

# St. Luke's Trust

Newsletter September 2007

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This Newsletter is produced for patients of the St. Luke's Medical Centre as well as friends of St. Luke's Trust. To receive a copy please fill in a form in the surgery or write to us. If you would like to receive it electronically, please email [newsletter@stlukesmedicalcentre.org](mailto:newsletter@stlukesmedicalcentre.org)

Adam Beard  
Editor

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## Tuffley Surgery Update

Report on the meeting held at St. Michaels Hall on Thursday 28<sup>th</sup> June 2007

The meeting was called to explain the current difficulties the practice is experiencing with accommodation for the Tuffley surgery, to get feedback from patients as to how much the surgery is valued, and to hear ideas about how we might secure the future of the Tuffley Surgery.

The meeting was very well attended, with over 50 patients as well as various members of the practice being present. Although the majority of patients were from the Tuffley area, some also came from Stroud.

Markus Csipai introduced the meeting and gave an outline of why the meeting had been called.

This was followed with a brief description of the history of the Tuffley surgery by Michael Evans. He described how the practice was started by Dr. Norbert Glas in Tuffley, and how he later started seeing patients in Stroud at Gannicox House. Dr. Glas was then joined by Dr. Marianne Allan, who took over the practice when Dr. Glas died, and bought 10 Tuffley Lane.

In Stroud, Gannicox House was bought by St. Luke's Trust, which later fundraised to build the current Stroud surgery in the grounds



10 Tuffley Lane

of Gannicox.

He went on to explain that over the last four years, much effort, led by Adam Beard, the practice manager, has been put into finding new accommodation for the Tuffley surgery, which is

We should look to  
the future and the  
effect a higher profile  
would have

not up to standard and short of space. The local NHS body had agreed to fund a new building. Many different sites were pursued, but for various reasons, none of them could be developed. Then, in recognition of our commitment to Dr. Allan (it had been agreed that upon Dr. Allans' retirement, she would get the capital from the house) and wishing to make



Site of proposed new development

progress, we decided to look at buying and developing 10 Tuffley Lane. The Primary Care Trust (PCT), the local NHS body, agreed that we should do this, and it looked sure to happen until the PCT was reorganised and they told us they would only support one development in Tuffley, and that we would have to join up with the Heathville Road practice in a joint development. Michael explained that the immediate issue was how to keep the surgery going until this project is ready, which could take 2 - 3 years. He pointed out that we feel morally obliged to either buy or vacate 10 Tuffley Lane, and that the rent the practice receives from the NHS would only cover about one third of the cost of a mortgage.

Adam then presented the responses from the questionnaires which had been sent out with the meeting invitation letter.

He began by reporting that the practice has almost 4000 registered patients. Although all patients are registered at Stroud, by looking at where people live, about 720 of our patients are in the area served by the Tuffley surgery. This represents about 18% of the practice population. He reported that although the practice is growing, the numbers in Tuffley have actually fallen in recent years.

Two hundred questionnaires were returned, representing 10% of the practice population (letters were sent to each household, averaging one letter for two patients), and 24% of the 'Tuffley population'

Of those who responded, 42% said they attend Tuffley, and 64% Stroud (some said they attend both surgeries)

He then looked in more detail at those who said they attend the Tuffley surgery: Of these, 76% said the surgery is very important to them, 15% said it is important, and 8% not important.

In response to the question about what they would do if Tuffley were to close, 29% said they would find another practice in Gloucester, and 62% said they would come to Stroud.

83 people pledged money, totalling about £12,000. It was noted that many of the pledges came from patients who attend the Stroud surgery.

He then looked at how the figures could be interpreted, and said that this had to be done with caution, as the 24% of patients who responded are, by nature, those who are most interested and engaged in the practice. One could not, he said, therefore assume that 62% of all Tuffley patients would come to Stroud in the event of Tuffley having to close. Similarly, 91% of those who responded said Tuffley was either very important or important, but when translated into actual people, this represents just 150 patients.

It was noted that the importance of Tuffley to patients had a direct relationship to their ability or willingness to come to Stroud, with all of those saying Tuffley is not important saying they would come to Stroud if Tuffley were to close.

The meeting was then opened up for questions and discussion. Many people expressed support

for the practice and a willingness to help either financially or through other means.

Various points were raised and discussed, looking at different ideas of how to raise money to purchase or rent 10 Tuffley Lane. It was pointed out that people in Tuffley helped to build the Stroud surgery, and that people from Stroud should now help in Tuffley.

It was also noted that we should not concentrate on numbers and the decline in Tuffley, but look to the future and the effect a higher profile practice would have.

It was recognised that while the proposed joint development may not be ideal, it couldn't be worse than the current situation in 10 Tuffley Lane...

The meeting ended with many people putting their name forward to help in various ways.

## Developments

Since this meeting, there has been some very positive progress which looks like securing the Tuffley surgery at least in the short term. An individual has very generously offered to buy 10 Tuffley Lane and to rent it to the practice.

We are committed to  
doing all we can to  
secure the long-term  
future of  
anthroposophic  
medicine in Tuffley.

However, as was discussed at the meeting, the income the practice currently receives from the NHS to pay for 10 Tuffley Lane will not cover the new rent, which will be set to cover the interest the individual will be paying on the commercial loan they will take out to buy the property. We have therefore now written to all those who pledged money asking for this to be turned into payment. This will enable the practice to make up the difference in the rent. It is only through the payment of the money pledged that this scheme can be made to work.

As a result of the questionnaire we sent out before

the meeting, we have received pledges that will allow us to pay the new rent for nearly 2 years.

This temporary solution secures the surgery in Tuffley while we work on the proposed joint development with the Heathville Road practice,



Site of proposed new development

which we now feel able to do.

It is important to note that while we intend to do all we can to build the new premises, there are still obstacles to overcome, and success is not guaranteed. We are committed to doing all we can to bring about a successful outcome which would secure the long-term future of St. Luke's Medical Centre and anthroposophic medicine in Tuffley. The proposed site for this development is between Tuffley Lane and Cole Avenue.

Anyone who has not pledged money but would still like to contribute to the future of the Tuffley surgery can still do so: Please send a cheque payable to St. Luke's Trust to:

Adam Beard  
St. Luke's Trust (Tuffley Surgery)  
St. Luke's Medical Centre  
53 Cainscross Road  
Stroud  
GL5 4EX

We all would like to offer a big thank you to all those who came to the meeting, have pledged and paid money, and offered support in so many ways to help us with the Tuffley surgery.

Adam Beard  
*Practice Manager*

# Art Therapy with Children

The issue of the loss of childhood in our time has recently received a lot of media coverage. It is increasingly recognised that our culture is not very child-friendly. A lot of pressure is put on children to fit into an adult world. Their progress is measured and assessed according to adult values rather than looking at phases of childhood development appropriate to the age of each child. In addition to this, children are being exposed to images and issues that are hard to digest, even for adults.

Children find it hard to put these experiences into a meaningful context. This is why they have to resort to other means of communicating what is disturbing them through, for example, hyperactivity, problematic behaviour or by withdrawing into themselves, having eating or sleeping disorders and nightmares, to mention just a few.

Today, in our complicated world, it is impossible even for an adult to completely integrate everything that we are exposed to in daily life in a healthy way. We all carry within ourselves undigested experiences, which act as blockages and express themselves in destructive patterns of our existence.



A child's clay model

Artistic activity, on the other hand, offers a healing potential, first and foremost because it gives the possibility for playful exploration and of building a bridge between the outer world and inner experiences. As a non-verbal means of communication it can often reach far deeper than words alone.

In working artistically with children the emphasis is on the playful aspect of painting, drawing and clay work. The child need not be at all aware of coming to a therapy. It can just be itself, without any time pressure or aims of achievement.

I see children in one-to-one sessions where they are given my full attention but then also left to themselves once they are immersed in their activity. They can have been referred to me either by one of the doctors, their parents or recommended by a teacher. In the first session I may ask the child to draw a picture freely or to draw their 'dream house', depending on their age. These first pictures help me to see where their particular difficulties lie. The younger the child the 'truer' these initial images are, because a young child cannot help but be quite exact in its drawing regarding what goes on in its body and soul.

I carefully take into account the stage of development of the child, whether it is 'too young' or 'too old' in the way it relates to the world and itself. Sometimes a child may appear older than his years in his behaviour and speech whilst the body may still have features of a much younger child, particularly if there is a weight problem or if the body has not been sufficiently 'sculpted through'.

Images from stories, fairytales and myths as well as from nature are very important for child development. I often notice how children who may not be familiar with such images take to them with great joy and eagerness as if they have been waiting to be 'fed'. How these images differ from the passive pictures of the media or computer games! You only have to look at a child who has had an hour of television and compare this to an hour of drawing and painting! Notice their skin colour, the sheen in their eyes and observe how they interact with the world immediately afterwards.

Here are two examples from my therapeutic practice:

A 10 year old girl was referred to me by her stepmother who felt concerned that the child still felt a stranger in her new family constellation and had difficulties in adjusting. Unlike in many fairy stories the stepmother was in fact very caring and loving towards her stepdaughter, but the child had difficulties accepting this.

During our year long journey in art therapy we worked with the wonderful stories of the *King of Ireland's Son*. The hero in the story also has a stepmother who he detests and he plays all sorts of nasty tricks on her. When he leaves home for a long and arduous adventure he eventually hears of a strange and sad story. Much later he finds out

that this is in fact the true story of his stepmother, who had suffered the cruel loss of her own child. So our hero learns compassion and understanding for her difficult destiny and forms a beautiful friendship with another young man who turns out to be the lost child of the queen!

When the time came for us to finish the art therapy we took another image from these Irish stories: We went into the garden. As it was Midsummer we could cut some long grasses. From these we fashioned two dolls and gave them to each other. One of them was placed in the water of the pond, to be carried to her destiny; the other one was perched in the branches of a tree, so the wind could take care of her. This little ritual helped the girl to move on to another stage by being allowed to say good-bye to a younger stage of childhood.



A child's clay model

Another girl of 9 years is about to move house and live in a different town. Working with clay she modelled a village, fashioning dwellings for herself and her parents, friends and pets. Whilst she worked she spoke of her secret hopes and wishes, taking leave of the old and welcoming the new. Her fears and anxieties lessened. This is how she expressed it in her own words:

"Before I came to art therapy I had a feeling in my throat of a ball whenever I was worried. The first time I went I was really nervous about it but as I went to art therapy more and more the ball in my throat went away. I can barely ever feel the ball in my throat since I have been going. I have become so much happier and joyful! It is so surprising that just doing art can change your life forever."

I hope that I have been able to show that art therapy with children happens in the realm of creative play. It is crucial that the child can have an easy-going and trusting relationship with the therapist. I communicate with the children whilst they play and while they talk about what is on their minds. I listen and find images that address their situation on a deep and profound level - not in a direct head-on way, but in a light-hearted and playful way.

It's from the children themselves that we can learn to play again, too!

Karin Jarman  
*Art Therapist*

## A Parent's Perspective

*"Art therapy has helped me not to worry anymore"*

I was talking to my daughter, aged 10, who has been coming to St Luke's for art therapy for 6 months.

After the break-up of our family unit she was becoming increasingly anxious and tearful and refused to go to school. She had been exposed to too much adult logic and with my inability to cope with the marital breakdown. I decided after having art therapy myself, that she might benefit from it too. She responded almost immediately.

She had needed someone to understand how she was feeling and gently guide her back to a secure place. As our conversation continued she said "I was too aware of things so I was scared of the future and what might happen. Karin took me down a level, did a security storyline and

does child-like things with me, it's fun!

Through the weekly repetition of the secure presence of Karin and the fun but meaningful stories, paintings and earthy modelling, Karin has brought to Kerry a positive and secure feeling to her world.

Kerry decided to return to school two months ago after nearly a year at home with me. This was a big step for her as we had moved to Stroud only three months ago from Oxfordshire. A new town, a new school, new friends. What a difference!

I would like to thank Karin and art therapy for showing Kerry a new pathway, which I will encourage her to follow for as long as she needs to.

*A Mother*

## NHS Care Records Service

As many of our patients are aware, St. Luke's Medical Centre is one of the only practices in the country that has paper patient records rather than computer ones. The practice has not computerised the records because of concern over the impact that this would have on our consultations and the fear that the computer screen would interfere with the doctor - patient relationship. However, we did introduce a clinical computer system in 2004, but decided that we would not have terminals on the consulting room desks. We have limited clinical data on this system, and use it as an administrative tool. This includes most repeat prescribing, and to help with the management of patients with chronic diseases such as diabetes and heart disease. More recently we have transferred our appointment book to the computers, which has made it possible to have two phone lines open.

However, computers are becoming more and more integrated into many aspects of the NHS, and it remains to be seen how long it makes sense to continue as we are.

Computers in the NHS have been in the news fairly regularly over the past few months. The NHS national programme for IT (NPFIT) is a £12bn system, the largest non military computer system ever commissioned. In common with many governmental computer systems, the programme is running years behind schedule and way over budget. The system is designed to drag the NHS's antiquated data systems into the 21st century. Central to this is the intention to make patients' clinical records accessible electronically at all NHS sites across England via an information 'spine'.

Up until now, patients' main medical records have been held by their GP, with hospitals and other service providers each having separate files. Thus, if a patient suddenly falls ill or is

involved in an accident while away from home, the clinicians treating them could be missing important information relevant to that patient's care. The aim of the new system is to make relevant details available to clinicians who need it across the country. While this seems to make sense, many people have concern over the security of the information, and who will have access to it either legitimately or by hacking into the system. The records will still be covered by the data protection act 1998. At first only summaries would be uploaded (name, date of birth, medicines prescribed and allergies) but it is clear that, over time, this will be added to.

This programme is being gradually introduced, and it is not yet known when records in Gloucestershire will be uploaded.

It is also important to know that you have a right to opt out and keep your records off the 'spine'. Although the information is not very clear at the moment, I understand that all patients will be written to prior to the upload.

For more information I would suggest looking at <http://www.nhscarerecords.nhs.uk> for the 'Government view' and [www.TheBigOptOut.org/forGPs](http://www.TheBigOptOut.org/forGPs) for the alternative view.

More information should follow, but in the meantime anyone who wishes to keep their records off the spine will need to write to the practice (a letter to complete can be found on the practice website. Go to [www.stlukesmedicalcentre.org](http://www.stlukesmedicalcentre.org) and follow the link) or picked up from the surgery.

Adam Beard  
*Practice Manager*

## Practice Survey 2006

In November last year we carried out our third annual patient satisfaction survey. This is strongly encouraged by the NHS and is used to measure how patients experience the service we provide and to identify areas which we need to work on. The questions cover many aspect of the practice, including satisfaction with receptionists, availability of doctors, waiting times in the surgery, and how the consultation with the doctor went. There was also a space for

patients to leave comments.

### How the survey was carried out:

Copies of the questionnaire were given to patients coming to the surgery to see a doctor. They were asked to complete the questionnaire and leave it in the surgery, or were offered an SAE to take away with them. 153 forms were completed and returned.

The results are presented in percentages, and can be compared to the national average.

### The survey results:

The survey showed that access is still an issue for our patients. It also showed a high level of appreciation for our holistic approach to patient care and anthroposophic medicine.

Most responses showed little change on those of the 05 survey. The biggest difference was a 5 point drop in satisfaction with waiting times at the practice, and a 4 point increase in satisfaction with the availability of a particular doctor (as opposed to any doctor).

We are 4 points or more below the benchmark figures for satisfaction with opening hours, satisfaction with the availability of a particular doctor, availability of any doctor and opening times.

We are 4 points or more above the benchmark figures for satisfaction with how well the doctors listen, satisfaction with how well doctors put patients at ease, satisfaction with how much the doctors involve the patients, satisfaction with the doctor's explanations, satisfaction with doctors' patience, satisfaction with doctors' caring and concern, ability to keep healthy after visiting doctor and overall satisfaction with practice.

The comments  
received showed a  
high level of  
appreciation for the  
approach of the  
practice

The comments received on the questionnaires showed a high level of appreciation for the approach of the practice, the time spent with the patients and the caring attitude of the doctors. Comments under the heading 'Is there anything particularly good about the practice?' outweighed those under the heading "Is there anything which could be improved?" by a factor of three.

It is worth noting once again the direct conflict between the access to the doctors and the availability of appointments on the one hand, and

the time that the doctors spend with patients on the other. While there is understandable frustration about the former, there is clear appreciation for the latter. Our standard appointment time is 15 minutes, which is 1½ times the 'normal' GP time. This allows the doctors to go into more depth in the consultation, have a holistic approach and discuss options with the patient, but given that our NHS funding is fixed, and we do not have the resources to increase the number of GPs at the practice, we are therefore able to offer fewer appointments than practices with only 10 minute appointments or even less. However, in an attempt to find a healthy and workable balance, we have introduced some shorter appointments in the mornings to see patients with new, acute conditions.

### Changes Implemented Since the Patient Satisfaction Survey of December '05:

In response to the patient survey of 05, the following changes have taken place over the past year with the aim of improving access to health care professionals as well as receptionists:

The number of GP appointments was increased by shortening the appointment length of the morning surgery of the duty doctor from 15 to 10 minutes. This created an extra 25 appointments per week. At the same time, we increased the number of short notice appointments in an attempt to improve access through balancing pre-bookable and on the day appointments.

In September we increased our nursing time by 4 hours. This has given the nurses time to take on some of the annual reviews for patients with chronic conditions. In addition to this, Nora McNamara has trained as a phlebotomist (blood sample taking) and now holds weekly clinics, thereby freeing up more nursing time.

To enable better telephone access to receptionists, we have two phone lines open in the mornings.

We continue to work on finding the best way to meet the demands of our patients while preserving what makes St. Luke's Medical Centre special and appreciated in the ever changing world of the NHS.

See also the results of a DoH access survey on the back page.

Adam Beard  
*Practice Manager*

# Eurythmy Therapy

## *Courses for patients*

*"...it is because the human being is always partially healthy and partially ill that the development of the superabundant recuperative forces which must be inherent in art, and the development of movements possessed of the power of healing are so closely interwoven."*

*Rudolf Steiner*

### **Eurythmy**

Eurythmy therapy is an active therapy, which allows one to take part consciously in the process of becoming healthier and more balanced, and to achieve true healing, not merely a cessation of symptoms.

Eurythmy is the art of 'visible speech and song'. It gives expression to the silent gestures that underlie the sounds of speech and music, bringing them first into an inner soul movement, and then into outer physical movement. Eurythmy forms a language that integrates sound and gesture in a seamless whole; it draws the intricacies of human anatomy and spirit into harmony with the world.

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## Course for Patients Experiencing Breathing Problems

### **The Course**

The course is for people who experience breathing difficulties. This may be an ongoing condition such as asthma, anxiety or tension, or a new problem.

The aim of the Course is to find ways of remaining relaxed and preventing the onset of breathing problems through movement.

The rhythmical nature of Eurythmy can help to address imbalances between breathing in and breathing out. Some of the movements encourage a deepening of breathing in, others support relaxing and breathing out.

### **Personal Involvement**

We will have fun together as we enter into this process which can lead on to independent practicing at home.

Participants will be encouraged to practice at home between each session.

### **The Sessions**

A session will be 60 minutes. We will begin with a short time for conversation.

The eurythmy movements will gradually be built up over the eight sessions. Most of the

movements will be repeated in each session to ensure that participants feel confident to practise them later on their own. Each session will conclude with a space for quiet reflection.

### **Cost**

As we will be working in a group, we are able to keep the cost down to £32 for the whole course.

The course will take place on Thursdays from 5.30 – 6.30 pm and will run for 8 Sessions between 27<sup>th</sup> September and 22<sup>nd</sup> November (no session on October 25<sup>th</sup> - half-term) at the Stroud Surgery with Christine Allsop (Eurythmy Therapist)

### **To Apply**

Please complete the form opposite or phone Christine Allsop on 01453-767898 who will then contact you to discuss the course.

A deposit will be required to secure your place. Spaces are limited, so please book early to avoid disappointment.

# Eurythmy as a Winter Health Tonic

## Course for those susceptible to viral infections

### The Course

The course is for people who in the autumn and winter are susceptible to viral infections like colds and flu, chest infections or generally feel low.

The aim of the Course is to strength the immune system and thereby support the underlying health and well-being

The nature of exercises we will work with enhance warmth, bring movement into the circulation and light and levity into body and soul.

### Personal Involvement

As well as stimulating our own inner movement, working together as a group will bring humour and liveliness to the activity.

Participants will be encouraged to practise at home between each session.

### The Sessions

A session will be 60 minutes. We will begin with a short time for conversation.

The eurythmy movements will gradually be built up over the eight sessions. Most of the

movements will be repeated in each session to ensure that participants feel confident to practise them later on their own. Each session will conclude with a space for quiet reflection.

### Cost

As we will be working in a group, we are able to keep the cost down to £32 for the whole course.

The course will take place on Tuesdays from 5.30 – 6.30pm and will run for 8 sessions between 2<sup>nd</sup> October and 27 November 2007 (no session on October 23rd-half-term) at the Stroud Surgery with Ursula Browning (Eurythmy Therapist)

### To Apply

Please complete the attached form or phone Ursula Browning on 01453-750137 who will then contact you to discuss the course.

## Feedback Forms

Over the past three years patients suffering from back pain have been able to have eurythmy therapy funded by the NHS. Although this scheme has come to an end, we hope that this may become possible again. Our success in gaining funding was largely due to feedback from patients who had been treated.

Patients joining these courses will therefore be asked to anonymously complete a Therapy Feedback form. If, by compiling data from these forms, we are able to demonstrate the effectiveness of the courses, we will be in a better position to gain funding in the future.

## *Eurythmy Therapy Course Application*

I would like to take part in the group course (Please tick)

Breathing

Winter Health Tonic

Name..... Age.....

Address.....

Telephone.....

Please return to: Eurythmy Therapy, St. Luke's Medical Centre, 53 Cainscross Road, Stroud., GL5 4EX

# Sponsored Walk from Stroud to the Tuffley Surgery In Aid of Tuffley Surgery

Saturday, 13th October 07

Many of you will remember the wonderful walk we did last October from Stroud to Tuffley, visiting the very beautiful countryside between the two places which, driving past in the car, we normally don't notice. This event was strongly supported by our patients and offered a unique community event for people to get to know one another. We raised the amazing sum of just under £2000 to benefit the patient therapy fund, which was a great boost. At the same time the walk was designed to make ourselves aware of the pitiful situation of our Tuffley Surgery in comparison to our Stroud one.

In the meantime we had to face the possibility of the closure of the Tuffley surgery. During the recent meeting which took place in Tuffley it became clear that many people would support an effort to keep the Tuffley Surgery going and to work towards improving its facilities despite the huge obstacles that have to be overcome. This wish was also expressed by many people who live in Stroud and don't personally use the Tuffley surgery, yet feel it would be a great loss if it were to close. This was borne out by the fact that, in addition to Tuffley patients many people from Stroud also pledged money to help Tuffley Surgery to survive.

Since then other offers of very generous support have come towards us that have given us the courage to say that we will continue our efforts to not let this valuable facility go.

It is in view of this fact that I felt that this year's sponsored walk should happen to add even more support to the "Save the Tuffley Surgery" campaign.

The walk will start at 10.30 from the Stroud surgery car park. We will take more or less the same route as last year, over Painswick Beacon where we stopped for lunch, then proceed to Robinwood's Hill Country Park, to arrive in Tuffley around 4 o'clock, with the option to continue to Gloucester Cathedral for those who still have not had enough! It will be possible to do shorter sections of this walk, or to join it later, if we again have a valiant group of supporters who can offer to be taxi drivers for the day. Last

year we even had a wonderful Welcome Committee at the Tuffley Surgery who revived our spirits with tea, coffee and homemade goodies!

Last year we were greatly blessed by the weather. My hope is, that after our very rainy summer we might be in for a brilliant Autumn, but of course we can never take the weather for granted! The walk will take place in all but the worst weather, so if you are thinking of joining please come well prepared with waterproofs and good walking shoes!

If you can offer support and help with any of the



Having a break during last years' walk

other tasks then please get in touch with me for co-ordination.

Please, be as generous as you can with sponsorship - all the money raised will go towards keeping the Tuffley Surgery going.

Sponsorship forms will be available at both surgeries from September.

For more information or if you can offer help, please contact Karin Jarman, either at the Stroud Surgery or on 01453 747436.

I look forward to hearing from you!

Karin Jarman  
*Art Therapist*

# Bring and Share Concert

to benefit the Patient Therapy Fund

## An evening of musical contributions.

Friday 1<sup>st</sup> February 2008

7.30pm at the Stroud Surgery

*"A splendid time is guaranteed for all"*

If you know that you would like to come with a piece to play, please contact Ursula Browning at St. Luke's.

Please watch out for further information either on the website or in the waiting rooms

**The Patient Therapy Fund is part of St. Luke's Trust. Money from the fund is used to support patients who have been referred for therapy at St. Luke's Medical Centre but are not able to afford the whole cost. In this way we make the therapies, which are not generally funded by the NHS, available to as many people who could benefit from them as possible. The income for the fund comes entirely from donations and fundraising activities organized by the practice or patients.**

# Grand Sale to support Oasis at St. Luke's Medical Centre

Saturday, 6th October from 11.00 to 16.00

**T**he Oasis project has now been successfully running for four years in Stroud. Many people who had previously felt very isolated struggling with chronic health problems and life crisis have benefited from the programme. Friendships have been formed, creative potential has been discovered and explored and a spiritual dimension has been added to the riddles of our existence. Some people said that they have been able to reduce or come off their medication as a result of attending Oasis.

The project is funded and supported by the Trust for the Promotion of Artistic Therapy, a legacy of the late Vera Taberner who founded the Art Therapy Training in our area. Both our art therapists, Marah Evans and Karin Jarman, are graduates from this training. In addition, the St. Luke's Trust has generously provided the two art therapy rooms free of charge to Oasis. It is a policy of Oasis to be open to anyone regardless of their financial circumstances.

We need to raise additional funds in order to be able to offer weekend retreats for people who have been coming to Oasis and who have expressed a strong wish to have ongoing support after completing the year's programme. A working group has been set up by our existing Oasis members in conjunction with former ones,

and they have been busy creating beautiful and unique handcrafted items for this event. Some of our art work has been made into postcards, which will be for sale. In addition, there will again be bring-and-buy stalls with good-quality books and clothes, jewellery and toys. Home baked goods will be on offer as well as simple lunches.

We are again hoping for a beautiful day, so that we can make use of the unique garden at the practice and create an event of community spirit.

It will also be an opportunity to find out more about the project from the participants themselves and the facilitators (Pauline Marksteiner as counsellor and myself as art therapist), either as a potential participant or on behalf of someone you know who could benefit from the programme. A new group will be starting in January 08.

If you have any questions and would like to find out more, please contact Karin Jarman or Pauline Marksteiner at the Stroud Surgery.

Karin Jarman  
*Art Therapist*

# Accessing Services at St. Luke's Medical Centre

**A**t St. Luke's Medical Centre we are continually assessing how we can best meet the demand for our services and communicate with our patients. We aim to not only make it as easy as possible for patients to get what they need, but also to structure the clinicians' working day to make the best use of their time.

The following describes how to access our services:

## Appointments

You may make a routine appointment with the doctor of your choice subject to their availability. If you wish to be seen urgently, you will be seen by whichever doctor is available.

Our normal appointment time is 15 minutes, but we have some appointments available for urgent use which are short, and should only be used for acute conditions.

Please attend appointments on time, and inform reception if you are not able to attend, in order that the appointment can be made available to another patient

Please make requests for urgent appointments as early in the day as possible.

## Telephone consultations

The doctors have short telephone consultations to deal with queries at the end of the morning. If you feel you need to speak to a doctor, please phone reception, who will pass a message on to the doctor to phone you. We request that you are available between 12.00 and 13.00 to

receive their call. Some calls may be later.

## Test Results

You may telephone the surgery to hear about results of tests. In most cases the reception staff are not able to tell you about the tests, but they can check that the results are back, and pass on a request to the doctor who asked for the tests to phone you. If any immediate action is required as a result of a test, a doctor will contact you.

## Home Visits

If you are in any doubt as to whether you or a member of your family needs a home visit, please ring the surgery for advice.

Home visits can take up much of the doctor's valuable time and should only be requested if there is no alternative. Wherever possible, please call before 11.00 am to request a visit. A doctor will phone you before visiting.

## Repeat Prescriptions

Please request repeat prescriptions in writing allowing at least 2 working days before collection. Requests can be made on forms attached to computer printed prescriptions, or on forms attached to handwritten prescriptions or available at the surgery. Requests can be posted to Stroud, left at the Tuffley surgery or faxed to 01453 756573.

We are unfortunately not able to receive requests by email.

Adam Beard  
*Practice Manager*

**A survey was recently carried out by the Department of Health to assess patients' ability to access primary health care. In contrast to our own survey results (see page 6) St. Luke's Medical Centre scored very well, with 87% of respondents saying they were satisfied with telephone access to the surgery, 84% were able to get a GP appointment within two days, 92% were able to book ahead, and 93% with a specific GP of their choice.**

[www.stlukesmedicalcentre.org](http://www.stlukesmedicalcentre.org)



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