



Autumn 2021



# Newsletter

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## WELCOME from the Stoke Road Patient Participation Group

Dear All

We hope that you enjoy this special, longer, edition of our newsletter and that it gives you some food for thought.

We have our usual offerings of patient's current questions answered by Dr Whybrew, and The Patients View, this time with a wonderfully uplifting article on Living with a stoma. But what makes this edition special is that we are able to mark the upcoming retirement from General Practice, of Dr Moore with a very interesting, and impressive, interview that he agreed to. We are certain that after reading this you will appreciate just how lucky the Practice has been to have him with us.

Of course while Dr Moore will be missed we have a very strong team still at Stoke Road and we also bring you an autobiography of Dr Hardwick in this edition.

There is news on how our new venture of The Listening Place has been, plus an article on how children are coping with Covid-19 and the aftereffects of lockdown.

Our newsletters can be found on the Stoke Road website and Facebook page. If you would like to receive your own copy of future editions by email please send us an email requesting just that. As always, if you have any comments on this issue, questions, or contributions for a future one please send them to us -

[ppgstokeroad@gmail.com](mailto:ppgstokeroad@gmail.com)

Ian White - PPG member, Stoke Road surgery

# Q & A

with thanks to Dr Whybrew...

## **What is the difference between vaccination and immunisation?**

Vaccination means getting the vaccine itself; immunisation means getting the vaccine and becoming immune to the disease afterwards – which may take a few weeks, or if you have problems with your immune system may not happen at all.

## **When you are 75 you are assigned a named Doctor. What difference does this make to the patient?**

I don't think it makes any difference at all really. You can still see whichever doctor you prefer (so long as they are available), and this may even be different doctors for different problems. There was a political policy some years ago to say that everyone over 75 should have a named GP, but all our patients have always had a named GP. This helps us to work out who letters should go to first, and how to arrange some of our internal admin, but has never affected which GP a patient may choose to see.

## **Is there a doctor within the surgery who has responsibility for a) mental health and b) special needs?**

We have nurse leads for people with severe mental illness, and for people with learning disabilities. All doctors have responsibility for their own patients with mental health or special needs.

## **When are patients to be allowed back into reception given the winter months ahead?**

Patients are already allowed into the waiting room if they have an appointment. However, we have been asking people who have coughs and colds and covid to wait outside (ideally in their cars if they have them) in order to protect vulnerable people in the waiting room. Many people, particularly those who are very vulnerable, prefer to wait outside as well. We have had problems already with people coming inside to the reception desk behind someone being let in for an

appointment, who have coughs and colds and are not wearing masks and not observing social distancing. It is difficult to know how best to keep everyone safe, and we are assessing the situation on an ongoing basis.

## **How long are you expecting the shortage of blood tubes to be ?**

We had been told that it would be back to normal supplies on 17 September, but our last order for bottles after 17 Sept delivered 1/8 of the usual amount. We simply do not know – we have asked, and encountered surprise that things were not magically back to normal already!

## **Is the surgery allowed to close its books and refuse new patients?**

Essentially no, we have to stay open to new registrations.

## **Can you explain what the Network of surgeries means (CPPCN) and what it means to individual patients?**

There is a political imperative for groups of surgeries to join together in groups of around 50,000 patients in order for some services to be provided at scale. Our network of 5 practices (Clevelands, Winchcombe, Sixways, Leckhampton and Stoke Road) actually has slightly more population than that. The idea is that we can offer services such as “population health management” across the whole group (identifying a group of people who may benefit from a particular intervention and then providing it). We can also employ staff across the 5 practices, such as our team of practice pharmacists and social prescribers. We have offered some clinics across the 5 surgeries such as the improved access appointments, some dermatology and respiratory clinics where you would go to a different practice for an appointment which provided extra capacity across the network. We did our first rounds of covid vaccinations as a network as well, and we share some back-office functions. In the longer term, it would seem that the politicians wish this to continue and so more GP funding is likely to be coming in through networks. The main difference to patients is that they need to check the location of some of the clinics they are being offered appointments for.

## The Patients View Living with a stoma

I have had a stoma for several decades – 48 years to be exact. My large intestine was removed in 1973 following around 8 years of ulcerative colitis

How have I coped with it? Once I had left hospital and recognised the fact that I no longer had an ‘illness’ with a name I realised how lucky I was. No further need for steroids, other anti-inflammatory drugs or a map showing where the toilets are on a day out are all a big plus, you can take it from me.

Lots of support was and is available if needed from specialist stoma nurses and there are various ostomy associations to join if you feel the need, although I never did.

A short time following surgery I discovered that I could eat pretty much anything I wanted, although whole nuts are not generally a good idea. So going to this from my pre stoma days of bland sieved food needs no further comment.

These days my understanding is that a lot of surgery of this type is reversible. and of course, surgery methods will have changed. Reversal is not an option for me but that makes no difference; my life changed for the better in the 70s and I wouldn’t change a thing now even if I could.

Swimming or any sport that you feel comfortable with - although I never played rugby or got into a boxing ring! – are all good for you. A reminder, if one is needed, that you are perfectly normal and just have a slight adjustment to the plumbing system.

If you are reading this because this type of surgery is looming for you, I would just say this. Look long and hard at what your life is like now and think how much better it will be afterwards with the benefits of modern surgery.

Eddie

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## Get to know the Practice team:



### An interview with Dr Jim Moore

*What made you decide on medicine as a career?*

I knew from a very young age that this was what I wanted to do. I grew up in a small village in Fife

Scotland where our local doctor was a much respected member of our community. I liked what I saw of his work with people and hoped I could do this.

*You went to Edinburgh to do your training?*

Yes, it was not that common for young people to go from my village to university but I was very lucky to have this opportunity not least to study medicine in Edinburgh.

*What drew you to General Practice?*

I always knew that I wanted to be a general practitioner. I wanted to work in a community that I felt part of, where I might get to know families and make a difference. I always felt it was a great privilege to be part of people’s lives and be able to help them.

*What brought you to Gloucestershire?*

Holidays as a child involved towing a very heavy caravan all the way from Scotland to Cornwall and one routine stop on our way was Tewkesbury. I remember thinking what a lovely place it was! When I was looking for a GP training job I happened to see one in Gloucestershire GP training scheme which offered the variety of training I was seeking and applied for it.

It had been our intention to return to Scotland after completing my training but there were so many positives over the initial three years we spent here that not surprisingly we stayed ...almost 40 years now!

*And to Stoke Road?*

Whilst I was doing my GP training I happened to meet Dr Slimmings at a social event and he

mentioned that they would be looking for a partner quite soon. When I visited the practice I was struck by the friendliness, inclusivity and teamwork all of which has carried on until today ...and therefore there was no looking back.

*I know you have an interest in cardiology, how did that come about?*

During my training period I very much enjoyed working for a physician with an interest in Cardiology and when the first Cardiologist was appointed in the county (in 1992), Dr Challoner, I asked him if he had an opportunity for a GP with a special interest in heart disease and he obliged with some part time work as a clinical assistant!

*This was a time when general Practitioners were taking on specialities?*

Yes and it was very much encouraged in the practice and that continues to this day proving useful to be able to share that additional experience to support colleagues when needed.

*Did this not possibly lead to gaps, for instance in mental health?*

Whatever we see in general practice, it should be approached in a holistic way and mental health issues are very much central to all our work

*Where else did your interest in cardiology take you?*

I was involved in the introduction and subsequent development of the Gloucester Heart Failure service over the past 18 years delivering care to this vulnerable group of patients throughout the county. This has become a model service for others in the country and regarded as a "Beacon" service.

I was also appointed President of the Primary Care Cardiovascular Society in 2019. This is a rapidly growing society which supports and provides education for Health Care Practitioners working in primary care with people at risk of or with cardiovascular disease. It now includes doctors, nurses and pharmacists amongst its members not least because cardiovascular health care is by necessity multidisciplinary.

Over the past 2 years I have been closely involved in a national programme around improving the

detection and management of cardiovascular conditions such as high blood pressure and cholesterol through cardiac networks and in particular related to the role of health care practitioners working in primary care.

*You were also appointed to the NICE committee in 2018*

Yes it was a great privilege to be part of the NICE guidelines committee that reviewed the diagnosis and treatment of Chronic Heart failure in Adults. The relevant guideline was published in 2018 and is used not only in England but abroad in over 20 other countries. When the guidelines are complete your immediate work is finished but still remains very relevant to many of the educational initiatives I am currently involved in.

*And in 2017 made a Fellow of the Royal College of Physicians in Edinburgh?*

Yes this was a huge honour, not least from the city of Edinburgh, my alma mater, and recognised my involvement in primary care cardiovascular disease over many years, though of course without the tremendous support from my wife, family and colleagues none of it would be possible. The actual ceremony was a wonderful, unforgettable occasion.

*How do you see the future of general practice?*

I remain cautiously optimistic. For me being a family doctor is what I always wanted to do and that 35 years on I feel very lucky to have done just that with absolutely no regrets. General Practice has had its ups and downs over my time as a GP and we are going through a particularly difficult period at present. Looking ahead the growth and use of digital technology will be very important and very useful while recognising that for the older patients it can of course be challenging. We must always remember that people and patients are at the centre of our work and their contribution to any dialogue around healthcare developments is essential.

It has been an enormous privilege for me to work with colleagues, patients and their families over the last 35 years both at Stoke Road.

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## **Dr T. Hardwick - an autobiography**

I have been a partner at Stoke Road Surgery since 1999. When I started 22 years ago, I could not have guessed how much I would have enjoyed

working with such a great team of fun and hardworking people; doctors, nurses and non-clinical staff alike. Our surgery team is happy and professional, hardworking and compassionate. It is our combined effort which makes the surgery function.

I have recently reduced my hours so that I'm, in the surgery 3 days a week. For one of the other days I now teach 5<sup>th</sup> year medical students from Bristol, during their Primary care attachments and on the other day I am a GP appraiser (every GP has an independent annual appraisal as part of their GMC revalidation cycle).

Within the surgery I have, since 2009, had responsibility for training junior doctors during their attachments at Stoke Road. Some are just 1 or 2 years post qualification, while others are very experienced and on the cusp of qualifying as independent GPs. I have enjoyed 22 years as a GP partner and am keen to share my experience and enthusiasm for General Practice. As a trainer I have found teaching junior doctors stimulating and rewarding. I particularly enjoy helping them improve consultation and clinical reasoning skills, sharing in their pleasure as they develop into competent GPs. Reflecting on 'difficult' cases with them, considering why issues arise and how they can be managed, improves my practice too.

Like all the doctors, I see everyone for any reason, but my area of speciality is diabetes. I work alongside the practice nurses to help manage this long term condition and reduce the risk of future complications. Attached to this is the idea of how important our lifestyle choices are to our health. The nurses and I get such a positive feeling when someone's blood sugar returns to the normal range, and they have made the lifestyle changes to have enabled that to happen.

My other responsibilities are as part of the day-to-day management of the practice and I am the safeguarding lead for the surgery. Over the last

year I have been involved each week with the vaccinations at the fire station and I will continue to be as fully involved as I can in any way to aid the smooth running of Stoke Road Surgery or the wider local network of practices.

Outside work, I am married and have 3 children at university. I enjoy tennis and running. This summer I have taken up cricket for the first time ever – and I can tell you, it's harder than it looks!

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## **The Listening Place**

Peggy Dyer

You may have noticed some of the Patients Participation Group, PPG, members outside the Surgery over the last couple of months. We set up our table to listen to Patients views. We call this the Listening Place.

The project was agreed several months ago but Covid-19 prevented us starting until September. Originally we were expecting to hold the Listening Place in the Surgery waiting room. This of course has not been possible, but rather than abandon our idea we have had a trial period holding sessions outside the Surgery.

We have run 4 sessions and had some very interesting comments from patients, the majority praising the work of the surgery. After each session we anonymise the comments and report them to the Practice team and later have a joint meeting to discuss them. In this way we are able to relay the views of Patients to the Practice. We are of course Patients of Stoke Road Surgery ourselves.

Following discussions with the Practice here is one question that we can answer now, "Why don't we get text reminders of appointments?" The answer is that these were stopped with the introduction of telephone appointments. It would have been confusing to send reminders for a telephone appointment and could have caused some people to turn up at the surgery. The system couldn't easily cope with this. It is hoped that the reminders will restart soon for face-to-face appointments. If you want these you must make

sure that reception has your mobile number and consent to use it for this purpose.

This was a trial project. However, because of its success we have decided to continue with it. We will therefore run the Listening Place every few months starting again in the Spring. We will give you dates in a future Newsletter.

Should you wish to speak to a member of the Patients Participation Group or if you would like to consider becoming a member of the Group please contact us on [ppgstokeroad@gmail.com](mailto:ppgstokeroad@gmail.com) and one of us will get back to you.

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## **The Rise of Technology**

Ian White

Much has been written about the Digital Divide across the world but even within our own country the continued rise in use of mobile phones and digital technology is side-lining a minority of the population.

The mobile phone is ubiquitous but while it is easy to assume everyone has one this is clearly not so. Despite this many organisations, and even the government, are taking decisions that will have a big impact on those who either don't have them or find them difficult to use. They can be greatly beneficial to those familiar with them, and they can do things for us that can revolutionise our way of life. They are even likely to replace cash and cards.

We are familiar with credit cards now, and they may survive for a while, but as more people run their banking on their phone and use them to pay and keep track of bills, then carrying just that one device, rather than a wallet stuffed with cards, is likely to be irresistible in the longer term. Who will want to carry those cards around as well? The pandemic has dealt a big blow to the cash we used to carry in our wallets and purses while at the same time banks and ATMs are disappearing from our high streets as they are not financially viable. Some retailers are already reluctant to accept cash payments.

We are promised self-driving cars. The cost of these may put them beyond the reach of many of

us, but one advantage of a self-driving vehicle is that a quick call on a mobile phone could summon an adequately charged one to you, from a waiting pool, and pay for the service at the same time. It would know from the location of your mobile phone where you are, the driving range needed, and it could drop you exactly at your destination with no parking problems. We wouldn't need so many vehicles on the roads, nor so many, resource-hungry, batteries. But the lack of a mobile phone would likely make this service inaccessible or more difficult to use.

Shopping is rapidly moving on-line, and we see our familiar shops turning away from the high street. There are now branches of food shops where there are no check-outs and cameras monitor what one loads in a basket and then charges it to your mobile device. There are so many more examples of how our lives are going this way that it seems inevitable that along with reading and writing the use of digital technology will be an essential requirement for life in our changing society. In fact, reading and writing may not be required. We already talk to the likes of Alexa, and our computers and phones can take instructions verbally and talk to us.

So, what does this mean for those who can't cope with the new technology. Government is not unaware of this and has a study group looking at the problem, but the expanding use of this technology is inevitable. In previous Newsletters we have seen that the Stoke Road Practice has found the use of remote consultations to be extremely effective. Some patients prefer them, others find them very difficult to cope with. Either way they have not only enabled consultations to proceed with safety but have increased the effective use of doctors' time. The possible continuation of the technology at the Practice has worried a few patients. They see the need to send and receive texts or send in photos, for example, as possible barriers to them receiving the service they are used to. In fact, this is certainly not going to be the case as the Practice realise the problems and are happy to cater for patients who can't use mobile phones and computers.



## **Coping with Covid in Schools**

Ali Hopton

It has been a difficult couple of years for all of us. As a deputy head in a local primary school, I have had the privilege and worry of observing children as they have navigated their way through the Covid pandemic. We, as teachers, have worked with children as we attempt to 'get back to normal' and below are some reflections as schools continue to support their children through these unprecedented times.

Children are resilient

After all they have experienced, the majority of children have carried on from where they left off – working hard in class, looking forward to playing with their friends and anticipating the end of the school day when they can head to the park, build dens and wonder what's for tea. These children either no longer think about Covid or have been able to assimilate the events of the last two years and move on. If they do discuss Covid, it is without fear or anxiety but with interest and experience.

However, some children have found it more difficult to return to 'normal'. We have children in school who have to wash their hands every few minutes, continue to ask questions about covid and are still fearful about attending school clubs and assemblies. They are finding it difficult to work through the events of the past few months and are increasingly fearful of the future and what may or may not happen.

So what do we do in school to help our pupils?

We listen

As teachers, it's important that we listen to children. We may not have all of the answers but there is power in an adult listening to a child and a child feeling listened to and understood.

We observe

We look out for changes in behaviour and mood; children who are becoming withdrawn or quiet, or aggressive and loud. Any change in behaviour might be linked to anxiety and fear due to the experience of Covid (or a myriad of other reasons

which teachers need to identify and then support the child).

We keep up to date with the latest information

For some children, the outside world can be a scary place and the media can often fuel this belief. In school we deal with facts. If we are asked a question, we try and answer it fully and without bias. Sometimes that's all a child needs. Children need to be protected from 'fake news' which can destroy confidence and lead to anxiety and poor mental health. In school we focus on what the children can do to stay healthy – get enough sleep, eat a balanced diet, exercise and relax as well as Covid related hygiene. Children who feel in control of their own bodies and space, cope better.

We are positive role models

Teachers must be positive role models for their children. Children will observe us and learn from the skills we use daily to deal with stressful situations. We try to be calm, honest, and caring, and demonstrate a positive attitude to children.

If you are concerned about how your child is coping with Covid, talk to their class teacher. The partnership between parents and teachers has never been more important as we all work together to ensure our children are happy, resilient and confident not only now, but in the future.

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## **The Future of General Practice**

Maggie Morris

When Aneurin Bevan in 1948 had his vision for a free health service he could never have envisaged what the future would be.

He thought by helping to make people healthier along with public health measures such as better housing and sanitation that the health of the nation would improve. He was right. Millions of poorer people were able to access medicine and treatments and indeed the population grew healthier and healthier..

What he could never have foreseen was the growth in population, that healthier people live longer and become chronically sick, nor the enormous advances in research and technology.

What would he say today if he knew we could have new hearts, livers, kidneys, knees and hips etc.

Some of us are old enough to remember the days when the family doctor was just that. He knew you and all your family and would occasionally call and certainly would come if you were sick.

To imagine that those days might ever return is fantasy. Today's work force is made up of a huge range of specialists and the allure for new doctors to enter general Practice has greatly fallen. The population has expanded and the chronically sick have multiplied as we live longer.

Demand on the service has changed and expectations from the public have altered. Technology has brought with it, its assets and its problems.. Patients can arrive with 'diagnosis' that they have googled and want the treatment suggested and the most trivial of complaints needs to be seen 'urgently'.

During the pandemic the doctors have made full use of the technology by doing consultations on line and by video. Photos of complaints have been seen and diagnosed, prescriptions and referrals have been made without the doctor having actually seeing the patient.

A lot of these changes are here to stay, and for a number of people they are welcome. There is no hanging around in waiting rooms, trying to find care for children or elderly parents and being able to continue at work whilst waiting for a call. For others it feels bleak 'not proper medicine', no interaction, impersonal and frightening.

Sadly, whilst the population grows and the number of sick gets greater, we shall all have to get used to and embrace these new ways.

The bigger question is - Can, even with these changes, the overloaded service be sustained?

To us as patients, General Practice is our most important resource, it is the gateway to other services, it is our first port of call, it is our comfort and knowledge that there is someone to turn to. Let us hope that this does not change.

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We finish this newsletter with a reminder of some sources of help for anyone feeling lonely or depressed during these difficult time...

**Headspace** [www.headspace.com](http://www.headspace.com)

**Every Mind Matters** [www.nhs.uk/oneyou](http://www.nhs.uk/oneyou)

**Young Minds** [www.youngminds.org.uk](http://www.youngminds.org.uk)

for young people text YM to 85258

or for parents call 0808 802 5544

**Silverline** [www.thesilverline.org.uk](http://www.thesilverline.org.uk)

(helpline for older people) call 0800 4 70 80 90

**Gloucestershire Carers Hub** [www.gloucestershirecarershub.co.uk](http://www.gloucestershirecarershub.co.uk)

call 0300 111 9000

**MIND** [www.mind.org.uk](http://www.mind.org.uk) for help with mental health

**Families First** (support for local families ) [familiesfirstcheltenham@gloucestershire.go.uk](mailto:familiesfirstcheltenham@gloucestershire.go.uk)

call 01452 328160

**AGE UK** (advice Line) call 0800 678 1602

**SAMARITANS** 116 123

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