

Patient Newsletter

Spring 2011

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The Team

There are a number of changes happening within the GP Team at the surgery. A number of you may have already met Dr Ross Ganner who joined the practice as a new full time partner in February. Dr Ganner joins us having worked for a number of years previously in Devon before moving to the area.

We are also pleased to advise you that Dr Emily Rowe will be joining the team on a permanent basis, as a part time partner. From March after completing her general practice training. Those of you who know Dr Rowe will be pleased to hear that she is staying with us rather than moving on.

Finally, Dr Taraq Waheed will then be joining the team in May as an additional part time partner. Many of you may already know Dr Waheed as he has completed a number of longer term locums for the practice in the past and we are pleased that he is now able to become a permanent part of the team.

Congratulations to Nurse Louise Thomas who has given birth to a beautiful baby boy.

Whole Practice Training Days

The surgery in Williton will be closed on the following dates for staff training:

16 March 2011 - 2.00 pm to 5.00 pm
13 April 2011 - 2.00 pm to 5.00 pm
17 May 2011 – 2.00 pm to 5.00 pm

Once again we apologise for any inconvenience caused to our patients.

Change & Service Levels

WE WOULD LIKE TO THANK OUR PATIENTS FOR THEIR UNDERSTANDING AND PATIENCE OVER THE LAST YEAR OR SO.

It has been a very difficult time for the practice, with a number of major changes in our team, some of which we planned for and some of which came as a complete surprise.

I am sure that you will all appreciate that it has been a challenging time for the doctors, receptionists and patients alike.

The practice had historically enjoyed a long period of stability, with little change for many years. This allowed patients to establish trust in the clinical team and their staff but the upheaval that we have faced over the last 2 to 3 years has been unsettling for all involved. Patients have often felt disheartened by the changes that have had to be introduced and understandably unsettled by the loss of their 'usual' GP.

If your doctor was one of the GPs who recently left the practice, you may be asking yourself 'Who is my doctor now?'

We recognise that it has been difficult. Many of our team have faced a challenging time when trying to juggle resources to meet patient need. For almost 2 years the practice has been working with a partnership team that has been undermanned and has had to rely heavily on the support of visiting locums to provide sufficient clinical care for practice patients. The constant change of faces has been difficult for patients looking to build relationships

with new doctors. This has in turn resulted in the familiar 'older faces' becoming over burdened with the number of patients wanting them to become 'their doctor' now.

We hope that finally our new team is fully manned and that we can once again provide a stable practice environment for our patients' care. We hope that patients choosing to see our new team members will soon start to develop ongoing doctor – patient relationships and that once again patient confidence in the practice will be good.

So Who Do I See?

Over the last few years the system for handling patient registrations has changed considerably. Gone are the days when patients were registered with one doctor and were required to see that doctor when they became ill. Within the NHS you are now contractually registered with your chosen Practice for all your health care needs, not an individual doctor.

As a patient you have a choice about which doctor or doctors you choose to see.

Whilst you may choose to see the same doctor for your ongoing chronic disease management, you may find it more convenient to accept an appointment with another doctor for a one off complaint needing prompt attention particularly if that doctor can see you at a more convenient time.

There may, in fact, be times when your chosen doctor may ask you to see another doctor within the practice team. As a number of our team have specialised interests, your doctor may initially ask someone else in the team to see you rather than referring you on to someone outside of the practice.

In fact, we encourage you to get to know more than one doctor so that, if your preferred GP is not available for any reason, you have confidence in another member of the team.

All of our doctors are experienced, qualified general practitioners but, like you, they are individuals. You will want to select a doctor who meets your needs. If you would like any more information please speak to one of the practice team.

Who is on the Team?

In view of all the changes we thought it would be useful to once again give patients a brief outline of the doctors and minor ailment nurses in our team who are available for appointments. If you would like any further information about clinicians on our team please ask one of the receptionists.



THE DOCTORS

DR CHARLES (CHARLIE) PASCALL

Dr Pascall is the senior partner in the practice with a long-standing service to the team. In addition to his full time general practice duties he is a qualified GP trainer with a specialist interest in surgical procedures.

DR ANDREW DAYANI

Dr Dayani is a full time practice partner and, as well as his routine general practice duties, he holds additional qualifications in occupational medicine and has specialised interests in dermatology and cardiology. He is also a qualified teacher for medical students who are routinely placed with the practice.

DR ALISTAIR BARCLAY

Dr Barclay is a full time practice partner who, in addition to his general practice

duties, devotes time to being a GP trainer.

DR LAURA BETHUNE

Dr Bethune is a part time partner but is currently on maternity leave until later this year. In addition to her general practice work, Dr Bethune has specialised in family planning and women's health.

DR VANITA MOORTHY

Dr Moorthy is an experienced GP who currently works part-time as a partner and has a keen interest in dermatology as well as child, teenage and women's health matters.

DR RACHEL CHARLES

Dr Charles is a part-time partner within our team. She has a variety of interests including women's health, chronic disease management and care of the elderly.

DR ROSS GANNER

Dr Ganner is an experienced GP who joined the team as a full time partner in February. He has a keen interest in the care of the elderly and chronic disease management.

DR EMILY ROWE

Dr Rowe has just joined the practice permanently as a part-time partner having now completed general practice training with us. As well as an interest in women's health, Dr Rowe has a keen interest in osteoporosis.

DR TARAQ WAHEED

Dr Waheed will be joining the team as a part time partner in May. Many patients may know Dr Waheed as he has previously done long-term locum work for the practice. Dr Waheed has a keen interest in mental health related issues, such as dementia, and chronic disease management.

DR RYCE RAJAK

Dr Rajak was a former GP Registrar with the practice and has joined the

team again on a part-time basis to provide some additional GP cover to the team over the coming months until May.

OUR MINOR AILMENT NURSES

SISTER PATSY WOOD

Patsy is an experienced nurse who has specialist skills in triage and dealing with minor ailments in addition to chronic disease management knowledge. Patsy is also the Nurse Team Leader for the practice nursing team.

SISTER LAURA STEWART

Laura is an experienced nurse who has specialist skills in triage and dealing with minor ailments in addition to chronic disease management knowledge.

SISTER CHRISTINE SPEERS

Chris is an integrated nurse with experience both within the practice and the community setting. In addition she has recently trained to gain the skills required for triage and minor ailment consultations.

Doctor Provision

Getting the balance right between patient demand and the supply of clinical appointments is a challenge for any practice. Demand for appointments continues to grow which is why we have invested in increasing the size of the team available.

Whilst the average patient list per whole time equivalent GP is nationally in the region of 2300 patients, in our practice the list per whole time equivalent is a staggeringly low 1500 patients per GP (35% lower than the national average).

There are many contributing factors as to why this is the case, but the bottom line is that on average our patients see the GP considerably more times per year than national averages show.

Whilst this should provide a good level of care for our patients, especially those with long-term conditions, it does mean that the practice does have to continually review and justify the need for these staffing levels to the local Primary Care Trust.

Medication Waste

Medicine wastage is a serious and growing problem within the NHS. Sometimes patients or carers with repeat prescriptions continue to get more medicines than they really need and stockpile them at home. This wastes millions of pounds and huge quantities of medicines. Unused prescription medicines cost Somerset PCT over £2 million every year.

Unused medicines cannot be recycled.

Even if you never open them, once medicines have left the pharmacy or dispensary they cannot be recycled or used by anyone else. Please bring your unused medicines to the pharmacy or dispensary for safe disposal.

Unused medicines are a safety risk.

Unused medicines kept at home are a safety risk for children and others who might take them.

How can you help?

- Only order what you need
- Let your GP or pharmacist know if you've stopped taking any of your medicines.
- Check what medicines you still have at home before re-ordering.
- Discuss your medication with your pharmacist or GP on a regular basis. A confidential medicines check-up with your pharmacist will help you find out more about your medicines, identify any problems and help you take your medicines in the best way.
- Think carefully before ticking all the boxes on your repeat prescription forms and only tick those you really need.

- If you don't need the medicine, don't order it! If you need the medicine in the future you can still request it.
- If you need to go into hospital, please take all your medicines with you.
- Please remember your medicines are prescribed for you. It is not safe to share them.

Unused Prescription Medicines Cost Somerset NHS Over £2 Million Every Year.

In Somerset that could pay for...

- 3100 MORE cataract operations
- 350 MORE hip replacements
- 200 MORE heart by-pass operations
- 338 more knee replacements OR
- 60 MORE community nurses

Remember ... only order what you need and help us make more of your local NHS.



THANK YOU TO EVERYONE WHO HELPED MAKE THE CHANGE IN OUR REPEAT PRESCRIPTION ORDERING PROCESS A SMOOTH TRANSITION.

Your support and understanding has been appreciated by the team. Although it is early days the changes have not only demonstrated savings in medicines that may previously have been ordered when not actually required, but the change in working pattern has allowed us time to review our systems for the management of repeat prescribing, which should ensure that medication reviews and drug updating is handled more efficiently.

PLEASE REMEMBER - IF YOU ARE HAVING DIFFICULTY AT ANYTIME AND ARE UNABLE TO USE ONE OF THE ORDERING PROCEDURES FOR WHATEVER REASON, PLEASE DO NOT HESITATE TO CONTACT THE SURGERY WHEN SOMEONE WILL BE PLEASED TO HELP YOU.

Building Works

Those of you who use Williton Surgery on a regular basis will have noticed that we have building works taking place.

The work is to create two brand new consulting rooms to accommodate the practice team.

We apologise for the inconvenience that this work is causing and trust that this project will soon be completed.

The good news is that we will then be able to replace the waiting room flooring, which has become damaged and discoloured as a result of the defective glue products which were used when the carpet was laid.

Patient Group Members Needed

Many of you will now be aware that we have an advisory Patients Group, whose members work voluntarily with us, acting as our 'critical friends' to help us improve services for our patient population.



Some of you will have met members of the group who helped us with the recent 'Flu Jab sessions, when they also

undertook their own survey to help understand your priorities about the practice services. The Group's newsletter, giving feedback from that survey, is currently available in the surgery. Please try and pick up a copy to see what they found out and what has been done to try and improve things.

The role of this group will become more important as the planned changes within the NHS start to take shape. The proposals will impact considerably on the role of general practice and our services as we continue to be placed under financial pressure to reduce costs whilst trying to maintain services.

It is envisaged that the group will provide a forum to work with us on a variety of areas and be crucial in ensuring that the patient point-of-view is considered in all service decisions. We therefore need a group which is seen to be representative of the practice population

We are always interested to hear from patients who would like to help with this worthwhile role. The group is, however, specifically currently looking to recruit some younger parents to the team, who can bring the added experience of local childhood or teenage issues to the group. If you might be interested in taking part, please contact the Chairman, Mr Peter Rowe, in writing at Williton Surgery or email him at: Patient.Group@willitonsurgery.nhs.uk.

The group is extremely beneficial to the practice and offers constructive views which help us to better understand the patient perspective when making decisions and to be more responsive in our service delivery. Please consider taking part and helping them to make a difference.

Recipe – Broken Biscuit Cakes

This is a lovely simple recipe. If you prefer, you can use all milk or all plain chocolate. Use anything in the store

cupboard - lovely with shortbread and ginger nuts.
Makes 40 squares

200g dark chocolate (60% cocoa solids)
100g milk chocolate
3tbsp golden syrup
300g unsalted butter (one pack is enough)
300g digestive biscuits
75g glace cherries
50g sultanas
100g flaked almonds, toasted

1. Break the chocolate into squares and put in a large bowl with the golden syrup and butter. Stand over a pan of simmering water, making sure the base of the bowl does not touch the water. Leave until the chocolate has melted, stirring occasionally.



2. Remove the bowl from the pan. Put the biscuits in a large, clean freezer bag and bash with a rolling pin until broken into small pieces. Add to the chocolate mixture with the cherries, sultanas and almonds. Stir until well mixed.

3. Line a shallow cake tin or roasting tin (about 16cm by 32cm) with clingfilm. Put the chocolate mixture in the tin and level the top.

4. Chill for at least 2 hours. Cut into squares, then store into the fridge or freezer until ready to serve.

ONCE AGAIN THANK YOU FOR TAKING THE TIME TO READ OUR NEWSLETTER.