



Newsletter no.10

July 2024

Stoke Road Surgery

Patient Participation Group

WELCOME from the Stoke Road Patient Participation Group

Contents:

Welcome

After a gap in our newsletters we are back with a new look newsletter. We hope that you will find the layout easier to follow whether you read it in print or on digital devices.

Q&A

Dr Whybrew answers the most common current questions asked of the PPG

In this issue we have our usual Q&A session, with answers provided by Dr Whybrew, articles on understanding the results we can find on the NHS app and awareness of the many benefits of exposure to some sunshine,

The Patient's View "Going Up Hill"

A poem on recovery from, and living with, a brain injury.

The Patient's view is in the form of a poem, written by Sally who survived a traumatic brain injury and has found writing poetry beneficial in her recovery process. You may be as intrigued as I was, by her saying that her brain is platinum wired. The answer is that minute coils of platinum wire are used to help stop a ruptured aneurysm from continuing to bleed, or prevent an unruptured aneurysm from bleeding. Precision surgery indeed.

Meet the Team

An interview with Aitzol - Practice Pharmacist

Meet the Team brings an opportunity to find out about one of the Practice Team's less well known members and the hugely valuable job the team of Practice Pharmacists do.

Understanding Your Blood Test Results

Get more from your on-line test results

We end with a request for help with our award winning Teas. These take place in the Surgery Waiting Room, once a month, and allow elderly patients who have little company or opportunity to socialise, to meet for tea, cake and company. We are hoping to find one or two new volunteers prepared to help drive our visitors to and from these Teas.

Sensible Summer Sunshine

The latest thinking on our approach to exposure to the sun

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

PPG Teas - Can you help?

ppgstokeroad@gmail.com

Ian White Chair, Stoke Road Surgery PPG

Q&A - with thanks to Dr Whybrew

How is the new phone system working?

Very well! Instead of an engaged tone, we now have a queueing system, and instead of waiting on the phone for a long time (maybe a very long time at peak periods), people can press a button for a callback. They do not lose their place in the queue, but we automatically call them back when it is their turn. And if they miss the callback, and call again from the same number, they go straight back to the front of the queue. We can also see how many people are queued in real time, so that we can temporarily divert everyone to answering phones for 10 mins if there is a sudden flurry of calls, and reduce overall call waiting times like that too. We still have around 100 calls coming in the first hour or two on a Monday morning, and we will never have enough staff to answer all of them immediately, but our patients much prefer the new system, and feel reassured that they will get through.

Are there any changes in staff?

We have a new phlebotomist called Anita, who is replacing Wendy, who retired in June. We have also managed to recruit 2 new people to the medical administrator team; Katie and Kelly. This job is very varied and can be complicated, so they will need a lot of training for the role, so please bear with us for the moment.

What is the news with covid vaccines?

For the Spring booster campaign, (which has now finished) Gloucestershire was again the highest vaccinating Integrated Care Board, and Peripheral Primary Care Network was the highest in the county and so highest in the country with an uptake of 61%. We have dedicated individuals making this happen, and are very grateful to the PPG for their support with our clinics. We are expecting covid vaccines to be offered alongside flu vaccines in the Autumn/Winter, but do not yet have details of who will be eligible.

Do you know anything about the latest diagnostic blood test for Parkinsons that has been published by UCL?

It is very exciting news that a blood test for Parkinson's is on the way. Diagnosis at the moment is generally clinical, with very few tests adding any certainty. We do not know how long it will take for this test to become available, but it is likely to be many months, if not years, away.

Are the new genetic remedies for various cancers finding application yet, and do GPs get involved with the latest treatments like these?

Some of the new genetic remedies for cancers are being used – for example, vaccine based therapies for advanced melanoma are being used for suitable patients in the county already. It is a fast moving area, and although GPs are not directly involved, we will be aware of our patients who are having such treatments. More and more new things are being developed all the time, but this is mostly the domain of the oncology department at the hospital.

If I move home and GP surgery, as a consequence, will I still be able to see my SRS records with the NHS app?

Yes, your electronic medical records do not change if you move house and GP within England. But if you move out of England (e.g. to Scotland or Wales) where they have completely separate notes systems, your NHS app would still show the English notes but the new notes from Scotland or Wales may not appear in the app.

The Patient's View - A poem on recovery and living with a brain injury

Going Up Hill

I'm standing on top of Cleeve Hill,
Years later I've had a brain injury I'm in hospital, taking my daily pill,
Inside I'm platinum wired,
Outside I'm totally tired,
I woke up my pillow was red,
Day and night I was drip-fed,
I came home with a big wide beam,
I learnt to walk balance with Gloucestershire Royal Brain Injury Team,
I've done a brain management course with discussions and sharing,
My leader was kind and caring,
I'm attending Headway learning new literacy skills,
Poetry writing is challenging, I'm over the hills,
Though I've learnt to be intrigued,
I'm still coping from being fatigued,
At the end of the day I've climbed by wooden hill for a rest and lie down,
I'm snug under my duvet eiderdown,
My brain is like an open apple broken,
But I'm alive to a new day woken,
Meeting stroke and brain injury friends at Headway we shape a common bond,
Doctors, nurses, Headway staff, and not forgetting our Headway volunteers haven't a magic wand,
So ten years on life is for living though slower a rich commend,
Our brain injury is a gift, a bonus dividend,
You're never too old to re-adjust,
Learning to re-live life is a must!

Sally

My Brain Injury story written to help and inspire others, by Sally

Meet the Team - An interview with Aitzol - Practice Pharmacist

Q Aitzol, I understand that you are one of the Practice Pharmacists available for Stoke Road to call on. What is a Practice Pharmacist's role and how does it differ from that of a Dispensing Pharmacist?

First of all, our community pharmacist colleagues do much more than just dispensing, and I am glad to see their clinical skills are being more recognised via new schemes such as Pharmacy First. As a practice pharmacist, our role can be varied depending on our previous experience and particular surgery needs. We offer support with medication related queries to other colleagues from the reception team to GPs but also to patients if they have any concerns or potential side effects from their medication. We also have direct patient contact to reconcile their medications for example when newly registered at the practice or after a hospital discharge to ensure they understand any changes to their medication. Many of us also support and review long term conditions such as hypertension and carry out medication reviews. We can be part of multidisciplinary team reviews and liaise with outside professionals from the secondary care settings, complex care team and particularly our community colleagues on multiple

issues to improve our patients' care. Being in the surgery, we have access to medical notes and many times we can sort out script queries from our community colleagues, saving GP time as we understand how they work and their requirements as many of us have previous community pharmacy background.

Q Do you move around the practices or are you based in one location?

We are employed by Cheltenham Peripheral Primary Care Network, that includes 5 practices so the whole pharmacy team moves around those practices. At the moment I am covering 2 of them.

Q Is there any problem balancing the load from those different practices?

No, we are allocated specific times in each surgery including our appointments so they know when a pharmacist will be working and usually allocate workload accordingly. It is true that load may vary depending on each surgery's requirement at different times so we regularly review how we can best support the rest of the healthcare team and adjust processes accordingly if required.

Q What type of training is required for your role and how long does it take?

After their university degree to become a pharmacist, an already qualified registered pharmacist usually will need to undertake an 18-month primary care pharmacy education training pathway that will equip pharmacists with the necessary knowledge, skills and experience to work in various patient-facing roles in primary care networks as part of a multidisciplinary team. After successful completion of the pathway, the pharmacist will also have the opportunity to become an independent prescriber by completing a further university course that can take around 9 months, depending on the university.

Q It must be very difficult keeping up to date with new medicines and changing knowledge of existing ones, how much time does that take?

I don't think I can give you an exact answer to this as it will be different for every professional but as you said there are new developments all the time and multiple resources, courses and training events we attend to continue our professional development so we can expand our scope of practice and aim to stay most up to date with recent changes and guidelines.

Q Generally work is out of sight of the patients, do you find that frustrating?

No, I don't as although most of our interactions are on the phone, I have interactions with patients on daily basis but it is true occasionally I find it a little bit frustrating when a patient says they were unaware of our role within the surgery despite I have been working here since 2017 and the team has kept growing so we are more and more involved on the overall patient care.

Q Would you like to say anything about your role?

I enjoy being able to support patients and/or other colleagues to improve an overall patient's health and wellbeing. As a human being, we usually tend to moan when things are not great, so it is rewarding when a patient takes the time to provide good feedback or thanks note after my interaction with them as it gives me the strength to continue caring for people.

Q And your out of work time?

I like sports in general but also exploring the countryside and finding new walks in the nearby area despite having lived here for several years.

Understanding Your Blood Test Results

Your GP record is primarily written to help medical staff look after you. This means that sometimes you may not understand everything you see, as we often use “medical speak”. We have shared this information to help patients understand their test results and hope you will find it useful.

It is important to learn what’s ‘normal for you’, this is particularly important if you have a long-term condition, as your results may be different to other people’s.

Some things to consider about your results:

- A test result outside of range may not indicate a problem, these are reference ranges, and a proportion of normal results will fall out of the range.
- Equally, if all results are within the reference range, this does not always mean there isn’t a concern.
- Not all results are returned to us at the same time, we may be waiting for further results before contacting you.
- Comments may have been added automatically by a laboratory computer or by a laboratory scientist or doctor. Generally, comments are written for the doctor requesting the test rather than the patient and so they may not be very meaningful to you.
- Always look out for our comments attached to results. Often these have more information about the test and how to interpret the result. We have included below an explanation of some of the comments you may commonly see on your results.

FAQs

Where are the reference ranges (normal ranges) for tests?

The reference ranges for your tests can be found on your laboratory report. They are typically found to the right of your results. These are standardised reference ranges but they will not apply to everyone. They do not take into account things like your gender, age, ethnicity or health conditions. The reference ranges mean a computer may flag a result as out of range or abnormal, but for you this might be a normal result. Whilst the ranges are helpful, it is important to follow the advice of the doctor who interprets the result.

What does it mean if my result is outside the reference range?

Your test results are interpreted by your clinician. The results are considered alongside other factors like your medical history. The medical significance of a single result that is slightly high or slightly low may be difficult to determine. This is why a doctor may repeat a test and why they may look at results from your previous tests. However, sometimes a result outside the reference range may indicate a problem and need further investigation. Your doctor will check if a result that falls outside of the reference range is significant or not.

If my results are normal, does that mean I have nothing to worry about?

If your results are normal it’s certainly a good sign. But one set of tests offers a snapshot of certain aspects of your health rather than a guarantee. There is a lot of overlap among results from healthy people and those with diseases so there is still a chance that there could be an undetected problem. If you’re trying to follow a healthy lifestyle, take test results that are within range as a good sign, and keep it up. However, normal results do not mean that unhealthy habits will not have consequences in the future. We may want to monitor you to make sure you’re still on track and to look for any trends. A rise or drop in results, even if they are still within normal limits, could provide useful information.

If my result is abnormal, does that mean I have a problem with my health?

Not necessarily. You may have a value outside the range and have nothing wrong with you. It may mean

you need more tests, (but there may be nothing wrong), or the result may be expected (and be normal for you). 5% of healthy people will have test results that fall outside the statistical reference range. In addition, there are many things that could throw off a test without indicating a major problem, such as having a viral infection, or having done a lot of exercise that day, for example.

I have had a blood test or left a sample at the practice, but what happens now?

Blood tests and other samples have to be sent away to a hospital laboratory for analysis. An NHS courier collects samples from us several times each day.

- When you discuss having tests with your doctor or nurse it's important to understand, at the time, what the plan is to follow these up. A lot of tests are routine and for monitoring but, if we are investigating something new for example, you may discuss booking an appointment to follow these results at an appropriate timescale.
- If, when the result returns to the practice, your result needs urgent action we will contact you by phone or text message to discuss what action needs to be taken.
- All patients are asked to make sure they contact the practice for test results, or to check their NHS app or SystmOnline account for results.
- If the doctor has some information for you following your test we may send this by text message, or add it as a message to your results for when you look them up, or call for them.
- We do not routinely inform patients of normal test results, which is why we ask you to check that the results are available
- You should not rely on us contacting you with abnormal results, just in case results have not come back to us at all. If results are not available on the NHS app, or you cannot look them up online, please make sure to contact the surgery to ask.
- If you need to discuss your result with someone, please ask the receptionist to take a message for the doctor or nurse. They will either telephone you or you will be asked to make an appointment to see someone at the surgery.

Why does the result take so long?

Most tests are analysed within 1 week, (some even within 1-2 days). However, there are certain tests which require several weeks to be analysed. If you have a urine test, it may take several days to grow the bacteria and see which antibiotic will work.

What do the doctor's comments mean?

When your doctor reviews and files your result in the electronic record they will leave a comment using the following set of options...

Result normal

This means that the doctor has looked at the result and it is within a normal range for you.

Result Normal, but unexpected

When it is expected that a result will be abnormal, but it is not, this can sometimes be of concern. If this is the case, the doctor will usually have discussed this with you beforehand. For example, if you had symptoms of a urine infection but the specimen came back normal.

Result satisfactory

When the result is either normal for you, or acceptable given everything else that is going on. We often choose this option when we are monitoring long term conditions.

Result borderline

We will use this one when we can't be sure if the slightly abnormal result is relevant or not – the second comment about actions is particularly important, if we have written one.

Result abnormal but expected

If we were expecting an abnormal result (maybe because it has been abnormal before, or if we

have already done a referral expecting the result to be abnormal).

Result abnormal

If we choose this option then the comment about what action to take is important. Sometimes, no action is needed (e.g. this is a longstanding issue, and is acceptable for you).

Specimen lost / unusable

Occasionally specimens are rejected by the lab because they have not been labelled properly, or tests have been repeated too soon, or a technical problem has occurred. Check the actions for what we need to do about it.

Positive / negative

If the test is for a specific thing where the result is either a positive or a negative (e.g. . checking for antibodies to rubella, or checking for some types of infection).

Unknown

We often get a message back to say that samples have been sent away to another lab to be tested. The result will not be known yet at this stage, but we need to file the report that says it has been sent off. We sometimes also use this when old results have been downloaded from a hospital system for reference, but we are not fully aware of what was happening at the time the blood tests were taken.

Remember that you can ask for full notes access online, and be able to look up all your results and messages. Please ask at reception for this (you **WILL** need to bring some photo ID with you).

Sensible Summer Sunshine - Dr Whybrew

It's that time of year again, and I am writing this on a warm sunny day. We all know that sunlight causes some skin cancers, and increases the rate of skin ageing. I think you may be expecting me to be giving advice about covering up in the sun, making sure you have sun cream and protective clothes on, and the dangers of a suntan.

However, the message is a little bit different to that.

Sunshine is good for you, (in moderation), and the important thing is to avoid getting sunburn. You do still need to

- use some sun cream,
- wear a hat (particularly if your scalp has less shade than it used to)
- wear clothes that will protect you from getting sunburn
- make sure that children are protected from excessive sun exposure and burning

But please don't avoid the sun altogether! The benefits of sunlight are not just due to the vitamin D, but to the direct effects of sunshine on the skin altering the immune system, and producing nitric oxide in the blood vessels near the surface. We now have more evidence coming out to show that sunshine on the skin has a lot of beneficial effects, which include

- vitamin D production
- lowering blood pressure
- reducing the risk of heart attacks (and dying from them)
- improving blood sugar metabolism
- reducing overall death rates from cancer
- reducing the incidence of multiple sclerosis
- reducing covid infections

Overall, people with more sun exposure live longer than people with less sun exposure. And that is quite aside from the benefits of getting outside in the fresh air and improving mood, fitness, and social interactions. In fact, low sun exposure is a risk factor for death, of a similar magnitude to smoking, obesity and physical inactivity.

It is important to understand that it is natural sunlight that is beneficial, and sunbeds have not been shown to have these benefits. In fact, sunbeds have consistently been shown to increase the risk of most types of skin cancer, particularly when used from a young age (below 35 years old).

So the sensible summer sunshine message is to get some natural sunlight on your skin every day you can, but avoid sunburn. Natural sunlight is good for you, and it is important to get some sun exposure. But if you have thin hair, then please wear a hat!

(If you really want to read a scientific paper about this, have a look at these...

Richard B. Weller's article, "Sunlight: Time for a Rethink?", Journal of Investigative Dermatology, available online 24 April 2024

"Critique of Public Health Guidance for Vitamin D and Sun Exposure in the Context of Cancer and COVID-19" by Reinhold Veith in Anticancer Research Oct 2022, 42 (10) 5027-5034

PPG Teas need volunteers - Can you help?

Company, conversation and a cuppa

Stoke Road Surgery Patient Participant Group arrange afternoon teas for people aged 75 or over, across the Bishops Cleeve area. We hold the Teas in the Surgery Waiting Room.



On the 2nd Sunday of every month between 3:00pm and 4:30pm we transform the waiting room and meet up for tea, cake and company.

Our volunteer drivers pick up our visitors and accompany them to the Tea and make sure they get home safely.

Could you spare a couple of hours, one Sunday per month?

We need volunteer drivers to bring our visitors to the surgery, and take them home again. A DBS check will be required but this can be provided for you if you don't have one.

We would also be very grateful for volunteers to help set up and serve the tea, and chat with our guests. It is a rewarding experience.

If you might be able to help please get in touch. You can contact us directly through our email address ppgstokeroad@gmail.com or if that is difficult for you please call reception and leave a message giving your preferred contact information and ask for it to be passed to the PPG.

And that's all for this issue. We hope you have found it interesting and informative. We will bring you fresh news and articles related to Stoke Road Surgery in our next issue later in the year. If you would like a copy by email just send us your email address, that's all we need and we will never share it.
