



# Three Shires Medical Practice Newsletter

Spring 2025

Practice Newsletter

## Practice Update

We've had a busy wintertime, with higher levels of viral illness (mainly respiratory). These have obviously affected the general population, hospital admission rates, but also taken a toll on our staff. There is increased publicity of the bugs behind these illnesses, both old (Flu and Covid) and new (Human Metapneumovirus – hMPV). We began a roll out of RSV vaccination to older age groups and pregnant women and have vaccinated 340 people to date.

## Vaccinations

Our Flu campaign is nearly complete, and we have vaccinated record numbers this year with 80% of older populations, and 50% of younger at risk groups taking up our offer of vaccination. But if you still need a jab, please let us know. Thank you to all those who came to us for their flu jab (as opposed to taking your business elsewhere!). Your support keeps this service running.

## Collective Action

Our practice is fully supportive of Collective Action as per the BMA ballot, and has been engaging since the end of last year. Because General Practice is one of the main access points for the NHS, we are vulnerable to becoming overwhelmed with work, some of which simply isn't resourced by us (but may be elsewhere).

Anecdotally, we feel that demand has eased slightly for us since we started this process. The information below is from our website, and explains our position. The ultimate aim is to be able to increase funding and staffing resources to meet demand better.

*We are limiting GP consultations to 25 per day and will continue to have a blend of pre-booked, and on the day appointments. We will triage (assess) your phone call.*

*If demand is high, we will ask you to complete an online request via the Contact us online button accessed through our website [www.threshiresmedical.co.uk](http://www.threshiresmedical.co.uk). There, you will be able to give us information*

*so that we can safely advise you on managing your current condition. We may direct you to other providers, such as minor injuries, accident, and emergency departments or 111. If you have difficulty filling in our online triage request, our reception staff can assist you with this.*

### **Shared Care**

We have placed the following statement on our website to clarify our position on shared care (which involved taking back the care /prescribing/treatment for patients with complex medical conditions not normally treated by GPs).

*We will not be accepting new Shared Care agreements with secondary or private providers. We have statutory relationships with NHS hospitals and NHS England. **For the avoidance of doubt, we will not enter Shared Care Arrangements with any private medical providers or doctors.***

*We will also not be entering into any new shared care agreements under GP Collective Action, in line with BMA advice.*

### **Waiting Lists, Hospital Bookings and Appointments**

We also ask patients with waiting list queries to phone the hospital (rather than us) first. Hospitals manage their own waiting lists, and we have no ability to move you up or down the list. Sometimes hospital appointments staff will (incorrectly!) tell patients that "if their GP can write a letter, you may be expedited".

It is up to the Hospital to prioritise you as best they can. Only if your situation has changed completely (i.e. you are on the wrong waiting list) will we be likely to contact the hospital. Mostly, patients are on the correct waiting list, they understandably just don't want to wait.

If you don't know whether you are on a waiting list or not, please look at your Choose and Book letter reference number and telephone the hospital using that reference number. You should receive your Choose and Book letter within a few days of one of our teams referring you. If you don't receive that Choose and Book letter within a couple of weeks then by all means, contact us here at the Practice.

Should you be unhappy about the length of time you have to wait for your appointment then please contact the PALS service at the hospital.  
*Contact details can be found at the end of this report.*

## **Private Sector Referrals**

We appreciate that when waiting lists grow, people may increasingly seek help from the Private Sector. Although we understand this and support patient choice, we are not available to prioritise patients back into the NHS who have for example paid for an initial consultation, but don't want to or cannot complete the treatment privately. The basic principle is that your NHS care should be prioritised on health need, not ability to pay,

Likewise, we can't prescribe specialist medications, medications not available routinely on the NHS, or provide ongoing investigations or monitoring on behalf of private providers. As we have no contractual relationship with these doctors or services, we are unable to do this safely. We will direct the patient back to the private service for continued prescribing, monitoring or investigation if asked.

Finally, at the time of writing, we are still waiting to see what the core GP contract negotiations for general practice equate to for our Practice and what the terms of any financial support and increase in the contract means; numbers have been bandied around but we are yet to see that hit our budgets in order to make any financial decisions for 2025/26 and onwards.

We continue to be optimistic and hope that the government does the right thing and does support GP practices in line with Health Minister Wes Streeting's stated intentions, to continue to offer services within local communities!

**Dr Richard Greenway**

## **PALS -Patient Advice and Liaison Service**

The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health related matters. It is a point of contact for patients, their families, and carers. The PALS services are usually based in hospitals. The service assists with various health related issues such as:

- Help to resolve concerns or problems with your use of the NHS,
- Advice about your own personal health care.

PALS can help to improve the NHS by listening to your concerns and ideas. Locally the PALS services are available at Southmead Hospital on 0117 414 4569 and at the Bristol Royal Infirmary on 0117 342 1050. The Royal United Hospitals (RUH) Bath service contact number is 01225 825656.

## **Easter Opening Arrangements**

Over the Easter holiday period, there will be some days when our surgeries will be closed. All four surgeries will be **closed** on **Friday 18<sup>th</sup> April and on Monday 21<sup>st</sup> April.**

We ask that you please ensure to collect any prescriptions by the end of the day on **Wednesday 16<sup>th</sup> April**, and importantly, given some of the problems that we are having with obtaining some medications, please order medication needed over the Easter holiday, by the end of the day on **Wednesday 9<sup>th</sup> April** and we will do our best to supply all that you need. Please order via NHS app wherever possible.

**Please telephone 111**, if you need a doctor over the Easter holidays.

***We would like to wish you a very happy and peaceful Easter.***

### **Disposal of Clinical and Medical Waste**

Our surgeries cannot manage the disposal of sharps or clinical and medical waste. South Gloucestershire Council now provide extra support to residents with clinical and medical waste which includes sharps and it is a free and confidential service. (Please note that unused or expired medicines can be taken to a pharmacy or can still be handed in at your local surgery.)

To request a Sharps collection, go to the South Gloucestershire website, click on bins and recycling, additional waste services, disposal of clinical and medical waste and there request a Sharps collection.

Clinical waste, which is either infectious or potentially infectious, has to be handled, transported, and disposed of, separately. It must not go in your black bin but in bags that the Council will provide on reception of an application form (on the Council website), signed by a health care worker.

Other medical waste such as uninfected items like sanitary and incontinence pads can be put in your black bin.

To talk to someone at the Council about disposal of Sharps, clinical and medical waste, please phone the Council on 01454 868000.

## Stroke

A stroke happens when blood supply to a part of the brain gets cut off. If the brain is damaged, it can affect how the body works, how you think and how you feel. Strokes are a medical emergency and urgent treatment is essential; the sooner a person receives treatment, the less damage may happen. So, if you suspect you or someone else is having a stroke, phone 999 at once and ask for an ambulance. The effects of stroke depend on where in the brain it happens. There are three types of stroke:

- Where there is bleeding in or around the brain (haemorrhage)
- Blockage, usually a small blood clot cutting off the blood supply to part of the brain
- A mini stroke (TIA) is similar to a stroke but symptoms only last a short time and usually there is full recovery. However a TIA must be investigated to prevent it happening again, or a full stroke may occur.

As we grow older, our major blood vessels, the arteries, can become harder and narrower; certain medical conditions and lifestyle factors can speed up this process. All strokes are different. The effects can be minor and may not last long; others may cause medium and long term problems. That is why it is so important to recognize symptoms and summon medical help quickly.

## What are the signs of stroke? **THINK FAST**

**F** Face, can the person smile? Has one side of the face dropped?

**A** Arms, can the person raise both arms and keep them raised?

**S** Speech, can the person speak clearly and understand what you are saying? Is speech slurred?

**T** Time. If you see any of these signs it is time to call 999.

Treating a stroke depends on the type of stroke. That is why it is so important, that the response to stroke symptoms happens quickly. Recovery from a stroke can take a long time. Physiotherapy, occupational, speech and psychological therapies are all part of the reablement services that people recovering from stroke may need.

Preventing stroke is something to consider and you can significantly reduce the risk of having a stroke by:

- Eating a healthy diet
- Taking regular exercise
- Moderating alcohol intake
- Not smoking

If you have high blood pressure and/or high cholesterol, taking prescribed medication to counteract these, will reduce stroke risk. The NHS website, [www.nhs.uk](http://www.nhs.uk), the Stroke Association website [www.stroke.org.uk](http://www.stroke.org.uk) and the Bristol After Stroke website [www.bristolafterstroke.org.uk](http://www.bristolafterstroke.org.uk) may be helpful.

## Talking Therapies

There is some useful advice about support for your mental health on the Practice website. Every Mind Matters has free expert advice and practical ideas to look after mental health and well-being. NHS Talking Therapies are available if you are feeling stressed, anxious or depressed; you can be referred to NHS Talking Therapies or you can refer yourself online. Talking therapies are free and available in person, by phone, by video or online. You don't have to be diagnosed with a mental health problem to access these services. Getting help as soon as possible can reduce the impact of feeling anxious, low, or stressed or finding it hard to cope or worrying a lot.

There are a number of evidence based talking therapies which include guided self-help, cognitive behavioural therapy (CBT), counselling and interpersonal therapy. Once you are referred or have referred yourself, the service will get in touch with you within a few weeks; they will assess your situation and then if they feel they can help you, they will recommend a suitable type of therapy. The Talking Therapy service for our Practice is provided by Vitamins Bristol North Somerset and South Gloucestershire, on 0333 200 1893 or [www.vitahealthgroup.co.uk/nhs-services/nhs-mental-health/](http://www.vitahealthgroup.co.uk/nhs-services/nhs-mental-health/)

Remember that we now have a mental health nurse at the Practice, Gemma North. If your mental health problem is more urgent, contact us here at the Practice. Another option is to phone 111 and yet another option might be to call the Samaritans on 116123.

## Healthwatch

Healthwatch Bristol is the local health and social care champion. They are keen to learn about your experiences of GP services, local hospitals, dentists, pharmacies, care homes and care provision and any care support services. They talk with NHS leaders and other decision makers to improve care standards. They provide reliable information and advice.

Their aims are:

- To share your thoughts and suggestions with key NHS and other care providers to advise what works well and what needs improvement,
- Recommend how local health and social care services could be improved,
- Ensure health and care providers listen to what you say,
- Report issues into the Integrated Care system, the Care Quality Commission and the local Health and Wellbeing Board,
- Give you information and advice about health and social care services and help you to get the best out of those services.

You can share your views and experiences by going on to the website [www.healthwatchbristol.co.uk](http://www.healthwatchbristol.co.uk) and fill in a feedback form or phone us on 0117 203 3594 or email [contact@healthwatchbristol.co.uk](mailto:contact@healthwatchbristol.co.uk) or visit us at the Galleries Unit 21 in central Bristol.

## **Mental Capacity**

Mental capacity is defined in the Mental Capacity Act of 2005. The Act is aimed at protecting and empowering people who may lack the mental capacity to make their own decisions about their health and social care and treatment and it applies to people aged 16 and over. It covers day to day decisions about what to wear, eat or buy and more life changing decisions like moving into a care home or having major surgery. People who lack capacity can include people living with a dementia, a severe learning disability, a brain injury, the effects of a stroke, a mental health condition or unconsciousness caused by illness or an accident. Having one of these conditions doesn't mean that a person lacks capacity to make a specific decision; a person can lack the capacity to make a financial, health or social care decision but can have capacity to decide what to buy in a shop or what to wear or what to watch on the television.

The Mental Capacity Act specifies that a person has capacity to make a decision unless it can be proved otherwise. Wherever possible a person must be given all help possible to make a decision even if it seems it may be an unwise decision. Any decision made for someone who does not have capacity, must be made in their best interests, and restrict their basic human rights and freedoms to a minimum.

The Mental Capacity Act says a person is unable to make a decision if they cannot do one or more of the following:

- Understand the information relevant to the decision
- Retain that information for long enough to make that decision
- Use that information as part of decision making
- Communicate that decision.

Before a decision is made about a person's mental capacity, every effort must be made to help that person to make their own decision. Should the person lack the capacity to make a decision and that decision needs to be made for them, the legislation clearly requires that that decision must be made in his or her best interests.

For more information, organisations like the Alzheimer's Society, Rethink, MIND and Mencap can offer help and advice.

## **Patient Participation Group (PPG)**

The PPG held its winter meeting at the end of November. Once again, we discussed the implications of the financial issues that are facing the Practice along with the contacts that the PPG has continued to make with our new local MP's who seem to be actively engaged and representing the interests of the Practice to Government ministerial level.

To respond to the Government's consultation on the future of the NHS, the PPG has submitted a detailed response as have several members of the PPG on an individual basis. The Practice has also submitted a separate response. The PPG meets again on March 17<sup>th</sup>. If you have any issues that you would like us to raise at that meeting, please email us on [4patientparticipation@gmail.com](mailto:4patientparticipation@gmail.com) or hand in a letter addressed to the Chair, Three Shires PPG, at your local surgery.

## **The Memory Café**

Our local Memory Café continues to meet at Doynton Village Hall on the first Thursday of every month from 2.00pm until 4.00pm. It continues to be a relaxed and informal free drop in café providing support for people living with a dementia along with a family member, friend, or carer. Each month the café has a theme; in April that will be music, in May it will be ballroom dancing and in June it will be animals including stuffed toys!

The success of our Memory Café is tremendous with 23 people along with their 23 family members, friends or carers attending the February meeting, our biggest attendance yet.

**With so many new people joining us, we are looking for more volunteers to help at the Memory Café. Is this something that you could do with us, just once a month?**

**If you would like to know more about what is involved, please contact Helen Williams on 07853 179721.**

## **Friends of Three Shires**

The Friends of Three Shires continue to raise funds and they and you the patients of Three Shires have so far raised more than £10,000 for essential equipment needed for the practice.



A very big THANK YOU to everyone who has supported the Friends efforts. They have bought two refrigerators, two ECG machines, three oximeters and are placing orders for two adjustable diagnostic and treatment couches and four emergency medical packs.

If you would still like to contribute, cheques can be made to Friends of Three Shires. The account details are sort code 30:99:50 account number 54449863 or you can use the QR code.