials.***

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Hello and welcome to my report for this month. I wish to bring you up to date on several very important matters.

Firstly the future of the vital Social Service provision for the future in Cambridgeshire is moving forward. A short list of potential providers has been selected from very many applicants in the pre-qualification stage and these have been vetted for their ability to undertake the large range of services on which we all rely. The next phase is to review their ability, experience and plans for the services and to see how they would guarantee the outcomes for service users that the commissioners have set. A series of detailed scenarios has been developed to "test" their responses and will be used in the evaluation of bids.

Secondly there has been much speculation in the national and local media on quality and financial issues at our principal hospitals for our area.

Turning firstly to Peterborough District Hospital, the latest report is good news for our patients in that the Hospital has been given the stamp of approval for Clinical quality issues and Patient Care. The financial problems resulting from the PFI funding are now being addressed through a plan under development to resolve the annual losses and provide a stable future for both Peterborough and Stamford Hospitals. The full report can be read on the Website for the NHS organisation "Monitor" who are supervising the process with the Trust Board and Management.

Unfortunately the situation at Queen Elizabeth Hospital King's Lynn is much less satisfactory. The last Monitor report has found severe issues in patient and emergency care and staffing levels. The Chief Executive of the Hospital Management team has resigned and the Trust again supervised by Monitor is in the process of developing an urgent plan to address the issues raised.

From our perspective as patients and as your representatives we are obviously very concerned about the situation and I will be pleased to receive any feedback from you, your relatives or any other Patients you may know who have recently been treated about their patient experience at either Hospital but especially the Queen Elizabeth.

I would however end this section on a positive note that Monitor when interviewing patients about their nursing care were in the main very complimentary about this and the main thrust of the comments was that the Staff was perceived to be "run off their feet."

Now to address a matter that will become of increasing concern to all of us as time goes by, and I make no excuse for a little preaching in what I consider to be a good cause.

I am referring to Antibiotic drug resistance and what we as patients can do to help our clinicians. I am sure that most of you will have seen articles in the media about this but just to summarise: When your GP or consultant prescribes an Antibiotic they do so in the hope, based on their clinical assesment and possibly the advice of a Pathology report that the drug will eliminate the Bacteria causing the infection from the patient.

However the problem comes from the fact that Bacteria breed and can mutate astonishingly quickly and are now proving resistant to a great many of the antibiotics on which we used to rely. Hence the "Super Bug infections" have generated so much publicity. Science has not yet been able to come up with enough new effective replacements for these drugs and the majority of antibiotics belong to the same families of drugs which we have had since they were originally developed therefore giving the bugs a head start in developing resistance.

You are I am sure aware that Alexander Fleming accidently discovered penicillin in 1928 - our first and great great etc grandfather (or possibly mother) of modern antibiotics by observing the effect of bread mould on the staphylococci bacterial cultures he was studying. We cannot depend on another accident to rescue us from our present super bug problem.

How can we help our Clinicians to help us and maintain the effectiveness of our current antibiotics for as long as possible? The answer is relatively straight forward. Antibiotics are only effective on bacterial infections and even some of these such as minor sore throats will clear up by using our own body's defences and the help of soothing drinks or linctuses.

**Antibiotics do not work on viruses**, so colds and most types of flue cannot be helped by them. If your Doctor advises against using them and does not prescribe them they are not "short changing" you or trying to save money (just lives) they will know if the drug can help your condition or not. Please respect their advice.

If you are prescribed a course of antibiotics it is vitally important that you take the whole prescribed course. **Do not stop after a day or two if your condition has improved** as this can allow the few bacteria left in your system, which may have developed a resistance to the drug to multiply and your situation will be much worse as that drug may no longer work and your condition return with a vengeance. Obviously if you experience side effects or an unusual reaction seek advice immediately. Here endeth the sermon.

The new 111 service I referred to in my last report is still in the process of training and trialling and a date for service launch will be announced as soon as clinical approval has been achieved.

Now lastly for this month some sad news for those of us who know her, Jacki Moss the incredibly dedicated Manager of Wisbech LCG is in the process of leaving Wisbech for pastures new with her family to be near her husband's work. Jacki has been one of the mainstays of the new arrangements and without her talented leadership the transition from PCT to CCG / LCG would have been so much more difficult.

Her legacy will be the smooth running of the organisation she leaves behind. Jacki has been with the NHS for nearly 20yrs, regrettably I have only known her for the short time I have been a lay member of the LCG and PRG but I will miss her knowledge, experience and quiet confident guidance at the meetings I attend. Good Luck Jacki and I know your new LCG will benefit greatly from your talent.

**Post script:**

Please don't forget that I would very much like to establish a Wisbech and Fenland Patient Forum. The forum would meet three or four times a year where all of our Local Practice Patient Groups could interchange ideas and concerns on the NHS and social services in our area. Please contact me as soon as possible if you can feel you can assist by attending an inaugural meeting.

**How to contact me:**

Please feel free to contact me as Groups or individuals if you have a general concern you would like me to take to the Groups I attend. All the surgeries have my contact details.

I regret I cannot undertake matters that concern individual Patient – GP treatment as these are matters for the surgeries themselves.

I am happy to receive Patient Representative Communications at address below, although naturally this would be confidential to Patient Participation Group Secretaries or Practice Personnel. I am also happy to receive email communications on this email address from anyone who wishes to bring something to my attention either as an individual or a group.

Please head any emails with "Patient Rep" in the subject line to [mail@ashconsult.plus.com](mailto:mail@ashconsult.plus.com)

The postal address is:

J. Grevatt, LCG mail, Ashtree Lodge, Lutington, Gedney Hill, Spalding, Lincs, PE12 0QH.

It is worth noting for those that do not know the area or myself; whilst my postal address is Lincolnshire, I live close to Parson Drove which is our home Surgery and has been for nearly forty years, and I have spent most of the last 30 years before my retirement working in Wisbech where the majority of our social life still takes place so I have a reasonable knowledge of Wisbech and its strengths and vulnerabilities. As a matter of interest my first job after leaving education was as a very junior Technician in the Pathology department of Epsom District Hospital a career path I did not pursue (sometimes to my regret).

*John Grevatt*

**Much needed Glossary Notes!**

**CCG** *Cambridge and Peterborough Clinical Commissioning Group (responsible for Commissioning service throughout the Group area and setting strategies also monitoring the LCGs and the appropriate LCG Budgets);*

**LCG** *Local Commissioning Group (in Context referring to the Wisbech LCG responsible for commissioning Clinical services in their Local Area using their local budgets);*

**PRG** – *Patient Reference Group (this is attached to the CCG and is composed of Mandated [voting] representatives from the LCG's established to monitor and review CCG policies and decisions from a patient's perspective;*

**PPG** – *Patient Participation Group (attached to individual Surgeries these can be on line or physically meeting on a regular basis ).*

**CCO** - *CCG Chief Clinical Officer*