The Grange Practice Patient Newsletter

MAY 2026

WELCOME!

This month we're pleased to share a "Day in the Life" feature by our social prescriber Melanie, information regarding missed appointments, the importance of mental health and a health focus on skin cancer.

MENTAL HEALTH AWARENESS WEEK:

Mental Health Awareness Week (11 - 17 May) is a reminder that your mental health matters just as much as your physical health. It's normal to feel stressed, anxious, or low at times - but if these feelings start to affect your daily life, it's important to reach out.

Simple ways to support your wellbeing

- **Stay connected:** Talk to friends, family, or colleagues
- **Keep active:** Even a short walk can boost your mood
- **Take time for yourself:** Do something you enjoy
- **Rest well:** Good sleep helps your mental health

You're not alone

Many people experience mental health challenges, and support is available. If you're struggling, consider speaking to someone you trust or contacting the practice to speak to a GP.

MISSED GP APPOINTMENTS (DNAS) PLEASE HELP US TO HELP YOU

Missed appointments - also known as DNAs (Did Not Attend) - are a growing challenge for our practice.

In March, we had 219 DNAs, and in April 239, appointments were missed. That's hundreds of appointments that could have been used to help other patients.

When appointments are missed, it can lead to longer waiting times and increased pressure on our team.

We understand that things come up—but if you can't attend, please let us know as soon as possible so we can offer your slot to someone else.

A few simple tips:

- Set a reminder on your phone
- Double-check your appointment time and date
- Cancel in advance if you can't attend

You can usually cancel online, by phone, or in person.

By working together, we can reduce DNAs and make sure appointments are available for those who need them most. Thank you for your support.

Did you know ...

Around 90% of NHS patient contact happens in primary care — powered by GPs, nurses, reception, and admin teams.

Most GP appointments last under 20 minutes - yet can involve life-changing decisions.

Practice nurses now independently manage millions of long-term condition reviews each year.

A DAY IN THE LIFE OF A SOCIAL PRESCRIBER

When I get into the surgery each morning, the first thing I do is check the JOY app for any new referrals, then I check EMIS Tasks for any referrals that have by-passed JOY and then DOCMAN and my emails for any referrals from external sources.

Each new referral that I receive I log on a spreadsheet and also keep a tally of referees and the reason for the referral in order that I can identify any trends and needs.

Every new referral to the Social Prescriber service is triaged on its own merit. Some require an urgent telephone call, others, particularly if the reason for the referral is of a sensitive nature I will write out to the patient initially to introduce my role and how I may be able to help or support them. This will then be followed up with a telephone call or text message – this gives the patient some time to process the referral and to ensure it won't then come as a shock when I reach out again.

With every referral, I will make an initial contact and then two further follow up contacts. If after this there has been no engagement from the patient I will discharge them from my caseload.

After checking for any new referrals, and adding them onto my daily template I will also make sure those patients who are on my caseload are listed for a care contact if it is their day for a contact. This is done either weekly, fortnightly or monthly, dependant on level of support needed, and is either by way of a telephone call, an email or a text – dependant on the patient's preference.

I will then check if I have any home visits booked in for the day, any meetings or any other commitments and then plan my care contacts around those.

Any home visits that I have I am lucky to not be tied to 'appointment times' so I am able to spend whatever time the patient needs with them. I will then leave them with a plan of what I will be doing to support them and make any onward referrals. At this point we will usually mutually agree the level of ongoing contact and their preferred method of contact.
If on the rare occasion there is no need for further care contacts I will still always leave the patient and /or their family with full details of how they can contact me directly in the future.

When I get back to the surgery after a home visit I always write up my consultation notes, make any onward referrals, send out any information to the patient and discuss any health concerns with the clinical team if needed. I then update the patient if required and add them into my diary for future care contacts.

The rest of my day is spent making care contacts, processing any new referrals, preparing for the following month's health theme for the Social Prescribing area in the waiting room, and any other tasks that land on my desk

Skin Cancer Awareness Month

- Skin cancer is common but preventable: Most cases are linked to UV exposure from the sun or tanning beds.
- Protect your skin every day: Use SPF 30+ sunscreen, wear a hat, and seek shade during peak sun hours (10am–4pm).
- Avoid tanning beds: They significantly increase your risk of developing serious skin cancers.
- Check your skin regularly: Look for new or changing moles, sores that don't heal, or unusual spots.
- Early detection saves lives: If you notice anything concerning, speak to your GP as soon as possible.
- Everyone is at risk: Skin cancer can affect all skin types and ages—not just those with fair skin or a history of sunburn.

- 📞 **If something doesn't look right, don't wait — contact your GP practice.**