

SEYMOUR MEDICAL PRACTICE
CHARLOTTE KEEL HEALTH CENTRE
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The practice aims to provide the highest standard of medical care possible for the patients registered with it, set in the context of their lives and cultures, and considering the patient as a whole. The practice will also be mindful of its responsibilities to the NHS and provide a service that does not waste the resources available.

The practice was formed by the merger of Dr Norman and partners and Dr Price and partners in May 2005. It now consists of eight full time doctors, two three quarter time partners and two salaried part time doctors, six practice nurses and two HCAs, one practice manager, IT managers, and part-time receptionists (all of which have a particular speciality or gift that they bring to the practice.)

CHARLOTTE KEEL HEALTH CENTRE

The Health Centre has, as a building, been added to over the years. Originally a community clinic built on two floors it has been extended. The first addition was in the sixties to accommodate three practices from the area. The building was extended only as a single storey and sadly the foundations are unsuitable for upward growth. The current building was finished in March 2005.

The building now houses two practices that rent space and services from the PCT (Bristol North). PCT employed Health Visitors, Midwives, District and Treatment Room Nurses and Administration staff are based at the Health Centre, as is a University Dental clinic. A Podiatrist, Speech Therapist, Community Paediatrician, and Family Planning service all hold clinics in the building. The Counselling Service, Inner Care, see patients at the Health Centre and the Inner City Mental Health Care team is based in nearby St. Werburghs.

The Health Centre provides services for patients of neighbouring practices as well as full care for the 20,000 patients registered with the two practices.

The two practices are different and separate but communicate well and support each other. The patient groups each practice serve are interestingly different despite the same catchment area.

THE TEAM

James Norman , now the senior partner, has been at the Health Centre for over twenty five years. He has developed a wealth of experience in dealing with multi-cultural medicine. He has an expertise in minor surgical procedures including joint injections. James has been a GP trainer for many years (now retired from training).

Dr Malcolm Price has also been in practice in Charlotte Keel for over twenty years. He works as a three quarter time partner. He has a particular interest in mental health, acupuncture and musculo-skeletal medicine and has worked part time for the Cancer Help Centre. He is an LMC member.

Jo Fleming has been with the practice permanently for over twenty years, and was a GP Trainee prior to that. She has an interest in counselling and palliative care, and has completed a course on Coronary Heart Disease prevention for which she had to pass an exam. She is Family Planning trained. She is the liaison doctor for the Practise nurses. She is an approved GP trainer. With Kate Nichols she has been very involved in the new curriculum for medical students which involves teaching from years one to four in the practice.

Dr John Taylor is another long term partner and trainer – again in the practice for over twenty years. He has particular expertise and interest in diabetes and Sickle Cell anaemia being a founder member of the Sickle Cell support and information group.

Kate Nicholls has been with the practice as a partner for almost twenty years and was an assistant before that. She has an interest in alternative medicine and has been keen to master the ability to reduce the tensions of the consultations in order to make them more productive for the patient and less stressful for the doctor. She is one of the staff liaison members of the partnership and has a particular gift for interviewing. She is a very enthusiastic teacher of the undergraduates and her astute assessments will have benefited many. She has particular expertise also in Family Planning.

Dr Ruth Muir has been in the practice for almost twenty years and works three quarter time. She has a particular expertise in Family Planning and is the only GP in the practice who now fits IUCDs.

David Soodeen started in October 1998. He has skills in managing Chemical dependency and has instituted a clinic for those who are drug dependent. He has skills in minor surgery and joint injection and runs a regular minor surgery clinic weekly which includes acupuncture and manipulation. He has a particular interest in Sports Medicine and is a keen cricketer and footballer.

Dr Peter Allen has been with the practice for almost ten years. He has gained expertise in medical education and has passed modules in the diploma of medical education. He is currently the lead GP trainer in the practice for the GP registrar. He has expertise in child surveillance, and drug dependence.

Tahira Waraich, and Grace Everard are salaried associate GPs working in the practice.

All partners are approved for Child Health Surveillance, Minor surgery and are on the Obstetric list. The Practice runs Well Baby Clinics and Ante-natal clinics, and addresses Well Women issues, diabetic control, coronary heart disease, asthma, hypertension, hyperlipidaemia, life style, stopping smoking and weight loss. These are mostly not undertaken within separate set clinic times so that patients can be accommodated at times convenient to them.

Teaching within the practice has been enthusiastically embarked upon both for under-graduates and post-graduates in medicine, associated health professionals and also sixth form students planning a career in medicine.

The out of hours calls for the practice are covered by Brisdoc deputising service. Some of the partners work for Brisdoc on a regular basis and these sessions will be available for supervised out of hours experience.

PRACTICE MEETINGS

There are regular meetings in the practice. There are monthly Primary Care meetings, meetings with the Practice Nurses, educational meetings and a regular opportunity to discuss concerns with the partners.

COMPUTER SYSTEM

The practice uses the Torex system with a terminal on every desk. Laboratory results are available via a direct link to the BRI computer. The move to a paperless system continues with hospital letters scanned into the system.

THE PRACTICE STAFF

Sam Walpole is the Practice Manager. Her duties and responsibilities are varied and include liaising with the HA, PCT, and the accountants and managing the budget for the practice, and managing the staff.

The reception team in particular complement the practice and can be seen to be part of the therapeutic process for many patients. Their welcoming and nurturing approach is valued by patients and doctors alike.

Liz Turner, Angela Pym, Ruth Cantle, Jan Hobden, Kam Hayre and Lesley Moore are the Practice Nurses who manage the majority of disease prevention in the practice with responsibility for producing yearly reports and audits on the chronic diseases monitored by them. Protocols for all the chronic diseases are updated yearly.

PRIMARY HEALTH CARE TEAM

District Nurses provide care at home, supervising medication when necessary, monitoring and dressing wounds, planning and providing care for the immobile and are the linch pin in the care of the terminally ill.

Health Visitors provide supervision and support for children from birth to five years old, monitoring growth, development and well being of the child within the family. The vulnerable elderly are also clients of the Health Visiting service with dedicated Health Visitors for the elderly in the Health Centre.

Midwives provide care through pregnancy, labour and for two weeks post natally for all mothers. Home and DOMINO deliveries are undertaken by the midwives in the Health Centre and women have the choice of full care from the midwifery team should she wish it, alternatively she can be seen by both GP and midwife.

Treatment Room nurses provide a venepuncture service, deal with minor injuries, take smear tests, do dressings, treat warts with liquid nitrogen, and monitor blood pressures weights etc. They minister travel immunisations, anti-psychotic and contraceptive injections, do ECGs and syringe ears.

Link workers provide an interpreting service for a number of different Asian languages and also in Somali and Arabic and are present through most of the surgery times. They are a valuable resource for the Health Centre providing an interpretation into the cultural as well as the verbal side of the consultation.

Inner Care Counselling service Patients can be referred for counselling and are seen in the Health Centre by a team of experienced counsellors.

HEALTH CENTRE USERS

The Health Centre provides a service for residents of a fairly wide area with the majority of living in the Easton and St. Pauls areas. The area has housing ranging from Victorian terraces to high-rise blocks, Elderly Peoples' sheltered accommodation and hostels for the homeless. The area has a large ethnic mix with people from North India, Pakistan, Bangladesh, West Indies and Somalia. The white population tend toward the lower income bracket or are unemployed, and a number of families from the Irish travelling community are based in the area.

The practice has 14,000 patients with a patient mix of North Asian and Afro-Caribbean. With this in mind the practice has to address the increased rate of diabetes and Coronary Heart Disease in the Asian population, and hypertension and Cerebro-vascular accidents in the Afro-Caribbean's. TB is often on the differential diagnosis list, as is Malaria and other Tropical diseases. The poorer white population has a high smoking population and with many heavily used roads in the area airways disease is common.

The consultation rate for the practice is higher than the National Average and the practice has developed a service that tries to accommodate the demand. Recent changes have been made to try to provide patients with access to appointments within forty-eight hours.