

The Practice

Stoke Road Surgery Newsletter

Delivering quality primary care



Spring 2014



Stoke Road Surgery Survey

Thank you to everyone who helped with our annual survey. It only seems a short while ago since we last did this and it comes round so quickly!

I am sure you will have noticed some of our PPG members in the waiting room these last few weeks, helping to distribute the survey forms and aid completion. We are very grateful for their helpful contribution.

We are pleased to announce our surgery results are ready for publication. For full details please see our practice website as this is just a brief highlight of the results. We found, as every year that our scores are very consistent, with the same trends reflecting year on year, but with one significant exception this year. We noted a definite change in the responses to the questions relating to ease of access to the surgery by phone. We had a markedly improved score, an increase of 17%, which was a noticeable difference. We are delighted with this, as our dedicated reception team have spent a lot of time reorganising their working structure to ensure that the phones are answered as quickly as possible. We have also employed more staff to help us achieve this goal so we are pleased that this has obviously had an impact and is reflected in our survey results.



Website Update

We would also like to highlight that our previous newsletter was not available on the website due to problems uploading its content, for which we apologise. The problems have now been rectified and the last Winter edition, and this current one, will both be available now.

In this edition:

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- ❖ PPG chairmans comment

Useful Contacts

Appointments
01242 672007

Fax
01242 678857

District nurses
01242 679946

Health visitor
0300 4216166

NHS advice
111

PPG Health promotion day: Feedback

Back in October our PPG held its first health promotion day called "What's your number?"

This was a roaring success! Over 200 patients attended, some from our practice, others from different local practices, some even from as far afield as Derby!

Patients were offered health advice about smoking, drinking, weight and their BMI. Their blood pressure was checked and they had a diabetes screening test.

Everyone's comments about the day were very positive. One of our patients, Mrs Sylvia Homer, was particularly glad she attended the screening. She scored highly in her diabetes screening test, so we advised her to come in for more detailed testing. It transpired that she had actually developed diabetes and we were able to pick this up really early because of our health promotion day.

Mrs Homer said to Dr Hardwick that she felt the event "was very useful" and that she was pleased to have gone.

We would like to thank all staff and PPG members who helped us run this successful event.



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www.stokeroadsurgery.co.uk

NHS 111

What is NHS 111?

This is a new telephone number which has been introduced to make it easier for you to access local health services. You can now call 111 when you need medical help quickly but it's not a 999 emergency.

You will be assessed, given advice and directed straightaway to the local service that can help you best. This could be A&E, a minor injuries unit, an out of hours GP, an emergency dentist, a late opening pharmacist or a community nurse.

Why should I use it?

NHS 111 is a fast and easy way to get the right help - wherever you are and whatever the time. It can also help us to free-up 999 and local A&E departments so that they can focus on emergency cases.

How does it work?

111 will get you through to a team of highly trained advisors who are supported by experienced nurses. They will ask you questions to assess your symptoms and give you the health care advice you need or direct you to the appropriate local service. The NHS 111 team will, where possible, book you an appointment or transfer you directly to the people you need to speak to. If NHS 111 think you need an ambulance, they will immediately arrange one for you.

When do I use it?

You should use NHS 111 service if:

- you need medical help quickly but it's not a 999 emergency.
- you think you need to go to A&E or another urgent care service.
- you don't know who to call for medical advice or you don't have a GP to call.
- you require health information or reassurance about what to do next.

For less urgent needs you should still contact your GP surgery or the pharmacist in the usual way.

For immediate life threatening emergencies, continue to use 999.

The 111 number is now available across our area. Calls to this are free, including from mobiles, 24 hours a day.

They also have a confidential interpreter service which is available in many languages.

You can find out more at www.nhs.uk/111



when it's less urgent than 999

Message in a bottle



We would like to highlight a scheme run by the Cheltenham Lions Club, called "Message in a Bottle" - which is an emergency information scheme.

A bottle which is kept in your fridge which has your contact details and those of your next of kin on it, in case it is needed in an emergency situation.

It is for use by anyone who feels vulnerable while living alone at home; it provides vital details of any illness or allergy to the emergency services and provides them with a person to contact if they are called to your home.

How does it work?

You collect a bottle, free of charge, from your local chemist. Complete the form and put it into the bottle, then place the bottle in the fridge.



Place a green sticker on the inside of the front door, and place the other one on the outside of the refrigerator. This tells the emergency services that you have "Message in a Bottle" in place and they will use the information in an emergency.

It is also a good place to store a spare repeat prescription sheet, so that emergency teams can see straight away what medication you are taking.

For more information please contact the Lions Club.

www.cheltenhamlions.org.uk

Telephone: 0845 8335783

Calling 20-40y year olds!

We are extremely lucky to have a very active PPG at our surgery however it is fair to say that the average age of our members is 60 years +. In view of this they are actively seeking younger members. If you are aged 20-40 (ish!) and have an interest in community matters, then please contact Paul Holliday our PPG chairman. For full details please see the practice website.



Triage reminder

We would like to remind all our patients about our triage system. This is the process where we prioritise all requests for urgent consultations or advice. The nurse, or sometimes the doctor, will call you back to decide how best to deal with your query. It



really helps us if you can phone as soon as possible in the day. We have more staff in the mornings and are able to deal with your queries more efficiently if you call us as early as possible. Please refrain from calling for urgent same day appointments at lunchtime, unless it really is an emergency. The reason for this is that our clinicians have already allocated work for that morning and then need to spend time doing their emergency visits. The afternoon triage clinics should be for emergencies only.

If you need an afternoon appointment due to work commitments, remember that we have "extended hours surgeries" especially for this purpose. These are routine surgeries run by the doctors from 7.00am until 8.00am and then from 6.45pm until 8.00pm.

Please remember, if your call to the surgery is about a routine request or enquiry then please call at our less busy times (after midday) - this leaves the phone lines open for the more urgent requests.

Thank you!

We would like to express our thanks to an unknown patient who brought in a large box of fruit for all the surgery staff. It came with a little card that said "To all the Doctors and staff - thank you for your care."

This was a lovely kind gesture, and we would like to thank you, but we don't know who you are! If you read this, then this is for you -



Congratulations!

We are delighted to announce that our District Nurse, Lisa Drury, had a little baby boy in the New Year.

He is called Max and I am sure you will join us in wishing the new family all the best. Max is delightful.

A Day in the Life of ...

Ruth Hollingshead, Prescribing Support

My name is Ruth Hollingshead and I am one of the Practice Prescribing Support Pharmacists from the Clinical Commissioning Group (CCG) Medicines Management team. I work at Stoke Road Surgery one day a week. So, what exactly is prescribing support?

Improving quality and efficiency in the NHS are key objectives of the government's reforms. Prescribing support could be defined as the use of additional professional input into one or more elements involved in the prescribing process. It has the overall objectives of promoting high quality, cost-effective medicine use and of improving the pharmaceutical care of patients. This should allow NHS resources to be used more effectively and practices to operate with greater efficiency, allowing GPs more time to spend with individual patients and also to improve the health of their practice's population by optimising prescribing.

So, what do I actually do?

The National Institute for Clinical Excellence (NICE) provides evidence-based clinical guidelines for prescribing and NHS Gloucestershire also produce local prescribing guidelines. These are updated and amended on a regular basis, taking into consideration latest scientific evidence. I undertake regular audits and reviews to help ensure that the doctors' prescribing is in accordance with the latest guidelines. The surgery has to achieve national, regional and locally agreed targets. Some of these targets may be clinically based, whilst others may involve generating savings. The CCG monitors the surgery's performance against these targets and highlights areas where we may be able to improve. So, to give some examples of recent work done:

-When prescribing a medicine, the doctor has to carefully consider the benefits and risks associated with that particular drug for that particular patient and these will vary from patient to patient. For example, we have recently audited the prescribing of a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). These are very effective for relieving muscular aches and pains, but may also have side effects, such as gastric irritation (or bleeding) - this is why they should be taken with or after food - and in some patients may be associated with a higher cardiovascular risk.

We assessed each patient's risk profile and amended their long-term NSAID use or added in an extra drug to protect the stomach and reduce the risk of an ulcer or bleed. For patients at a higher risk of a cardiovascular event, we may have changed the NSAID to one with a better safety profile.

They should always be used at the lowest effective dose for the shortest possible time. This clinical audit actually increased prescribing expenditure for the surgery.

- Another project recently undertaken was to review the prescribing of a drug which is available in several different strengths, but each strength is the same price! By optimising the dosage, e.g. changing 2 x 100mg to 1 x 200mg, we were able to generate considerable savings.

- From time to time, manufacturers may issue a safety warning concerning a particular medicine. There have been several of these recently, and I have highlighted all potentially affected patients to their doctors for a review of their medication.

On a more general note, I field various enquiries from different members of the practice: doctors, nurses and reception staff, which adds interest and variety to my day.

So, why do I do it?

No two days are ever the same, it is never boring, there is always the constant challenge of having too much to do and not enough time to do it in. It is sometimes frustrating and sometimes rewarding. Most important however, is being part of the team, who are friendly, helpful and supportive. I enjoy my day at the surgery and hope that you now have an insight into the role of the prescribing support pharmacist.

Poetry Corner

“Spring” by Peggy McIlquham

Oh! How I long for the spring to appear,
With the first show of snowdrops, a sign that it's here.
Bare trees come alive, with green buds shooting through,
It's a season so fresh, and delightfully new!
Light showers of rain, to bring forth the flowers,
Cherry blossoms of white clinging to the boughs.
Thousands of daffodils in shades of gold,
Giving pleasure to all, it's a sight to behold!
Catkins and sticky buds, sprays of palm,
Lovers strolling arm in arm.
Lambs skipping about, play and nudge one another
Then a sharp bleat, a warning cry from their mother!
The song of the bird, busy building her nest
This is mother nature at her very best!



PPG Chairman's report - Paul Holliday



During the last year at Stoke Road Surgery, with our Health Promotion events we have endeavoured to draw attention locally to Body Mass Index. On referring to international statistics, it is thought provoking to be reminded of the following statistics at the turn of this decade:

Average weight:

World 62 kg UK 76 kg

Overweight population:

World 34.7% UK 55.6%

Although I retired completely from my life-long career in animal nutrition last year, the principles of that discipline remain. For example, I know that flaked maize (corn flakes to householders) naturally contains around 4% sugar. It is possible for anyone to purchase at the least – nutritional cost, 500g of corn flakes for 0.31p, at a natural 4% sugar. Why then, pay £2.00 per 500g, at 8% or much more sugar, with half or much more of it, added from refined sugar?

On the same theme, why do we UK citizens habitually add refined sugar to beverages, when it is the most effective way of raising our body mass above our healthy body mass index? Why is the average portion of most household, pre-packed, or catering food, around twice as high in calories than required?

At the end of the last war in 1945, most vocations were relatively manual and consumed calories. We need around an average of 2000 or more calories per day. Housing construction material was, in the main, thermally inefficient. In 2014, most vocations are sedentary and calorie requirements are low. So why then do we now face larger portion sizes that are typically providing daily body weight gain or just become food waste? Why are we still consuming food supplying on average around 2000 calories per day, when our housing is now mainly much more thermally efficient?

Is it time then, that the average adult, got 'ready to (tummy) rumble?'

Is it time to leave the car and walk, run, cycle or swim, maybe to win?

Is it time to eliminate the most common forms of indigestion symptoms, a relic of steam-age calorie consumption?

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