Winter 2021-22

Newsletter

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WELCOME from the Stoke Road Patient Participation Group

Dear All

Following our special edition, produced last Autumn, we have a very short edition for you now. This is a busy time for all members of the Practice team. The cold weather always brings colds and flu cases and now is no exception, but on top of this they are dealing with a greater number of Covid infections caused by the Omicron variant, a growing number of patients presenting with symptoms believed to be due to Long Covid, and staff shortages. Despite this we are grateful that Dr Whybrew has found the time to answer some current questions and that Sarah Rogers has provided her article on Population Health Management. We hope that the pressure on staff will have eased in a few months and we expect to be back to a more normal newsletter then. In the meantime, if you missed it the Autumn issue is full of interesting and relevant information and we hope you will find time to read it.

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

ppgstokeroad@gmail.com

Ian White - PPG member, Stoke Road surgery

Q & A

with thanks to Dr Whybrew…

1. Approximately how many calls would you expect to have on a Monday morning?

This is a tricky question to answer, as our phone system doesn't tell us this information! However, the total number of requests for contact on the last 3 Mondays were 163, 157, and 205, of which 17, 22, and 17 became same day emergency appointments.

2. And how many eConsults?

For the week of 10-16 Jan, we had 378 unique users, 229 eConsults submitted, and 36 were signposted to more appropriate services elsewhere. We will be putting out more information about alternatives to contacting the GP surgery in the near future, and advising on all the specialties and services that people can refer themselves to.

3. What percentage of the adults at the surgery have had their booster jabs?

7207 adults, which is 84%. For comparison, 92% have had 2 doses

4. Is the surgery still running booster clinics?

Not any more; all the clinics now are being done as walk-ins at the fire station. We can still do boosters for people who are genuinely housebound, but this is a much more difficult logistical issue, and is only available for people who are unable to get into a car at all.

5. Is Long Covid a problem for the surgery?

It is certainly a problem for our patients. We have people with ongoing problems, varying from breathlessness and palpitations to exhaustion, loss of taste and smell ongoing for many months, and people who have had blood clots and heart attacks, as well as quite a few people who have other symptoms which we think are due to long covid. There are a lot of self-help resources available for managing symptoms of long covid, and we also have access to hospital services for those who need them.

6, How do the long waiting lists for the hospital impact on the surgery?

We are seeing a lot of people really suffering, often in pain, waiting to be seen. This is difficult for them and us, and people are having to use stronger painkillers than they or we would like, and for longer, risking addiction problems. We have a lot of admin and clinician time spent chasing up appointments, and also explaining to people that there is nothing we can do to get operations and appointments brought forward. It is a challenging time for all of us.

7. Has the blood bottle shortage been resolved?

To some extent. We do now have a much better supply of bottles, but we are still trying to clear the backlog. Unfortunately, our lovely phlebotomist, Maggie, has left. However, we will have a new phlebotomist starting in February – Wendy, who has worked at the surgery in the past and we are delighted to be welcoming her back to the team.

8. Are patients still having to queue at the 'window'?

We are still encouraging people to come to the window first where possible, because we still have people coming down with symptoms of covid who have not done appropriate testing. At the moment, rates of covid in the community are very high, and we ask anyone with covid, or covid contacts, or who has symptoms that may be covid, or anyone who is vulnerable, to wait outside if

possible, to avoid infections being passed around in the waiting room. The waiting room is open for people who wish to use it, with the provisos above.

9. Is the number of patients being seen face to face increasing?

Yes, for most of the GPs routine surgeries they are about half and half now (some are a greater proportion face to face than others, and many slots are offered as face to face or telephone/video at patients' request). One thing that is definitely happening now though is that because so much is being done beforehand eg bloods first, or phone calls first, the GP surgeries are very much more demanding on the GP than they used to be – no simple things that can be used to catch up. Surgeries are taking much longer, and are much more tiring!

Population Health Management. (PHM)
Sarah Rogers
Nurse Champion

What is Population Health Management?

This is an approach aimed at improving the health of an entire population. It uses data to plan and drive proactive care to achieve maximum impact.

To do this the population is segmented to identify the local 'at risk' cohorts and, in turn, targeted interventions are designed to support people with ongoing health conditions and reduce unwarranted variations in outcomes.

There are five overall aims of PHM, originally it was to enhance the experience of care; to improve the health and well-being of the population and to reduce, per capita, the cost of health care and improve productivity. However, in addition to this it was recognised that we also need to address health inequalities and increase the well-being and engagement of the workforce.

My role as nurse champion looks at the personalised care according to need. I am championing projects in all 3 PCN's in Cheltenham, not just for Peripheral (which is the Primary Care Network (PCN) that Stoke Road surgery is part of). We are looking at pathways and interventions that can be designed, using anonymised digital data that has been collated for these neighbourhoods. PHM should have a system-wide, outcome focus, driven by need and not by existing services. It needs to consider the whole life course and address the wider determinants of health to early intervention. I am currently taking part in 3 projects, looking at those with diagnosed conditions who would benefit from an intervention that would support them to be as healthy as they can be; identifying disease risk factors to inform preventative action before a disease is present, i.e. smoking cessation and gaining an understanding of what is making the community or individual susceptible to poor health. Each project has a team that may be made up of several different 'stakeholders' depending on what the project needs. For example, it may include health professionals, social care, council services, voluntary sector, community groups, allied health professionals and healthy living services, to name a few. The secret to its success is its care integration and consultation of data to ensure that progress is being made from interventions that are put into place. Whilst the data is anonymised, by picking up increased mortality rates due to lung cancer, heart disease, and COPD in neighbourhoods, a broad spectrum of measures that may start with early intervention to stop smoking may reduce this mortality and bring about a reduction in smoking-related illnesses in the future. One project I am currently looking at is frailty and depression which is very much at the data-gathering stage. However, it is hoped the outcome will be to reduce the number of falls sustained by the frail and improve mental well-being, thus reducing the number of times health care is accessed.

This is such an exciting time in health care. There are many challenges and changes in the way we care for each other. In many ways Population Health Management goes back to the community way of caring for one another. The difference is that we are using data to drive it forward and evaluate its outcome.
