



Summer 2021

# Newsletter

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## WELCOME from the Patient Participation Group

Dear All

This is the second and summer edition of the Patients Participation Groups newsletter.

There has been a feeling that the pandemic is over with all the restrictions being lifted, but indeed it is not. Numbers continue to rise and the surgery has been hard hit from both patients and from staff.

In fact the staff have rarely been busier than they are now due to a combination of these continuing Covid cases, a backlog of worried patients returning for consultations and staff shortages. You may have experienced difficulties contacting the surgery, especially at peak times, and you may initially be directed to an alternative care source, such as a pharmacist or physiotherapist. We ask for your forbearance and patience until the pandemic truly subsides and the backlog of care requirements is reduced. If the phone is busy or not being answered quickly enough please try again later or use the eConsult system if you are able.

We hope that you enjoy this newsletter and it gives you some food for thought. If you have any comments on this issue, questions or contributions for a future one please send them to [ppgstokeroad@gmail.com](mailto:ppgstokeroad@gmail.com)

Maggie Morris Chair PPG Stoke Road surgery

### Coming in the Autumn Newsletter:

- Get to know the Practice Team will return with two new biographies
- News on progress of The Listening Place
- An article on Population Health Management, an approach being looked at that aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population
- An article on the use of modern technology and how some people are disadvantaged

# Q & A

with thanks to Dr Whybrew...

A big proviso here – the booster dose campaign has a lot of unanswered questions, and things are changing daily so it's necessarily a bit vague...

**I have heard that " the vulnerable" will have a booster dose in the autumn- does that mean the patients who usually have the flu jab?**

We are awaiting further news about this. At the moment, it appears to be that immunosuppressed, clinically extremely vulnerable people, the over 70s and health and social care workers will be boosted first, followed by the over 16s who are eligible for flu jabs who do not fall into the categories above, alongside household contacts of clinically extremely vulnerable people

**Will the booster jabs happen at the surgery when we have the flu jab or will we need to go to the fire station?**

We are negotiating hard to get the option to give the booster jabs at the surgery, but until negotiations are finished, we don't know. We don't even know if we will be allowed to give both at the same time, or if people will have to come twice. Our preferred option would be to give flu jab and booster covid vaccines at the same time, at the surgery.

**Will we be given the same vaccine as before or will it be another ' brand'?**

This has not been confirmed by the government

**What will the surgery's policy be on mask wearing for appointments? now that they are not compulsory.**

Masks remain compulsory in healthcare settings, including GP premises. We want to keep our staff and patients safe, and many people will be visiting shops and pubs without masks. However, that would tend to be people who are well – and people who come to the surgery tend to be

people who are unwell, or vulnerable. There is a lot of covid infection about at the moment, and we do not feel that now is the time to stop wearing masks!

**When will patients be able to talk to the receptionist at the desk instead of the window?**

If patients really want to come inside to talk to receptionist at the desk instead of the window then they may – but the door will have to be opened for them. We are still constraining entrance to the waiting room to make sure that people with covid symptoms or who are self-isolating wait outside, in order to protect vulnerable people in the waiting room. However, many vulnerable people are also choosing to wait outside (or to talk through the window) to avoid being indoors with poorly people, some of whom may have covid and not know it, and some of whom may have poorly fitting masks.

**Several patients have said that the eConsult is difficult to use- can this be made easier ?**

We are looking into this – and would like to ask your opinions on a slightly different form which we may be able to make available through the website. It's not as simple as it sounds! However, anyone who wants to can fill in the paper form available at the front desk, if they find that easier.

**Is it possible to make an appointment to speak to the network pharmacist to discuss medication.?**

Yes, you can request a phone call with the practice pharmacist in the same way you can request a call or face to face appointment with any other staff member. The request will be checked by the admin team to make sure it is suitable (some queries may be easily dealt with by reception team, or the shop based pharmacists), but the more complex medication queries are ideal for the practice pharmacists, and we are very lucky to have their expertise available to us to complement.

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## **The Patients View**

### **Living with anxiety and depression**

My first episode of depression was after the birth of my second child and at various times throughout my life it has come again to visit me.

Depression affects people in many different ways and so I can only reflect on my experience. A slow fog descends which seems to get darker as time goes on. Waking in the morning after a restless night a tight ball is felt in the stomach, rather as if I was to take some awful exam – a feeling of doom. I wondered how I would cope with the day ahead. I was beset with physical effects such as dizziness, a fear of going out and of meeting people. Small jobs became mountains..

I couldn't understand why it was happening to me. I seem to have everything, a loving family and no financial worries but this only served to make me feel guilty until I finally accepted that this was an illness as any other.

My wonderful GP assured me regularly that I would recover but of course I didn't believe her and was sure that I would be like this for ever.

Medication helped as did some counselling but the main cure as with any illness was .. time.

My doctor was right I did recover and thankfully when one is well again it is very hard to explain to others how it felt which is why those who have never experienced it find it hard and to know how to help. My friends were very supportive and not once was I told to 'pull myself together' because if I had been able to I certainly would!

Take heart if you are going through this at the moment. It will almost certainly will get better but reach out and ask for help and tell your nearest and dearest you are not well at present.

Judith

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## **Get to know the Practice team:**

We had hoped to bring you two more biographies in this issue but due to the excessive workload on the team just now this has proved to be difficult and rather than attempt to divert them from the tasks in hand we are going to carry these over to the next issue.

Those we have in mind are Dr Moore, who many of you will know, and Aitzol Calleja Tolosa who you probably don't know. Aitzol is the Network Pharmacist. A role hinted at in Dr Whybrew's Q&A article but which is likely to be little understood by many patients. So, to find out more please watch out for the Autumn Newsletter.

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## **The Listening Place**

This is a new idea for increasing awareness of the PPG and hopefully providing a new communication channel between patients and staff.

You may see some members of the Patients Participation Group outside the surgery over the next few weeks. With the cooperation of the surgery we are there to listen to You, the patients. We would like to hear your views, your queries and perhaps help with any information you may need relating to the practice.

Of course we are all volunteers and not members of the Practice team. We won't be able to help with medical issues but we can feedback your questions about non-medical things. We can explain more about the PPG and what some of our aims for the near future are.

We look forward to meeting you and hope that you will at least come and say hello to us even if you don't have any questions!

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## How has my work changed during the pandemic?

**Dr Catherine Archibald**

The PPG asked for an article on how our work has changed during the pandemic ... Well now, that's a good question!

Work in the NHS has changed immeasurably over the last year, both in Primary Care and in Secondary Care. I think the efficiencies that have been brought about have been the most significant change, which if it hadn't been for the pandemic, would have taken years for these to become embedded in the NHS. As medical practitioners we all had to change how we worked, literally within a matter of days.

An example of such efficiency changes: I was chatting to a Consultant Urology colleague which highlighted this well. He said "Can you imagine now, asking someone to come to clinic, booking appointments, arranging transport, taking time out of their lives, running an outpatient's clinic, just for me to tell them their scan was normal? It seems so odd but that's what we were doing. Now we just phone someone, talk it through on the phone and arrange follow-up if needed. It means I can do my outpatients clinic so quickly now and gives me more time to focus on the cancer surgery lists." Now that's got to be a good thing!

In primary care this same work efficiency has also been the major change. We now triage all requests for appointments. In practical terms this means any request for an appointment is reviewed by a GP. They review this and decide whether

- we need more information -> telephone appointment booked.
- we can deal with it with the information provided -> action appropriately.
- decide the patient needs to see someone face-to-face -> appointment booked.

This means we are only seeing those patients who really need to be seen, whereas previously we had face-to-face appointments booked for things that just didn't need it, so we are making the best use of everyone's time. We know that sometimes the

perception is that you can't see your GP but please be reassured that this is NOT the case at all. We have always been open for face-to-face appointments for those who need to be seen.

General Practice workload has gone up by around 20%, not including all the Covid-related workload that we never had before, but we can get a lot more done remotely. We can tell who needs to be seen and examined from our triage process. This is working well so this system is likely to remain, even when Covid-19 becomes a distance memory.

Another big change for us, and we would like to thank all of our patients for this, is the significant reduction in the number of home visit requests. Home visits take a huge amount of time out of our working day, and instead of us driving around the area we are using this time to keep working in the surgery. We know that there are times when people do need a home visit and we will always do these; but we also recognise that patients have gone out of their way and changed how they approach this too and will ask friends or relatives to help bring them to the surgery – so thank you!

We also feel that this new way of working is much more patient-centred. We are more able to focus on our patients and give those who need care and attention more time, instead of feeling overwhelmed and flooded by demand as has often been the case in recent years. This is good for all!  
- Patients aren't seeing doctors who are tired, overworked and demoralised; and doctors are seeing patients when our general well-being is better and we are able to enjoy our work and make clear and cohesive decisions.

The use of technology has had a big impact on the way we carry out our work. For most of us, our use of technology has changed in the pandemic – FaceTime & video calls to family members, using Zoom calls for group meetings, parish council meetings on Zoom / MS Teams, etc. have all been part of this cultural shift.

For us, the ability to easily send text messages, from within the patient medical record has been a great help. It means we can reply to queries quickly and efficiently; it also means that people

get a written reply – this is particularly helpful for notifying of dates / times of appointments, sending links to patient information leaflets, specifying medication and doses or for those with memory problems, and the text provides a written reminder.

Another benefit of text messaging has been the ability for patients to reply with a photograph. This has been immensely helpful for managing skin conditions in particular. Technology has enabled the use of video calls too. These are helpful for those who cannot come to the surgery, for whatever reason (for example if self-isolating) but we feel we need to see them. It has also been helpful for patients who have mental health issues, being able to see a GP virtually to aid our clinical assessment but also provide that needed human touch.

We have introduced the 'e-consult' on our website. This is an on-line triage algorithm which helps us gather as much information as possible before we make contact with the patient. This allows us to cover more work in less time, as many of the questions we would ask have already been answered through the e-consult process. For example, depression screening questionnaires are filled in as part of the online questions, so this helps us gauge immediately the level of depression someone is experiencing.

It also has the advantage that patients can attach photos to the e-consult, so again, it's really helpful for skin conditions in particular. E-consult has been very useful for administrative purposes as well such as requesting sick notes. It asks for all of the information needed, such as dates you need to and from, reason for the sick note, etc. We often found some specifics were missing in the request for a sick note and this created more work with our reception team having to call the patient to find missing information. In time the plan is to use e-consult as our main platform for requesting GP and Nurse appointments.

Another major change in the pandemic has been infection control. We have introduced strict infection control measures to protect our patients, our staff and the doctors and nurses. We all have to wear PPE and change this between

every patient, as well as cleaning our rooms, wiping down every surface / wiping chairs / beds between patients. This has added a significant amount of time to every face-to-face patient contact – another reason we need to be more efficient with our time. We have also asked our patients to wait in their cars wherever possible in the car park rather than waiting in the waiting room. This is to limit the number of people in the waiting room and the amount of time people have to spend in there.

Please remember that all our staff have families and in the height of the pandemic we were all concerned about contracting Covid from patient contacts and the added worry about taking it home to our loved ones. We worked tirelessly to protect all of our staff from the risk of infection.

Remote working has become an important part of working through the pandemic. The Clinical Commissioning Group (CCG) provided the surgery with a number of secure laptops. This means we can access the work computer system from home and has been hugely helpful in a number of ways. We can do the usual administrative work from home, but we can also do clinical triage sessions from home too, even when we had to self-isolate. In the first wave of Covid when we could not access a Covid swab in the community we had to self-isolate for two weeks. Most of us at some point had to do this, but no one stopped working.

We have found this has given us more flexibility in being able to manage our working patterns. If a staff member with children has to self-isolate as there has been a positive contact at school, for example, then we have been able to juggle work around so that we can still keep providing as much service delivery as possible and try to minimise the impact these absences have on our patients.

These are just some of the changes that have happened. Covid-19 has revolutionised the way we work, forcing general practice to embrace new technologies to help make patient care more efficient and productive. Most people have great technology in the palm of their hand - the mobile phone - which throughout the pandemic has been greatly utilised by patients and medical staff alike.

I hope this gives a flavour of the huge changes we have had to make, all of which have been to protect our patients, our staff and ourselves and have allowed us to continue to provide high quality primary care.

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## Teen Talk Nia Morgan

**Mental Health** is one of the fastest growing concerns among teenagers nowadays, especially due to the recent changes with schools, work, clubs and social meetings as a result of the COVID-19 pandemic. Shifting from not going to school for months, being unaware of what will happen with final assessments and not being able to meet friends has caused many teens to suffer with mental health problems. Anxiety and depression have massively increased in teenagers, effecting themselves as well as others around them. Family members and friends are often unaware of how the individual is feeling or may not understand how to help, identify problems or offer advice. Relationships, friendships and family dynamics can all be affected as a result of mental health. Checking in on those around you, listening to what they have to say and being kind to one another is often what many people suffering from mental health conditions need. Showing willing in trying to understand an individual can help to boost their confidence make them feel worthy, as well as helping them to see that they are not alone.

**Eating disorders**, body dysmorphia and body image are other main concerns among young people. Eating disorders arise from many factors including stress, grief, anxiety, depression or the desire to fit in to what society sees as an 'acceptable/desired body figure'. Teenagers are surrounded by social media which also add on pressure to live up to the fake images and false expectations of what bodies should look like online. It is important for teenager to know that what they see on social media is only what the person posting wants them to see. The images

shown are often unrealistic and the start to many eating disorders. Being aware of eating patterns and behaviours is the first sign to identifying an unhealthy relationship with food. Extreme weight loss or gain has many health risks, and it is important for teenagers and adults to understand the best way to help an individual with an eating disorder. There are many ways to help those suffering with eating disorders, this includes having open communication and encouraging a good relationship with food, promoting healthy body images, discussing concerns and improving self-esteem.

For individuals suffering from mental health issues there are many places and people to turn to:

CAMHS - <https://www.nhs.uk/mental-health/nhs-voluntary-charity-services/nhs-services/children-young-people-mental-health-services-cypmhs/>

Childline - <https://www.childline.org.uk>

Gloucestershire Self-Harm Helpline - <https://www.gloucestershireselfharm.org>

Headspace - <https://www.headspace.com>

Some places for those with concerns surrounding eating disorders:

<https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/>

[www.betterhelp.com](http://www.betterhelp.com)

<https://www.beateatingdisorders.org.uk/support-services/helplines>

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