



NEWSLETTER

**Church Street Practice
Patient Involvement Group**

Number 61 Spring 2014

NEWS

Dr. Rick Godlee will be retiring from the practice in the summer. Many of his patients will welcome the opportunity to say good-bye and to express their appreciation of his care over many years. Please see the enclosed flyer for details.

PIG

Q. & A. SESSION AT THE AGM

At 7.50 pm May introduced the panel from the Practice who would answer questions presented by PIG patients:

Dr Joy Arthur [JA], Dr Vineet Joshi [VJ], Advanced Nurse practitioner Mary Elliot [ME], Reception Manager, Jane King [JK], and Practice Manager Sheila Dearman [SD].

Some questions had been submitted to May beforehand and others were requested from the floor.

1: What do you think of David Cameron's suggestion that GP provision should be available 12 hours a day/7 days a week?

- **JA.** More resources and money would be needed for more GPs and staff. He has a point and it would spread the work load.
- **ME.** Speaking as a patient it is an attractive idea as the nearest out-of-hours is 10 miles away, but at present it is unrealistic and unsustainable.

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- **SD.** From the Practice point of view it is a horrendous idea! How would the Practice cope? From the Patient point of view it would be fantastic. 12 hours a day could be attainable with the right resources; 24 hours a day would be a waste of GP resources.
- **JA.** It wouldn't affect just GPs, they need a team of support. So what does he mean? - all the team available, e.g. X-rays? And where is the money to come from? Is it an advantage to be able to see a doctor at any time if it means he won't be available at another?
- **From floor:** would services be diluted or would there be more services?
- **From floor:** a more realistic version would be not to use 111 service but surgery at local level - would be attractive and perhaps attainable to have local practice available (i.e. one of the 3 in our area).
- **SD** General Medical Council is proposing this, but it needs more funding.
- **From floor** Extended hours – how is it working and is it sufficient to offer only one Saturday morning a month?
- **JK.** Surgeries are offered on Monday evenings, every other Wednesday evening, early Tuesday and Thursday mornings and the second Saturday of the month. Some people use them because they need to but lots of people prefer to visit surgery during the day. Take up on Saturdays is very good with nurses by people with chronic diseases who work but there is not enough take up with the doctors.

2: **From floor:** How are the hours known?

- **JK:** web-site, NHS choices, word of mouth, receptionists.

3. People are being given a choice of where to go for treatment. Please explain.

- **JA.** People are given a choice by letter for out-patient procedures and the patient makes the choice. Can go to Oxford, Reading, Swindon hospitals or further afield.
- **From floor:** Do case notes go?
- **JA:** No, only a referral letter from the GP.
- **VJ:** if patient goes to the same place for each procedure his history is held there.

4: What is the role and responsibility of a Nurse Practitioner?

- **ME.** Nurses undergo the basic training and then specialise in GP practice work. They can then study to MA level to prescribe within an area of expertise and for minor illnesses – e.g. she could prescribe/treat patients with diabetes but not with mental health problems. The role is well supported within the Practice –e.g. the duty doctor is always available as back-up so it is a very secure service. The receptionists are very good at directing patients to the right service and using the nurses.
- **JK.** Receptionists try to promote the Nurse Practitioners for minor illnesses and so ask patient what the problem is when they make an appointment.
- This point was expanded at May's prompting:
ME: it makes for a better use of resources and the Practice runs smoothly; nurses aren't just triaging but also treating.
JA: the receptionists respect patients' wishes if they don't want to disclose the reason an appointment is needed.
VJ: it helps the GP/Nurses prepare and assess the patient more quickly.

5: What is the Hospital at Home Service? And the EMU (Emergency Multi-disciplinary Unit.) service?

- **JA.** Locally the Hospital at Home service is a nurse led service to provide care at home. EMU - rather than patients going to the John Radcliffe for diagnosis and initial treatment plan they can attend this unit in Abingdon and then be followed up by Hospital at Home. It is a very useful new service. There is a big push towards using community services rather than putting people in hospital and EMU is used a great deal, possibly more than the JR. It is a very different experience and often is more acceptable to the patient. Patients must be referred, not a walk-in service. The unit can triage, treat, send home with Hospital at Home or can refer on to the JR.
 - **SD.** Hospital at Home offers a different service from District Nurses. The nurses have different, more advanced training and skills, and can make multiple visits in a day. The service is based in Abingdon and the nurses are recruited specifically for that job.
- 6: 111 service – how does the Practice think it is working? When should people use 999 rather than 111?
- **JA.** Neutral feelings, no major criticism.

- **SD.** Distributed a leaflet indicating when to call 111 or 999.
- 7: Do things operate better or worse without PCTs?
- **SD.** It's very confusing working out who has taken responsibility for what and where the money is coming from. A difficult period but it's coming together. Often PCT employees have moved into new roles. Should see benefits soon.
- 8; From May: are there any new services in our area? **SD:** Not enough money in Oxfordshire for new services. Oxfordshire has a deficit of £20 million forecast which will roll over to next year. At Wantage scanning and audiology are now provided which is a start, but more won't come overnight.
- May said there was an OCCG meeting on 19th November if anyone was interested.
- 9: Can Opticians refer people directly to the Eye Hospital for cataract treatment?
- **JA.** Opticians cannot refer patients directly but to GP because the optician doesn't have the full medical history or know full details of other conditions, e.g. blood pressure, or medication. Sometimes patients don't want to have cataract surgery or want to discuss implications further.
- 10: When will more vaccine be available and the Shingles programme expanded?
- ME.** The practice is very keen on the shingles vaccination campaign and there has been a good uptake of 70 and 79 year olds. "The best benefit from vaccination is between 70 and 80 but due to the national shortage of vaccine it is only available to 70 and 79 year olds this year.
- **SD.** The programme will be widened when permission is given and more vaccine becomes available.
- 11: Berkshire Hearing van seen outside the Health centre. How is it accessed and what services does it provide?
- **VJ.** It allows for direct referral for hearing and tinnitus making it unnecessary to go to Oxford. Vertigo can also be treated if it can't be managed by the GP.
 - **SD** the service is run by the Royal Berks Hospital. There is a very long waiting list at the JR so this service was commissioned.

- **JA.** They can organise further treatment, e.g. CT scan which High Street operators (e.g. Spec Savers) can't.

12: How do you envisage the Practice looking/developing in the next 5 years?

- **JA.** The Practice is trying to look ahead but it is difficult because the NHS is always being reorganised. It is hoped to extend the Health Centre for 3 practices (including Grove) and 3 practices working together would allow for increased hours and services, including consultants and mobile units. More patients are expected. The use of different roles is expected, e.g. nurse practitioners and health care assistants. A change in communication is expected because of new technology, e.g. apps and smart phones. Technology will revolutionise the way treatment is delivered.
- **From floor:** eye treatment in Wantage rather than JR would be very good.

13: How can patients help the Practice?

- **JA.** The practice needs feedback and opinions, e.g. the new building development would be through feedback/opinions.
- **VJ.** Patients must learn more about self-care, know about and understand their conditions. The website will be developed to help this.
- **JA.** An informed patient is a brilliant patient!
From floor: Rheumatology : the Nuffield Patient Group has prepared a leaflet about how to manage the condition.
- **JA.** It is a good idea to have information and think about what to ask in the consultation before meeting with the GP, to say what they want from the consultation.
- **ME.** Patients with diabetes are encouraged to self-manage but with mixed results. Guidance can be offered but patients can't be made to participate. The Diabetes group is a great success, maybe more such groups are needed.

May thanked the panel for a very interesting and informative evening and the meeting closed at 9.10 pm.

Christine Lisi

PATIENT SURVEY RESULTS 2014

	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Fairly Satisfied</u>	<u>Not Satisfied</u>
1. Overall satisfaction with:				
The Practice	66.9%	25.3%	7.2%	0.6%
Doctors	59.6%	31.7%	8.7%	0.0%
Nurses	67.6%	27.9%	3.7%	0.7%
Health Care Assistants	57.4%	28.4%	14.9%	0.0%
Receptionists	72.3%	19.5%	6.9%	1.3%
The appointments system	50.3%	37.4%	10.3%	1.9%
The telephone system	57.5%	33.3%	7.8%	1.3%
The prescription service	60.8%	26.9%	10.0%	2.3%
2. How satisfied are you with how things are explained to you by:				
Doctors	55.8%	34.0%	9.6%	0.6%
Nurses	66.4%	28.4%	3.7%	0.7%
			<u>Yes</u>	<u>No</u>
3. Do you have sufficient time to discuss your problems with:				
Doctors			89.4%	13.8%
Nurses			96.2%	3.8%
4. Would 15 minutes appointments improve things for you?			55.1%	44.9%
5. Are you given enough information in writing to help you remember, understand and cope with your condition by:				
Doctors			86.2%	13.8%
Nurses			90.7%	9.3%
6. Do you feel there is sufficient continuity of care within the Practice?			92.4%	7.6%
7. Do you feel fully involved in the decisions made about your care?			96.1%	3.9%

8. Would you be interested in consultations (a) via email?	35.5%	64.5%
(b) on-line e.g. using Skype?	23.6%	76.4%

Agreed Action Points:

The following development areas were agreed:

- To review the appointments system to:
 - try and make the system more flexible,
 - include some 15 minute appointments, and
 - find ways to increase capacity to improve continuity of care.
- To make available more support information for patients by offering:
 - useful website details to those patients who want to look things up on the internet,
 - advice leaflets on specific conditions to those who do not want to use the internet,
 - simple action plans and reminders for those who may need an aide memoire, and
 - advanced care plans for patients with complex conditions.
- To investigate other systems which may provide easier on-line access for patients to both book and cancel appointments, better prescription services, text messaging and reminders and an email results service.
- To try to improve hospital communications by highlighting the hospital departments that are not sending discharge letters to us on a timely basis
- To redesign and improve the layout of the waiting room when the extension is built to address the confidentiality issues – in the meantime please use the lower desk area at the side when more privacy is needed.
- To advertise the new practice website as soon as it is launched as it will provide far more useful information for patients.

We would like to thank everyone who took part in the survey and PIG who helped devise and carry out the survey. We always welcome any comments or suggestions you may have about improving our services, so please do not wait for the next Patient Survey to give us feedback..

Sheila Dearman, Practice Manager

STAFF CHANGES

We have said a sad farewell to Maureen Leafe (HCA) and Joy Miller (Baby Clinic Nurse), who decided to retire, and to Annette Daley (secretary), who has decided to move into event organising. We would like to thank them all for their hard work and dedication over the years and wish them well for the future. We are going to miss them.

We welcome Dr Emma Alcock back to cover Dr Arthur's sabbatical until mid June and we are pleased to announce that she will be joining us on a permanent basis from August.

We also welcome Jackie Stringer who is joining us in the dual role of Health Care Assistant and Receptionist, so I am sure you will all be meeting her in one guise or the other.

BABY IMMUNISATION CLINICS

Our Practice Nurses are now doing all the baby immunisations and we are offering a variety of smaller clinic sessions which we hope will be more convenient.

.Sheila Dearman, Practice Manager

Why are babies always gurgling with joy? Because it's a nappy time.

BE AWARE

It has come to our attention that NICE has issued a warning re bogus emails sent out at random stating that the recipient's blood sample had a low white blood cell count which could indicate that you have cancer.

DO NOT WORRY THIS IS A SCAM!

Do not reply, do not download the attachment as this will infect your computer and enable the scammer to steal data from your computer.

DUTY DOCTOR SYSTEM

Recently someone wanted to know how the Duty doctor system works. As this newsletter is very much about questions and answers, it seems like a good idea to include it in this issue.

At present we have 2 duty doctors allocated on a rota basis to cover each day; one covers from 8.00 am to 1.00 pm and the other from 1.00 pm to 6.30 pm. The duty doctor will cover all emergencies, and all urgent telephone calls and consultations that cannot be allocated to the patients' usual doctors because their routine appointment slots are all full. Neither of the duty doctors has any pre-bookable appointments within their duty session.

The receptionists are an essential part of the duty doctor system as they need to identify and separate the emergencies which need immediate attention, the urgent problems that can be dealt with by telephone, the problems that will need an urgent appointment and the more routine matters that can be booked into routine appointments. When patients give the receptionist just a brief indication of what the problem is, it really helps to ensure that the doctor is aware of the priority of the call or appointment and, on busy days, allows other members of the team to help out more easily.

In addition to dealing with all the urgent calls and appointments, the duty doctor will need to deal with all the results, hospital letters, prescription requests and other paperwork for absent doctors.

Duty sessions are generally very busy but over the past few months the pressures on duty doctor have increased considerably and we need to review the system to see how it can be improved before next winter. If you have any thoughts and ideas about this, please send them to the Practice Manager (email: sheila.dearman@nhs.net)



DIABETES SUPPORT GROUP

Thurs. June 6th: Diabetic Retinopathy

Thurs. August 7th: Generation Games, exercise for health (and fun!)

Any patient of Church Street practice who has diabetes (and/or their family) is welcome to attend. We are a friendly, informal group and we always serve tea or coffee! Feel free to ring for information: 868396 *Jean Sutherland*

RECYCLE YOUR MEDICATION

(This is a reprint of a previous article, please help if you can)

Do you have unused medication left in your home? Perhaps you were prescribed something which did not suit you and it had to be changed? If you take the unused medication back to the pharmacist, it will be destroyed as it is not allowed to re-issue returned medicines..

However it could make a real difference to someone in Africa

How?

The registered charity **Inter Care** recycles suitable medications and sends them to clinics in rural Africa. .

How can we help?

Church Street Practice is the first step in this recycling process.

Please hand in your unused medication to the reception staff. A small team of PIG volunteers then start the process of checking the drugs eg which must have long expiry dates, suitability (ie no bottles), full blister packs etc. The packages are sent off to **Intercare** where they are again checked and sorted to fulfil the requests from 100 clinics in sub Saharan Africa..

"These clinics between them serve an estimated population of over 8.5 million people who cannot afford, and otherwise have no access to the basic medicines which we take for granted". *Source: the Big Give write up on Intercare.*

Please help

PIG

PARKING AND WAITING OUTSIDE THE HEALTH CENTRE

May we respectfully remind you that the area outside the front of the Health Centre should not be used for parking and waiting; it should be kept free for the use of buses and emergency vehicles. Disabled patients would also find it easier to use the doors round the side of the building where there are some disabled parking spaces available.



DNA

No, the practice is not going to keep a record of your DNA!

These letters also stand for **DID NOT ATTEND**; nationally the figures are appalling.

The following are the figures for missed appointments in our practice during March this year:

Doctors 118, Nurses and Health Care Assistants 103.

While many appointments are booked for 10 minutes, within this are some longer ones when there are a number of tests to be done. Just going on 10 minutes, it adds up to nearly 20 hours for GP appointments missed and over 17 hours for nurses.

We realise that most readers of the newsletter are "good patients" but we ask (on behalf of the hard-working staff in the practice) that we all follow good practice to help our Good Practice.

- ✓ Put your appointment in your diary and/or calendar
- ✓ Please phone as soon as you realise that you cannot attend
- ✓ If you are unable to phone please ask someone else to do it for you.

PIG

LETTERS

It is really IMPORTANT that we hear from you, **all patients** are automatically members of PIG!



Also please use the PIG suggestion box in the waiting room.



If you don't wish to keep this newsletter please pass it on, especially if you know someone who has difficulty getting out. We have learned that some patients who love the newsletter sometimes have problems in obtaining a copy.

The editor thanks everyone who has contributed to this Newsletter which is prepared and compiled by and on behalf of the patients of Church Street Practice.

Suggestions, letters, articles and ideas are always welcome.

Please contact:

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Practice website (which includes PIG Information)

www.wantagechurchstreet.co.uk