

The Practice

Stoke Road Surgery Newsletter
Delivering quality primary care



Spring 2016

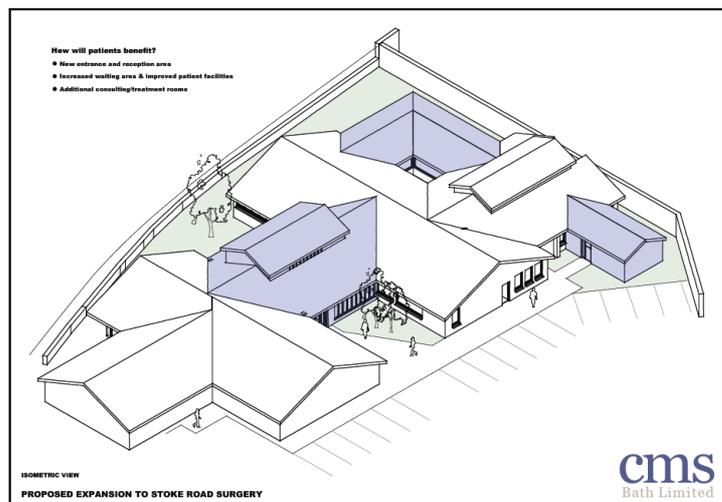


Building works

It's started!

After many years of planning, waiting for funding and approval, we have finally started the expansion of the surgery premises. The original plan was begun in the autumn of 2012 and the first earthworks excavated in April 2016.

The scheme will provide 3 additional GP consulting rooms and 4 additional Practice Nursing rooms, as well as a completely new waiting room and reception facilities. The existing building will be reconfigured and completely refurbished to provide modern office space for the administration staff and an opportunity to consider offering additional services from the Stoke Road site.



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 blue areas highlighted in the diagram show how the new facilities will be incorporated into the existing building. The building works are scheduled to last for 44 weeks, giving us a completion date of January 2017. During this time we will work hard to keep the disruption to our patients and the services we provide to a minimum.

In this edition:

- ❖ Building works
- ❖ Dr Moore's 30 years in practice
- ❖ NICE Dr Moore
- ❖ Chronic disease clinics
- ❖ Dates for your diary
- ❖ Visits
- ❖ Hello....
- ❖ Remote access appointments
- ❖ Nickie's 50th birthday
- ❖ Diabetic eye screening
- ❖ PPG chairman's comment
- ❖ Bluebell woods

Useful Contacts

Appointments
01242 672007

Fax
01242 678857

District nurses
01242 679946

Health visitor
0300 4216166

NHS advice
111



In addition to all of the work planned to expand the building, there has been a lot of work already undertaken on the grade 2* listed boundary wall around the site, with considerably more work still to complete.

The wall was in an unsafe condition and required urgent attention. However, with it being a listed structure (by its association with the Old Rectory), we have been unable to secure planning permission to reduce it to a height which would make it inherently stable and have had to spend large sums of money both installing temporary supports and developing a long-term solution. So far this has cost £50,000 and sadly, the final bill is likely to be in excess of £100,000.



Dr Moore's 30 years at Stoke Road Surgery

Dr Moore recently celebrated a significant milestone at Stoke Road Surgery. He has been a partner here for 30 years! We had a surprise celebratory evening for him with a meal and a game of skittles at Cleeve Hill Golf Club, where we were joined by his old friends and GP partners, Dr Peter Slimmings and Dr Finlay Robinson. We all had a lovely evening and celebrated his 30 years. There were some amusing photographs looking back over this time!



NICE Dr Moore

Whilst we are on the subject of Dr Moore, we thought we would celebrate his latest achievement. He has been chosen to work on the national organisation which provides guidance and medical pathways to improve medical care provided by the NHS, known as NICE (National Institute for Health Care Excellence).

Dr Moore says " I am privileged to be accepted as one of two national GP representatives developing clinical guidelines for the management of heart failure. It was a very thorough application and vigorous recruitment process and I am delighted to accept this post. I am now having to get used to the train services to and from London!"

There are over 30 countries across the world that use UK NICE guidelines in one way or another. They have truly shaped the way medical care has been provided, offering evidence based guidance and advice, developing quality standards and performance targets for health and social care services.

We are rightly very proud of Dr Moore for this achievement and it is a wonderful recognition of all his years of hard work and campaigning, championing heart failure services. We hope you will also be pleased for him, and understand that this will slightly reduce the amount of time he is in surgery.

Chronic disease clinics



We are changing the way we manage our chronic disease clinics. These are the clinics that patients are invited to in order to effectively manage diabetes, asthma, COPD, heart disease, stroke, epilepsy etc.

Traditionally we would send out a letter with a day and time for an appointment. We found that lots of appointment time was being wasted as people might not attend their appointment (usually a 30min appointment too!) if it was inconvenient for them but forget to call and cancel it or re-schedule.

We therefore have had a think about how we can make this service more modern, efficient and patient-friendly! So.....

If you have any of the conditions above you will be invited in once a year, and to make it more memorable, we will aim to make it in the month of your birthday.

If you have multiple conditions, we will try to review as many as we can in your one annual appointment. This means you don't have to come to two separate appointments for you diabetes and heart disease, for example.



A member of our reception team will call you in your dedicated month and ask you to book an appointment, first for blood tests (if they are needed) and then secondly for your review.

The advantage of this is that you can choose an appointment time for your bloods and the annual appointment at a time that is suitable for you, within the constraints of our scheduled appointments.

You will NOT be sent letter reminders any more but will be called instead.

Please make sure that your contact details are up to date and remember to tell us if you change your home/mobile phone number!

Date for your diary

It's spring, so there are some bank holidays approaching.

We are open as usual except on:

Monday 30th May - Surgery closed
Monday 29th August - Surgery closed



Visits

We are receiving a number of requests from our patients for visits which are not really appropriate. We can only visit on CLINICAL need, not because it is more convenient to be seen at home or because there are transport issues. Whilst we understand this can be more demanding for you, please remember we are not being 'awkward' or 'difficult'. We can see 3, 4, 5 sometimes even up to 10 people in surgery in the time it takes us to do one home visit, depending on the complexity of the visit and the travel time. In our very busy surgery we really do have to manage our time effectively. Please see below our visiting policy. The full details are displayed on our website.

Home Visits

We provide a home visiting service for patients who are **too ill** or **too frail** to attend the surgery.

If you need a home visit **please phone us before 10.30 am** (except in genuine emergencies) as this helps our doctors to plan their time efficiently. For callers after this time it is unlikely to be possible to arrange a visit for that day.

Home visit requests after 10.30 am are reserved for **genuine emergencies only**. In the afternoon, there is one 'on-call' duty Doctor and the time taken for a single home visit could be used to see many more patients at the surgery.

If you request a home visit after 10.30am it is likely that the duty doctor will phone you to assess the urgency of the situation and to decide whether the patient should be brought to the surgery where we have the necessary facilities to best deal with the problem.

Home visits are not a way for patients to resolve personal transportation problems. **If you are able to get to the shops, or the hairdresser, or to hospital appointments, then you should come to the surgery for your routine appointments.**

Home Visit Guidelines

If you require a home visit please expect that you will be required to give the receptionist some indication of the nature of the problem. This then allows the doctor to assess the urgency. Our receptionists will only add visit requests to a request list; the doctors will decide if your request for a visit is appropriate. If they decide that it is not appropriate for you to be visited at home, you will be notified by telephone and informed that you will need to attend the surgery to be seen. Examples:

1. GP visit recommended

Home visiting makes clinical sense and is the best way of giving a medical opinion in cases involving the **terminally ill** or the truly **bedbound** patient for whom **travel by car would cause a significant deterioration in their medical condition.**

2. GP visit may be useful

Following a conversation with a health professional, it could be agreed that a patient who is **seriously ill** may be helped by a GP's visit.

3. GP visit is not appropriate

In most of the cases below a visit would not be an appropriate use of your GP's time, nor best for the patient.

- **Heart attack – severe crushing chest pain.** In this case it is essential to get the patient to hospital as soon as possible and the correct approach is to call '999' for an ambulance.
- **Common symptoms of childhood:** fevers, cold, cough, earache, headache, diarrhoea/vomiting and most cases of abdominal pain. These patients are usually readily transportable and able to travel to the surgery. It is also likely that they would be assessed and treated more rapidly and effectively by attending the surgery rather than waiting for a doctor to visit. Please note: it is not harmful to take a child with fever outside.
- **Adults with common problems,** such as cough, sore throat, influenza, general malaise, back pain and abdominal pain are also readily transportable to the surgery. **If a lack of transport is the only reason for requesting a home visit, then please note that your request will almost certainly be considered as inappropriate, and you will therefore be asked to come to the surgery to be seen.** It is not the doctor's role to arrange transport to the surgery. It is the responsibility of the patient or their carer to do this.

Hello.....

We have the pleasure of being able to introduce two new staff members.

Angela Graham and Louise Eliasson both join us as new additions to our nursing team.

Angie is an experienced nurse, having trained in the Navy more than 30 years ago. She has done a variety of nursing over the years, from A&E, to hospital nursing to occupational health, but has found her niche with Practice Nursing. She joins Sister Alison Busy in managing the diabetes and heart disease clinics, as well as routine practice nurse clinics.

Louise is new to Practice Nursing but joins us from the District Nursing service in Hertfordshire. She is our dressings expert along with our existing HCA Rachel Camm. Louise will be working alongside Sister Donna Butler in managing our respiratory clinics, with COPD her specialist interest.

Please join us in welcoming them to the practice.

Angie Graham

Louise Eliasson



Remote Access Appointments

We would just like to remind everyone about 'remote access appointments'.

When you call the practice for an urgent medical problem, the doctor or nurse who has triaged the call may suggest you have an appointment at either St Paul's Medical Centre or the Healthy Living Centre in Coronation Square, where a number of doctors see patients from general practices all over Cheltenham. They can see and assess you and provide appropriate treatment as needed.

If any further follow up is needed then this will be back with your GP at the surgery.

The rationale behind this is that for acute/urgent things - such as earache in children, chesty coughs in adults - which are unlikely to need much ongoing medical care, they can be seen and dealt with at the urgent clinic, freeing up more appointments at the surgery that we can use for more complex medical problems or elderly patients who need regular appointments and continuity of care. Please help us by accepting an appointment there if offered. This means we have a free appointment for someone else with more complex medical issues.



PPG Chairmans letter

Paul Holliday



"Make plenty smile on the cheeks of toil."

So spoke Queen Victoria during the opening of Parliament in 1846, when to her, the success of the democratic repeal of the Corn Laws was a bloodless revolution. This was initiated by the first 'Northern Powerhouse' parliamentarian, Sir Robert Peel, who sought to bring about equality of opportunity for all citizens, via food security.

The next noble parliamentarian to initiate profound equal health opportunity for all was Aneurin Bevan, who in 1946 launched what he described then as the National Health Service Act, and what we now know affectionately as the NHS. Some simple example statistics are revealing: in 1948 when most people were signed-up to a local doctor, 7,500 hearing aids were issued. By 1951, the number had risen to 152,000, and today it is approximately 1.5m.

The theme of modern day Primary Care, I believe, is still delivered unapologetically with the Victorian work ethic of practitioner and nurse 'toil' with the empathy of the original founding fathers of open-door medical services.

The Surgery, like many across the country, whilst operating with seamless efficiency and competence, continues to face a high demand for appointments. With a capacity that is restricted by the surgery premises, steps are being taken to increase the structural accommodation. Whilst we are in this premises construction stage, please do bear with us and appreciate that for the long term it is our commitment and endeavour to meet your Primary Care needs.

Bluebell Woods

The magic of spring... Aren't they lovely?



Nickies 50th Birthday!



Nickie Apperley, one of our HCAs has just had a special birthday. She may not want us all to know but we do now... She celebrated her 50th birthday with us this month. We made sure it didn't go unnoticed!

Diabetic eye screening

Each year the Gloucestershire Diabetic Eye Screening service provides screening for our patients who have diabetes. They usually come to the surgery or set up their mobile screening unit close to the surgery so patients do not have to travel to the hospital.

Unfortunately, due to the extensive building works which are in progress at the surgery, we are unable to provide the screening service from our site this year and it will be provided at Cheltenham General Hospital. This should only be for 2016 and we apologise for any inconvenience this may cause.

If you have diabetes, it is very important that you attend your eye screening appointment. Undiagnosed diabetic retinopathy can lead to **BLINDNESS**

DIABETIC **EYE SCREENING**

WE WILL BE SCREENING FOR THIS PRACTICE
at Cheltenham General Hospital
during June 2016
IMPORTANT
Undiagnosed diabetic retinopathy
can lead to Blindness



This eye examination is an important part of your diabetic care

For More Information Please Call 0300 422 4419



The Practice

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www.stokeroadsurgery.co.uk