

The Leat

Newsletter of the Leatside Surgery Patient Group

Volume 1 | Issue 1
March 2024

*Goodbye Doctor
Gelder*

The LPG wishes to thank Doctor Gelder for her 25 years of devoted service to patients of Leatside and wishes her an enjoyable retirement.

*Goodbye Barry
Wheeler*

The LPG would like to thank Barry Wheeler for his many years of service as Chair of the LPG.

*Welcome Doctor
Gillard*

The LPG is delighted to welcome Doctor Kate Gillard who has joined the practice following the retirement of Doctor Gelder

The Leat is distributed for the patients of Leatside Surgery by the patient group to provide information and news about what is happening at Leatside and also in the wider NHS.

From the Chair

Greetings to all Leatside Surgery Patients.

My name is Mike Mintrum and I was recently elected as the Chair of the Leatside Patient Group (LPG). At the same time Katie Porkess was elected as Vice Chair.

The Leatside Patient Group (LPG)

All patients and carers are automatically members of the LPG. However, with Approximately 15,000 patients on the list, it is clearly impractical for everyone to attend meetings on a regular basis. So, we will elect up to ten members for the LPG Committee (the LPGC) who will meet frequently and progress the business and projects of Leatside Patient Group. A Secretary will also need to be elected. In addition to these LPGC meetings, two general meetings of the LPG will be held every year, six months apart. The next is at 18.00 on 9th April, venue tbd. Please see below.

The LPG's Terms of Reference

The LPG's Terms of Reference (ToRs) were last drawn up five years ago and feel outdated. So, new ToRs have been drafted, and a copy of the revised ones is attached to this newsletter. Approval of the new ToRs is on the agenda of the LPG meeting on April 9th.

The LPGC has three key roles:

- a. To have the widest representation of patients in terms of age and diversity;
- b. To represent members' views, ideas and suggestions for the effective and efficient running of the Practice;
- c. To provide relevant and timely information to all members about the operation and developments relating to patient care at Leatside.

Election of Secretary and committee

If you would wish to stand for the Secretary or committee posts, please let me have your nomination by close of business on **2 April 2024**. You should include a brief BIO (just a paragraph) together with a statement of what you think you can contribute.

All elected members will be expected to provide a contact email or telephone number so that they can fully represent patient views and should be prepared to take responsibility for a section of patients, to be decided by the LPGC.

Should an election be necessary, it will take place at the meeting on 9th April.

The venue of the meeting has not been fixed because of uncertainty about numbers. It would help us greatly if you would let me know if you plan to attend. Once we know numbers we will send out details by email on Friday 5th April.

If you wish to advise attendance or submit a nomination, please contact me at:
chairlpgleatside@gmail.com.

Mike Mintrum - Chair Leatside Patient Group

*Have a
Smartphone?*

*Why not download
the NHS App and
access a wide range
of services
including :*

*Ordering
prescriptions.*

Use NHS 111

Find NHS services

*View your GP
health record*

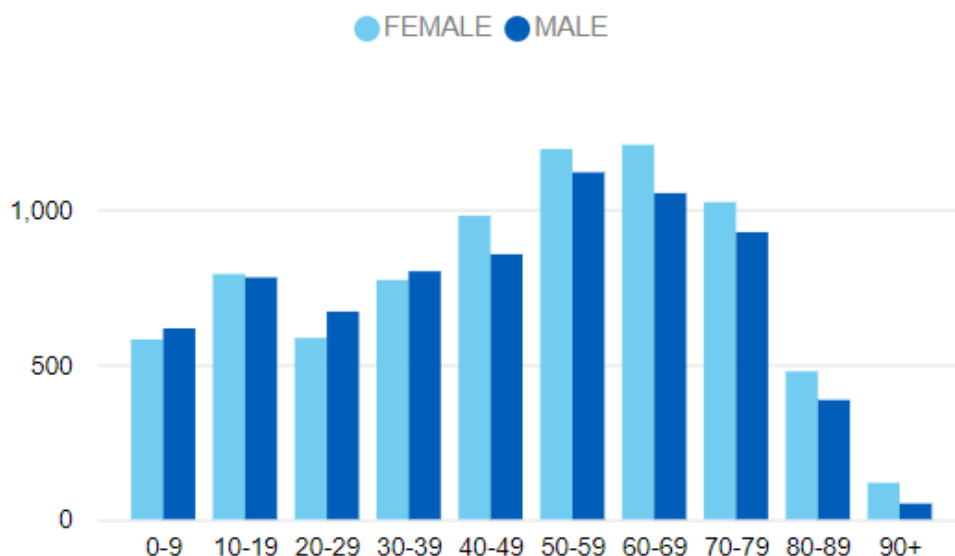
Book appointments

*Get reminders and
messages*

*If you need help
setting up the App,
please contact the
Surgery for
assistance and
advice.*

Surgery Demographics

The LPG requested the Surgery supply demographic data on the patient population and this is shown below and relates to the approximately 15,000 patients registered at Leatside.



Surgery Information

An application for a new pharmacy has been submitted to NHS England by a company keen to take over the premises. This has been supported by some of the responses from patients highlighting problems with the present situation. Additional support has been provided by the Primary Care Team, Anthony Mangnall, Sarah Wollaston and the surgery. There is now a 90-day mandatory consultation period, but it is hoped that a new pharmacy may be in the building by the autumn.

The amount of sickness in the nursing team had, unfortunately, resulted in appointments having to be cancelled. The surgery is hopeful this will settle down shortly.

The recruitment of new reception staff has had a positive effect on telephone calls and a reduction in the waiting time for calls to be answered.

The surgery will shortly be changing the telephone system and the benefits of this will include call back for the patient. Other steps are being taken to improve the services the surgery provides e.g. Health Navigation training and how to combat persistent DNAs.

How hard does your Doctor work?

At a recent meeting of the LPG, the topic of “full time” and “part time” GPs was discussed. The Practice Manager was asked for clarification on GP working hours and has provided the following revealing information.

‘This is a tricky area and one that has been heavily influenced by the media. I was asked to produce figures which put GP working hours into context.

In the NHS a “full time” member of staff is employed on 37.5 hours per week (1 Full Time Equivalent - FTE).

A GP’s time is generally referred to by the number of clinical sessions they work. A “session” is a morning or afternoon of clinical contact. A routine session will be four hours long, with an urgent care / duty session assigned as 5.5 hours. In addition to this, GPs will be allocated an hour per working day for home visits.

Therefore the traditional ideal of a “full time” GP would be an 8 session GP.

7 x 4hours – routine clinics

1 x 5.5 hours – duty clinic

4 x 1 hours – home visit

Total = 37.5 clinical hours per week

This means a “full time” GP would be at the working limit for a full time employee purely based on patient contact time.

The clinical time GP spends is easy to quantify, the additional work however is not so easy to count up. That said, below is an overview of the amount of additional work that a GP would need to complete on each working day they are in:

Reviewing and signing repeat prescriptions: each month we issue around 15,000 repeat prescriptions, meaning a GP would have roughly 100 repeat prescriptions each working day.

Reviewing and actioning pathology: around 50 blood test results every day (most requests have multiple tests).

Referrals: 4 referrals per day on average.

Clinical documents: we have reduced this from an average of 50 documents per day to around 10-15. However, each of these are detailed clinic letters from consultants that have specific actions.

On top of this, GPs are required to complete CPD, clinical audits, attend safeguarding meetings, provide information for insurance companies, respond to subject access requests, attend case reviews and provide clinical supervision for students and allied health professional, amongst many other things.

Quantifying the amount of time this takes is difficult, however four hours per day would be a conservative estimate for this.

Therefore, a full time GP, working 8 clinical sessions would be working 57.5 hours a week or 1.53FTE (153% of a full time employee).

Our GPs here work 7 sessions (134%), 6 sessions (114%), 5 sessions (97%) and 4 sessions (77%)’.

A doctor writes.....

Empowering women through menopause transition

With International Women’s Day celebrated on 8th March since 1975, it seems only apt to focus on Women’s Health of which there has been a lot of positive focus in recent months. I would like to pay special attention to the promotion of good mental and physical health during menopause transition and post menopause which is a life event for half the world’s population. In the past there has been a distinct lack of information around this area and an inability for women to seek the necessary care. This however is changing for the better. There is a strong focus on individualising women’s care, destigmatising menopause, and well-informed clinicians offering up-to-date balanced information to ensure a smooth transition where needed. This is imperative in helping women navigate this complex time, to reduce the immense impact that menopause transition can have on personal, social, and working lives.

Although this is a natural part of the aging process, it can often be a defining time in many women’s lives, and we as clinicians need to be armed with the necessary guidance, balanced information, and support to ensure women navigate this time with confidence.

Symptoms of perimenopause and menopause are very variable and can occur in any combination, or sequence affecting women in countless ways. The symptoms of menopause are most pronounced in the first four to seven years but can persist for more than a decade which is why we as clinicians must be there to provide the help for women struggling, so that this time does not define them and their future.

Oestrogen based hormonal treatments for those eligible are extremely effective in controlling symptoms such as hot flushes, night sweats, erratic sleep, bone loss, cognitive changes, weight gain, loss of libido, and genitourinary discomfort. They have a favourable benefit risk ratio for women below 60 years within the first 10 years of menopause. Of course, non-hormonal treatments also play a huge part for women wishing to avoid hormonal treatment and we aim to target those debilitating symptoms individually, with three monthly reviews to assess efficacy.

I have witnessed more and more women feeling empowered to present with symptoms of menopause transition, which is a very positive outcome. The power is now in women’s hands.

Dr Susanna Pike

Useful information

<https://rockmymenopause.com/>

<https://www.menopausematters.co.uk/>

<https://www.womens-health-concern.org/>

<https://www.balance-menopause.com/type/podcast/>

Totnes Caring Corner

Leatside Surgery has strong links with Totnes Caring and two of our doctors are Trustees, so we have given them space to inform patients about what they do and the services they offer.

Totnes Caring is a local charity that has been at the heart of Totnes since we were established in 1987.

Over the years we have given tens of thousands of people the support, skills, tools and confidence to lead independent and fulfilling lives.

Through the work of a dedicated staff and our amazing volunteers, we deliver services to older people in Totnes and the surrounding area, plus, link worker services in South Devon and Totnes Primary Care Network area of Totnes, South Brent, Ashburton and Buckfastleigh, to over 18-year-olds.

Totnes Caring supports people to live as independently as possible, connecting to their community, to increase their health and wellbeing and to combat isolation and loneliness. We do this by delivering group activities, bringing people together, and by providing medical appointment transport, support, information, and advice to individuals.

Our volunteer driven and charity funded minibuses and our team of volunteer drivers who use their own vehicles are always exceptionally busy and we aim to help as many of our clients as we can. Without our amazing volunteers, we simply could not function as an essential service for so many in and around the community.

In December last year, there were 80 health journeys and 67 social journeys to clubs and activities completed by a total of 35 volunteers.

In January, that amount significantly increased to 144 health journeys and 66 social journeys to our events and groups with just 29 volunteers.

We are always looking for willing volunteer drivers. You can do as little or as much as you like and when it is suitable for you. Mileage costs are paid at 45p per mile.

Contact kate.walker@totnescaring.org.uk or visit our website

www.totnescaring.org.uk or follow us on Facebook

<https://www.facebook.com/TotnesCaring1> to find out more.

Endpiece

I hope you have enjoyed reading our first newsletter. If you would like to make any comments about content, style or would like to see other things in the newsletter please contact me at: chairlpgleatside@gmail.com

We hope to distribute the newsletter at least quarterly or more frequently if circumstances demand it.

Stay well!

Mike Mintrum

Chair, Leatside Patient Group