



Summer 2023 Newsletter



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WELCOME from the Stoke Road Patient Participation Group

Our Summer edition has arrived at last, Summer may not have lived up to expectations but as I write it is warm, dry and pleasant outside.

Things are still very busy at Stoke Road Surgery of course. Despite difficulties making contact by phone, the increased availability of face-to-face appointments has pleased most patients, however, much is still happening by phone so you may find the reception room strangely quiet.

In this edition Dr Whybrew provides answers to a wide range of questions in our regular Q&A. Thanks again to Dr Whybrew, we also bring you a very timely article about skin cancer awareness.

Our regular "A Patient's View" slot talks about Osteoporosis, also known as Brittle Bone disease.

After a little absence we're pleased to be able to include "Meet the Team" again. Mel's interview is a "must read" article. I found it fascinating, all those different responsibilities.

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

ppgstokeroad@gmail.com

Ian White Chair, PPG Stoke Road Surgery

Q & A

with thanks to Dr Whybrew...

How and when are repeat prescription medications reviewed?

On your repeat list of medicines, you will see there is a review date. This will vary according to the medicines or combination of medicines. So for example, if you take just thyroxine and your blood tests are stable, this may be reviewed for a year following on from your previous blood tests. But if you take a medicine that needs frequent monitoring, or if your blood tests are not up to date, then the review date may be shorter. If you know that you should have regular blood tests for your medicines, and they have been done and are up to date, then the reviews will be done by a GP looking at the computer (this is usually done in our own time). Sometimes, we will need to send you a reminder to have blood tests done, or to send in blood pressure readings, or we may send a text message questionnaire to check that you are happy with your medicines, before we update the reviews. It is unusual for us to need to see or speak to you directly for a routine medication review for medicines you have been taking for a while. Some people, who are taking many different medicines, or who take certain combinations of medicines, will be offered a structured medication review by one of our pharmacists. This is usually a phone call, but may sometimes be offered face to face if people can't manage the phone for whatever reason.

I understand there is a pharmacist based at the surgery what is the purpose and who employs them?

We have several pharmacists at the surgery – some are fully qualified, some are in training, and some are pharmacy technicians. They are all employed by the network, rather than directly employed by the practice, which means they work across the 5 surgeries in our network (Stoke Road, Cleavelands, Winchcombe, Sixways and

Leckhampton). They help the GPs with medication reviews (as mentioned above, we still do an awful lot of them in our own time), and with checking medicines when people come out of hospital, and changing doses of medicines when they are not fixed doses. They also help us with the structured medication reviews. Consultations with them are very much like consultations with any other clinician at the surgery – and indeed several of them are trained to examine people and to prescribe for certain conditions. So, for example, Aitzol may be doing some COPD (lung) clinics in the near future.

It is difficult and time-consuming trying to contact reception to ask if there are results for tests. Is it possible to receive them by text or email?

There are some tests for which we always send results to people by text message as a default, but these have to be done manually on an individual basis, so we restrict it to things like results of minor surgery, where we have to enter them manually anyway. One of the problems is making sure that all the results have come back before texting that the results were normal, and often it is the abnormal results that take longer to come back. Unfortunately, we simply don't have time to text all results to everyone (and some of the texts would be coming through late at night, as we are usually looking at results in our own time as well).

Much the easiest way to get your test results quickly is to sign up for either the NHS app, or for SystmOne online. The NHS app is easy to sign up for, and has its own way of checking your identity. If you want to register for SystmOne online, you will need to fill in a form and bring photographic ID to the surgery for us to check it and give you a password, so we do encourage people to use the NHS app if possible. You can look up all your records, request repeat prescriptions, and cancel appointments as well in the NHS app.

Is anything being done about the problem with ringing the surgery?

Unfortunately, we are still locked into a contract with our phone provider until next year which is simply too expensive to get out of at the moment. As soon as it runs out, we intend to move to a different provider, and then we will be able to have call queuing and ring-back, which should help a lot.

Ultimately though, being able to get through on the phone will not magically create more people to answer the phones, or more clinicians to see patients. We are very restricted on what we can do on this front because of money. The increase in energy prices, and prices of everything else have hit us hard, and we have not been given any extra money to help pay for it. We are doing what we can with what we have, but as the population has become older, and people are contacting the practice more frequently, we are struggling to keep up with the needs of our patients.

Sometimes it can be hard to get an appointment; do you have an idea of how many people book appointments that they do not come for?

Unfortunately, people failing to turn up for appointments is becoming more common again. In July, we had

- 31 missed GP appointments
- 40 missed nurse appointments
- 23 missed blood test appointments
- 5 missed physician associate appointments

We know that we struggle to offer enough appointments, and these numbers are very disappointing. You can cancel an appointment you no longer need either via the NHS app, or the website. If it is short notice or you do not have internet access, you can phone us to cancel an appointment.

A power cut recently interrupted all appointments at the surgery. Is it possible to install a generator?

We have 3 hours of battery backup at the surgery, and we managed for 3 hours without external power. This is usually enough to see us through the ordinary power cuts in the village.

A generator would be very expensive, noisy and polluting, and we would not have anywhere to put it. We do not think it would be a good investment when we are so short of staff to provide services!

When it became clear that we were not going to have power for the rest of the day, we moved our afternoon surgeries across to Cleavelands Medical Centre, who kindly offered us some rooms there. We are very grateful to them, and this shows the benefits to all of us that come from close working with our local colleagues.

I hear Covid cases are starting to build as immunity diminishes. Will there be vaccinations this autumn?

Yes, there will be a Covid vaccination programme which will start in October. Clinics will be provided at the fire station, for anyone who is not bedbound.

When will the flu vaccinations be offered this year?

We will be starting our flu clinics as soon as we receive the vaccine (in mid September). We do not want to delay giving flu vaccines while we wait for Covid vaccines to become available, as we want to get everyone protected against flu as early as possible. For this reason, we will be doing Covid and flu vaccines separately.

We had a lot of wasted flu vaccine last year because we had to buy it over a year in advance, and last year a lot of people had flu vaccines elsewhere. We rely on income from flu vaccines to help pay for our staff, so please support your surgery by having flu vaccines here

Who will be eligible for Covid and flu vaccines this year?

This is different to last year. Covid AND flu vaccines will be offered to:

- residents in a care home for older adults
- all adults aged 65 years and over
- persons aged 6 months to 64 years in a clinical risk group, as laid out in the Immunisation Green Book, COVID-19 chapter (Green Book)
- frontline health and social care workers
- persons aged 12 to 64 years who are household contacts (as defined in the

Green Book) of people with immunosuppression

- persons aged 16 to 64 years who are carers (as defined in the Green Book) and staff working in care homes for older adults

In addition to the people above, Flu vaccine will be offered to

- children aged 2 and 3 years on 31 August 2023
- school children (reception to year 11)
- pregnant women
- people in all long stay residential care homes (not just those for older adults)

Skin Cancer Awareness

It is the time of year when people are uncovering areas of skin that they don't usually see, and this is the perfect time to be on the lookout for skin cancers on yourselves and your loved ones. But what should you be looking out for, and what should you do if you find something? There are a few tips we can offer which may help...

What types of skin cancer are there?

There are many types, and they all look different. The commonest is called basal cell carcinoma or BCC. This is the best one to get because it almost never spreads to other parts of the body, and people who get this type of skin cancer actually live longer than people who don't! This may look like a shiny pink patch, often with a "pearly" edge, or may be a small ulcer or sore that just doesn't heal. There are lots of ways to treat BCCs, as they come in many different types.

Squamous cell carcinoma, or SCC, usually develops on sun exposed areas such as the tops of ears, backs of hands, shins, and on bald heads. This usually looks like a raised lump, sometimes with some scale on top, and may be sore. These can usually be cured by cutting them out.

Melanoma is a more serious skin cancer, although the majority are also cured by cutting them out. These may appear as an asymmetric flat brown or black mark with an irregular border, several colours (which may include shades of pink). They usually start flat, and may later become raised. On the hands and feet, melanomas may appear as a line along the length of a nail.

What are the risk factors for skin cancers?

Having had a skin cancer before, or having a close blood relative with a skin cancer increases your risk, as do immune suppression medications such as those used for transplant patients. A lot of sun exposure increases your risk too (particularly working outdoors, having lived abroad in a sunny country, childhood sunburn, and ever having used a sunbed).

How can I prevent skin cancers?

Sunlight is good for us all, and essential to our health and wellbeing. However, sunburn and sun beds need to be avoided, and any skin that is already sun damaged needs particular protection. There is lots more information available on the PCDS website -

<https://www.pcds.org.uk/patient-info-leaflets/skin-cancer-prevention>



What are the other things that can look like skin cancers?

Some benign skin lesions can look worryingly like skin cancers when they are in fact harmless. The commonest thing we see that people worry about are benign lesions called seborrhoeic keratoses (seb k). These are a sign of maturity – everyone will have at least one of them (if they look hard enough) by the age of about 50. They tend to have a rough surface, but because they may be a variety of colours, and very asymmetrical and irregular in shape, they can look worrying. They are often multiple, and bits may fall off and bleed, which is quite normal. They are really just benign barnacles, and best left alone (although picking bits off that are dangling is absolutely fine!)

When should I be worried about a possible skin cancer?

1. Any area of skin breakdown (a sore, ulcer, or scab) that has not healed within 3 weeks (can be anywhere on the body, although commonest on the head and neck)
2. A scar that appears without a reason, especially if it is slowly enlarging
3. A firm growing lump anywhere on the body (particularly if it is on a part of the body that has seen a lot of sunshine over the years such as hands, shins, or tops of ears). These may start small, but if it feels firm to touch, and is growing, please get it checked out
4. An enlarging or changing brown or pink lesion anywhere on your skin
5. A skin lesion that bleeds unexpectedly
6. A “stripe” along the length of a nail
7. A discoloured area on the sole of the foot which does not wash off
8. If you notice any significant changes to an existing mole, this is also worth checking

What to do if I am worried about a skin lesion?

If you notice any of the above, please contact the surgery and ask for an appointment. We will examine the lesion with a special bit of equipment called a dermatoscope, that lets us look under the

surface of the skin. All of the doctors and nurses can use a dermatoscope, but we may not always be able to give a definite answer there and then, and we will usually take photos of the lesion, as it is, and through the scope. Sometimes the doctors or nurses will ask me (Dr Whybrew) to have a look at the photos before giving an answer (I teach GPs and other clinicians across the UK how to use dermatoscopes and how to interpret what they see). Because I don't do patient facing clinics every day at Stoke Road, I do sometimes ask people to come back and see me separately to check lesions, and sometimes we need to ask the dermatologists advice too, by sending photos.

If anything on your skin catches your eye and makes you think “what's that?”, please have a closer look at it, and if it matches any of the things on the list above please phone for an appointment, making sure you tell the team that you are worried about a skin cancer. If it doesn't match any of the things on the list, and particularly if it has a rough surface, then it's still worth getting it checked out routinely, but it is much less likely to be a skin cancer.

Meet the Team:



An interview with Medical Administrator/Receptionist

Mel

My role at Stoke Road Surgery is as a Medical Administrator/Receptionist. The role is varied and covers a lot more than people may realise.

My responsibilities include, but are not limited to, covering the main reception desk, taking calls from patients, hospitals, medical professionals, and pharmacy enquiries. Processing prescription requests, we can receive at least 2,000 a week.

Liaising with our clinical team, Care navigating patients to alternative Care services, registering new patients and other patient related administration, including processing documents into patient records. I am also responsible for producing copies of medical records for insurance, solicitor and patient requests. I am also the surgery Wellbeing Champion and enjoy arranging surgery charity events and Macmillan cake week. No two days are the same.

I have worked at Stoke Road Surgery for just over 3 years. I was due to start in April 2020 but, owing to the pandemic, my start date was delayed until June. When I started here it was difficult as we were still very much in 'Covid times'. I didn't even know what my colleagues looked like due to wearing masks.

Before this role I worked as a Medical Secretary at Cheltenham General Hospital for 2 years. Prior to that I worked as a legal secretary for solicitors, a job I did for over 25 years.

Training has mostly been done here at the surgery, there is also lots of online training, which is ongoing.

I love being able to help people. I am a 'people's person'. All of my jobs have required a helpful and sympathetic approach and I always greet people with a smile. Patience really is a must.

Sadly, some days are very hard, mainly due to frustration, some patients can be rather rude. This is obviously upsetting for us, as we all do our best to help people. Sometimes things happen out of our control. We are lucky as we are like a family and, here at Stoke Road, we say that we are the 'Stoke Road Family'. We often hear very sad and upsetting news involving our patients, but we all support each other so never feel alone or isolated. If we are having a bad day, we know we have lovely colleagues who are there for us. It really means a lot.

Outside of working hours I love to bake, crafting, spending time with my friends and family, and

going on holiday. I love going to Greece on holiday and eating yummy Greek food. I also enjoy a glass or two of fizz or a cocktail. Sunshine makes me happy.

Poetry group

Marie Brain



We are a very relaxed and informal group. Come along for coffee or tea and a natter, bring a poem you like, a poem you wrote or just yourself. Give your opinion, share a memory or just sit and listen.

Everyone is welcome to participate in any way that suits them and it is a great way to spend a Friday morning.

We meet in Bishops Cleeve Library - 10.30 for 11am start until 12 midday every Friday.

Read comments from members...

"To spend an hour far from the 'mad' world outside is wonderful, a lovely end to a hectic week."

"It is hard for me to leave my home, and this poetry group is my only social activity. Everyone is so friendly and supportive, and fun too. It's a really positive experience to go every week. Thank you."

"I have been a member of the group since the beginning when it was started in conjunction with the Alzheimers society. I used to take my husband. Now the Group is open to anyone in need I take my friend who has dementia but reads poems beautifully."

Marie Brain on behalf of the Poetry Group.

The Patient's View

Living with Osteoporosis

I have read a few Patients' View articles in these Newsletters and they have been inspiring stories of people suffering from various conditions. This one will be different, but I hope informative. Perhaps a cautionary tale.

Osteoporosis, also informally known as Brittle Bone disease, can affect anyone. Many think it is only the elderly and post-menopausal women who have it, but this isn't so. My father was speculatively diagnosed with Idiopathic Osteoporosis after suffering from the collapse of spinal discs. He endured many years of pain, lasting up until his death. No treatment beyond pain killers appeared to be available for him. I should quickly say that this was over 50 years ago. Drugs were starting to be available but were not licensed for use by men!

Our bones are not solid but are complex structures which have strength and good load bearing capabilities with less weight than a solid bone would have. Unfortunately bones lose some of that strength as we age, with some factors such as certain drug treatments, medical conditions or the genes we inherit, increasing that loss. Osteoporosis is a general term for that weakening and usually makes itself known with painful fractures in the spine, hip or wrist. Frequently being first diagnosed after a fall which caused a fracture.

When my father had some spinal discs collapse he was told the only way of getting a definitive diagnosis was a bone biopsy but now a painless scan of a hip and the spine can suffice. The test is called a DEXA scan.

I knew little of Osteoporosis when my father was going through this. I thought old ladies were the only ones who suffered. The term Idiopathic literally means "of unknown cause". My father was a big strong man who ate a healthy diet with a lot

of calcium, from milk, cheese and home-grown vegetables. I was at a loss to understand why he would have weak bones. Years later, as his conditioned worsened I decided that I should find out more. He was living a long way from here, but I was in Bishops Cleeve and registered with Stoke Road Surgery. My doctor was Dr Slimmings and, suspecting that this may be a condition I had inherited, I went to talk to him. He thought it unlikely, but he did know all about DEXA scans and suggested that I could have one of those. At that time there was only one scanner in Gloucestershire, and it was in a private hospital. I paid and had the test, surprisingly, I was diagnosed as having quite serious Osteoporosis. I was strong, healthy and under 50 years old at that point.

I was given an appointment to see an NHS consultant. He put me on a course of Etidronate, the first drug to be licensed for use in men, but the thing that particularly sticks in my mind is what he said as I was leaving that first appointment, "be careful not to fall over".

I suppose I did take extra care and following that time I was regularly scanned using DEXA equipment. Thanks to fund raising by a local group in Cheltenham (part of what was then the National Osteoporosis Society) a reconditioned scanner was purchased and installed at GRH so my scans, eventually, were available under the NHS. The scans showed a small improvement, but medication was advancing and I was moved to a new more effective drug. After that the improvement was quicker but we are still talking of small changes over many years. Scans are normally every 5 years. After many years on the drug, I had a so-called holiday from it, as continually taking it can itself cause problems. After going back on and then stopping again I've now been drug free for almost a decade. These drugs accumulate in the bone and the effects persist long after taking them has stopped.

Research and knowledge have continued and now there are many more drugs, meaning that there are treatments suitable for a wider variety of

cases. Reduced bone density can be a problem for someone of any age but is more common as we get older. Certain drugs given for other conditions can lead to adverse effects on the bones too. In this case you should be monitored for it by your physician. A&E units should be on the look-out for possible osteoporosis related fractures after falls and refer patients for a DEXA scan but if you feel you should have had one speak to your GP.

So, I haven't suffered while living with Osteoporosis, although many people do. I am very pleased I took that first step of questioning why my parent had Osteoporosis and would urge anyone with a parental history of this condition to do the same. I was so lucky that the research had been done and that diagnostic tools and suitable drugs were available for me. My bone density is now almost at the level considered normal for a male of my age and I am fortunate that I have had no fractures or pain from the condition. Oh yes, I have fallen over a few times, but nothing serious.

Changes to vaccinations September 2023

Kathryn Ashmore - Lead nurse

Shingles

As of the 1st September 2023 there will be a replacement of the one-dose Zostavax Shingles vaccine with the 2-dose Shingrix vaccine across the entire shingles vaccination programme.

This will extend to an expansion of the immunocompromised cohort to offer Shingrix to individuals aged 50 years and over, with no upper age limit

Shingrix is a not a live vaccine and is currently used for those immunocompromised patients that aren't eligible for the live Zostavax version.

The change will be implemented in two waves as follows: First five-year stage (1 September 2023 to 31 August 2028): Shingrix will be offered to those turning 70 and those turning 65 years of age in each of the five years as they become eligible.

Second five-year stage (1 September 2028 to 31 August 2033): Shingrix will be offered to those turning 65 and those turning 60 years of age in each of the five years as they become eligible.

Any Zostavax remaining in the system after 1 September 2023 will be offered to anyone aged 70 to 79 years of age who were eligible before this implementation date. Once all stocks of Zostavax are exhausted, these individuals can be offered Shingrix if they have not been given a shingles vaccine.

Human papillomavirus (HPV) vaccine

The change reflects evidence building up over recent years from a range of studies from around the world that show that a single dose of the human papillomavirus (HPV) vaccine offers robust protection that is comparable to the current 2 doses. Based on the evidence, other countries, such as Australia and Scotland, have already made the move to one dose.

The HPV vaccine helps to prevent HPV related cancers from developing in boys and girls. While most types of HPV are harmless, some high-risk types can lead to the development of cancers, including cervical cancer, cancers of the head and neck (mouth and throat) and cancers of the anus and genital areas.

The HPV vaccine has been part of the NHS routine vaccination schedule since 2008 and is one of the most successful in the world, with high uptake and millions of doses given.

From September 2023:

- routine adolescent HPV immunisation programme for all children in school year 8 (aged 12 to 13 years) will move from 2 doses to one dose, offered mainly in secondary schools – this

includes children not in mainstream school via a community clinic delivery model

- eligible gay, bisexual, and other men who have sex with men (GBMSM) under the age of 25 will move from 2 doses to one dose, offered through sexual health clinics
- eligible GBMSM aged 25 to 45 years will remain on a 2-dose schedule, offered through sexual health clinics

- eligible individuals who are immunosuppressed or those known to be HIV-positive will remain on a 3-dose schedule
- catch-up: eligible individuals who started their HPV vaccination schedule and have already received one dose of the vaccine by September 2023 will be considered fully vaccinated – those who missed out on their one dose HPV vaccine can catch up until their 25th birthday via their GP practice

A closing word

Ian White

Having read Dr Whybrew's comments on the benefits of using the NHS App to view test results, I would like to add my own experience.

First I would say that a version of the NHS App can be used on a Windows computer using only a browser such as Edge, Chrome or Firefox. Of course the App is available to use on mobile phones as well. Full details of how to access the Browser and mobile phone versions can be found here...

<https://www.nhs.uk/nhs-app/>

There is, potentially, a lot of information available in your records and I find it easier to read through them on the larger screen of a laptop computer.

I have tried both methods and found them both straightforward. Test results and your Covid Pass (history of jabs) are both available once connected but to access more information requires the completion of a form in reception. This form gives the surgery administration team permission to allow the NHS app to access your records. Sorry Mel, more work for you.

We haven't featured our **Sunday Teas**, or the **Listening Place** sessions we run, in this issue, but they are still active. The Teas are on the

second Sunday each month. If you, or someone you know, live alone and find it difficult to get out then maybe a chance to get together with new friends is something you would enjoy. Ask in reception for more details.

On the Listening Place days two or more PPG committee members sit outside the surgery and talk to people visiting the surgery or pharmacy. We are there to anonymously pass your comments, praise or criticism, back to the surgery. This is very useful information for them. We have held two sessions this year so far, and there will be another if the weather permits. If you see us there please come along, meet us and at least say hello.

I hope you have found the information in this newsletter interesting, possibly helpful. Most of the questions in our Q&A are inspired by comments from our readers so if you have any, non-medical, questions you would like to put forward, or suggestions for topics for future issues, then please send them to your PPG by email or, if you don't have access to email you can pass a written note in to reception. If you have an interesting story for the "Patient's View" we would love to hear it and feature it in a future copy. Finally, a reminder of our email address...

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