

The Practice

The Stoke Road Surgery Newsletter
Delivering quality primary care

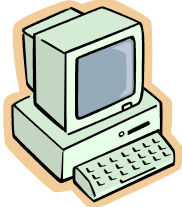


SPRING 2012
THIRD EDITION



New computer system for Stoke Road

Surgery



For the last 10 years Stoke Road Surgery, like many surgeries across the country, has used a computer system supplied by a company called EMIS. This system is based on old technology and is now nearing the end of its useful life. We have a programme of work ongoing to upload all of our clinical data from our old EMIS system to a new system called "SystemOne", supplied by a company called The Phoenix Partnership (TPP). This is a huge task. In the time our EMIS system has been running, we have accumulated medical records for almost 23,000 patients and all of this data will have to be transferred. During the transfer, which could take up to 8 weeks, we will be restricted in what we can do in our old system and this may lead to some tasks taking much longer than usual to complete. **We may even have to work without computers for up to 5 days towards the end of this process.** We will do our very best to keep the disruption to our patients to a minimum but please bear with us whilst this essential work is carried out, and accept our apologies for any inconvenience you experience. Once migration is complete, we will have a brand new system, fit for the demands of the modern, ever-changing NHS.

Birthdays!

Two of our staff have just reached rather important birthdays – Annie, one of our secretaries and part of our district nursing team, has just turned 60 and Chrissie, our phlebotomist, who many of you know and love has turned 50. I am sure you will all agree they look fantastic and wish them all the best!



In this edition

- ❖ New computer system
- ❖ Happy 60th Annie and Happy 50th Chrissie!
- ❖ Dr Robinson retiring & welcome to Dr Soden
- ❖ Contraception Corner
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- ❖ Medical confidentiality
- ❖ Fun cryptic film quiz
- ❖ Poetry corner
- ❖ A day in the life of a Practice Nurse
- ❖ Patient Participation Group

Useful contacts

Appointments:
01242 672007

District Nurse:
01242 679946

Health Visitor:
08454 221388

Fax:
01242 678857

Out of Hours:
08454 220220

NHS Direct:
0845 4647

Doctor Finlay Robinson Retiring

As some of you may be aware, our Senior Partner, Dr Robinson, will be retiring at the end of May. He has been a huge part of this practice and we will miss him, having been a partner here for over 30 years!



Dr Robinson trained at St Andrews University in Scotland spent time in paediatrics before he joined general practice. He came to Stoke Road Surgery back in 1981 & joined his colleague, Dr Slimmings. Over the years he has been the backbone of this practice & we will be sad to see him leave. He is a very caring and compassionate doctor and one of his guiding principles has always been equity and fairness. He firmly supports the NHS service and has seen many changing faces of it over time but now it's time for him to enjoy his retirement. Dr Robinson plans to spend time with his family and enjoy the beautiful Devon coast, where he has a holiday home. The practice team wish him all the very best in his retirement!

Subsequently we wish to welcome our new incoming partner from August 2012 - Dr Ben Soden. We are delighted to have Dr Soden joining us and feel privileged he wished to join our team. He has spent many years in general medicine with a particular interest in gastroenterology. We look forward to welcoming him on board!

The Contraception Corner : Article 2

Long-Acting Reversible Contraceptives

*with a focus on the **Intra-uterine device** : Dr Vivien Smellie*

If you need contraception and are looking for an easy, safe and reliable method, you may wish to consider a long-acting reversible contraceptive or "LARC". This effectively means that it is administered less than once a month. These methods include the copper intrauterine device (or copper coil as it used to be called) and the three long-acting progestogen hormone methods, which are the sub-dermal (under the skin) implant (Nexplanon), the depo-provera injection and the progestogen containing intrauterine system (Mirena).

The benefits of LARCS are that you do not have to 'remember' to use contraception when it is needed, it doesn't matter if you are unwell or taking other medication (only one or two exceptions) and there are no pills to take on a daily basis. Above all, they are very reliable, more than 99% effective and much more reliable than the oral contraceptive pill.

All the above methods are provided at Stoke Road Surgery and the doctors and nurses would be happy to discuss these with you. Dr Smellie is accredited to fit intrauterine devices and sub-dermal implants at the surgery. In this issue, we are focussing on the intrauterine device (IUD) or coil as it used to be commonly called. There are two main types of coil, the copper IUD and the hormonal intrauterine system (IUS) commonly known as Mirena.



The copper coil is a small plastic and copper device, which is more than 99% effective and can last between 3-10 years, depending on the type

fitted. It can last up to the menopause, if fitted after the age of 40 years. It stops sperm reaching an egg and may stop a fertilised egg from implanting in the uterus (womb). It is the only hormone-free LARC. Periods can be a little heavier or more painful and your usual level of fertility returns quickly after removal.

The IUS or Mirena is similar to the copper coil in many ways except instead of copper, it contains a progestogen hormone that is released directly into the uterus. This thickens the cervical mucus, preventing sperm reaching the egg, thins the lining of the womb to prevent a fertilised egg implanting and may stop ovulation. It has the advantage that periods become much lighter, may stop altogether and may be less painful. It lasts up to 5 years and is more than 99% effective. Irregular bleeding can occur in the first 3-6 months, but then soon settles down. Again, your usual



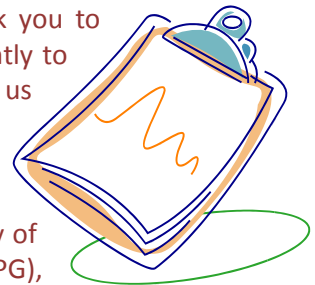
level of fertility quickly returns after removal. The Mirena is also used as a treatment for heavy periods (even if contraception is not needed).

Both types of device are placed into the uterus by a qualified doctor, with the assistance of a nurse. This usually takes 15-20 minutes. It can be uncomfortable but local anaesthetic jelly can be used. The IUD and IUS have two soft threads, which hang through the opening of the uterus, high in the vagina, which lets you know your device is still in place. The doctor or nurse can remove the IUD or IUS by gently pulling on these threads.

If you would like to know more about the IUD or IUS or would like one fitted, please speak to our receptionists who will be happy to arrange an appointment for you to discuss this further.

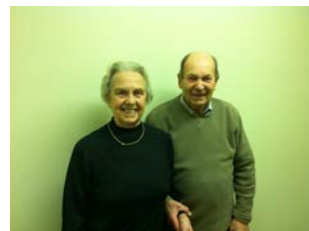
Patient Survey

We would like to say a BIG thank you to everyone who took the time recently to fill in our patient survey to give us your views on the services we provide. We had an excellent response, which was aided by the hard work of Doreen, Carol and Joy of our Patient Participation Group (PPG), who spent many hours in our waiting room promoting the survey and its aims.



All of the questionnaires have been sent to an independent organisation based in Exeter for analysis and we hope to have the results back very soon. We will publish these in the next newsletter and on our website at www.stokeroadsurgery.co.uk. We look forward to working with our PPG on developing plans to address any issues raised by our patients in the survey.

Diamond wedding anniversary



We would like to congratulate Mr & Mrs Trueman, who are patients at Stoke Road Surgery and wish them all the very best on their Diamond Wedding Anniversary. They married on 4th Feb 1952, at St Nicholas church in Chellaston. Mrs Trueman was the practice administrator at the surgery from 1961 until 1985.

Book Club

We would like to thank everyone for their generosity regarding the waiting area "book club". Last month we raised £103.17 which will be donated to Clic Sargent, a children's cancer charity.

Medical Confidentiality - By Dr Hardwick

The notion of confidentiality is enshrined in the Hippocratic Oath. Doctors have a fundamental responsibility to maintain confidentiality and never to “gossip”. Confidentiality is one of the strongest principles of medicine (along with “Do good”, “Do no harm”, and “Respect autonomy”).

The legislation governing the processing of personal information is contained in the Data Protection Act. Breach of confidentiality is not to be taken lightly and it may have serious consequences for the doctor/patient relationship and the doctor's reputation. However, there are occasions when one's obligations to the safety of others and the greater public good must override one's duty of confidentiality to the patient, such as the disclosure of a serious crime (e.g. reporting gunshots and knife wounds). Other examples of circumstances in which the safety of a third party may override patient confidentiality are in the areas of child protection and drug dependence.

When talking with relatives, the default position is to obtain the patient's express consent. This may simply be verbal but, even so, such consent should be recorded in the patient's notes. If relatives wish to raise concerns with clinicians, the GMC advises that no guarantee should be given that such a discussion will not be reported to the patient.

Where a patient does not have the mental ability to make an informed decision about whether information should be disclosed (i.e. 'lacks capacity'), the GMC recommends that the clinician should:

- Make that patient's interests their first concern
- Protect their privacy and dignity
- Encourage them to become involved in such a decision as far as their abilities will allow

To facilitate an assessment of the patient's best interests, a clinician may need to share information with the family, friends or carers or anyone authorised to represent the patient, but this does not mean allowing free access to all information. Guidance is found in the Mental Capacity Act. If you have any questions about confidentiality please do not hesitate to ask any of the GPs or staff and we will do our very best to help you.

Font Size

In response to feedback from our readers that the font size was too small in the first two editions, we have increased the size to make it more readable. We hope you approve!

Don't forget:

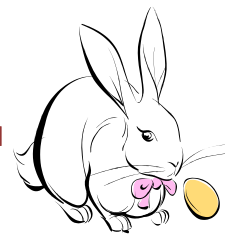
Medical advice can also be obtained
from the pharmacist or

NHS direct (0845 4647) www.nhsdirect.nhs.uk

Surgery Information

Closure times over the Easter period

Good Friday 6th April
Easter Monday 9th April



The Out of Hours service will handle all emergency calls as usual and NHS Direct is always available for any queries. The surgery will be open for the rest of the Easter holidays. However, we will be offering limited routine appointments over this period, to accommodate the reduced service availability due to the bank holidays. Remember to plan well in advance for your prescription requests to cover the bank holiday period. We are happy to accept early requests for repeat prescriptions to ensure patients have enough medication to last over the holiday period.

Cryptic Film Quiz

Can you work out the films from the following clues?
(Answers on our website!)

- Australia's top magician
- The highest revolver
- High temperature at the weekend
- Collectively, the actors are not at home
- Force 10 or 11 scores 100%
- No longer requires Rennies
- Dating Jagger
- Nearly a dozen belonging to the Pacific
- They used to be masculine
- Celestial battles
- Returning to a tense
- Idle medical man
- Very cold time long ago

Poetry Corner

What is a grandma?

A dispenser of fears, a wiper of tears,
A reciter of glories, a teller of stories,
A sitter on couches, a soother of ouches,
A provider of sweets with funny names,
A taker on holidays, a player of games,
A singer of songs, a righter of wrongs,
A stopper of screams, a weaver of dreams,
She listens to what children have to say,
She makes them feel wanted and finds time to play,
A grandma is a lady, who really is quite sublime,
She guides children thro' enchanted years,
Down corridors of time.
We love you Grandma.

By A B McIlquham

A Day in the Life of.....

In this edition we will review a day in the life of Gina Cargill, one of our Senior Practice Nurses.



8am – Arrive at work, check fridge temperatures and start up the computer.

8.15am – Check my clinic list.

8.30am – Morning surgery starts. My first patient arrives for an injection. This should only take 5 minutes but I notice he is limping so ask why. He shows me an infected wound on his leg, which needs antibiotics. I have to get a prescription from the Doctor; now I am running 10 minutes late already.

This patient is happy but the next patient comments on me being late! She is here to have her ears syringed. While I am seeing this patient, one of the receptionists informs me that a child is being sick in the corridor, can I come quickly with a bowl? I dash out and return to finish the ear syringing. Now I am 20 minutes behind.

The next patient doesn't mind being kept waiting – had time to read a magazine! I check her BP; it's a bit high so seek advice from the GP.

10am – start the nurse triage telephone calls: sore throat, cough, earache, tummy upset, flu, urine infection, toothache and headache are all the order of the day. Some need advice, some need to be seen, some need antibiotics, some need the doctor and some simply need to talk.

1pm – lunchtime arrives but so does a patient with chest pain, so down goes the sandwich and out comes the ECG machine! Unfortunately the patient has to go to hospital.

2pm – Afternoon clinic starts after sorting out the specimens for the laboratory collection, then the duty doctor needs assistance so I am late starting again - more apologies to my patients. The afternoon passes in a flash: BPs, injections, wound care, smoking cessation, removing a splinter, a smear, examine a chest then an ear, sore throat, organise a prescription, make several appointments, check all the travel advice requests, sort out the specimens for the evening lab collection (before the driver arrives this time!) and finally stop for a cup of tea. The phone rings and the receptionist says a patient has arrived and can't breathe properly, so they come straight into the treatment room. It's a patient with asthma who needs a nebuliser.

6.35pm – time to go home.

Phew!

Or is it.... Nurse, could you just....!

The Patient Participation Group

Letter from the Chairman - Paul Holliday

As you are may be aware, Stoke Road Surgery has been making preparations for introducing a Patient Participation Group as an effective local community outreach to and for a busy practice. On January 26th 2012, the PPG members, who had been identified and invited during 2011 by the practice, proposed and elected myself as the founding chairman. My thanks go to the PPG for this vote of confidence. The added bonus is that we have elected two post - sharing secretaries, Doreen Dyer and Carol Gardiner. That's a lot of luck for the beginning of a year.

My first priority at this stage is to establish and consolidate communication and understanding between the practice and patients. Bishop's Cleeve and its population present an annual net growth register of patients. We have a local population demographic profile emphasis of statistically, what I can only describe as – more rural, ageing, and 'comfortable' than say of an inner city? This local demographic situation, as well as local housing growth, has created a huge demand at the practice. In order to assist understanding of the competing pressures of clinical care and access to a doctor, by invitation, and on the appropriate condition of signing the Code of Confidentiality, staff have given PPG members a conducted tour of the surgery. Bear in mind that again, statistically, the practice serves around 2% of the population of the county, on a central village restricted site. The quiet efficiency of staff at the reception desk, and in the waiting room, contrasts well with the industry of staff at the heart of the practice. The presence of the district nurses, which the practice hosts synergistically in the same building, is to me very confidence inspiring and appropriate.

The first action of the PPG has been to contribute to the Patient Questionnaire Survey. The aim of this has been to engage as many patients as possible in completing the questionnaire, either on line, or in writing. We really do counsel and urge you to help us make a difference..... by the thousand! After asking you the questions, some of which were generated by the PPG, your own representatives, our next action, having analysed your responses and identified needs and aspirations, will be to report back to you.

My final introductory submission is this: The magnitude of a practice already working at full capacity is such that we would not wish to raise expectations of any 'quick fixes.' However, we will really endeavour, as conscientious volunteers on your behalf, to listen intently, take account of your responses and provide the evidence for future progress and action.