

St Albans Medical Centre
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**NEWS
LETTERS
RETURN**



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STAFF NEWS

As you may be aware, there have been some changes to our GP staffing over the past year. I am pleased to be able to tell you that Dr Phil Tomlinson joined the team in September 2015 and is staying with us as a permanent member of the GP staff.

Dr Barrett's baby was born in October. Mum and baby are doing really well, and Dr Barrett is intending to return to work in September. Dr Raghavan has been covering Dr Barrett's patient list and will continue until the end of February – she is unable to stay on longer, so we are looking for another locum to cover the six months until Dr Barrett's return.

We are also pleased to welcome Gina Hartley to the team – Gina joined the practice nurse team in September 2015, having worked in Poole Hospital for a number of years. She brings a wealth of skills from her previous roles and picking up the various practice nursing skills as she goes along. Those of you with heart disease, stroke and

diabetes will see Gina for your reviews.

Response to Junior Doctor strikes



A lot has been made in the press regarding industrial action being undertaken by Junior doctors. I wish to allay some fears regarding the care you will receive on these days and to briefly discuss some of the points in what is a complex issue.

Service at the practice will be as normal on strike days. In hospital, many consultants will be covering for their junior colleagues. If you are a patient in an NHS hospital, you can expect to receive the same high level of care you usually would, although much of the routine non-emergency care that hospitals cover will be cancelled.

The term "junior doctor" isn't very accurate. It encompasses doctors from anywhere from 1 year of being qualified to others who have been qualified for over 10 years.

The NHS provides a 24 hour 7 day a week emergency service.

Much of this is carried out by junior doctors.

The junior doctors' main complaint is that some of the safeguards which prevent them from working long hours (over 91 hours in a single week and an average of 54 hours) will be taken away. Do you really want your life to be in the hands of a tired overworked doctor? This used to be common place and it was stopped due to safety concerns both for patients and doctors.

The pay of most junior doctors will ultimately fall. This is set to affect those who work the most unsociable hours e.g. doctors who work in A&E. We are struggling to fill these posts as it is.

Junior Doctors are often saddled with debt. Tuition fees are now over £9,000 per year plus other costs (medical training is typically 5-6 years). When they finally qualify, they have to pay for their own exams to progress (this costs several thousands) as well as other costs e.g. courses and GMC fees. Many junior doctors are considering leaving the profession or the country.

These doctors are highly skilled and most of their time is spent caring for patients independently. However they are training to become specialists and this contract is likely to reduce these training opportunities.

The government's treatment of junior doctors has been appalling. I have found the spin they have used to discredit the profession and the BMA to be truly shocking. They have implied, for example, that junior doctors wouldn't go back to work in the event of a major terrorist attack, which is just not the case. They have portrayed the BMA as misleading its members despite them having the support of 98% of doctors.

My personal view is that we need support the junior doctors for us as GPs and us as patients. They are hard working and caring. Ultimately they are highly intelligent and driven individuals, and are highly sought after in many areas. Many of them are already leaving the NHS to go abroad or to other industries where they will be respected.

Junior doctors become GPs and consultants. If they leave the profession, it will be us GPs, their future colleagues, and you, their future patients, who will suffer. There is a massive shortage of GPs in this country. We in Dorset are relatively protected from this as it is seen as a good place to work. However there are now practices close by who are considering closing their doors, due in part to staff shortages. With Jeremy Hunt's current position, this is only set to get worse.

Please support our Junior Doctors. Keep our NHS safe and keep it out of the hands of those who wish to run it for profit and not for those who matter most, you, the patients.

Dr Mike Davies

Everyone has a named GP!

Each patient registered at the surgery has a named GP. This ensures a continuity of care, as the named GP is responsible usually for reviewing letters and results for their allocated patients. If you want to know who your named GP is, please ask at Reception.

Your care in an emergency – could it be better?



Imagine that you needed urgent help from the ambulance service or hospital. In an emergency, it is not always easy to remember and communicate your significant medical history, medication and health wishes. In the worst case scenario, you may be unconscious or having a stroke and be unable to talk. Would you like emergency medical services to know more about your medical history in such a situation?

At present, hospital staff can access to your core information (your address, date of birth, medication and allergies). This is called your Summary Care Record or SCR. Over 96% of the population has a basic SCR.

? Would you like us to set up ENHANCED SCR?

– This means that the hospital and the ambulance service would be able to see more of your medical record, which would help them in ensuring you get the best care. For example, they would be able to see:

- if you have any long term health conditions (heart disease, cancer, diabetes, COPD etc.) or suffer from anxiety or depression;
- who else is involved in your care (next of kin, Social Services, care agencies)
- if you are a carer for someone else who may need support while you are unwell.

This enhanced record doesn't include any data that is deemed very sensitive and you can also choose to have specific information omitted if you wish to. Additionally, the person treating you should ask your permission to look at the information. (In extreme cases, where you are not able to give permission, the healthcare professional can look at the record without your permission – the Practice is notified if this happens so that they can investigate to ensure the access was appropriate.)

Your GP may mention the enhanced SCR to you, if you have complex medical needs or a higher chance than usual of needing urgent medical

attention. However, you don't need to wait for them to raise the topic – we can set the Enhanced SCR up for you at any time if you ask us to. Just tell someone at the surgery and we'll get it set up for you.

Electronic Prescribing Service (EPS)

Over 50% of our prescriptions now go to the designated chemist electronically. Rather than print off a prescription for signature by the GP, the process has been automated – the GP adds an “electronic signature” via our clinical computers and the data is sent to the nominated pharmacy which then download the information and issue a prescription.

You will automatically be on EPS if you ask us to send your prescription direct to a pharmacy each time.

You may wish to consider nominating a pharmacy to save you a trip to the surgery to collect your prescription – either tell someone at your chosen pharmacy or write on your prescription request and we'll get this set up for you.

Away from home and forgotten or lost your medication? If you are using EPS for your usual prescriptions, we can arrange to have a prescription sent to a different pharmacy for you. Just contact the prescription clerks at the practice to arrange this. This will save you having to make an appointment as a temporary resident at a local practice to get a prescription.

IS IT REALLY URGENT??



We are finding that a few patients are misusing the Urgent Appointment system.

We designate some appointments each day as **Urgent appointments**. These appointments are for people who have a medical need that will not wait until the next day. We cannot be flexible with the times of these appointments; they are available on a first come, first served basis. If we give you a guide time to arrive by, please be here on time.

The GP has asked the reception team to make a note of the reason for your appointment when you book.

Only use the Urgent appointment system if you need to for a medical reason. The GP will raise their concern with you if they feel you are misusing the service.

Join our Patient Reference Group



We are always looking for new members to join our Patient Reference Group (PRG). The purpose of the PRG is to give feedback to the practice so that the team can better tailor services to meet patient needs.

Some members of the PRG choose to be involved in face to face meetings – we have two a year. In the first meeting of the year, we look at feedback from a variety of sources (Friends and Family, National survey, any internal survey, Complaints) and identify areas for improvement. We agree an action plan and then review the plan in the second meeting later in the year. Other PRG members give feedback via email or post.

We would like our PRG to be representative of our practice population, so we are particularly keen

to attract people aged under 50 and people from minority ethnic groups. If you would like to be part of the PRG and help to shape YOUR practice, get in touch with Denise, the Practice Manager.

Thank you for your feedback



We want you to have your say, and there are lots of ways in which you can feedback to us. Thank you to those who already have, via a variety of formats.

We are getting a steady trickle of patients filling in the Friends and Family Test – this asks if you would recommend the practice to a friend or family member? We then ask you to provide a short explanation as to why you chose your first response, as this helps us see where we are doing well and identify areas for improvement. There are forms in the surgery if you want to take part or you can complete the survey online leavemyfeedback.com – use the practice code 4645 so that your views are allocated to our practice!

You can leave comments on www.nhs.uk (also known as NHS Choices) or

complete a national survey if you are chosen at random by IPSOS Mori to receive one. We were pleased to get very good scores in the last published national survey results – we are looking into the two areas where our scores were lower than the national average to see what improvements we can make.

Occasionally, we get negative feedback on NHS Choices – in these cases, because the feedback is anonymous, we cannot investigate what happened. If you raise your concern direct with the practice, we can look into the circumstances and consider ways to improve our service. Please rest assured that raising a concern or making a complaint will NOT affect your care at the practice – we keep complaint information separate from medical records.

Spring will soon be here!



Who else has seen a daffodil in bloom already? Blossom on the trees? Most of us see these signs as the onset of spring and the end of short dark days. For others, it's the signal for hay fever season.

If you suffer from hayfever:

- order your medication in time
- see the GP for a review if advised

Some people may find themselves showing signs of hayfever when they've never had it before – there are lots of over the counter remedies. We recommend you ask a pharmacist if you're not sure what would be best for you. You can also see Pauline or Tania in a Triage slot, if you need assessment and possibly a prescription.

More TRIAGE capacity

Join us in offering congratulations to Tania on passing her Advanced Nurse practitioner qualification. She has worked incredibly hard on this over the past two years, combining her degree studies with her nursing role. This means that Tania is qualified to assess people with minor illness and minor injuries, and prescribe if required. Tania will be offering Triage appointments on a Thursday and Friday morning. This means we have a nurse-led minor illness clinic every morning of the week and also on a Monday

afternoon, the other sessions being offered by Pauline.

Pauline and Tania are highly skilled in assessment and are both independent prescribers. We always ensure that there is a GP available for advice if the nurses feel they need a second opinion – this makes the service very safe and also means that you, the patient, are treated at this first appointment and don't need to make a return visit for GP input.

The receptionists will ask you if a Triage appointment is suitable – the sort of medical conditions that they can assess and treat include:

- colds, coughs, sore throats, flu
- emergency contraception
- strains, sprains, cuts and grazes
- earaches
- tummy ache, diarrhoea, sickness
- rashes, suspected chickenpox etc.

If you are booking a Triage appointment, you will be asked what you are coming for – this is so that we can allocate the appointment correctly.

MOORDOWN CLINIC

Many of you will be aware that we offer blood test appointments at Moordown Clinic.

What some people do not seem to be aware of is how the appointment system works, resulting in frustrating and sometimes unpleasant situations arising at the clinic for both the patient and staff.

Please note the following:

- **Blood Tests at Moordown Clinic are by appointment ONLY and appointments must be booked through the GP surgery. These cannot be booked through Moordown Clinic.**
- **Patients cannot be squeezed in, so please do not compromise the receptionist at Moordown Clinic by asking her to do this.**



Moordown Clinic supports the governments 'Zero Tolerance' campaign for Health Staff.

The clinic will inform the surgery if any of our patients behave inappropriately and action may be taken by the surgery.