

PARTNERSHIP FOR HEALTH



FRIENDS OF DAVENPORT HOUSE

BULLETIN NO 22 – JANUARY (2) 2022

Annual General Meeting of Friends of Davenport House will be held

**On Monday 14 March 2022
at 7.00pm**

Dear Member

Notice is hereby given that the Annual General Meeting of the Friends of Davenport House will be held on Monday, 14 March 2022 at 7.00pm.

We would have preferred to wait until we could hold this meeting in person, but our Constitution, following incorporation to our charitable status in August 2019, requires us to hold an AGM every twelve months and, therefore, we have decided it will take place on 14 March 2022. The meeting will be held using Zoom and the link will be provided nearer the date.

On 22 February we will be sending online the agenda, annual report and audited accounts for 2021. The outgoing Chair will add a short report for information on activities during 2021.

Some formalities will include a resolution to:

- a) confirm acceptance of the reports for 2021,
- b) reappoint the auditor for 2022
- c) reappoint the current trustees,
- d) agree the proposal for the appointment of Simon Speirs as Chair and the nomination of Claire Watts and Steve Twelvetree as Trustees.

We would very much encourage you to get involved in the charity – in the capacity as a Trustee or to provide your ideas on how to improve services from the Surgery, feedback to FoDH members and spending plans for the charity to support patients and members. If any member of the Friends would like to be considered for appointment as a Trustee or to get involved, please advise the Secretary, Joan Shopper at secretary@patientgroup.org.uk, by 1 March 2022, indicating their willingness to stand.

We sincerely hope to hold the subsequent AGM covering 2022 in person early in 2023.

Joan Shopper, Secretary
secretary@patientgroup.org.uk

A BRUSH WITH COVID

A personal experience by Richard Munton

I contracted covid-19, probably the Delta variant, in mid-December. As a scientist, I know that general conclusions should not be drawn from singular events, but here goes.

I had the first signs of a cold on 15 December 2021 despite a negative flow test that morning. By the next day the test was positive, subsequently confirmed by a PCR test. For the next five days I was generally unwell rather than ill, isolating at home, but on 23 December I felt very unwell and contacted the Surgery. After a long conversation with the duty doctor, Dr Abbas, he said **'You won't like this but I am referring you to A&E at the L&D. Please go now'. Wise advice.**

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Friends: www.friendsdavenporthouse.org.uk **Surgery:** www.davenporturgery.co.uk

Charity Number 1184307

Luton & Dunstable Hospital

It took the best part of six hours to navigate A&E before being admitted to Ward 19B where I spent four days in isolation all over Christmas with three other patients. The staff were excellent making the best of Christmas Day with a special meal, crackers, hats and presents knowing that no visitors were allowed.

I had a modest level of infection, no doubt the result of having been triple jabbed including a booster, and I try not to dwell on what might have been had I caught the virus 12 months earlier. I have an underlying lung problem but after hourly treatment through the first night it was decided not to put me on oxygen. I was discharged a bit earlier than expected on late Boxing Day partly because I had good family support at home. Recovery has been slow but progress is being made.

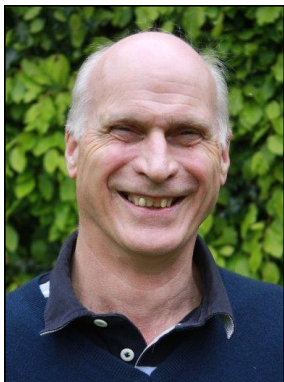
What might we learn from all of this?

First, as Chair of the Trust I hear more about patients' experiences in local primary and hospital care than most other patients. There are always some unsatisfactory occasions, for example when appointments are delayed or the most appropriate doctor cannot be accessed quickly. These unfortunate experiences are almost inevitable when demand for treatment exceeds supply, and that is a situation unlikely to improve in the short term, but the triage system at the Surgery worked well for me and my treatment at the L&D confirms the regularly expressed opinion among members that it is the local hospital of choice.

Second, every adult patient should, in the present circumstances of high infection rates, be fully vaccinated to reduce admission to hospital, to keep NHS and care staff available at work and to shorten the horrendous waiting lists for treatment for other conditions. We should be grateful that the UK is a world leader in biomedical research, a lead partly based upon international collaboration with overseas scientists. Contentious, niggling debates over what kind of involvement the UK should have with the EU science budget, for example, should never be happening.

Finally, the more we learn about coronavirus the more we learn about how variable are our individual susceptibilities to infection. We must, of course, 'learn to live with the virus' as there is little chance that all the possible variants of this global infection will go away completely. But the weakness of this slippery generalisation is that it tends to downplay the 150,000 individual tragedies that have already occurred – a bit like having memorials but without any names on them. It also draws attention away from the brutal reality that numbers of deaths, periods of illness and cases of long covid are being traded off against 'opening up the economy' and 'protecting' (?) the NHS.

We will reach a point quite soon for reasons of cost when the government will not continue to provide for free, and for everyone, local test centres, testing equipment and vaccines, never mind insisting that those infected must remain in isolation. The government assumes that we can adjust our individual risk assessments in this uncertain context. At least we can hope that scientific advance will increasingly be able to identify those most vulnerable to the virus, as well as the best means of protecting them. I am confident that it will.



Richard Munton
20 January, 2022

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