



Spring 2022

Newsletter



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New Listening Place dates for 2022 – come and meet us at the surgery (morning only):

**Fri 6th May, Mon 23rd May
Fri 10th June, Mon 20th June**

Welcome from the Stoke Road Patient Participation Group

Dear Readers

As the outgoing chair of the Patients Participation Group I should like to take this opportunity to say what a privilege it has been to work with the group. Over the past 6 years we have evolved to be a true bridge between the patients and the surgery staff.

We have always had full cooperation and support from the surgery.

We have introduced Sunday afternoon teas for the elderly and lonely which were a great success but sadly since the pandemic have been suspended. We still keep in touch with our guests as telephone buddies.

You may have seen us outside the surgery in the Listening Place. This was set up to hear the views of patients and report them back to the surgery. The majority of views were very positive, and some were very useful in pointing out concerns.

This newsletter has only recently been launched but we hope to reach more people and hear their views. We also would like to get more of you involved and if you are at all interested in joining us you would be most welcome. Please contact us on ppgstokeroad@gmail.com

Sadly, the pandemic has had as big effect on us, as on everything and we have been unable to move forward on a lot of our projects, but we have been helping with martialling for Covid clinics. We shall be back in the Listening Place after Easter and the committee look forward to meeting you.

Maggie Morris

Q & A

with thanks to Dr Whybrew...

Where and when will the spring vaccine clinic begin and who is eligible other than the over 75s?

We will be doing the Spring vaccination clinics at the surgery, starting in April (exact dates to be confirmed). The eligible groups will be offered vaccination at around 6 months after their previous booster doses.

- Over 75s
- Residents in care homes for older adults (who will be vaccinated in the homes)
- 12-74 year olds who are immune suppressed (e.g. on chemotherapy, transplant patients, people with leukaemia or lymphoma, taking steroids at a dose of 20mg a day or more, or people taking immune suppressive treatment for long term conditions such as rheumatoid arthritis or psoriasis)
- Catch up vaccines will be available to over 12s who have not had both of their first two doses, or over 16s who have not had all of their three doses, so long as they are eligible.

Which vaccine will be used?

Some of the clinics will be Pfizer (now called Comirnaty), some will be Moderna.

My son is still testing positive on Day 10 and has a mild cough. Is he still infectious?

The government guidance has changed to say that people should self-isolate for 5 days after a positive test, then go back to their usual way of life without testing again, so long as they feel better. The problem with this is that many people who are infectious will be walking around not knowing that they are infectious. We don't have any control over the government advice, and we advise everyone that anyone they meet may be infectious without knowing about it. We are also aware that many employers are telling employees to come in to work when they have tested positive for covid so long as they feel well enough,

and not to self-isolate at all. We think that this policy is not advisable, but we do understand that the government financial backing for this has been removed, and it is very difficult for employers and employees reliant on statutory sick pay (or none at all). This is one of the reasons why we advise anyone who is vulnerable and is coming to the surgery to wait outside, if they are able to.

How long might a patient feel fatigued after having Covid?

It is very common for the fatigue to last several weeks. Some people are still feeling fatigued now after catching covid in the first wave two years ago – it is very variable, but most people seem to be mostly better after a month or two.

Does the surgery chase up those who have not come forward for vaccination?

No. We offer vaccination to those who are eligible, and we may continue sending invitations to anyone who has not told us that they decline vaccination, but we are not now actively chasing people up. This is because we think that people can decide for themselves if they want vaccination or not. We are always happy to discuss it with anyone who is uncertain, but ultimately it is their decision, not ours.

Are you able to prescribe any of the new antiviral drugs? Are they approved for GP use.

No, we are not prescribing them ourselves. The people who are at highest risk should already have been contacted centrally and will have been given priority postal PCR tests to keep at home. If these tests are used and are positive, then they will be contacted automatically for antiviral drugs to be offered. This process happens independently of the GP practices. We have a backup mechanism to refer into the system if necessary, but the need for this is very rare. At the moment, the antiviral drugs are only available for people who are immune suppressed or have a few other serious health conditions.

Going Forward

A statement from the Surgery

We have had some questions again recently asking about when the surgery is going to “re-open and start seeing patients again” and thought it would be helpful to clarify what is happening.

We have been seeing people face-to-face throughout the pandemic and continue to do so. We are not allowing direct booking of face-to-face appointments (as had been the norm previously) because we are trying to keep waiting times down. Before the pandemic, we had long waiting times because we had no other option apart from face-to-face appointments, or some telephone appointment slots. However, because of the pandemic, new IT systems such as ‘eConsult’, to help triage a problem and ‘AccuRx’, to send secure messages, photos and information, have radically improved the communication between surgery staff and patients. This allows more effective allocation of appointments, making sure that people are booked with the right person first time, with tests such as blood tests done before the appointment and in the right way – be that face-to-face, by phone, by video call or by text message.

We have had to decide if we want to keep the wait for a routine appointment to a reasonable timescale (1-2 weeks) by doing what we are doing (which is an awful lot more effort on our part than the previous system), or if we go back to the previous system of just booking a face-to-face GP appointment for anything people asked for. We believe that if we did that, the routine waiting times would go back up very significantly and we would be back to what we had before Covid, with “no appointments available at all today, try again tomorrow”.

We have decided that it is safer for everyone if we continue to operate as we are now, where a clinician reviews every request for an appointment, and makes sure that they are being booked with the right person at the right time, and that any other tests are done at a suitable time. The waiting time for a routine GP appointment here now is much shorter than it was before the pandemic – and part of this is because this way of working is much more efficient.

Requests for appointments remain very high and all the doctors are dealing with what is regarded elsewhere in the world as an unsafe number of consultations per day. We are desperately in need of more GPs, as promised by the government some years ago – but the numbers continue to go down. All we can do is our best, and we greatly appreciate the support from our PPG and our community in recognising that if they have trouble getting an appointment as quickly as they would like, this is because we are all so overstretched, and not because we are being lazy or obstructive. This is particularly the case since the recent, and frankly demoralising press reports, which are simply untrue.

We have also now had clarification on how the latest Covid changes that have been announced recently will affect us in healthcare settings. It has been confirmed by the department of health that clinicians will still need to test themselves twice weekly for Covid, and to self-isolate (away from work) until they have had 2 negative tests, 24 hours apart, after a minimum of 5 whole days of self-isolation. We hope that this will be reassuring for our more vulnerable patients.

It has also been confirmed that the requirement for staff, patients and visitors to wear masks in healthcare settings (this includes vaccine clinics at the fire station, as well as visits to the GP surgery and to hospitals) will remain in place until further notice. We are very grateful to all our patients for wearing masks or face coverings and ask that if you feel you are unable to do so, and have an appointment booked at the surgery, you please inform us at the time of booking, so we can assess the safest way for you to be seen (both for yourself and for our staff).

eConsult – a guide to its use

There is an introduction, guide and video, provided by the NHS, on the use of eConsult. They can be found on this website..

<https://econsult.net/nhs-patients>

To complete an e-consult request for Stoke Road links can be found on the Practice website

The Patient's View

Life after a kidney transplant

December 12th 2008 was the day my life started again. My sister Lorna, 4 years my senior and the mother of 3 children, literally saved my life and gave me one of her kidneys.

Rolling back just over 11 years to early 1997 I had just been told that my kidneys were failing and that I was likely to be on dialysis within a matter of months. Although I was feeling a bit more tired than normal it was only when I registered with a new GP when moving to Aberdeen for a new job that I discovered my blood pressure was sky high. This prompted further investigation and a hospital stay which resulted in the diagnosis. I had a rare kidney condition called Dents disease inherited through my genes but only discovered during my lifetime. I was quickly fitted with a shunt in my left wrist to prepare for the inevitable and imminent start of dialysis. 25 years later it is still there and has never been used! Once my blood pressure was stable and lowered I felt a little stronger but still suffered from constant fatigue. Over the next few weeks and months I adjusted; work was very busy as I had my first director role within a large newspaper business in Scotland, and I just got on with life.

Increasingly over the next few years life became more of a toil. My kidney function was relatively stable but was less than 10% of normal function. Having previously been active playing squash and other sport, I was incapable of any strenuous exercise. But life was still very busy and I pushed myself as hard as I could. I met my wife and married her and continued to have a busy job. In 2004 we moved to Gloucestershire and I became MD of the local newspaper group. I continued with my 3 monthly visits to the renal clinic, and although the function was relatively stable over the next few years, there were signs that it was close to being critical. I was feeling more and more fatigued and not able to do anything other than the things I had to do. Both my sisters volunteered to be tested to see if they were suitable matches and Lorna the youngest of my sisters had the best match. About 6 months after this was confirmed the transplant date was set for December 2004. My wife was 4 months pregnant

with our daughter so it was an exciting time if also a little anxious.

By the time of the operation I knew that this was my best chance of leading a normal life. My sister was wonderful throughout – she is a midwife and has given her life to helping others. I would have understood if she had been unable to go through with it but she never wavered. We both checked into the transplant ward at the old Bristol hospital site and spent the evening before the op chatting it all through.

Coming out of the theatre and awakening from the operation I remember feeling instantly better. My mind felt much clearer than I could remember and I felt a spark of energy that was such a joy to behold. I obviously had to be a careful in the next few days but those feelings stayed with me. My new regime of medication was a little strange initially but after the first few days I have barely given it a thought – other than to remember to take the 15 or so tablets I now take each day! My sister had a tougher time post operation with some bleeding causing her to be kept in hospital for a few days longer but in time she recovered her full health.

In the last 13 years or so since the operation I can honestly say each day has been transformed by what happened that day in December 2008. I have the energy to do all the things I want to do – including play with my very sporty daughter as she grows up, and climb the 3 peaks and many more hills and mountains over the years. I still visit my renal clinic every few months to ensure all the blood results are as expected etc, but it is never a hardship. I have to take a little more care with certain things – the Covid risk is higher for a transplant patient and I need to be more careful with exposure to the sun – but really my life is normal. I feel very fortunate to have had the benefit of the professionalism of the renal doctors and nurses and most of all the incredible gift from my sister Lorna.

Andrew

Burnout in teenagers **Kshiraja Dighe**

What is burnout? It is a state of physical and emotional exhaustion caused by excessive stress over a long period of time. It is prevalent in healthcare workers and students who are looking to work within the sector.

Why is it so important to understand burnout? The symptoms of burnout can be somewhat similar to those of depression. For example, burnout can leave you feeling overwhelmed, tired and unable to work, leading to a decrease in quality of work. Depression may present similarly.

Why are students feeling so burnt out?

Statistics show that more students than ever feel burnt out due to the educational system. We can conclude that in these past two years it has increased due to the lockdowns and the added pressure of TAGs (Teacher Assessed Grades) which means that every test done, whether that be a mock or an in-class test can count towards grade at the end of the year if exams don't happen (currently exams are still running). Studying at home also had a big impact on education: teacher help was not readily available, and students were often left to their own devices, increasing stress.

Burnout will affect, or has affected, all of us at some point and it is important to take care of ourselves. It may seem impossible but occasionally taking days off does not mean we are avoiding our responsibilities. In fact, resting a day a week has been proven to increase overall productivity.

Try these tips to avoid burnout:

- Make sure to take time out for yourself. It may seem hard to do so; but taking one day off every week has been proven to make people more productive. During your day off, try not to think about work.
- Do something you enjoy for at least an hour every week. Exercise is proven to help boost your mood!
- Talk to friends and family, make sure to plan days out with them

- Or plan a day out with yourself; parks are a great way to relax on your own!



Sarah Rogers
Lead Practice Nurse.

Many patients will be saddened to hear that Sarah is leaving the practice in mid-May. She is going to pastures new and will be working for the CCG to pilot a project for General Practice nurses to get preceptorship and supervision. She will continue her work with Population Health Management. Her ready smile and flower in her hair have become part of the surgery and we, the patients, will miss her greatly but wish her all the best in her new venture.

Social Prescribing at Stoke Road **Cathy Aspey**

My name is Cathy and I am one of four Social Prescribing Link Workers (SPLW) working for the Peripheral Primary Care Network (PCN). I am based at Stoke Road Surgery, but also cover Cleavelands, Winchcombe, Leckhampton and Sixways Surgeries. I have been in post for ten months and within that time, I have supported over 350 people with their health and wellbeing.

I live locally with my husband, three children and my lovely dog. Before coming into this post, I worked with the Gloucestershire Breastfeeding Support Network (GBSN) where I was based at a Children's Centre. Although I enjoyed this role, I found myself drawn to what was happening elsewhere in the Centre. I witnessed people struggling with their housing, mental health and social inequalities within the area. I felt I wanted to reach out to these people and try and support them in some way, but this was far from what my role entailed. I decided, after some consideration that my pathway was destined to go down the health and wellbeing route and so I started exploring job roles and opportunities within that field.

It wasn't long before I came across the wonderful world of social prescribing. I was instantly struck by what this role offered and how it focused on supporting people to help take control of their lives. I knew this was the role for me!

Shortly after, I landed a job as an administrator within the Community Wellbeing Service (CWS). I triaged referrals that came into the service and worked closely with the Social Prescribers. I learned a lot about various services and organisations and trained in many areas including health coaching, dementia and mental health. Alongside this, I did plenty of networking and made strong connections in the community. Within a year I became a fully-fledged Social Prescriber and two years later, I was ready to join the NHS as a Social Prescribing Link Worker.

What is a Social Prescribing Link Worker?

Social Prescribing Link Workers (SPLW) are members of the NHS workforce. The role of the SPLW is to support patients with non-medical concerns, helping to reduce inequalities and improve health outcomes. SPLWs work closely with GPs and other health professionals within the GP practice.

It is estimated that one in five people who go to see their GP are troubled by things that cannot be cured by medical treatment. GPs regularly report that they spend significant amounts of time dealing with the effects of poor housing, debt, stress and loneliness. Many people are overwhelmed and struggle to make the connections that could make a difference to their situation.

Social Prescribing Link Workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people with community groups and statutory services for practical and emotional support. This means I spend time building relationships with other organisations working in the local area, so that I have a good knowledge of what is available. Link workers also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners.

We spend time with people, building trusting relationships by listening carefully to what motivates them. We work with individuals to create a shared plan allowing them to take control of their health and wellbeing.

How can you get support?

SPLWs take referrals from GPs, health professionals and other team members at the surgery.

If you feel you may benefit from social prescribing, please speak with somebody at the surgery or send an eConsult to request a referral.

At the moment we are only able to accept referrals for people over 16 years of age. However, we are happy to work with the parents of younger children.

PPG Chairman standing down

We wish to say a very big thank you to Maggie Morris who is standing down as the Chair of the PPG. Maggie took over the Chairmanship 4 years ago. During this time and through her leadership the PPG has developed and encouraged several new projects.

She has not only been involved locally with the Stoke Road surgery but has represented our PPG with other surgeries both locally and nationally.

But Maggie is best known for her empathy, her understanding and her commitment to the patients of Stoke Road Surgery.

So, a big, big thank you Maggie for everything you've done for the PPG.

Peggy
