

Winter 2025

YOUR VOICE, YOUR NEWS

Patients' Participation Group for the Sid Valley Practice

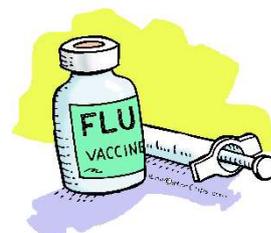
Contact us on: ppg.sidvalley@gmail.com



A note from the Chair



Winter is definitely here, and it was good to see so many patients coming to the Beacon for their seasonal vaccinations. Members of the PPG were on hand to welcome and marshal patients on each of the Saturdays, since we had to separate patients by age: 'flu jabs for the over 65s, but 'flu and covid vaccinations for those over 75, together with any 'at risk' patients.



Another PPG project recently has been helping patients to download and use the NHS app. Two members made themselves available each Tuesday afternoon in September and October sitting in the waiting rooms at the Beacon and Victoria Hospital ready to test their IT skills! Thanks to 'advertising' by the surgery staff, as well as our efforts, well over 7,000 patients can now use the app, and over 1000 are using the app to order repeat prescriptions. Once you've mastered it, it really is easy and saves surgery staff valuable time.

We have recruited four new members to the PPG this year and are grateful for the contribution they are already making. You can see their names and photos on the PPG section of the SVP website. Currently there are no vacancies, but this will probably change over the next twelve months. We have a variety of articles in this issue, all written by members of the PPG – we hope you enjoy them.



We know how important it is for patients to reach us easily and to receive consistent, personalised care. This is a real challenge with our list size growing by around 1000 patients and Sidmouth officially having the highest level of over 90-year-olds in the country. However, we are up for the challenge. Over the coming weeks we will be reviewing the ways patients contact the practice, including our online services, with the aim of making the system clearer, more efficient, and more responsive to your needs.

Joe Stych

Practice Partner

Falling vaccination rates in children cause concern



Before the introduction of measles vaccination in 1968, over 1000 children died annually. However, the uptake of every childhood vaccination given in England is falling and in most cases is at the lowest level in a decade. Less than 84% of five-year-olds have had both doses of the MMR jab, which is well short of the 95% required to achieve herd immunity (when unvaccinated children are protected by those

who have been vaccinated). Last year, 2911 cases of measles were confirmed in England with one death. There were also 14,894 cases of whooping cough – another disease that can be prevented by vaccination – with the deaths of 11 babies.

The Royal College of Paediatrics and Child Health (RCPCH) recently formed a commission to look at declining vaccination rates and found that while some families are hesitant to vaccinate due to fears about the jabs, many face "practical or logistical" issues that could be resolved with more support. Key themes in the study were that some people do not receive reminders about upcoming jabs, and some have difficulty booking appointments, especially ones that fit around work and childcare.

The RCPCH also found parents feared being judged for raising concerns about vaccines or having beliefs in alternative medicine, and a growing disparity was noted in vaccine uptake among some ethnic minority groups and socio-economically disadvantaged families. Health professionals interviewed for the study also said there was a need for more pro-vaccine messages on social media, including using influencers to spread the message about why jabs are important and countering misinformation.

The RCPCH report concluded: "With the right guidance and access, most parents would gladly protect their children with these essential vaccines."

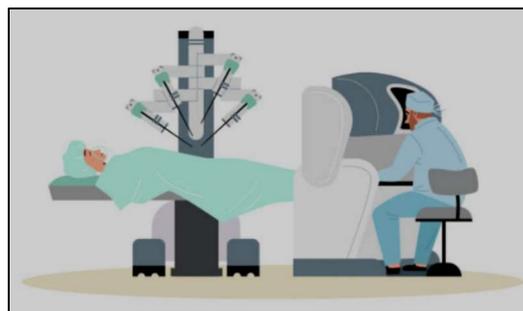
What is Robotic Surgery?

Robotic surgery is a type of minimally invasive surgery where doctors use robotic systems to perform complex procedures with more precision, flexibility, and control than is possible with traditional techniques.

How does it work?

- A trained surgeon controls the "robot" through a console.
- The robotic arms hold specialized instruments that can move very sensitively inside the patient, allowing for very precise movements beyond the capability of human hands.

- The surgeon has a magnified, 3D view of the surgical site allowing precise control of the instruments.
- The main advantage of robotic surgery is that it is minimally Invasive usually involving small incisions, leading to less pain, less blood loss, reduced risk of infection, shorter hospital stays, and quicker recovery than conventional open surgery.



What surgical procedures is it used for?

Some of the common procedures carried out by robotic surgery include removal of the prostate when cancer is present, hysterectomy, heart valve repair, kidney surgery, and surgery on the bowel.

In summary, robotic surgery offers high precision and better outcomes in many cases, especially for delicate or complex procedures. However, its cost, availability, and required expertise by specially trained surgeons can be limiting factors.



Did you know, Sid Valley has its own hospice service? Founded in 1985, Sidmouth Hospice at Home is currently celebrating its 40th year of service to the Sid Valley community, and proudly exists as one of the five, specialist hospice services in Devon.

The hospice service has taken on several identities over the years, starting as Sidmouth Hospice Service, for a short period as Sidmouth Hospiscare (although completely independent of the separate Exeter based charity) and at present, as Sidmouth Hospice at Home.

If an adult in the Sid Valley is given a terminal diagnosis and is considered to be in their last year of life, they will receive a referral to Sidmouth Hospice at Home. From this point onward, the service will provide specialist clinical support to the patient for the entirety of their end-of-life journey, along with compassionate care for their loved ones too.

The service is innovative, because all the specialist clinical care is provided to patients at home, as opposed to a hospice or hospital setting, and also as exemplary, as statistics show that their 'Sidmouth Model' of care is offering patients and loved ones contact times of around 18 weeks – many weeks more than the national average. They also offer a range of free complimentary therapies, transport and counselling services

to patients and their loved ones, before and beyond bereavement, provided through the Sidford Wellbeing Centre and Sidmouth High Street Information Hub.

Whilst all services are free, and the 'Sidmouth Model' is proven to represent excellent value, in the coming year it will cost more than £980,000 to fund their team of 12 specialist Palliative Care Nurses and to support the Sid Valley community at end of life. Unlike their counterpart hospice services locally and the vast majority nationally, Sidmouth Hospice at Home does not currently receive any statutory funding to support its day-to-day costs and relies on donations alone. It is truly a service funded by the community, for the community.

For further information and/or to support the charity funded service please visit sidmouthhospiceathome.org.uk

Email info@sidmouthhospiceathome.org.uk Tel : 01395 578707

Autism

More people are being diagnosed with autism as well as other neurodivergent conditions. There is no single cause for autism, but genetic factors predominate. It is **not** caused by vaccines or paracetamol as has been claimed.

Many autistic people have above average intelligence, and a minority have a learning disability which may mean they find it hard to look after themselves and need help with daily life.

Autistic people may act in a different way to other people and may:

- find it hard to communicate and interact with other people
- find it hard to understand how other people think or feel
- find things like bright lights or loud noises overwhelming, stressful or uncomfortable
- get anxious or upset about unfamiliar situations and social events
- take longer to understand information
- do, or think, the same things repeatedly

All staff at the Sid Valley Practice (and all service providers regulated by the Care Quality Commission) have special training to help them to communicate better with autistic patients. The usual training is the 'Oliver McGowan Mandatory Training on Learning Disability and Autism'.

In Devon, *Dimensions for Autism* (<https://www.dimensionsforautism.life>) provides support to adults on the autism spectrum who do not have a learning disability. The National Autistic Society (www.autism.org.uk) also gives advice and guidance, and of course, talk to your GP.

Health Inequalities for Minority Groups

It has long been known that people with learning disabilities and autism have worse health outcomes and shorter life expectancy than the general population. Two recent reports shine a further worrying light on the hazards faced by people in these groups. The first report “Learning from Lives and Deaths - people with a learning disability and autistic people” (LeDeR) was published in September 2025 [1]. It found that almost 40% of deaths in people with learning disabilities under the age of 75 were considered to have been either preventable or treatable - nearly double the rate of avoidable deaths in the general population. In autistic people without a learning disability suicide, misadventure or accidental death accounted for almost 30% of deaths.

Autistic people have a higher risk of mental health disorders, including suicide, than the general population. The largest study of autism and suicide to date [2], involving over 1000 autistic people from UK found that almost 40% of participants in the study had attempted suicide, most of them multiple times. They identified loneliness, hopelessness and feelings of worthlessness as driving factors. There were frequent reports of bullying and stigmatisation since childhood, and they were often misunderstood or disbelieved when trying to obtain professional support.



Improvements in health and social care provision are underway, but these reports emphasise that there is still a long way to go.

Further Reading

1. Learning from Lives and Deaths – people with a learning disability and autistic people (LeDeR)
Available at <https://www.kcl.ac.uk/research/leder>
2. <https://www.cam.ac.uk/research/news/preventable-deaths-will-continue-without-action-to-make-nhs-more-accessible-for-autistic-people-say>

Will AI replace GPs?

We are told that artificial intelligence (AI) is going to impact many aspects of our lives, so we asked ChatGPT, which is an AI chatbot, to tell us if it's likely to replace our GPs – and this is what it told us.

Firstly, it stressed that AI will not replace GPs, but GPs who use AI may replace those who don't.



This is what AI can currently do in medicine

- AI can already analyse symptoms, test results, and scans (like X-rays or MRIs) to suggest likely diagnoses, often as accurately (or better) than doctors in narrow areas like dermatology or radiology.
- AI can help with administrative tasks like automating paperwork, referral letters, appointment scheduling, and note-taking using voice assistants during examination – in fact one of the dentists in Sidmouth is already using this.
- AI can suggest treatments and match patient data with clinical guidelines or the latest research to recommend treatment plans, especially in chronic disease management.
- AI can help with triage and direct patients to the right level of care such as A&E, your GP or self-care.

What AI can't replace and likely won't replace any time soon

- Human Judgment in Complex Cases - patients often present with multiple symptoms, co-existing conditions, or vague complaints, which require skilful decision-making by a doctor who is often familiar with the patient's social situation.
- Empathy and Trust - reassuring a worried patient, understanding non-verbal cues, or managing emotional conversations. These are deeply human and hard for AI to replicate.
- Ethical and Legal Responsibility - who's accountable if an AI makes a wrong decision? GPs act as a safeguard between the patient and the technology.
- Physical Exams and Procedures - palpating a lump, listening to your chest, or doing a minor surgery - AI won't be doing that anytime soon.

Final thought: AI is a tool, not a replacement. Just like stethoscopes, blood tests, and X ray machines transformed medicine, AI will too. But patients don't just want answers. They want to feel heard, cared for, and safe. And that still takes a human.

Just One Thing

I don't know about you, but I used to enjoy Michael Mosley's quick 15-minute programmes on Radio 4 and watched the occasional programme made by him on TV. Like many, I felt a strange sense of loss when he died in such unfortunate circumstances last Summer, despite never meeting him.



Michael Mosley encouraged us all to do what we could to help us improve our health by following his common-sense approach to trying to change small things in our lives, which in time, might make a difference to our quality of life.

If you are like me, even just listening to the episodes delivered in his friendly enthusiastic and reassuring voice made me feel a benefit - before I even tried what he suggested! I don't claim to have mastered cleaning my teeth when standing on one leg or to starting the day by turning the shower to 'COLD' for a few seconds before allowing the water to warm up, but I am hoping that one day I will be brave enough to give it a go.

Each newsletter we will focus on one simple change you might like to try. We will also feature it on the PPG noticeboard in waiting area A at the Beacon.

The focus this time is on **Breathing**. I am hoping this one should pay dividends during the hectic run up to Christmas.

Try Find time every day to switch off the radio and TV and put your phone on 'silent'. Set an alarm for 2 minutes. Focus on your breathing. Breathe slowly out and empty your lungs as much as you can. Then breathe slowly in - filling your lungs with fresh air. Then breathe normally; clearing your mind of any thoughts other than on the breath you are taking. Repeat for two minutes to begin with, trying to increase to five minutes, then to ten, and beyond, as you become more proficient - it is VERY challenging!

Why? Scientists have shown that doing this improves your body's ability to produce antibodies and fight infections, making changes in your brain that improve memory and even help pain management.

How soon will I see a difference? In as little as 2 weeks you could notice an improved sense of well-being and overall health.

Link to 'Just One Thing' www.bbc.co.uk/programmes/p09by3yy

Father Christmas is feeling unwell

At this time of the year, many of us are looking forward to the visit of Father Christmas but unfortunately, he often picks up strange illnesses on his travels, such as:

Reindeer Flu

Caught from spending too much time in the stables with Rudolph. The symptoms are sneezing glitter and a red nose, which often develops into tinselitis.

Chimney Cough

Caused by sliding down too many sooty chimneys leading to a persistent cough and smelling of fireplace smoke.

Mince Pie Overload Syndrome

This illness is brought on by eating millions of mince pies in one night resulting in a sugar crash and stomach-ache with tell-tale signs of crumbs in the beard.

North Pole Nose Freeze

From exposure to extreme cold during sleigh rides giving Father Christmas an icy nose, frosted moustache, and a temporary inability to enjoy sherry.

Toy-Maker's hand

A repetitive strain injury from building toys all year giving him pain and aching in his hands and wrists with tingling, muscle cramps and weakness.

Sack Strain Syndrome

Caused by lugging that massive gift sack around the world resulting in pain in his back and shoulders.

Help is at hand and if Santa feels really unwell, he can always get treatment on the National 'Elf Service.... (Ho! Ho! Ho!)

Happy Christmas from the Patient Participation Group



Jan Barrett



Salma Chowdhury



Wendy Craig



Rosemary Cutmore



Brian Diffey



Mandy Newman



Peter O'Brien



Jill Pincock



Rebecca Selby



Tim Swarbrick



John Wilkerson