

St Stephens House Surgery Patient Participation Group Newsletter

Welcome - Martin Riddle PPG Deputy Chair.



We would like to welcome you to our latest newsletter.

The past 15 months of the Covid 19 pandemic has resulted in many changes at the surgery to ensure the safety of the staff and patients. However, there are better times ahead as the highly successful vaccination programme continues, things will slowly return to normal.

The Patients Participation Group (PPG) has had some changes in its committee, Margaret Gray, our Treasurer and Ian Oxley-Crawford have now stepped down and we would like to thank them for their service.

We welcome a new member, Steve Reeves who has recently joined the group. There are further vacancies on the committee and the only requirement to join is that you must be at least 18 years old and be a patient of St Stephens House surgery. If you would like to join, please email us. ppg.ststephenshousesurgery@nhs.net

I would like to take this opportunity to thank Chris Ranger for his time and commitment for preparing our recent survey and processing the results which are included in this newsletter.

Finally, on behalf of the PPG, I would like to thank Sue and Steve Popescu (Farm Lane Nursery) for supporting our fund-raising events in the past and their generosity and we would like to wish them a happy retirement.

News from the surgery – Jane White - Practice Manager



Firstly, I'd like to thank all our patients who have supported us throughout the current pandemic, it has been a very difficult year with many challenges.

We still ask that patients do not attend the surgery unless they have an appointment with the nurse or have been invited in for a face-to-face appointment with a GP following an initial assessment by the GP. Patients who have attended recently will note that we have a new entry system via an intercom buzzer which allows you to speak to reception prior to entering the surgery.

Patients visiting the surgery are invited to wait in the waiting room, depending on numbers or are free to wait outside weather permitting or in their cars. Our clinicians continue to consult in full PPE.

We continue to ask patients to attend unaccompanied where possible and arrive as close to their appointment time as they can in order to reduce their time within the building. Enhanced infection control measures continue to be undertaken and this includes social distancing, PPE and additional cleaning regimes throughout the building multiple times a day.

Immunisation, cervical screening, annual reviews and diabetic appointments are still being offered and carried out with additional precautionary measures being taken within the practice.

St Stephens House Surgery continues to work together as part of a network of practices (known as 'hubs') to offer patients 'Extended Access' for pre-bookable appointments outside of our normal working hours in the evenings and at weekends. Please note that this will not be located at St Stephens, you will be advised where to attend. The LIVI app is also available to download.

We have had great community support from St Giles Bakers who have been baking some lovely cakes for us and many of the frontline staff, pharmacies etc. Thank you so much, it has helped with our waistlines??as well as our moral.

We have been very pleased with how the COVID vaccine has been rolled out by GP Hub at Epsom Downs Racecourse which started in December, they have been working tirelessly over the months to ensure all the patient cohorts have been offered vaccines. Central Surrey Health Ltd (CSH), have also worked extremely hard to ensure that housebound and those living in Care Homes have also been offered their vaccine.

A new phone system will be in place mid-July which will help with the volume of patients contacting the surgery and enabling them to be directed to the correct member of staff to help to deal with their needs.

Thank you again from The Partners and all the staff at St Stephens House surgery and a special thank you to the PPG for all their support.

Introducing the Primary Care Network (PCN)



It is with great pleasure that I have been asked to contribute to the St Stephens House surgery Patient Participation Group Newsletter. What a wonderful opportunity to introduce the Epsom

Primary Care Network to our patients and encourage them to be interested and engaged with and inform our aims and vision.

Primary Care Networks (PCNs) are a key part of the NHS [Long Term Plan](#). They provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve. PCNs help to join up services at a local level, focusing on the specific needs of these local populations, with patients still accessing routine GP appointments as they do now.

Seven of the GP practices within Surrey have joined together to form the Epsom Primary Care Network and together care for nearly 60,000 patients: Ashley Centre surgery, Derby Medical Centre, The Fountain Practice, Shadbolt Park House surgery, Spring Street surgery, St Stephens House surgery, and Stoneleigh surgery. Click on the link below for locations.

[PCN Locations \(epsompcn.co.uk\)](http://epsompcn.co.uk)

What are Primary Care Networks?

PCNs build on current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. Clinicians describe this as a change from reactively providing appointments to proactively providing care for the people and communities they serve. PCNs usually have a 30-50k population and are geographically contiguous (next to or touching another). All GP practices in our area are expected to sign up to be a member of a PCN

There is a link to a very good video by the Kings Fund explaining how PCNs came into being below: -

<https://www.youtube.com/watch?v=W19DtEsc8Ys>

You may be aware that the Epsom PCN Clinical Director is Dr Sam Eldred, Partner at St Stephens House Practice. Dr Eldred has had the very challenging job of creating the network from almost scratch – a group of practices not used to working together in any formal way, being asked to deliver new models of care, take on staff not previously employed in General Practice before, implement new digital technology at a rate of knots and face this in the midst of a Global Pandemic. It has not been easy and continues to pose problems and conundrums requiring an innovative and resilient approach.

The PCN is growing as we bring new skills and staff into primary care. This includes paramedics, physician associates, pharmacists, health & wellbeing practitioners, pharmacy technicians, physiotherapists, mental health practitioners to name but a few. Some of you may already have received care from these professionals via your GP practice. These staff have enabled us to provide more services such as care home support with improved end of life provision and weekly visits, more home visits for the acutely unwell, health checks for those with various chronic diseases and an integrated mental health service which has filled a gap between GP delivered care and secondary level care. It has also enabled us to deliver the covid vaccination programme at scale.

As we grow and develop and recover from the pandemic, we will look to deliver targeted health care based on the needs of our population and with an aim of reducing health inequalities.

Whilst we are being encouraged to work in new ways, the ethos of the practices remains. Each practice is passionate to retain its individuality and its unique relationship with their own patients.

We continue to need the support of our Patient Groups and to hear the Patient voice. This needs to match the PCN footprint so we have a joined-up approach and we will be looking to our PPGs to start to work together.

Our brand-new website can assist in this and I would welcome suggestions for content. Whilst in its embryonic stage, I hope patients will see the website's potential to link their voices in the network. There is a dedicated section for Patient Groups.

[PCN Home \(epsompcn.co.uk\)](http://epsompcn.co.uk)

I look forward to the coming year and its developments enormously and look forward to working with you.

Rachel Graville

Epsom PCN Operations Manager

A day in the life of a GP receptionist

As I unlock the front door and switch the alarm off, I wonder how today will pan out – will we be busy or will the day be gentler and we'll have time to ask each other how we are.

The doctors' rooms are checked to ensure they have enough sample bottles; will the bedding roll last the day and their computers are switched on. The reception computers are switched on and checked to see how long the list is on the website of questions, queries and comments. The phones are switched over and we begin dealing with whatever comes through the either and our heads go down as we concentrate on giving the best we can.

The phones rarely stop and the website just keeps refreshing with new enquiries. We deal with each and every call and enquiry as quickly and calmly as possible, sometimes having to explain that we do answer the phone as soon as possible, however we could be dealing with a distressed patient who has just lost their elderly relative, or a new mum who is struggling with a crying child or deal with a prescription query.

The morning moves forward and suddenly Nick has arrived to take all the 'samples' off to the path lab, we have to check with each clinician that they have put them in the bag ready for collection and off he goes.

The afternoon begins slightly less frenetically, this is a time when both doctors and reception staff are able to begin the admin side of the surgery. As the doctors read every letter, report, x-ray, blood sample results, etc., so they will send tasks to reception and admin team to ask patients to make appointments to discuss results, or to let patients know everything is normal or satisfactory.

The phone still doesn't stop ringing, nor does the website close and patients are still coming through the door for appointments for ECGs, new patient checks, wound dressing, stitches removed, all this whilst also checking what the doctors are requesting.

It's time for the phones to be switched to 'night mode', the website is closed and Reception is able to sit back at last.

The day can be a blur of answering the phones, patients being checked in and/or dealing with queries through the new intercom and ploughing through the unending enquiries on the website.

We do have a sense of humour and work very well as part of a large team.

During the last year we have learnt to work wearing face masks, to clean all surfaces hourly, to embrace new technology and enlighten our patients of how best to work with the new ways of the practice.

We are here to assist the doctors do their job which in turn helps each patient receive the best possible care.

Through all this, I am fallible, I'm not perfect but I would like to think that I want to learn how I can improve. We do understand that when contact is made by a patient it is because they have a problem, they want to speak to a doctor about it and preferably face to face and we will truly do our best to accommodate each and every patient.

Dr Sivanesan - One year on.



Hello everyone, I hope you are all keeping well. It has been just over 1 year since I started as a GP partner at St Stephens House surgery. At that time life was running as normal and we were hearing of a few cases of covid-19 in the UK. The surgery was operating normally.

Then things changed rapidly in April 2020, with the flare up of the pandemic. Many of our consultations were changed to a telephone or video format. However, we did also see patients in the practice if needed, after they were screened for symptoms of covid-19. The past year has been challenging with regards to controlling the disease whilst delivering patient care.

The team at St Stephens House Surgery have been very welcoming and have made it very easy for me to settle in and work at the surgery. In these challenging times, I have been impressed with how resilient they have been in dealing with the pressures placed on us by the pandemic. I would like to thank the PPG also for their ongoing support, especially with last year's successful flu clinic. Like

everyone else in the village, I am looking forward to normality this year. Especially going to the cinema and eating at the local restaurants again.

Dr Chan Sivanesan

Flu Clinic



A very successful Flu Clinic was held in September at the surgery under canvas in the car park. Thanks to the local Scout Group who provided the tents and gave up their time to put them up and dismantle them, at the end of the day. The weather was good to us, with just a little extra wind in the morning.

PPG committee members, surgery staff and their families helped with marshalling. We would also like to thank the patients who were so complimentary to the staff for running such a well organised clinic, your positive comments are always so much appreciated.

In excess of 600 vaccinations were administered, which equates to approximately 1 every minute!



How can a mole lead to cancer?

UV light from the sun or using sunbeds can change the structure of a mole and increase the chance of it becoming cancerous. This is known as a [melanoma](#).

Melanoma is one of the most aggressive forms of skin cancer, which can spread to other organs in the body. The most common sign of melanoma is a change in an existing or new mole. The mole may also be larger than normal and can sometimes be itchy or bleed.

Of course, not all new, enlarged or changing moles will mean skin cancer. But you should keep an eye on them just in case.

Making a habit of examining your own skin on a monthly basis will help to detect any abnormal growths quickly. I always advise my patients to check their skin after they have had a bath or a shower, in a well-lit room with a full-length mirror.

Malignant melanoma can affect adults of all ages, and accounts for 90% of skin cancer deaths despite being about 20 times less common than other skin cancers. The biggest risk factor is skin damage, particularly from burning and especially in childhood. A combination of pale skin and a hot climate is particularly risky. Most moles are nothing to worry about, but see your doctor immediately if a mole changes or you don't pass the "ABCDE test." below

What to look for

Follow the ABCDE test below, which is a handy guide to remembering what to spot:

Asymmetry

Is the mole symmetrical? Look out for changes in pigment, texture or shape from one half of the mole to the other.

Border

A non-cancerous mole will usually have smooth, even borders, and you can see clearly where the mole ends and normal skin begins. You should look out for uneven formations and rough edges or lack of clarity between the edge of the mole and the skin that surrounds it.

Colour

Most non-cancerous moles are a single shade of brown, so if a mole is showing a number of colours this could be a warning sign.

Diameter

Melanomas are usually larger than 6 mm. If a mole is bigger than this you may want to consider having it checked out.

Evolving

Non-cancerous moles don't usually change shape or appearance, so if one of your moles is starting to evolve you should definitely book to see your GP. Also, be aware of any new symptoms such as bleeding, itching or crusting.

But don't fret if you find the self-checking process tricky, or you've found some irregular moles or patches of skin. Book an appointment with your GP who will be able to review your moles and determine if any should be removed or investigated further.

How to reduce your skin cancer risk

Stay safe this year and don't skimp on [sun cream](#). You need to find one with good UVA and UVB protection. Both types of ray can cause damage to the skin and increase the risk of skin cancer. And cosmetically, UVA can age the skin, resulting in deep wrinkling and dark spots.

And remember, there's no such thing as a healthy tan.

Article courtesy of Patient Access.

Old sunscreen may not protect your skin

With the price of sunscreen often on the high side, it can be tempting to dig out last year's bottle and use it up before restocking. Using an out-of-date or badly stored product could mean that your skin isn't fully protected.

You should discard any sunscreen after it has been open for a year. Some sunscreens include an expiration date too - so make sure you discard any that go past this

In addition, that bottle of sunscreen you've left in the garden, might not offer the protection it once did.

Leaving your sunscreen in the heat can cause it to break down faster, making it less reliable. You're putting your skin at risk, as you won't know what the SPF (sun protection factor) is. Once it's overheated, you won't be as protected so it's important to keep your sunscreen in the shade.

Article courtesy of Patient Access.

Ashtead Food bank - During difficult times.



St Stephens House surgery staff have been donating food and essential items for the month of November at the local Foodbank located at the rear entrance, via the car park at St Georges Church Ashtead.

Any donation you can make will greatly help the local community, especially during these difficult times.

It was initiated by St Stephens House member of staff, Denise, who is one of the Health Care Assistants at the surgery.

Patient Survey

This year's survey was a great success and the take up was 100% greater than 2020.

Notable general points from surveys in 2020 to 2021

- Although scoring was slightly different 93% were satisfied or better with the overall surgery experience.
- Those that would recommend someone new to the area fell from 93% to 79%. Although 2021 had a "don't know" section with 14%
- How did you book your last appointment very little change, 60% phone/in-person compared to 40% over the internet. It is notable, given the new surgery website, known as Footfall, that the use of the website has not increased for booking appointments.
- The number of patients turning up for their appointment and waiting more than 15 minutes has increased by 17%, perhaps understandable given Covid infection control between patients.

To view the full results please use this link.

[St-Stephens-House-Surgery-2021.pdf \(st-stephenssurgery.nhs.uk\)](#)

Online services

This year's survey has shown us that 45% of patients are still not fully aware of the on-line services available. There are 2 on-line services available to patients, [St Stephens Surgery web site](#) (known as FooFall) and [Patient Access](#)

Register now for online Patient Access. Each time you have a consultation with a clinician or test results are sent back from the lab, the details are recorded to build up your medical history and help with your future care. Patient Access is a website that displays information from the practice's system and allows you to:

1. View and book available telephone appointments.
2. View your medication and request further prescriptions.
3. View your medical record.
4. Provide evidence of Covid vaccination under medical record, immunisation.

How to register:

Follow this simple link which will explain

<https://support.patientaccess.com/registration/register-without-a-letter>

Link your account to the NHS App

The NHS App gives you a simple and secure way to access a range of NHS services on your smartphone or tablet.

Follow this link to see a demonstration:

<https://www.youtube.com/watch?v=421wy0ND9Ls>

And here for a detailed demonstration for signing up:

https://www.youtube.com/watch?v=4nRhmJ_tII4

We hope you have enjoyed reading this newsletter.

If you have read it via social media and would like to receive future copies electronically please send your name and email address to:

ppg.ststephenshousesurgery@nhs.net