

# The Practice

The Stoke Road Surgery Newsletter  
*Delivering quality primary care*



SPRING 2013



## Expanding GP Services in the Centre of Bishop's Cleeve

Stoke Road GP Surgery is pleased to announce that in order to cope with increasing patient numbers following the approval of major new housing developments locally, we are planning a significant development of our site. The proposal has the support of the NHS in Gloucestershire and the next step is to obtain planning approval from Tewkesbury Borough Council.

The scheme will provide three extra GP consulting rooms and three more rooms for nurses as well as a completely new waiting room and improved reception and back office facilities. Some parts of the existing building will be reconfigured and refurbished and the project will provide an opportunity to consider offering additional services locally.

These changes will be achieved by building on part of the courtyard between the existing surgery and Badham's Pharmacy, plus some in-fill on other parts of the site. There will be no reduction in the amount of car parking space. The areas highlighted in the diagram (A, B & C) show how the new facilities will be incorporated into the existing building.

Commenting on the scheme, Dr Moore, Senior Partner, said "We are delighted to be able to expand our Surgery and provide primary healthcare in modern premises for

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## Useful contacts

Appointments:  
**01242 672007**

District Nurse:  
**01242 679946**

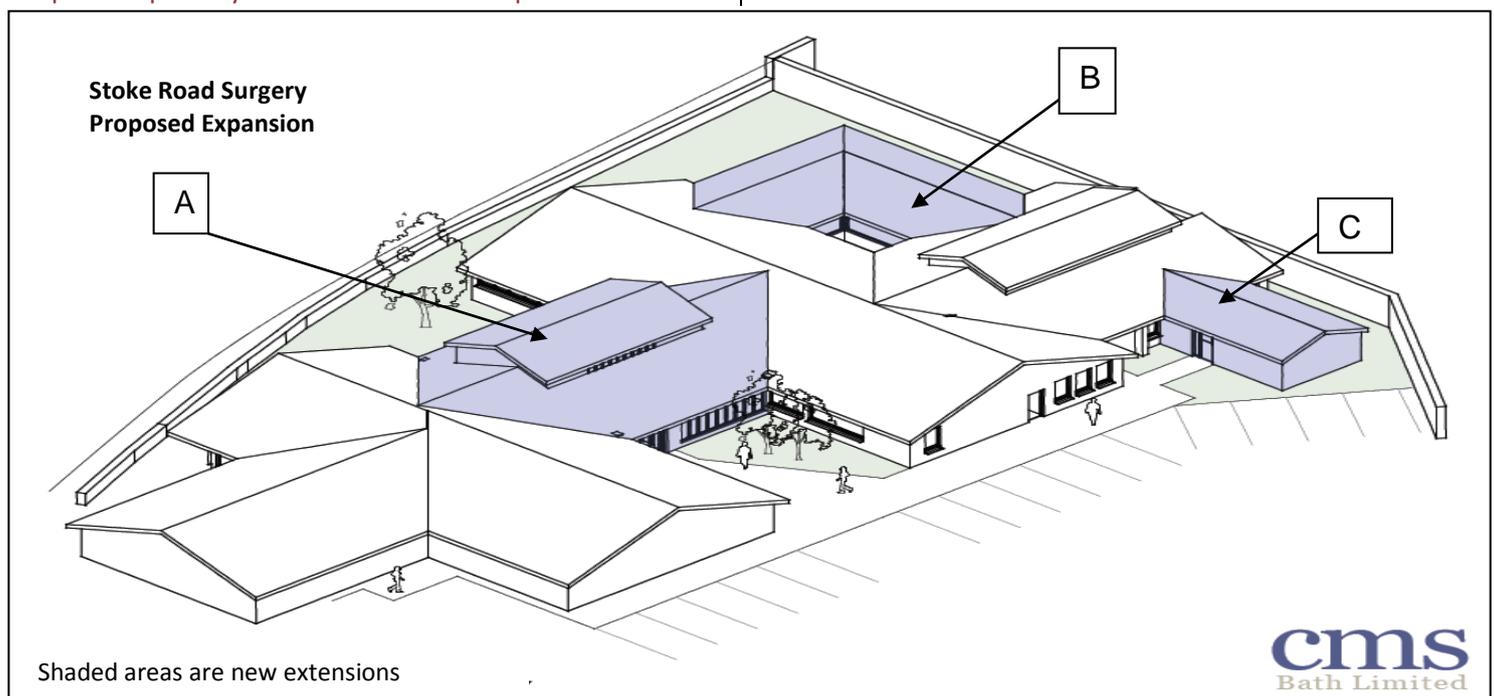
Health Visitor:  
**08454 221388**

Fax:  
**01242 678857**

Out of Hours:  
**08454 220220**

NHS Direct:  
**0845 4647**

our patients in the heart of the community, alongside the shops and other facilities in the centre of Bishop's Cleeve". The timing of the building work will depend on the progress of the planning application, with work starting as soon as planning consent is granted. Lester Pygott, Practice Manager, will be working closely with the architects, CMS Bath Ltd, to maintain existing services at Stoke Road with the minimum of disruption during the building work. The surgery's Patient Participation Group (PPG) will monitor progress of the project, assist the Practice with input to help minimise patients' concerns and provide updates for the local community.



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## Results of this year's Patient Survey



Thank you to everyone who took the time to complete our survey questionnaire again this year. Based on the results of the 2012 survey we have been working hard on the following, in order to address some of the issues raised:

- Investment in increased number of Healthcare Assistants
- Additional training for our Practice Nurses to work more closely with the GPs on minor illness conditions
- Both of the above have helped us provide an additional 15 GP appointments each morning (75 appointments every week) to make it easier for our patients to see a GP when they need to
- Customer service training for all our reception staff
- Installation of the TV screen in the waiting room for patient information
- Regular practice newsletters in paper and electronic format
- Additional car parking spaces for our patients at the Tithe Barn (courtesy of our neighbours, Capita).
- A proposed extension to and upgrade of the existing practice premises.

The scores for each of the questions asked this year show an average improvement of around 10% on last year's results.

As was the case last year, the findings seem to show that our patients rate quality of care provided by the clinicians at the surgery the highest and the lowest is the ease of accessing that care. The full details of the survey are available on our website.

We remain totally committed to working with our PPG to address all genuine patient concerns with any aspect of the services offered by the surgery and to develop new services which can reasonably be provided at Stoke Road.

Some of the work we have planned for the next 12 months is:

### **a) Communication**

Provision for e-mail and text messages with our patients to improve reminder systems, general health promotion and communication efficiency.

### **b) Access to the surgery / services**

There will be specific focus on addressing the difficulties patients report with accessing the surgery by telephone.

### **c) Premises**

Upgrading of public areas and consulting rooms and the addition of a new waiting room (subject to planning application approval)

Quality of care is at the centre of everything we do at Stoke Road and any changes we implement will be done in such a way that quality of care is NOT compromised.

## Specimens and Samples

Please can we remind all our patients that when we ask you to provide a sample for testing - urine, sputum, faeces, etc. - it must be in the correct container. We will usually give you the correct specimen container pot, but if you don't have one, please ask at the reception desk. The laboratory will NOT process any sample if it is not in the correct pot and we will have to ask you for a repeat sample.



It also needs to be labelled correctly with your full name, date of birth and the date of the sample. Again, if the lab receives samples that are inadequately labelled they will not process them.

We do our best to help you, and our Health Care Assistants spend much of their time checking these samples, but I am sure you would agree their time would be better spent seeing patients instead!

## Newsletter deliveries



Our district nurses have kindly agreed to be our "postmen" for the newsletter!

They will take some to the various residential homes they visit which will allow residents to pick up a hard copy there. They will also pin one up on the notice boards too.

Badhams Pharmacies also have our newsletters which are available in store and they can distribute them with your prescription deliveries.

PPG members have kindly distributed them to various local groups too. We think this is a great idea and we are delighted by these kind offers of help.

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## Test results

It has come to our notice that there seems to be a number of queries over test results.



Blood tests, in general, take about one week to come back from the lab and be processed by the Doctor. We will leave a comment on the results, which the receptionist will pass on to you when you phone the surgery. This might be "please book a routine appointment to discuss" or "normal, as expected" etc.

Please remember it is your responsibility to phone for the results. Often, if there is a result that we are concerned about, we will call you but please do NOT rely on this as a way to get your results. This is because we might not be able to contact you for various reasons - we might have the wrong number, you are away on holiday, never in when we call, you have changed your mobile number and not updated us and so on.

Some blood results do take longer, for example coeliac testing and autoimmune bloods. These usually take two weeks.

X-rays and scan results also usually take about two weeks from when you had the X-ray taken. Again, these results come through to us electronically so we will put a comment on the results, as we do for the blood tests.

Histology results (biopsies of tissues) take longer - around four to six weeks. Your Doctor will usually contact you with these results.

Please remember however, that if you have had a test - blood, X-ray, CT or MRI scan - which was arranged by the hospital and not by the surgery, we do not automatically receive these results. Rather than calling us for these results, which we may not have, you should contact the relevant hospital consultant's secretary. They can chase these results for you and make sure that the consultant has seen the result and decided on what action they want to take.

## "Seniors Group" of the PPG by Joy Merrell



As a member of the PPG, I was delighted to see so many members of the older generation when I attended the AGM meeting on the 7th March 2013.

When I joined the PPG at the first meeting I realised members of the Committee brought different strengths and experiences to the group. My interest is in the elderly. That is because of my own age (elderly!) we have all been young but young people haven't yet been old! I became interested in health after working as a volunteer at

Cheltenham hospital for 5 years. I have been very lucky to have been joined by Peggy Dyer and Mollie Edwards from the PPG, both of whom have extensive experience working in the NHS and Social Services. Between us we have many contacts in groups that cater for the elderly in Bishop's Cleeve. We have already contacted several groups in order to distribute information from the practice and to refer patients to the organisation to answer their questions.

At the AGM I was able to ask if anyone had read my article which was very kindly published by "The Senior Citizens Club" last October. It was about introducing our group and reminding their members about flu vaccinations. I was very pleased that several people had read it, and I also made contact with other group members to whom we will distribute the AGM minutes.

We had an excellent presentation from Dr Moore when the PPG was initially created, especially interesting for me since my background and working life had nothing to do with health, apart from using the services. I discovered from the presentation that 30% of the practice patients are over 60 and very spritely, some of whom I met at the meeting! As healthcare improves we are living a lot longer than previous generations but a lot of the quality of life depends on education, jobs, income and lifestyle.

As a PPG group we have identified that people living on their own are often reticent in asking for help. We will try to communicate to people what is available, thus spreading the word. We have formulated a strategy, a timetable and a deadline for distribution of information available to us all. I have collated some of the questions we have been asked by elderly patients. At the AGM I met and tried a few of these questions on one of the health professionals at the surgery: they said that most of the questions could be answered on the phone by the surgery staff so I would suggest that this may be the first and the best contact to make!

## Car parking



We are very grateful to our neighbours, Capita, for sharing their car parking spaces with us at the Tithe Barn. This generous initiative gives our patients additional car parking which is just a few minutes' walk from the surgery.

When parking in the Tithe Barn car park, PLEASE only park in the allocated spaces – these are numbered **1 to 15** and are immediately on the left as you enter the car park by car. Please do NOT park in any other spaces as these are not covered under the agreement with Capita and are allocated to other users of the Tithe Barn. Thank you for your consideration.

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## A day in the life of... A medical secretary by Andrea Coldwell

There are two medical secretaries at the surgery who each have to keep track of nine doctors – Andrea, who works in the morning and Annie in the afternoon.

Both sessions present exactly the same type of work.



We spend much of our time sending out referrals. Many of these are routine, Choose & Book referrals, however, not all are made in the same way. Some require forms sending with them, some need an appointment booking by the surgery/patient and some are booked by the hospital. Others are not on the electronic Choose & Book system and must be made on paper. Often it is not clear where a referral has to be sent, which will lead to a certain amount of investigative work. We have made ourselves a reference guide in order to keep track of all referrals generated at the surgery but just as soon as we think all is clear ..... the rules change again.

We also have an ongoing list of 'Tasks' which come to us from the GPs, Receptionists, Nurses, etc. The contents of these tasks are many and varied but are usually matters which require investigation such as:

- a GP querying medication prescribed by the hospital
- a patient asking why they haven't heard anything regarding their referral
- a patient asking for a "To Whom it May Concern" letter (fitness to fly / housing / sickness benefit / etc.)

On top of this we send copies of notes to care homes for patients coming out of hospital, answer the phone and perform other general tasks. Responding to phone queries can take anything from a couple of minutes to several days before the matter is resolved.

We have to keep a log of all the referrals made (around 200 every month) and a record of all "peer reviews", a process by which the GPs get together and discuss the best options for dealing with a patient's problem.

A typical morning for me starts at 9am. I go through the work already on my desk and decide what takes priority. There are several dictated tapes in the 'high priority' box and quite a few urgent 'Tasks'. I start the most urgent letter to the hospital but am interrupted by a call put through from reception. This is a request from a patient who needs a letter for their solicitor by the end of the day. I notify the doctor and go back to my letter. After typing a few more words a doctor rushes in – they suspect a patient of having suffered a

stroke and the referral needs to be faxed to the hospital immediately. Before I can send the fax I receive another call from reception - a patient has arrived at the hospital for an X-ray but forgotten their form so they need another one faxing over. This involves catching a GP and asking them to sign another form in between seeing their patients. While I'm waiting the Receptionist tells me there is someone on hold and someone else has turned up in Reception. With the form signed I get back to my desk to find a different doctor waiting for me. They urgently need to admit someone to hospital which entails sending a fax to advise the hospital of their imminent arrival but I am aware that I still have to send the suspected stroke fax. I have to deal with the patient in Reception and to call back the person who was on hold. I resort to writing a list to keep track and make sure nothing is forgotten. Once this has all been sorted I go back to the urgent letter I first started at 9am. I type another couple of lines only to be told that another patient has turned up in Reception. I don't want to keep them too long so I go to help. Their problem needs a couple of phone calls to the hospital before it can be sorted out. The morning continues in the same vein. Eventually, five minutes before I am due to leave, a GP rushes in with the urgent letter for the solicitor, requested earlier in the morning. I still haven't packed up the post which I take with me to post on the way home. I look back at the first letter I started at 9am – where has the time gone!

## Comment from the PPG Chairman - Paul Holliday



A permanent feature of news media in the UK is the NHS. Since becoming an active member of the PPG it has become clear to me, that we often live the content, long before any issue hits the headlines! For example, my experience as a volunteer in Cheltenham General A&E, on 31<sup>st</sup> December 2000 was that, for example, emergency admissions in a typical English town late night alcohol abuse situation, was never going to be an attractive career choice for clinicians.

In March 2013, acting for the Surgery PPG, I attended a presentation about the NHS Hospital Trust A&E change proposals, out for public consultation. The accompanying document was mentioned at our AGM. Skilled specialist clinicians are in very short supply. They are just not available. Financial resources in this instance do not appear to be the resolving issue. It feels like a duty, to empathise with the consultation process and say that the reality seems to be, that in the end, we will have to put trust in the recommendations of those who bear the ultimate responsibility.

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