

**2015-12-06 Focus**

## **NHS CUTS IN THIS AREA**

The Mid-Essex Commissioning Group is making the best of a bad job. It is doing its best to make the small amount of money it gets for providing treatments for patients in the Mid Essex area stretch as far as possible. It wants input from the general public before it decides which services to cut. This is where it gets difficult – the meetings tend to be poorly attended because people have busy lives and are understandably reluctant to go out after a long day at work. The recent meeting in Maldon was attended by just 23 people.

The two doctors who addressed the meeting in Maldon (who did not introduce themselves) said, in response to a direct question, that they had given up trying to get a fair budget for healthcare in Mid-Essex and they were instead trying to do their best with what they are currently receiving. This means cuts – and some patients are asking if this is the correct approach.

What do you think? Are they right? Or do you think there should be a drive to increase the funding to Mid Essex, bring it up to the same level most other areas enjoy? There's another option. Do you think there should be a bit of both: (a) making cuts because the NHS can no longer afford to be all things to all men women and children, free of charge, from cradle to grave given all the demands that are put upon it – AND – (b) *additionally* campaigning for a fair share of the funds that are available?

If you think there's a case for us getting our fair share (either as part of the solution or as the main thrust), go to <https://petition.parliament.uk/petitions/110663> or Google: ' mid essex nhs funding petition.'

For details of the cuts that may happen if you do nothing Google: 'mid essex commissioning group cuts.'

## **AS FOR THE CURRENT SITUATION IN SWF**

The District Nursing is in crisis. They've moved the base from SWF to Maldon – a crazy thing to do – without ANY consultation with the local clinicians. So the nurses when on call at weekends have to sit in their car as the round trip back to base takes around an hour in total – which is impractical when you have a heavy workload. They have lost a new recruit who was so infuriated at being treated as an imbecile by management that she went back to her old job in a local hospital – and they are losing experienced staff at a rate of knots. Those of you who have reason to be grateful to the district nurses for the excellent work they do please drop a line to Dr Susan at Kingsway or me and we'll pass them on to those who make the decisions.

We are assured that physio provision in SWF will continue – yet the option to be seen in SWF has been removed from the new referral forms we GPs have been given, which gives those of an uncharitable disposition just the excuse they need to assume that it has already been decided to pull the service. Some people – honestly! How untrusting can you get???

## STAY WARM PACK

As well as advice and info, these contain blankets, warm clothing and hot drinks. There are hundreds of these available – if you are in need and want a pack (or know of a ‘senior citizen’ who would benefit) ring 01621 773733. Wealthy tourists thinking of embarking on an Everest base camp tour need not apply.

## ARE WE RUNNING OUT OF ANTIBIOTICS?

In 2013 a Government 'UK One Health Report' was published. This was a "Joint report on human and animal antibiotic use, sales and resistance." It explained why the 'One Health approach' is important? Got your medical dictionary handy? OK ... here's what they say: "Bacteria become resistant to antibiotics by either mutation or transfer of resistance genes from other bacteria. In both humans and animals the use of antibiotics provides pressure that favours the selection of resistant strains of bacteria. Resistant bacteria can then spread between humans through person to person contact in the community and in hospitals. Environmental reservoirs are an important vector in hospitals. Increasingly, the impacts of travel and health tourism are also recognised as a route of acquisition of resistant bacteria in humans. Furthermore, resistant bacteria from animals and humans can transmit in both directions, through human contact with farm, wildlife or companion animals or their environments, through ingestion of contaminated food (both imported and local produced animal and vegetable or fruit items) and through contact with effluent waste from humans, animals and industry." You'll note that they resisted the urge to put in any cheap gags about the Welsh and their sheep – I'm filled with admiration as I could never withstand temptation of this sort.

Bringing us up to date, Haroon Siddique writes in The Guardian: "The use of antibiotics in agriculture is fuelling drug resistance and must be cut back or even banned where they are important for humans, a report commissioned by David Cameron has warned.

The Review on Antimicrobial Resistance said global use of antimicrobials in food production at least matched that by humans, extending even to the widespread application in some areas of “last resort” antibiotics for humans – which cannot be replaced when ineffective – to animals.

It's a staggering problem. Fortunately the public has, by and large, caught on. Whereas people used to demand antibiotics for colds and sore throats, they now commonly say: "I don't want you to give me anything unless it's really necessary." There are exceptions though – and it's not uncommon that patients develop some sort of reaction to the antibiotic which tends to get them labelled as allergic to it for ever more. A particular problem is Glandular fever (caused by the Epstein-Barr virus) during which (amongst other things) the tonsils are often enlarged and pussy (pronounced pus-sea). If you give them amoxicillin (one of the most commonly used antibiotics) they will come up in a florid ‘all over’ rash which often results in them being wrongly labelled as 'allergic to penicillin.'

There must be more people who demand antibiotics in the rest of the country than there are in Woodham because the BBC reports that: "GPs who prescribe fewer antibiotics have less satisfied patients, according to a new study by researchers at King's College London. The study, published in the British Journal of General Practice, compared the prescribing rates of more than 95% of all GP surgeries in England to a survey of patient satisfaction."

The article harks back to previous research. "A study last year warned that up to half of all prescriptions of antibiotics could be inappropriate – given to patients suffering coughs, colds, sore throats and the flu – none of which can be treated with antibiotics. The overuse of antibiotics has led to antibiotic resistance, when bacteria and infections can no longer be killed off or treated with strong drugs."

It's been said that the world is 'on the cusp of a post-antibiotic era' and, if we carry on abusing the ones we have available, we'll run out of ones that are effective when we really, really need them. So, where do we go from here? The problem needs to be attacked on all fronts – but the use of antibiotics as growth enhancers in agriculture is indefensible and this practice puts the onus on politicians to ban their use for this purpose.

## ST PETER'S HOSPITAL

Last week the Maldon Standard published a front page article which claimed that there was a real possibility that the New St Peter's wouldn't be built and so patients would have to travel to Broomfield. I immediately wrote to the editor to set the record straight ...

Sir,

I was surprised to read in last week's Standard that the new Maldon hospital might never happen. This is a long running saga – but there's a surprising twist in the tail. The old Primary Care Trust was so inefficient that we were advised that, if anybody wanted to set up an organisation whose sole aim was never to achieve anything, the Maldon and South Chelmsford PCT was the model to use. It's Chairman, 'Hopeless Harrison', was singularly inept – and yet, amongst his many failures, there was one triumph. If you dust off your copy of the 'Annual Review 2004-5' (delivered to every household at a great expense when the money was sorely needed for patient care) you will read the following:

*"The Maldon and South Chelmsford PCT has continued to progress with its plans to develop a new community hospital for Maldon and South Chelmsford." It spent £10s of thousands (some say £100s of thousands) of taxpayers money on the preliminary work. We read that: "Over the past year the PCT has carried out numerous land, environmental and highway assessments of two sites. Seasonal assessments for wildlife have also been undertaken including badgers, newts, birds and currently bats." (Badgers and bats fared particularly well under the old PCT, by the way ... it was just the patients that got a bum deal!)*

So what was the outcome of all this endeavour? *"Whilst there have been delays" admittedly "the new build is scheduled to open sometime towards the end of 2007."*

So there you have it – we already have a new hospital. This sort of GOOD news rarely gets a mention in your newspaper. Perhaps you could make it clear to your readers, every one of whom is desperate for a state of the art health facility to cope with rapidly increasing demand, that all we have to do now is find where they put this new hospital and the problem will be solved!

Yours faithfully

John Cormack-the-Family-Doctor-who-works-for-the-NHS-for-free.