



Autumn/Winter 2022 Newsletter



WELCOME from the Stoke Road Patient Participation Group

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As the cold weather arrives the load on our health services inevitably increases. As I write, this season is being made worse by strep A causing anxiety for parents and filling appointment lists at surgeries. Hopefully the earlier efforts at providing vaccinations for those who want them will be paying off with reductions in serious Covid and influenza infections. More on those vaccinations later.

In this issue we are pleased to bring back our Meet the Team series, this time with Kathryn, lead nurse at Stoke Road. If you have been following these Newsletters you may recall that we had an autobiography by Dr Hardwick back in the Autumn 2021 issue. Well now Dr Hardwick is back in our pages again but this time with news of a prestigious award he has won.

Of course we bring you our latest Q&A but this month there is less emphasis on vaccinations, and instead some questions relating to new terms you may hear when dealing with the surgery. If you have any questions you would like to have answered in a future issue then please email them to us.

Our newsletters can be found on the Stoke Road Surgery website and Facebook page. If you would like to receive your own copy of future editions direct to your inbox please send us an email requesting just that. As always, if you have any comments, questions, or contributions for a future issue, please send them to us. We would love to hear from you -

ppgstokeroad@gmail.com

Ian White Chair, PPG Stoke Road Surgery

Q & A

with thanks to Dr Whybrew...

I am having a scheduled phone call from 'the in-house pharmacist' regarding a change in tablets I'm taking. Is this something new?

We are very lucky to have several pharmacists now working at Stoke Road Surgery and across our network of 5 practices. Their role within the surgery is quite different to the role of a pharmacist in a retail pharmacy. They take a lead on reviewing medications, advising on changes of tablets, and some are trained to do clinical examinations of patients, and to prescribe in their own right. They are a huge asset to the team, and we can't imagine how we ever did without them! They are extremely knowledgeable and have had more training on medicines, their side effects and interactions than most GPs, and we often go to them to ask for advice on medicines in difficult or complex cases. They are making sure that medicines are being prescribed safely and effectively and that all monitoring tests that are needed have been done. Aitzol, our original practice pharmacist, now leads the team which is expanding all the time.

What is triage? Why do I have to have it before I can see a doctor and what do I have to do?

The word "triage" comes from the French, "trier", meaning "to sort". Triage is the process by which we gather enough information to work out who needs to be seen most urgently, and by whom. The information is gathered by the medical administrator team, and they pass this on to the triaging GP. The sorting itself is done by the GP, using the information given to the administrator. The GP then decides if the patient needs an appointment the same day, or if they need to be seen urgently in the next few days, or routinely. The GP can also decide who is best to see the person, and in what order. For example, for a variety of symptoms it is helpful to have had blood

tests done first and then have an appointment afterwards once the results are available.

For some conditions, when the information is given to the medical administrators, they are trained to advise patients about alternative pathways. For example, if you have threadworms you need to go to a pharmacy, not a GP. Or if you have a sore red eye, you are best going to the emergency eye assessment service rather than a GP. By doing this, the medical admin team can help ensure people see the person they need to, when they need to.

The process of "going on the triage list" means that your information is put onto the list for that day, and the triaging GP will read it through and decide how urgently you need to be seen. In this way, we know that if you have an urgent problem, you will be seen urgently, and if you have a routine problem, you will be seen routinely. It also helps us to prioritise our work, and decide if it is absolutely necessary to add on "extras" to fully booked clinics.

The alternative, of just booking straight into appointment slots, would mean that we would run out of appointments and we would not be able to see people who need to be seen urgently. This approach is being taken in other practices around the country, and you may have heard about people lamenting that they cannot be seen for weeks, or they phone and phone and are told to try again the next day.

What is a physician associate (PA)?

A physician associate is a new type of healthcare professional. They have done a master's degree to get to this stage, and they are trained to examine and assess patients with both simple and complex medical problems. They may or may not need to discuss individual patients with a supervising GP, before recommending treatments. We have a new PA who started with us in December, and will have another one joining us in January as well. We look forward to working with these two new members of the team.

Calls from the surgery are number withheld, which makes me nervous that they may be scam calls.

Our phone system defaults to number withheld, and we would normally press a button to manually override this. Sometimes we can't find the button (if on a different phone), and sometimes we forget!

When all our phone lines are being used (as happens when it is very busy), we can also use an internet-based phone system. We also use this when working remotely – eg from home if we are doing extra sessions to help out, (or if we can't come in due to Covid, or lack of desk space at the surgery). When we use the internet-based phone system, or when working remotely, we cannot avoid withholding the number. If calling a mobile, we will usually try sending a text message to say that we have missed you and will try again, if we are unsuccessful in getting hold of you. We may also leave a message on your answerphone.

If you have asked for a call from the surgery, and are expecting it, please answer a withheld number!

We hear you have some new nurses?

We are delighted to welcome nurses Hannah and Chloe, and healthcare assistant Lexie, to the permanent team. We have another nurse called Kim, who is helping us out one day a week for the short term, and as many shifts as they can offer us from Colina, Lauren and Sarah.

Our nursing team has been severely depleted recently, and they have been doing a fantastic job to keep services running throughout the last year. We (and our patients) are extremely grateful to them, and hope that things will improve for them very quickly!

Q&A footnote – what Triage is, and why we have it now, are also explained in this short video...

<https://youtu.be/mtbfhnxPy9g>

The Patient's View Living with Atrial Fibrillation (AF)

I well remember the first time that I noticed anything amiss. I was sitting in a restaurant when I suddenly felt my heart was jumping about. As we had wild mushrooms as a starter I wondered if this was the problem, I think I must have been thinking magic mushrooms!

By the next morning it had settled and I thought no more about it until a month later when it happened again and lasted about 12 hours. It was uncomfortable and made me feel a little weird. After the third time I felt I should see my GP and the treatment was immediate. He was able to identify the problem on an ECG and explained that this was a fairly common arrhythmia in the older population but it should not be left untreated as patients with this condition are at greater risk of heart attacks and strokes. I was put on an anticoagulant and saw a cardiologist who told me that the episodes would eventually last longer and then probably become permanent. I have since found a number of friends with the condition who live perfectly normal lives and barely notice their condition.

It is thought that there are many people who have this condition who never realise until it is picked up at a medical check. It is however important that they are treated.

Though it is frightening at first, if you have this condition, seek help, and then get on with your life!!

James

Meet the Team:



An interview with Nurse Kathryn Ashmore

What is your role at Stoke Road Surgery?

This is my 4th year here and I am currently lead nurse running our small, but expanding, team. As lead I co-ordinate between administration, the GPs and the nurses. My nursing speciality is diabetes and, since I am the only nurse on the current team with that speciality, it is a big job. The number of cases has increased dramatically during the Covid pandemic. Many who were pre-diabetic before are now diabetic. I liaise with the Diabetic Community Team. We need to help the patients who don't have the condition under control but I also like to stay in contact with those who do. Of course that isn't the only nursing I do, I work with rheumatoid arthritis cases and many others.

As lead I also play a part in working with student nurses who come here.

What attracted you to nursing?

I've always been empathetic and so I naturally gravitated to nursing. I qualified and nursed for a while then took a career break while I had my children. During that break I worked in a different field before returning to nursing and that change certainly reinforced the feeling that I am in the right job. I enjoy knowing, when I go home at night, that I've made a difference and helped people. It's all about the people, the science is interesting but it's the people who matter.

How long did you have to train for?

I went to Queen's Medical Centre in Nottingham and trained for 3 years. However, we have to train and update continuously throughout our careers. When I was at QMC the time was split almost equally between academic study and practical experience, whereas now there is more emphasis placed on the academic side and less on practical experience of nursing.

What brought you to Stoke Road Surgery?

While I was at QMC I met my husband, who's a biomedical scientist specialising in haematology, so when he moved to a job at Cheltenham General Hospital we came down here, and this area is a lovely place to live. When I came back to nursing I knew that I wanted to be in a role that was family friendly and gave me more patient contact. Hospital nursing is fast paced and busy, but I wanted more continuity of care. It is difficult to return to primary care nursing after a break from hospital nursing but I was very lucky and met someone who was able to make that happen for me. Here I find, still, a fast-paced job and variety, but I do get the continuity of contact and satisfaction that I was looking for. There is a misconception that community nursing is easier and more relaxed than hospital nursing, but nothing could be further from the truth. I work far harder now than I ever did before. There is much more to the role than is seen by the patients.

How did the pandemic affect you?

Massively. Things had to change but we made a decision early to keep on top of long-term conditions and medical monitoring such as smear tests, which not all practices have done. Some of this had to be done remotely but we kept things going.

It is difficult for patients to appreciate the mental effects on us. My husband and I both work for the NHS and during the pandemic we were working incredibly hard. Every day off I had I was helping at the Fire Station, and they were so short staffed at the hospital that my husband was working extras, nights and weekends. Meanwhile my children were studying for GCSEs and A-levels at a time when they didn't go to school for a couple of years so they were on their own at home all day. Despite all this pressure the feedback perceived from the patients and press was that we were not doing enough and that put a lot of mental pressure on us.

Covid infections are lower at the moment but the pressure hasn't gone away. We now have reduced staff levels, for a variety of reasons, and it is extremely difficult to recruit, yet we are still vaccinating many more people, and there is much catching up to be done and extra problems caused by after-effects of the virus. We are pressed by

the government to increase the care we give with fewer resources than we had before. We are only human, so this extra pressure just leads to people leaving and exacerbates the issue.

We are in a position now where there has to be a realisation that there isn't enough money in the NHS to fix all the problems. Not everything can be treated, and we have to take more responsibility for our own health, just as we have to take responsibility for climate change.

A message I would like to get across is that while no surgery is perfect, I believe we offer a very good level of care here.

What do you see as downsides to the job?

There are amazing patients every single day, who do have an idea of how hard we work and do see us as people with our own families to protect and care for, and who appreciate what we do. But then there is a small percentage of patients who were, and continue to be, abusive to the nursing team. Behaviour like that is not tolerated here but that is certainly a downside of the job.

People who don't take personal responsibility for their health, that is frustrating.

Of course, it would be nice to have more time and more resources, but everyone seems to have these problems.

Are staffing issues affecting your work?

Yes, this is a global problem. At all levels, there are shortages of consultants, doctors, nurses and assistants. It is almost impossible to recruit new staff, even in such a pleasant place to live and work. This means a greater workload on staff here.

To help we try to make our use of time more efficient and one way is by what the NHS call signposting. When a patient contacts the surgery they may be told to talk to someone other than a doctor or nurse initially. This isn't a way of fobbing them off. That person could be a physiotherapist or pharmacist and they are specialists in their areas. They help directly if they can or will steer the patient to the correct person.

What do you like doing for relaxation?

I read several books a month, thrillers and others, and I also like going to the theatre and crocheting. Those take up all my spare time!

Trainer of the Year



We are delighted to announce that Stoke Road GP, Dr Tim Hardwick, has been awarded the prestigious Gloucestershire Postgraduate Trainer of the Year Award 2022, for his work teaching and assessing trainee GPs and junior doctors at the practice. He was presented with the award at the Gloucestershire Hospitals NHS Foundation Trust Annual Medical Education Conference by Deborah Lee, CEO of the Trust, in October. Fifteen doctors from a range of hospital specialties had been nominated by junior doctors, who had written statements of support. In these, Dr Hardwick was described as an enthusiastic, supportive teacher with a passionate approach to Primary Care. His trainees recounted how much they had learned and grown in confidence during their placements at Stoke Road Surgery and how they had been inspired by Dr Hardwick to consider a long-term career in General Practice.

In his acceptance speech, Dr Hardwick thanked the local GP Vocational Training Scheme, and the Severn Deanery Primary Care support,

represented on the day by Dr Tom Morgan and Dr Hannah Richmond. He gave special thanks to the wider Stoke Road Surgery team of doctors, nurses, receptionists and administrators, emphasising that training doctors requires a team approach and that the award has been earned by the whole of the team at Stoke Road Surgery.

Very well done to Dr Tim Hardwick and all at Stoke Road Surgery.

Thank You Stoke Road Surgery

I recently attended a special Saturday clinic at this surgery to receive my Covid and flu vaccinations.

I would just like to say how very efficient the clinic was run. From help in the car park, clear directions and help when checking in through to the actual vaccination itself. All those involved deserve a pat on the back. Particularly as they were all giving up their free time to run the session. An especial thanks to the Doctors, Nurses and admin staff who are overworked as we all know. Well done Stoke Road, we are glad to be registered with you.

A grateful patient

A flu shot

Nowadays it might be flu in one arm and Covid in the other. Well that's more complicated. Will I get two sore arms and not be able to sleep tonight? Perhaps I should have them at separate times or both in the same arm to avoid the two sore arms problem? Perhaps I should have one in one arm and one in my leg?

Lots to think about if you are even given the choice. We may worry about two sore arms and think of taking the shots at different times but multiply that by the number of people getting

those shots and how long it takes to get arms lined up and it quickly becomes obvious that the load on the health services would be far more if we were to have them at different times.

So why are we given them in two arms, surely that must take longer than giving them in the same limb? The main reason is that if you have a skin reaction to one of the shots, we can tell which one caused it. The antigens will have the same effect however they are administered. Although it is rarely done they can be given in the same arm, usually at least an inch apart.

Many more decisions have been made by others before you get anywhere near getting that shot. The flu vaccine for example. Influenza is another disease that continuously mutates, and vaccines are chosen to target the types of infection that you may see. The flu shot will actually be a mixture of different variants. Also different age groups are given different flu vaccines, optimised for their needs and the response they are likely to have to them. For example, as you get older you make less of an immune response to the standard flu vaccine and need what is known as an "adjuvanted" vaccine. If you are younger and have an adjuvanted vaccine, you get more side effects from the jab. The cut off used is around the age of 65.

Covid is similar of course, there are many mutations happening all the time but only a few are likely to become established in the population. A new variant will only displace the earlier ones if it has advantages, for the virus, such as infectiousness. As these variants appear vaccines are changed to target them.

Did you attend one of the Saturday vaccine clinics at Stoke Road during October? Hopefully your experience was good. A lot of planning went into those clinics and nothing is as simple as it first seems. Firstly the team know from your records what vaccines you should receive from the ones they have on the day. You would have been given a list or clinic number on arrival. That number wasn't steering you into a particular room but helping the vaccination team find your clinical records easily from the appointment lists. For each clinic there were up to six vaccination teams of two people, with each team in a different room.

The vaccines all had to be collected from the fire station in a temperature controlled cool box, recording the temperature on the way, and on arrival into the fridge at the surgery. They then had to be distributed to the vaccination teams, making sure that the correct dose was carefully loaded into each syringe. The vaccines can only be held at room temperature for a maximum of 6 hours, so care had to be taken how many vials were taken out of the fridge at once. There were several different vaccines in use and the dose, and number of doses per vial, varied with different vaccines. Towards the end of the clinic extra care was taken to not open too many vials in order to minimise wasted doses.

The correct number of vaccines for the clinic are collected from the fire station each time. They can't be returned after being brought to the surgery. This means that if people book vaccines and then forget to come and have them or have them somewhere else in the meantime without cancelling their appointment at the surgery, this can cause some issues and there is usually someone on the day phoning and texting reminders to people who seem to have forgotten, in order to minimise wastage.

In addition to these hard-working medical teams were another group of people responsible for delivering attendees to the rooms. Tasks such as

help with parking, making sure visitors with mobility problems could get into the building or letting the medical teams know when people arrived who needed vaccinating in their cars, directing people to maintain an efficient one-way flow of people through the building, checking off the appointment lists and getting those arms to the next available vaccination team as promptly as possible without rushing anyone.

A total of up to twenty people were involved at each clinic. The clinics were held on Saturdays because that is a day when normal surgeries are not taking place. Everyone involved gave up their free time to be involved. Over this autumn's special clinics, a total of 2,117 Covid shots were given and a similar number for flu.

Helping in a non-medical role at a vaccine clinic can be a wet experience if the weather is bad and it can be physically demanding as some standing is involved, but most attendees are very grateful for the help they are given and so it is a rewarding experience. It only happens a few times a year but if you may like to be involved in the future or would just like to talk to find out more about what other volunteering opportunities there are with the Stoke Road Surgery PPG please send an email to... ppgstokeroad@gmail.com

We would really like to hear from you.

We have put together some websites and telephone numbers which you might find useful...

NHS online www.111.uk or call 111 for 24 hour, 7 days a week medical help

NHS Better Health www.nhs.uk/better-health for healthy living advice from the NHS

Young Minds www.youngminds.org.uk text YM to 85258 or call 0808 802 5544

Silverline www.thesilverline.org.uk (helpline for older people) or call 0800 4 70 80 90

Gloucestershire Carers Hub www.gloucestershirecarershub.co.uk or call 0300 111 9000

MIND www.mind.org.uk for help with mental health

Domestic abuse (Refuge) call 0808 2000 247

AGE UK (advice Line) call 0800 678 1602

SAMARITANS 116 123

Our Award Winning* Sunday Afternoon Teas

The PPG are once again holding our Sunday Afternoon Teas.

The teas are run every 2nd Sunday in the month and were set up to provide company for people living alone who may be lonely at weekends, for people who are mainly over 75 years and people who do not get out very often.

We started the teas some four years ago and we hold them at Stoke Road Surgery in the waiting room, which we turn into a very nice venue for afternoon teas. This is supported by our GPs and is run by members of the Patients Participation Group, volunteer drivers, plus cake & sandwich makers who help to serve our guests on the day.

We currently have vacancies for more guests so this is a fantastic opportunity for older people to get out on a Sunday and enjoy the company of others. We start at 3:00pm and take our guests home around 4:30pm.

Our volunteer drivers are available for anyone who cannot otherwise attend. We do have guests who still drive, or are more than happy to walk to the surgery

How to become a guest

You can ask at the Surgery to be referred or, if you are able to or can ask someone else to, send an email to...

ppgstokeroad@gmail.com

We look forward to welcoming more new Guests in the near future. If you find contacting the surgery difficult then please don't hesitate to get in touch with the PPG if you, or a relative, may be interested in joining us.

* The Corkill Award 2018 – the award notice hangs in Stoke Road Surgery reception area



Do you live alone and find it difficult to get out and about?

If so, a change of scenery and regular afternoons of conversation and laughter with friends of all ages could be just what you need



Company, conversation and a cuppa

Stoke Road Surgery Patient Participant Group arrange afternoon teas for people aged 75 and over, across the Bishops Cleeve area.

On the 2nd Sunday of every month we meet up for tea, cake and company.

We look forward to welcoming you at Stoke Road Surgery between 3:00pm and 4:30pm.

Our volunteer drivers will accompany you to the tea and make sure you get home safely.

