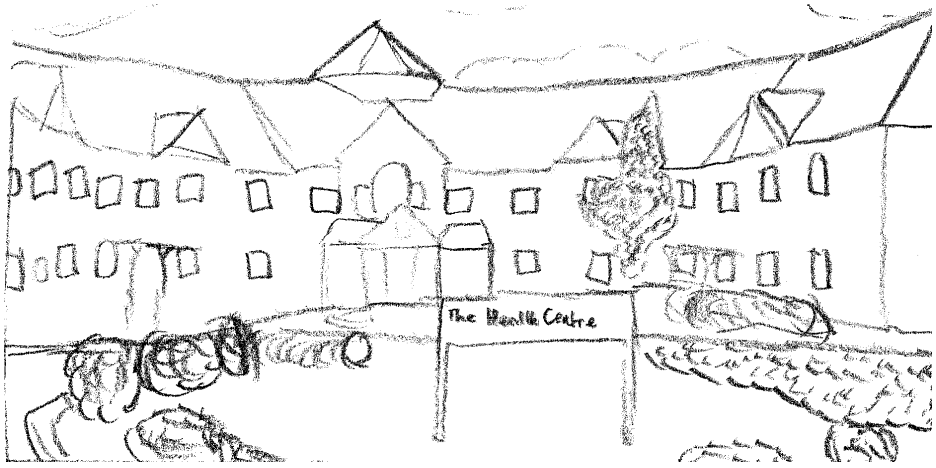
A Day in the Life of Church Street Practice….



……or

101 things you didn't know about Church Street Practice

Church Street Practice Patient Involvement Group

A booklet for patients

Free to patients - please take a copy and pass it on or return to the surgery

Contents

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Cover Picture: Lucy Hannon

From the Editor….

I have been overwhelmed by the many things that I have learnt about Church Street Practice. All the PIG team have been astounded by the breadth of work that goes on behind the scenes. In this booklet I hope to share that insight and understanding of the practice. It leads me to pose the question: "Is Church Street a normal practice?"

PIG are always invited to attend the monthly practice meetings to give a patient's perspective. It was with some trepidation that I broached the idea that PIG wanted to record what staff members did over the course of a single day. This was going to be no easy task. I wanted them to keep diaries and record what they did on a particular day, who they saw, why they had to do things and at the same time note what a typical day was. I couldn't have been more excited by how enthusiastically the idea was received. Within days I had fourteen volunteers willing to take time to record all they did and this booklet is the result.

On behalf of the PIG committee I would like to give a **huge** vote of thanks to the practice staff who took part in this project. They cannot be named in order to protect the confidentiality of the patients. However we know who you are, and are indebted to you for making this project possible. I believe you have found this a worthwhile exercise. I hope and trust that the morale of the staff will be boosted as we recognise just what an outstanding job they are all doing for us, the patients.

I would like to thank the members of PIG who have been involved with this mammoth project. In no particular order: Jeanne Felmingham, Joyce Coombs, Christine Lisi, Jean Sutherland, Michael Eden and May Paul.

Finally, I hope you, as a patient of Church Street practice, as a patient of another practice or as a staff member enjoy reading this booklet.

Sue Hannon

PIG Committee

January 2009

Introduction

In the current climate, with so many changes required of the practice by the PCT and government, the PIG committee thought it would be interesting if we could show just what the practice does for its patients and how the staff work as a team to carry out all their duties. In producing this booklet, PIG were privileged to be given access to staff on a single day following exactly what was going on, who was interacting with whom, how many patients were seen, which things were routine and those which were not. We feel that we have produced an interesting insight into what happens 'behind the scenes' in a modern health service practice.

To our knowledge this has never been done before. People have followed a single staff member but this booklet goes much further than that as it shows how all the individuals (those working directly with patients and those whom we, as patients, don't see) work together for the benefit of the patients.

All names of patients and staff have been removed in order to protect patient confidentiality. However, we asked for gender and age as this would help describe the patient without revealing their identity. On the chosen day, 131 patients were seen by doctors, 35 telephone consultations carried out and 13 home visits made. This does not count the hundreds of prescriptions written, telephone calls answered and referral notes copied and so on.

One of the things that has impressed PIG is the spirit of camaraderie and friendship shown by staff within the practice. This spills into their free time when they take part in activities in the community. Indeed, at the practice meeting we attended, when staff heard that the local guides had volunteered to litter pick in the grounds of the Health Centre so some of them volunteered to go along and help out. A large number of the staff recently took part in The Race for Life in Newbury. All the staff we spoke with seemed to enjoy working at Church Street. This comes across to patients in the approachable and friendly way the practice is organised.

How to read this booklet

PIG have produced 'A Day in The Life of Church Street Practice or 101 things you didn't know about the practice' instead of the Autumn 2008 newsletter. We felt that the amount of information given warranted a 'special edition'. The document is downloadable from our web site: http://www.churchstreetpig.org.uk/index.html.

In order to put the large volume of information across we have laid it out in the following way. A personal view from the editor and introduction are followed by the accounts of the individual staff members. We have edited their accounts and each account is slightly different and hopefully will stand alone. At the end of the booklet is an appendix which includes some statistics and a list of clinics run at the practice.

A day in the life of……a Doctor at Church Street Practice

Patients seen on day: 34		
Male 12		
Female 22		
Age	<18	3
	18-59	20
	60+	11

I arrived at work at 7.30 and was the first one in so had to turn off the alarm, put the lights on and open the consulting room door. I turned on my computer to start the main programmes which are used to detail patients' notes, appointments, e-mail, outside mail and dictation software. Whilst the computer is booting up, I start the day by signing 10 prescriptions left over from previous day. When I get a prescription, it is not just signing it but involves looking up and checking medications, renewing repeats in some cases and dealing with queries that the dispensary staff can't answer (i.e. medications a patient hasn't had for a while, or repeats asked for too early or too late). Some patients I know, some I don't, a few queries to be dealt with later in the day regarding an insulin script.

By 7.45, I start dictating letters for patients I saw yesterday. One is to a local chiropractor and the other may require some investigation regarding an allergic reaction, I am not sure who would be most appropriate to refer to. I will ask the secretaries to look into this.

Interrupted at 7:55 by another GP to discuss a few of the day's issues and also a couple of patients he had seen. In particular, we are at issue with the treatment of tennis elbow and the use of steroid injections!

At 8:00 I finish dictating then load up the blood test results which have been sent from the JR. These are sent electronically to reception at 8am and are distributed according to who asked for the tests. All have to be verified and commented on. It is a tedious process. Some patients I will remember but some of the routine checks, I may not and it often requires reviewing the notes of each patient. I have about 40 results this morning, which is about average. They are a mixture of things from regular screen for diabetes and hypertension to more urgent tests. The comments will range from saying they are normal to asking patients to talk to me. One particular result which indicates low potassium will require me to ring the patient later to make a plan for thinking about dietary increases and then repeating the test. I will do this at the mid-morning break.

Its now 20 past eight and I wander down to talk to the GP who has an interest in eye problems about a girl I saw yesterday. I am not sure what's wrong and have asked her to come and see him today. At the same time I look at some photos of a rash that he has been sent which seems non-descript. We discuss the photo with another GP who has an interest in dermatology.

08:25 Just enough time before the referral meeting to check emails. (I am presently arranging the 2nd meeting of a young GPs group. We meet monthly to discuss the latest clinical, political and personal issues!) I also look up any updates to the management of nocturnal leg cramps, which I saw someone with yesterday (making sure my knowledge is up to date!).

At 8.30 each day we have a referral meeting where the GPs discuss all referrals we are thinking of making. The reason behind this is to make sure that they are appropriate. There are often other ways of dealing with a problem than just getting a specialist opinion and the practice uses each GPs own specialised knowledge i.e. eyes, skin, women's health, paediatrics etc to help decide this. There are often solutions we haven't heard of or a more specific clinic to send patients to. It's a dynamic group that most practices won't have. I think we benefit enormously in discussing things with each other and as a result so do the patients! The patients are getting 5-7 amounts of brain power rather than one!

At 9 am, the appointments start. My first is a lady who needs a chaperone and luckily, I find one of the nurses free before surgery. The use of a chaperone for some examinations is a must but often disrupts the rest of the day, mainly because finding someone to help may mean an extra five minutes or more for the patient. The patient I am seeing requires care jointly between us and the hospital and is reviewed every 6 months. Before the next patient, I need to call the information manager as I can't find right heading for the computer entry. As always she finds the solution quickly!

9:10: See a man of 42 with chronic low back pain and prescribe pain killers. I will review the medication effectiveness by phone. GPs see an awful lot of back pain, and along with other chronic joint problems it is often difficult to manage.

9:20: A girl aged 8 with mouth ulcers. It is nice to talk directly to children rather than parents as they are often good historians!

9:30: See a male, 49, for diarrhoea and vomiting advice. The D+V season started about a week ago. Most of the time the cause viral and is treated with time and fluids. Often with self-limiting viral illnesses the main difficulty is putting across to our patients that they will get better without treatment.

9:40: See a female, 39, with a chest infection which is not improving. Explain giving the antibiotics time to work and discuss worrying symptoms.

9:50: See a female, 27, with ear an infection which is not improving. Again, explain things will take time.

10:00: Male, 50, for review of shoulder pain and movement problems. The patient requires a steroid injection, which is a practical procedure I enjoy doing – and hopefully the patient will benefit from it too!

10:10: Female, 73, who is suffering continued problem with breathlessness. Exercise and healthy lifestyle were discussed. I referred her for a chest X-ray and will review in a month after x-ray, if it is normal. We also discuss her recent blood results. *I'm now running 5 minutes late.*

10:20: Male, 78, came for review with his wife, after having an echo of his heart. He has heart failure and will require changes in his medication and a review by the community heart failure nurse. Apart from this I also reviewed a skin lesion, and gave him the `flu jab. I want to make sure his wife is coping as his main carer and we explore this. I discussed the South and Vale Carers organisation and the case management team who may be of some help in the future. *Now 10 mins late*

10:50: Mid morning break. Fill it with more script signing, a couple of phone calls caused by blood tests this morning and prescription requests. Issue prescriptions and arrange for district nurses to do bloods on the patient with low potassium. At coffee had an interesting discussion with another GP about the moments where as doctors we know the diagnosis is going to be bad and how we discuss this with patients and explore their worries.

Now I have 4 telephone slots. These are each 5 minutes long.

11:10: Continued diarrhoea, in female, 41.

11:15: Medication review for a female, 48.

11:20: Medication review and vomiting in a boy aged 4 after he took the medication I had prescribed yesterday. Symptoms caused by medications we prescribe are often unavoidable but I still worry whether it was right thing to do.

11:25: Check before a visit to a female, 89.

Back to seeing patients.

11:30: Female, 60, concerned with a chronic headache. Headaches are often a difficult problem to deal with as patients often think the worst and we have to reassure them that it is a mostly a benign temporary condition.

11:40: Female, 77, who is tired and has been asked to come in by husband.

11:50: A double appointment for antenatal (pregnancy) check on a female, 41.

12:10: A female, 23, who needed health education about the cervical screening program and symptoms. Public health and patient education - always a worthwhile part of the day!

12:20: A last minute cancellation meant I could catch up with prescriptions. This also meant I was now running on time again!

12:30: Girl aged 5 with allergy.

12:40: Telephone call to elderly patient with blood in urine but a history of cancer who feels weak. I will need to visit him later.

12:50: Started eating lunch, while going through 10 more prescription requests and issuing medications that the dispensary can not issue.

1:10: Interrupted by a GP from Newbury Street practice. He requires a signature on a cremation certificate for a patient who had died. This necessitates a history and then talking to someone who was around at the time of death. In this case, I was able to telephone Wantage Hospital, where patient died, and speak to one of the health care assistants. However, the staff member who knew patient would not be in until tomorrow so spoke to Knapps to inform them that certificate would be done then.

1:20: Filling in two insurance forms for patients either claiming insurance or applying for it. This is a tedious job as you need to sift through a patient's history even if you know them well!

2:00: Visits: First to Childrey to visit a patient recently discharged from Wantage hospital following a hip replacement. Patient very anxious that I may re-admit them but doing well so needed a lot of reassurance and going over safety. Carers and a son close by but I make a mental note that may need to be referred to the case management team in the future.

....Then back to Wantage to visit the patient I spoke to earlier with blood in urine. There are lots of difficult problems which I was able to discuss openly with the patient as they know they have had cancer for some time. The patient was last seen at the hospital 2 years ago, and it's probably time to be seen again. It is encouraging that the patient is open about what may or may not be. Patient choice and frankness are important here. I will be referring him to Urology. Took blood while there. I also need to contact the district nurses by e-mail to warn them, as if continues could lead to the patient needing a catheter. Get back to practice an hour later, run through reception discussing with dispensary about a Nomad tray for a patient's meds. Solve issue and collect rest of scripts (another 20) to check, sign etc! Have to then fill in details of visits into patients notes.

3:20: Check mail - usually letters and other information regarding patients which are scanned in every day. They are generally on the system from 3pm but do get put on throughout the day. The number of letters varies wildly from a few to having 30! Today I have an average of 12. In looking at them I have to high-light and comment for things which need to be summarised into notes or not. There are always extra things to do sometimes doing a prescription, contacting patients or discussing as a team. Today a letter from rheumatologist asks for a patient to have digital retinal screening. I discussed this with a colleague as the investigation is probably not needed, and will discuss it further with the ophthalmologist when she comes to clinic on Friday morning and then e-mail the consultant.

3:40: Telephone appointment not taken

3:45: Telephone appointment not taken

3:50: 41 year-old female with multiple problems. We also discussed smoking cessation and childhood sleep problems in son.

4:00: Female, 24 with issues with pill and its risks. Changed type and gave counselling. Also discussed weight management and referred to nurse team for weight issues – the nurses are more up-to-date with knowledge and better equipped to deal with this.

4:10: Female, aged 60, with dizziness who is worried due to history of cancer, maybe connected. *Now running 5m late*

4:20: Shoulder pain in a female, aged 52. *Now 7m late*

4:30: Female, 41. Double appointment to review low mood which allowed time to discuss all issues. Double appointments are very useful with psychological complaints. The time allows us to explore ideas without being rushed! *Although I am now 10m late*

4:50: Male, aged 62, with problems with medication. *12min late*

5:00: Coffee but really straight into next appointment as running 12 minutes late!

5:10: Urinary problem in a 21 year-old female.

5:20: Male, 64 with tendonitis.

5:30: On going treatment of a female, 47, with acute exacerbation of asthma.

5:40: Fertility problems in a 27 year-old female.

5:50: Male, 61, with arthritis. Discussed complementary therapy. I quite enthusiastically support complementary therapy if it does no harm and doesn't prevent diagnosis. Often will use in chronic musculoskeletal problems.

6:00: 50 year-old male with difficult chronic problem.

6:10 Female, 22, discussing contraceptive safety whilst having D+V.

6:20: Infected bite in a 59 year-old male.

At the end of surgery I always look to see how other colleagues are doing with their appointments. I find that the duty doctor has had to go out on several urgent visits and the other GPs are seeing some of his patients. Another GP is admitting a patient and thus has two patients still waiting, I see one and another GP sees the other. In some practices each GP keeps themselves to themselves and will not necessarily help out in these situations. I am very happy that we all have similar feelings about work and am pleased I work in such a supportive environment.

6:40: 39 year-old male with a throat infection due to be seen by the GP on the visit.

After seeing the extra patient, I chat to the receptionist - who is on until 7 - about an admission last week. Then I finish off a few more prescriptions but some will have to wait for tomorrow morning! Close down the computer and leave at around 7pm.

Another eventful, interesting 11½ hours..... and I am sure the same again tomorrow!

A day in the life of…….....a Practice Nurse at Church Street Practice

Patients seen on day: 25		
Male 13		
Female 12		
Age	<18	4
	18-59	10
	60+	11

The practice nurses worked two shifts, from 9.00 am to 3.00 pm and from 3.30 pm to 7.00 pm (although the nurse working the second shift continued unpaid from 7-8.00 pm as it was a busy shift and there was work to catch up with).

The day began dealing with e-mails, post and up-dating appointments.

On this day there was a diabetic clinic and the nurse had a medical student with her between 9.00 and 11.30 am.

At the diabetic clinic the nurse checks and discusses a variety of factors with each patient. Blood results are checked – levels of sugar and cholesterol, and kidney and liver function. Urine test results are checked – these also monitor changes in kidney function. Medications are reviewed, both oral medication and insulin. Any changes or new medication needed are discussed as are their side effects and the patient's willingness to take the medication. The patient is asked if he/she has been for retinal screening and has had a recent appointment with an optician. The patient's feet are checked for pulses and sensation and the patient is referred to the podiatrist if necessary. Diet, exercise, smoking and alcohol intake are discussed as are weight loss if that is needed. Any questions the patient has are dealt with.

After the appointment the entry made on each patient's notes is e-mailed to their GP with a plan of action. Each week there is a feedback session with one GP to review all diabetic patients seen, discuss any complicated issues, and make medication changes. If the latter are necessary, the nurse phones the patient.

The first patient was seen at 9.10am. Approximately 30 minutes was spent with each patient – the nurse missed her mid-morning coffee break and worked through to 11.50am. She saw 6 patients with diabetes, 4 men and 2 women in the age range 49-75 years. Checks were made on weight, diet, alcohol intake, smoking history and medication. 'Flu jabs were offered to each patient. The nurse needed to follow up four of these patients with their doctor and then phone them back.

During the morning she also dealt with two phone calls with queries about contraception.

The seventh appointment did not arrive which gave the nurse half an hour to take the specimens collected to reception and catch up with e-mails and post. She also checked equipment in the surgery – anaphylaxis, oxygen and catheter equipment, nebulisers, blood glucose monitors, and the crash trolley.

The last appointment of the morning concerned the patient's vaccine history and was followed up in a discussion with another practice nurse.

Lunch was from 12.40 to 12.55!

This was followed by a 15 minute meeting with the Practice Manager to discuss hours and clinics.

Patients seen in the afternoon included a diabetic patient who needed adjustments to medication which involved checking with the patient's doctor. A blood test. A newly diagnosed diabetic patient who was given information about the disease and how to

manage it. A cervical smear. Finally, changing dressings after a minor operation at the hospital.

The last 25 minutes of this shift were spent ordering vaccines, sorting specimens, and reading and dealing with e-mails from the doctors.

During the second shift the practice nurse saw 14 patients, 9 females and 6 males, with an age range of 9 to 79 years. Each appointment was booked for 10 or 20 minutes. There were three travel vaccination appointments, two diabetic patients, four patients with asthma (two of whom were given ‘flu jabs which made the appointments over-run), one cervical smear, one patient discussing giving up smoking, two blood tests, and one patient who needed a dressing changed and also had to be seen by a doctor as antibiotics were necessary to deal with an infection.

At 7 pm the nurse made a phone call to a patient with diabetes who is being called every fortnight while adjusting insulin intake. Then from 7 pm she continued working, unpaid, until 8 pm catching up with paperwork, e-mails to doctors and storing blood samples.

A day in the life of…….the Duty Doctor at Church Street Practice

Patients seen on day: 32		
Male 14		
Female 18		
Age	<18	5
	18-59	15
	60+	12

We all take an equal share of being the duty doctor. We divide the day into two, so that there is one duty doctor on call from 8.00am to 1.00pm, and another doctor from 1.00pm to 6.30pm.

The duty doctor has fewer pre-booked slots so that there is some space to deal with patients who need to be seen straight away. Emergency phone calls and visits are put through to the duty doctor to deal with. The duty doctor in the morning shares out the visits between the available doctors, and also deals with the results and correspondence for any doctors who are away. Any visits that come in later in the day are taken by the afternoon duty doctor, who then may have urgent visits to do after evening surgery

Because the demands are unpredictable, sometimes being the duty doctor can be very stressful as emergencies come on top of routine booked work All the doctors are aware that the duty doctor can get snowed under at times, and other doctors will chip in to help out if things get difficult.

The day's work begins at 8am. I complete the computer entries for the visits from yesterday evening and go through 62 blood test results which I enter into patients' records. There are also 20 e-mails to be read and 76 repeat prescriptions to be checked and signed. Six miscellaneous queries also have to be dealt with.

An e-mail is sent to a district nurse asking her to check the blood pressure and take blood tests from a housebound lady. I send a letter to a bereaved husband - one year on from the death of his wife, giving him my best wishes.

At 8.30am I attend a meeting with the other doctors to discuss potential referrals.

At 9.00am the morning surgery begins. I see a young male patient with a wart on his back. He also has a lesion on his lip and I refer him for oral surgery.

My next patient is a 33 year old lady for whom I make an antenatal booking. A midwife will do the follow up.

I next see a gentleman for review after breaking a hip. He needs a sick note and medication repeat. A blood test is taken and he is checked for chronic bronchitis. I refer him to the practice nurse for a spirometry breathing test.

A man aged 53 saw the Health Care Assistant for a blood test. She asks me as duty doctor to deal with a skin infection.

The next patient is a man who came to discuss an upper respiratory infection prior to a visit to China.

An elderly lady has itchy legs and is given some cream. She is referred to a practice nurse for a blood test

Next, a lady patient aged 64 requires a sick note for a knee problem.

The last patient this session is a lady who has been involved in a road traffic accident. As a result she has suffered from nerve pain. I prescribe a drug for neuropathic pain.

At 10.30 I reply to telephone messages. There are two requests for sick notes. One is from a lady who is suffering back pain, the other is from a male aged 37 who has a knee injury and is having physiotherapy treatment.

There are 8 queries about medication.

A lady is worried about diarrhoea after foreign travel and there is a call from a 31 year old lady who has dental phobia.

There are two calls from a nursing home. An elderly lady resident has a urinary tract infection. She is prescribed antibiotics but is also experiencing feeding problems. An elderly gentleman resident has a skin irritation. He is prescribed vitamin B12 injections.

There are 7 more medication queries. I write a letter to a patient about their medication I discuss a young child's urinary tract infection with her mother on the phone.

There are 12 further e-mails to deal with.

An oncology nurse from the J.R. requests me to visit a patient.

I then complete an on line questionnaire, and deal with abnormal results.

A female patient, aged 74, with anaemia, discussed her medication and checks.

At 11.30 I see a lady with a urinary tract infection.

The next patient is a man aged 60 with a skin infection. His blood pressure is checked.

I then see an elderly man with a chest infection which is non-resolving to antibiotics. He is referred for an X ray.

More phone calls.

A lady aged 48 has a problem with her medication.

A 60 year old man has a query regarding a hospital letter.

There are 6 e-mails. One is from a practice nurse reporting on a diabetic review.

I now go to reception to sort out the medical student's bookings.

In the surgery I see a 31year old man who has bronchitis and asthma. He is prescribed antibiotics and steroids. He needs to see a practice nurse for smoking cessation and an asthma check.

The next patient is a young man who has a minor knee injury and needs a note for community service.

I then see a 38 year old lady with acne. I prescribe antibiotics.

I now speak on the phone to a journalist at the Oxford Mail in my capacity as Chairman of the Local Medical Committee about a local incentive scheme to manage a £26 million overspend on over capacity at Oxford Radcliffe Hospitals.

Support for a carer is arranged for a 78 year lady who also needs routine repeat blood tests.

At 1.pm I go out on 2 visits to patients.

I visit a lady in Wantage Community Hospital to review her after a fracture of the neck of her femur.

I make a home visit to a lady who has terminal bowel cancer, and is deteriorating. I phoned and asked the district nurse to visit for general nursing care.

At 3 pm. In the surgery a woman, temporary resident aged 31, is seen as an emergency. She has acute urticaria (hives).

I then have to deal with another 2 phone calls. One is concerning an elderly gentleman with a urinary tract infection. I call the pharmacist. The other is from a 60 year old man about a hospital letter. There are 12 more e-mails to deal with.

I then see two more patients. A lady aged 55 with headaches and a man aged 55 with conjunctivitis.

There is an emergency call from a paramedic concerning the unexpected death of a woman at home. I arrange to visit her parents later.

My next patient is a young man complaining of headaches and is a Sexually Transmitted Disease contact.

I then see a 12 year old girl with epigastric (stomach) pains. I prescribe antacid treatment. I then see a hot and grumpy baby of 20 months.

There are 10 e-mails to look at and reply to.

I have a discussion with a Primary Care Mental Health Assistant about a referral.

5.00pm surgery starts with a 25 year old man who is suffering from tiredness and sweats. I refer him to a nurse for blood tests.

A Health Care Assistant and I discuss the use of nicotine patches for a man with cancer.

There are 12 reports and results for computer entry.

My next patient is a 17 year old girl. We have a discussion on sexually transmitted diseases. A 77 year old lady complains of breathlessness. She is referred to a practice nurse for an E.C.G., spirometry and blood tests.

There is a phone call regarding an elderly man who has a headache and fever. I arrange a visit after surgery.

I now see a man of 49. Because of his blood pressure and cholesterol level he may be at risk of cardio vascular disease. I treat his blood pressure and cholesterol.

The next patient, a girl, has a urinary tract infection needing antibiotics. My final surgery consultation is with a 34 year old male diabetic with foot pain.

I phone regarding a 3 year old child with a urinary tract infection about her treatment.

At 6pm I go out on urgent visits. I see the elderly man with headache and fever.

My final visit is to see the bereaved parents of the woman who died unexpectedly today.

A day in the life of….a Phlebotomist and Healthcare Assistant at Church Street Practice

8.00am –9.00am

First job was to check the fridge to ensure samples and specimens are being stored at the correct temperature.

Next, took yesterday's blood samples out of the centrifuge and fridge and matched with appropriate cards.

Checked the practice leaflet shelves and refilled where necessary.

9.00am – 12 noon

8 blood tests.

5 more blood tests combined with flu jabs.

1 blood test plus weight and blood pressure.

3 mid stream urine (MSU) tests to check for infections.

All the above needed paperwork filling out and recorded or checked with information on the computer.

1 telephone call taken from cytology administration.

Advised GPs of any problems with the MSU results in case antibiotics were required.

12 noon onwards

Bloods collected by hospital courier.

Worked at admin desk checking e-mails and entered information for flu jabs given by all members of staff, including district nurses.

Collected A4 notes from archive and printed out all paperwork relating to each patient who is leaving the practice.

Sorted out two name changes by contacting family concerned for proof of changes.

Sent 20 letters out to patients due for smear tests. This involved checking each patient's notes on cytology.

Had training from another healthcare assistant on the use of the ECG machine (on 2 patients and 1 volunteer). This took about an hour.

Every day I check the Links Registration programme between Thames Valley Primary Care Agent (TVPCA) and the practice. This ensures that all registrations, changes of name, changes of address, new notes etc. are forwarded to the practice and any deductions are requested.

Did three summaries on new patients coming in to the practice. These are from their notes and entails checking details and entering them on to our computer system and can take anything up to an hour each to complete.

Once a week

I attend the baby clinic, using a laptop to record all immunisations etc. and also offering support to both health visitors and parents.

Once a month

Appointments are made with me to run a clinic carrying out hearing tests requested by GPs.

I check information from the TVPCA to check that we are on target for cytology smears.

Also check to ensure all immunizations for 0 – 5 year olds are correctly entered on computer records; these are checked quarterly with TVPCA and Community Health for target purposes.

Send out the three and a half year pre-school check letters every month.

I am also treasurer of the Care Fund so look after all donations from the public and allocate money for extra items needed by the GPs or for clinics etc.

The Practice re-cycles all old printer cartridges on behalf of the Thames Valley & Chilterns air ambulance service. Also, all used envelopes and paper and milk containers are re-cycled for which I am responsible.

A day in the life of……..…a Secretary at Church Street Practice

Tuesdays are generally busier as only one secretary is on duty.

The first thing I do is sign in at reception and collect referrals, letters to patients and any other post in our tray waiting for me to deal with. The letters regarding referrals and to patients were typed yesterday and left for the GPs to check and sign. The referral letters from the GPs are put ready to process through Choose & Book, a system where we have to look up and book appointments in different clinics at the hospitals. I also make any alterations which the GPs have made to the letters as they often want to add information once they have seen the hard copy. The letters to patients are left in the reception post-tray to be posted.

The next thing to do is to check e-mails which can be messages from reception or GPs and then to follow-up any requests from the GPs. This could be chasing clinic letters or getting results which should be back from the hospital. I normally have to telephone or e-mail the hospitals to find out this information. As well as this, I have to deal with several calls from the hospital chasing a copy of a referral letter and asking us to contact a patient to encourage them to make their appointment. I then need to telephone that patient and ask them to contact the hospital to make their appointment.

Then it is on to the typing for the day. There are 13 letters on list (some days there can be up to 35). More may be added during the morning. At the moment three are urgent, two of which must be faxed to the hospital but the doctor needs to sign these before they can be sent. These must take priority.

The diary for the nurses' clinics needed to be put on the system so that future nurse appointments can be made. The template needs to be changed to reflect the different nurses who will be working on the different days. Clinics for diabetic appointments needed to be put on as well but this was routine. The templates are done in advance about every 6 weeks and are for every clinic that the doctors, nurses, midwives run. I also do the templates for the audiology (hearing) clinic. They need to take into account absences and different working patterns. The duty doctor gets fewer appointments to give them more time to deal with any emergencies that may come in during the day.

Choose & Book referrals need to be processed but the system is not working today so I am unable to do this. This system is run from the Oxford hospitals and both secretaries have a computer which is linked to the hospitals so we can access the clinics to find out when the appointments can be made. Normally, I would take the signed referral letter from the doctor, look up the clinic on the system, and then select the appropriate clinic to allow the patient to book their appointment. Sometimes, it is not evident from the information on the letter what the exact clinic is and then I need to go back and look at other information so the patient gets seen by the correct doctor. A letter is then sent to the patient with instructions on how to book their appointment.

This has been a fairly typical day. Both secretaries work part-time having one day off a week so the days one of us are off are normally busier. With no 'Choose and Book' available today, I have had a chance to catch up and deal with outstanding queries. However, tomorrow we will need to catch up on the backlog of referrals as well as our normal work so it will be very busy!

A day in the life of……Data Entry Church Street Practice

This is a vital link in the chain of information which ensures continuity of care for patients.

Once the day's post has been scanned on to the computer by reception, it is viewed by the relevant GP who highlights what needs to be entered on to a patient's notes. The contents of the letters are checked by the staff in data entry to ensure that all information is entered under the correct headings and can be found easily when required. Hard copies of letters are kept for three months.

Data is entered using standard codes to describe each condition/medication etc.. These codes are used by everybody throughout the practice and are an essential cross-checking mechanism to ensure nothing is overlooked in the patients' care. It is also particularly important that data is readily accessible and clearly recorded. This is especially important as Church Street is a teaching practice and often has GP trainees and medical students working within the practice.

The information recorded can then be used to generate automatic reminders for GPs, nurses and patients where a patient needs to be monitored or reviewed. It will flag up that a patient will need to be called in for e.g. a check-up after a certain period of time, that a patient is asthmatic which can affect other medication, is on Warfarin, or needs regular blood tests and can also request follow-up visits for patients who have had a stroke or heart attack or that a particular medication needs to be reviewed.

A typical day's post can contain up to 120 letters.

Typical entries needing to be made could be e.g.

1. Patient has sustained a fracture

Fracture entered as a summary item

All treatments and procedures recorded

Follow-up appointments recorded

2. New Diagnosis of a stroke

Results of all investigations recorded

Details of new medications started

Follow up clinic details

Stroke Annual Review reminder entered

A day in the life of……the Dispensers at Church Street Practice

Origin	No. prescriptions
Printed ready for GP signature	183
Queried with a GP	36
By telephone	18
From answer phone messages	43
From web messages	5
E-mailed from district nurses	1 (requested scripts for 5 patients)
Requests from reception to go and speak to patients re queries about prescriptions	9
Total for day	**295**

The following is a snapshot of a single day when two of them were on duty.

9.00am We discussed anything that needed to be handed over from the day before and sorted and recorded the scripts to be sent to the chemists.

We looked at the 3 on-line requests, one of us read them out and the other entered them on to the computer, which is the quickest way of doing it.

Made a cup of tea to start the day.

There were 14 messages left on the answer phone, one of which led to a discussion with a doctor as it was not straightforward.

Called to reception to deal with a patient who had left their medication behind when returning from holiday and needed an urgent replacement.

Called again to reception to answer another query.

Another message on the answer phone, patient had not received all the required medicines from the chemist, needed investigation. Script was found in 'Where to?' box with no chemist specified. Patient was telephoned and a message left to say that it would be forwarded to the chemist.

Two more telephone calls were made to patients.

One telephone call made to hospital re request for TTOs. (Drugs To Take Out).

10.05am Two new answer phone messages left. E-mail message from district nurses for 5 prescriptions needed for patients they are visiting.

Another phone call from patient wanting to know where script was after visit by doctor. Will need to speak to doctor concerned tomorrow.

Called to reception again to answer query.

Phone call meaning we need to speak to a doctor about a change of script after a hospital visit by a patient.

Called again to reception about a script which was not at the chemist.

Another query, called again to reception

Now 8 new messages on answerphone.

Called again to reception, patient had put in a request 2 days ago for some painkillers but no script had been done. Patient given appointment at 11.00am to discuss matter with GP.

11.00am Emptied script box outside our window – very full.

Telephone call about a web message requesting script which has not been received. Did the script, but told the patient they needed to speak to our information manager about any problems being encountered using the web site.

One more message on answerphone.

Changed ink cartridge for printer.

1.00pm Answer phone turned on, went for lunch.

2.00pm Three more answer phone messages left over lunchtime.

Called to reception about a script requested by a nurse yesterday but not yet signed by doctor. Went and got it signed by GP then gave it to patient.

Two more queries at reception.

3.00pm Two more messages on answer phone.

One of the District Nurses came in to request a script for a patient she was visiting.

2 more requests received on the web page.

2 more requests left on answerphone.

5.00pm Turned on answerphone, finished work and went home.

Other duties carried out on other days as required

Injection audit and ordering. Doctor's bags have to be checked for out-of-date drugs and injections and re-stocked after home visits if necessary. Items such as injections, dressings etc. also have to be ordered for the practice nurses and clinics.

We also arrange home Oxygen Therapy for patients and medication-only visits with Social Services.

Prescription forms for both computer generated and handwritten versions have to be ordered and we arrange with the chemists for the supply of Nomads which are trays made up for individual patients which hold specific combinations of pills for each day.

A day in the life of…....the Finance Officer at Church Street Practice

8.00 Turn on computer, check e-mails and deal with them. There are two doctors asking for patients' files, a nurse requesting that I raise an invoice for a patient who is having some travel vaccinations of Hep B, rabies & Japanese encephalitis. Reception are also asking for a complete set of a patient's notes to be copied as they are moving to Canada. The other e-mails are confirming an order for some otoscope probes (for examining ears) and some statements from suppliers.

8.45 Go to archive room to get the requested patients' files for the doctors, and put them in the doctors' trays downstairs. Whilst there collect paperwork in my tray. Check reception petty cash tin for any payments received from patients, none today.

9.00 Deal with paperwork which includes:-

- Three insurance claim forms from patients that are then logged on to their computer notes, stamped and passed to relevant doctors.
- Two insurance claim forms that have been completed by the doctor. These need to be scanned on to patient's notes and an invoice raised. I then contact the patient to say their form is ready for collection.
- Three supplier invoices, one for some vaccines, one for a locum doctor and another for the sterilisation of equipment. I put these on to the accounts on the computer.
- Two life assurance forms, which I check are completed and signed. These are scanned on to the patient's notes and I raise invoices to the insurance companies. One patient requested to see the report before it was sent off, so I contacted them to say it was ready. They have 21 days to view it before I send it off.
- Three incapacity for work reports. Two new ones that are logged on to patient's notes and passed to the relevant doctor. One that has been completed by the doctor which is scanned on to notes and sent off. We don't get paid for these or any other social services, benefits or housing forms so I don't need to raise an invoice.

10.45 Take completed paperwork downstairs and put in relevant doctors/nurses' trays. Pick up the post and stuff that fills my tray again including:-

- Requests from insurance companies for reports. I check that the patient has signed a consent form and then log them on to notes, then I get the patient's hard file from the archive room and pass them to the practice manager for her to print out a report from the computer.
- Four cheques from insurance companies for reports they received which I put on the accounts programme against the relevant invoices.
- Two insurance claim forms left by patients.
- Three disabled badge forms.
- Two disability living allowance forms.
- Two DVLA fitness to drive forms.

All these forms are logged on to the patients notes and passed to relevant doctors

11.45 Go to archive room and get the hard file of the patient who is emigrating. Remove all letters, results etc. from the file and photocopy everything, including the old Lloyd George notes (the old style notes on two-sided card that are kept in a little pocket envelope), then put it all back into the file. Print all letters and notes that are on the computer. Raise an invoice and contact the patient to say the notes are ready to collect.

12.30 One of the doctors has asked me to print all the letters on a patient's notes to accompany an insurance report that they are doing.

12.45 Check store cupboard stock which includes toilet rolls, couch rolls fluorescent tubes etc.

1.00 A delivery of stationery and office equipment which I ordered yesterday has arrived and needs taking upstairs in the lift and putting away in the stationery room. One item is an under desk drawer which needs its wheels and door handles put on, (which I will do tomorrow!)

1.15 Discussed some literature and a piece of equipment for ordering with one of the doctors. I will search the internet tomorrow for the best prices.

1.30 Backed up all my work, shut down the computer and took all necessary paperwork downstairs to put into trays. Time to go home!

The need for patient confidentiality creates a lot of work for us and causes misunderstandings, as we can only discuss matters with the actual patient concerned. We cannot leave messages or say where we are calling from, as this could be a breech of confidentiality.

General description of the finance officer job

I pick up the post from downstairs then deal with it. Any invoices from suppliers (anything from envelopes to vaccines) are put on to the computer.

I sort out the reports; these are usually received via a patient or the post. They are recorded on to patient's notes then passed on to the right doctor. When they are returned to me I check that it is all signed etc. and scan it into the patient's notes. Then, if it is needed, I raise an invoice and post it off with the report.

I need to invoice companies for things like insurance reports, examinations, solicitor's reports and employment reports. Invoices for patients are usually for travel vaccinations, insurance claims, fitness forms and any other private letters or forms that do not come under NHS Services. There are quite a few forms and reports that we don't charge for e.g. Social Security and Housing reports. For any invoices and bills that are due I allocate cash and cheques then fill out paying–in book and bank them.

I keep an eye on stock, this includes all stationery, printer cartridges, toilet rolls, hand towels, cover rolls, tissues, fluorescent light tubes, etc. As well as ordering the stock that I am in charge of I also order everything else that is needed in the practice from new doctor's couches to cotton wool balls! I make sure that we always have enough stamps, usually buying 1000 at a time.

I also look after the petty cash. There are two tins in reception to take patient's payments for private consultations, medicals, etc. This money is transferred to the main petty cash tin which is used to pay for things like stamps, etc. and the rest is banked.

Once a month I get a print-out from the practice manager regarding payments we have received from the Oxfordshire PCT which need to be put on to the computer.

I also deal with the bank accounts and have to balance and reconcile all the statements.

Throughout most days I receive phone calls from companies and patients, mostly regarding reports and payments. This can sometimes be difficult as I can only discuss matters with people/companies where I have been given permission by the patient via a signed consent form.

And of course at the end of the day everything needs to be filed so there is always a big pile of that to do!

A day in the life of…..……...a District Nurse at Church Street Practice

Patients seen on day: 8		
Male 5		
Female 3		
	18-59	1
	60+	7

The District Nursing team consists of four district nurses and an auxiliary nurse. They provide nursing care and treatments to patients, relatives and carers in their own home. Care and support are given for the acute and chronically ill and the dying and their families. The team has specialist skills in continence advice, intravenous and chemotherapy administration and wound management. We see any patient over 18 years old.

My day began, at our base, the Health Centre, at 8.00am. The alarm is disabled and the urn is switched on in the kitchen.

The next task is to check the answer phone in the office. There are three messages so far today for which action needs taking. The first message is a request for an extra home visit, the second is information from the chemotherapy suite regarding a patient's ongoing treatment and the third concerns a patient with a deteriorating condition which needs to be discussed with a doctor.

Two more of the district nursing staff arrive so the day's visits are allocated. The team is able to discuss current patients together.

I now go downstairs to see the doctor to discuss the patient. We decide to refer the patient to a Macmillan nurse. I go back upstairs to the office where there is a cup of tea waiting. I order equipment on line, which includes a hospital bed, a pressure relieving mattress and a commode.

One member of staff is unexpectedly off work, so we have to reorganize the day's work.

Today I shall be visiting 8 patients.

The first patient is a lady who is to have a toe dressing. She will be visited twice weekly.

My next patient is a gentleman who needs his supra-pubic catheter changed. I will visit him again in ten weeks. Meanwhile, his wife needs a blood test but this is a one-off visit.

I next visited a lady with a long term disease. She has carers helping her. They in turn need our support which we are giving on a twice weekly basis.

A gentleman, who needs an injection for a renal disease is my next patient. I also take his blood pressure and blood test samples. He will be having fortnightly visits.

I return, mid-morning, to the Health Centre with a blood specimen to be collected by John Radcliffe transport and I have a quick chat with the reception staff. I then go out to finish my visits.

I visit a new patient who is a gentleman with a cardiac disease. I take a blood sample and I will see him again if more tests are needed.

I next assess a gentleman for care needs. A visit will be arranged for next day.

My last visit of the morning is to a gentleman who has a progressive disease and needs nursing support. He will be seen again in 2 days.

Returning to the Health Centre I make a lunchtime phone call to an agency providing care regarding a patient and I phone two patients to give advice. I also phone a Macmillan nurse to refer a patient and to catch up on the progress of current patients.

In the afternoon I attend a locality meeting which includes Wantage and Didcot district nurses. We bring management and clinical issues to the meeting to discuss. .I manage to liaise with a breast care nurse regarding a patient.

A late afternoon visit sorts out a problem with a patient that could not be left until tomorrow.

Back at the Health Centre there is a discussion with the rest of the team regarding tasks outstanding and tomorrow's visits. This lasts about 20 minutes.

I finish off PCT audit paperwork. This is not a daily occurrence!

At 17.00 I go home.

A day in the life of…….a Health Visitor at Church Street Practice

8.30 Arrived at the Health Centre. Checked telephone messages and e-mail. An e-mail from a GP requesting that the health visitor refer a child for a hearing test. We liaise with the admin assistant with any clerical work which includes appointments to be arranged or letters to type. The admin assistant also helps with inputting of data on to the computer if needed. Discussed with colleagues a clinical issue regarding a family with parenting difficulties and how to support them.

9.30 Saw mother with baby for 8 month developmental review at the Health Centre. This review focuses on the development of the baby and allows discussion of any issues and concerns that a parent has. I also discussed safety issues, dental health, family's health and social issues such as housing. This 8 month review of the child is satisfactory and the parent has no other concerns regarding family health and social circumstances.

10.15 Input data in GP computerised record. This is necessary as we can keep up to date with what has happened with a particular family and child.

10.30 Home visit to a young mother with 3 week old baby. Reviewed how previous week went. Discussed parental concerns-baby's feeding, crying and sleeping. Discussed issues such as contraception, benefit entitlement and information on local mother and baby groups given.

11.30 Returned to Health Centre. Data input and checked answer phone messages.

12.10 A family turned up at the Health Centre requesting to see health visitor. Opportunistic encounters like this allow a parent to discuss a query regarding a child's health or to request an arranged appointment with the health visitor at home or at the Health Centre. This depends on the nature and complexity of the problem they want help with.

12.30 Lunch

13.00 Home visit to offer emotional support to a mother with post-natal depression.

14.15 Home visit to a mother with a 2 week old baby. This is the first visit to the family after handover from midwives. Discussed the health visitor role alongside issues relating to baby's health, safety issues, immunisations and maternal health.

15.30 Returned to Health Centre. Input data of visits in computer. Checked answer phone messages and e-mail and responded as needed. Telephoned families to arrange appointments for new births, follow-up visits and developmental reviews.

16.30 End of day.

General Duties

The role of the health visitors is to promote the health of families and children and to tackle social inequalities in vulnerable families working in collaboration with other multidisciplinary agencies, both statutory and voluntary. Health visitors work mainly with families and children under 5 in a variety of settings. They identify where extra support or services for families is needed and enable them to find the services that meet their individual needs. Health visitors also liaise with midwives and see women in their ante-natal period.

The health visitors run a weekly well-baby clinic, Baby Bar for breastfeeding mothers, and groups such a post-natal groups, and a Young Parents group. There are two health visitors assigned to the Church Street Practice and the health visiting team of three practices (Church Street, Newbury Street and Grove Medical Centre) is supported by a nursery nurse and admin assistant.

The health visitors liaise closely with the Primary Health Care team - GPs, practice manager, practice nurses, district nurses, practice counsellor, receptionists, clerical and computer personnel.

At times, health visitors are invited to attend child protection case conferences which are held at the practice or at social services. They are occasionally invited to multi-professional meetings to share information and to work out an action plan to support a family who need intensive support from different professionals. The professionals involved are from social services, the Primary Health Care team, schools and the community adult mental health teams and also liaise with the Primary Child and Adolescent Mental Health Services (PCAMHS), the community mental health services for children and adults. They work and liaise with other statutory agencies such as housing and with community groups such as Children's Centres

Appointments are either at home or at the Health Centre and are not just confined to seeing new babies and developmental reviews but also supporting parents of children with sleep and feeding problems, and behavioural problems. Contact is not always face-to face and can be made by telephone and occasionally emails and letters.

There is no typical day and every day in the week can vary to a certain degree. Not knowing what each day will bring makes the job of the health visitor very interesting, exciting and stimulating.

A day in the life of…..the Information Manager at Church Street Practice

The job of information manager is very varied and is quite often reactive to the needs of other members of the practice team. No two days are the same although as in any job there are certain things which are done on a daily basis. Some days seem to be spent entirely in meetings, others can be spent chasing around computers with problems and others can be spent entirely in front of the computer running reports and working on the results that are produced. The best days are when there is a mixed bag of activity. I have had different jobs in the practice, starting in reception and then moving to dispensary and been the information manager for about 6 years.

We have a central file server and 40 other PCs on site. A part of my job is to solve any problems that come up with the system, assist any user when necessary and generally keep things working properly. Any major problems are handled by a phone call to outside contractors. They will either dial in remotely to fix the problem, talk me through fixing it or they will send out an engineer.

8.00	The start of each day is very exciting! Switch on both my computers and while they are running up, go and make a cup of tea. With a large cup of tea in hand, I have twenty minutes to check my e-mails, those sent via the website e-mail address and then checking the front desk online booking service for any messages. I can deal with most of these, but some may need sending on to the relevant GPs for their attention.
8.30	Referral meeting with all doctors who are in today. These meetings are held each morning, apart from a Thursday. The doctors discuss referrals that they want to make to see if there is another way of managing the patient without sending them up to the hospital. They are able to use each other's expertise. Once back in my office I need to record the data on my computer so that at the end of each month we will be able to see how many referrals have been made to the different specialities and how many have been saved.
9.15	Run the PARR data (Patients at Risk of Readmission). This is run once a month and will take most of the day to do. The software gives information on patients who are at a higher risk of re-admission to hospital. The data is used by the case management team to target these patients and to try to prevent them having to be re-admitted.
9.30	We need milk again, and so a quick trip to Sainsbury is in order! We can't have the team going without their coffee break!
10.00	The specialist nurse wants to know how many 'flu jabs have been given so far. We need to keep control on them to ensure that we are reimbursed for the costs by the PCT, and that they are recorded so that we meet all our targets. We also need to extract reports from the database to show who we need to call in for health checks in the learning disability group of patients. Those who have 'Health Plans' have not been coded properly, and so all that needs sorting out before the list can be produced. Check the 'Sophie', a tool for recording all the patient details. It seems to be in its original form as provided by ISOFT, the suppliers of the Clinical system used on the computer. I have not run it before, but I can already see that it is far from user-friendly. I need to discuss it with one of the practice nurses and see if she wants me to build a "Form Sophie".

	This will involve producing a screen template to show and update all of the Sophie fields in one operation. I am also adjusting the template letter to be used for patient recall.
10.45	Change the back-up tapes. These are changed on a daily basis, and the back-up runs overnight. We also have tapes for a full weekly backup, and monthly backups of all the information stored on the data base. They are stored in a fireproof safe, and so if we have data problems they can be used to restore information to a point before the problem occurred.
11.00	I have to load another piece of software onto the computers in reception, ready for the 'flu clinic on Saturday. This will ensure that all jabs given can be entered quickly and correctly onto patients' records. I also need to print out several copies of the 'flu lists to be used to check people into the clinic and record that the vaccine has been given.
11.30	A previous report has thrown up some anomalies in the recording of dates in patients' records. I need to work through the list and correct the entries. I also need to check Contract + QOF lists, and update the information wherever possible. (QOF are the targets that we are set by the Government for recording patient care). I must remind clinicians not to put on a diagnosis without adding the confirmation codes. Trouble-shooting throughout the morning. Helping people with their computer queries.
13.00 - 13.30 Lunch	
13.30 – 15.30	Final management meeting with the specialist nurse practitioner, who is leaving, the practice manager and receptionist team leader. Discuss the handover of some of the nurse practitioner's work and also the information that she has on her computer to decide the best place to save it so that it can still be accessed once she has left. We finish up with a final discussion on the details of the 'flu clinic, and the general practicalities of how it should run. The practice manager volunteers to do some shopping for lunch on Saturday for everyone.
15.30	A GP needs some information for their appraisal. This involves a computer search and then pulling it all together for them. Update the Intranet with some referral information e-mailed through by the practice manager.
16.00	End of the day.

A day in the life of…..…..the Receptionists at Church Street Practice

Patients checked in	230
Phone calls received	218
Emergency Phone calls received	2

On the day of our survey two emergency phone calls were received and one patient arrived needing urgent attention from a nurse. The receptionist on the front desk checked in 145 patients in the morning and 85 in the afternoon. Other receptionists replied to 107 phone calls in the morning and 111 in the afternoon. 38 appointments were made for 'flu jabs.

The day begins at 8 am.

One receptionist mans the front desk, four more work in the office behind. The person on the front desk opens the doctors' rooms, checks there are supplies of appointment slips, change of address forms, practice booklets and urine sample bottles at the desk, updates the board in the waiting room to inform patients if a doctor or nurse has a student with them, and makes the waiting room ready. At 8.15, the doors are opened.

Five phone lines are used to answer patients' incoming calls and direct calls to other members of staff. Between 8.30 and 9.30 is the busiest time. Patients are asked details about their illness/condition so they can be seen or spoken to by the most appropriate staff member. We get all sorts of requests! For example: May I have an appointment at 4 o'clock? – Yes… Haven't you anything earlier? May I have an appointment first thing in the morning? – Yes, at 9 o'clock? – Oh no, that's too early! And we get all sorts of responses. A patient is offered an appointment but can't come then as she had to go the hairdresser; a request for a very ill child to see a doctor urgently – Oh, he can't come then, he'll be at school. Not to mention the appointment cancelled because the patient said they were too ill to see a doctor! And the wrong numbers – sorry, I thought you were the vets!

All letters (up to 120 a day) are sorted and scanned onto the computer system so the doctors can read them before surgery starts at 9 am. The out-of-hours appointments that took place since the surgery closed the previous evening are received by e-mail and checked and put onto the system for the duty doctor of the day to deal with. Blood and urine test results are sent to the doctors and the duty doctor is reminded to look at the results for absent doctors. If a doctor is unexpectedly absent, patients are contacted to reschedule their appointment. Routine check-up appointments are booked by phone or letter, e.g. for the diabetic clinic. E-mails are sent to case management. New patients' details are entered onto the computer.

The receptionist at the front desk greets patients and makes appointments. She sometimes calls patients' names when it's their turn to see the doctor or lets the counsellor know when a patient has arrived. Other tasks which are fitted in between are scanning new patients' I.D., update phone numbers, accept urine samples, take delivery of the morning post, supplies of vaccines, paper towels and other goods, sort out patients' queries about prescriptions and help with re-ordering repeat medication, and putting stamps on the afternoon post.

At 6.30 pm the phone is switched over to the out-of-hours service, the doctors' rooms are checked and any blood samples collected, computers are switched off and the doors are locked when the last patient leaves.

Despite this busy work load, time was found to sing 'Happy Birthday' to one member of staff!

A humorous look at a day in the Life of…..……..the Receptionists

It's 7.45. Am I first in? I hope not –
The alarm is on, the code I've forgot.
(The grammar and rhythm may be wrong
But, hey, this is not a rapper's song!)
No, it's ok, the alarm is clear,
I can enter – no police in riot gear!

Put the kettle on for morning tea,
We start prompt at 8 you see -
Priorities set for the day.
Next, computers – what do they say? (mostly no!).
Put on the dragon face and tone,
At 8.30 we answer the phone.

At 8 the 'out of hours' service ended,
Phone us and emergencies will be attended.
For 30 minutes all is a flurry
As we get 'out of hours' reports in a hurry,
The blood and other results must be ready
For doctors to read to Tom, Dick and Freddy (Harry doesn't rhyme!).

Receptionist on front desk greets the patients,
If they are rude or late we don't lose our patience.
We book them in with the click of a mouse,
Check 'Do you smoke?', 'What's your weight?'
'Where is your house?'
All this info is important for our records
(And sometimes we sound like broken records).

Postman arrives with mail in heavy sack,
Take to receptionists in the back.
They will sort it to different places
And take it round with smiling faces
To Newbury Street, Lloyd's, Opticians and upstairs
(Then we find out it isn't theirs!)

Make appointments by the score, write on a slip,
Over 200 patients seen today, we need to keep a grip.
Give out forms to be completed
To join our surgery. Don't get defeated.
Speak to doctors on the phone;
When running late hear the groan.

Look for letters in the file,
The secretaries typing all the while.
Give out prescriptions (we call them scripts)
Chemist lost them – we'll have fits –
No, here they are, we'll not despair.
For your health we do all care.

Behind the scenes at 8.30 wheels set in motion.
The phones go mad. Four receptionists, what a commotion!
Incoming calls, who's on the line?
A patient bumped his head – not nice –
Confidently give head injury advice,
May need to be seen, come in to the nurse,
We cannot allow the injury to get worse.

My child has swallowed something ghastly,
Phone the poison unit, reassured it's not too nasty.
My horse has kicked me in the chest,
Off to minor injuries, they'll do what's best,
My Mum is ill and very aged with it,
Don't worry, after surgery the doctor will visit.

No time for a break, but it's coffee time,
Over 100 callers been on the line.
Our mail is sorted into doctors' trays
To be scanned later in the day.
Collect the paperwork and samples from doctors' rooms,
Water the plants – what pretty blooms!

Doctor wants urgent results, phone the lab,
They have them in, that's just fab.
Hospital and nursing homes want visits done,
No problem, they're arranged for after one.
The phone never seems to stop ringing,
What will the next call be bringing?

The afternoon. More post arrives in style,
We open, date stamp and put for file
On the scanner one by one
Over 120 to be done.
The doctors read and action before surgery begins.
I wonder if their head ever spins?

At 5 pm we have a cup of tea,
We've deserved it if you ask me;
Doctors' drinks taken round on a tray
(Can we have a trolley I do say).
Another 90 minutes' work today,
Then phones go 'out of hours' (go over, we say).

The last receptionist goes at 7.
All the computers off, silence is heaven.
Lock the doors quick as you can,
Let no one in – especially THAT MAN!
Who'd be a doctors' receptionist I ask?
I would, there's no better task.

A day in the life of…the Practice Manager at Church Street Practice

My day can start at any time up to 9.00 a.m. but I try to make it as late as possible when our Information Manager, is in as I know she can deal with any emergencies. So today, I have a leisurely start and arrive at 8.50 a.m.

8.50 I check there are no particular problems and then start work reviewing my emails. There are 18 new emails. I deal with 14 and mark 4 for further action. I will keep checking my in-box throughout the day, as this is the only way to keep on top of them. This morning's mail includes:

- Two hospital patient lists showing patients admitted and discharged from the John Radcliffe which I forward to reception to deal with,
- Three from the Primary Care Trust regarding information required on some of the enhanced services we provide. I forward one to our reception manager to confirm patients we are looking after in Wantage Hospital and mark the other two for later action,
- Two are drug alerts which are in fact the same and not relevant to us as we are not a dispensing practice but I have to read them to check before I can discard them,
- Three are adverts from companies we use and so have not been automatically taken out as spam,
- Four are newsletters and information from various organisations which I read and circulate as appropriate,
- One is an urgent request from the NHS Pensions Agency for information about a member of staff who left recently which I deal with as I am the practice's administrator for the scheme,
- One is concerning an on-going computer problem and I add a reminder for tomorrow to follow this up if the engineer has not been in touch to sort this out,
- One is from a colleague requesting some advice which I respond to immediately,
- One concerns patients who were referred to the psychologist who is no longer in post and so requires immediate attention.

9.25 Telephone call from a drug company trying to sell us Flu vaccine for next year.

9.28 I go down to reception to check how things are going and am happy to find that it seems to be a quiet day and we have available appointments although there seem to be more home visits than usual for a Tuesday. It is really great to have such a happy team who know what they are doing and can be relied on to do their jobs well – I have not always been so lucky in previous jobs and am still frequently amazed and impressed by the dedication of this team.

9.40 I go back upstairs to deal with the email about the patients waiting to see a psychologist. The doctors had agreed the priority for these patients, that is who needed to be seen urgently and who could wait until the replacement was in post. I ring the community mental health team to arrange for Dr Hankinson to come in to see the urgent patients here at the practice.

9.50 The Newbury Street Practice Manager comes over to discuss issues about the building before we meet with a Management Accountant from the Primary Care Trust who joins us at 10.05. As there are five separate organisations in the Health Centre the service agreement is not straightforward. We go through all the recharges and apportionments on costs and expenses and agree the amounts outstanding and revise the charging system for the future.

11.15 Get a cup of coffee and deal with a couple of voicemail messages that have been left. Check the 8 new emails – most of these need to be read and circulated and only two

need a response. Sign a form to claim payment for a report and deal with a query raised by our accounts clerk regarding another report request.

11.35 Pick up the post from reception and deal with this. Nothing of any great interest, a few bills and bank statements which I pass to our accounts clerk, an income statement from Thames Valley Primary Care Agency which I check and summarise into one of our accounts spreadsheets, details of some training update courses which I circulate to doctors, a reminder about the surgery insurance renewal, a couple of practice management magazines and a lot of advertising and promotional material.

I decide it is time to get some quotes for the surgery insurance as the premium has gone up more than expected. I review our asset lists and update these to ensure the valuations are reasonable and then pull out my file with details of companies that specialise in surgery insurance. I telephone three companies and give them the details to provide me with quotes.

I go back to one of the outstanding e-mails from the PCT which is from the prescribing adviser offering assistance to our case managers. Church Street provide the case management service for the 10 Vale Practices. The aim of the service is to prevent unnecessary hospital admissions and casualty attendances. The team comprises a nurse, a social worker and an administrator. Our nurse case manager has returned from visits and we agree that it would be helpful if the prescribing adviser came in regularly to go through the medication records for newly referred patients and make appropriate recommendations before the nurse case manager goes to see the patient. I contact the prescribing adviser and set up a meeting for the following day.

12.45 Time for some lunch. I have just finished my sandwich when one of our nurses asks if she can talk to me about her hours.

12.55 Discuss the nurse's need to increase her hours to take over the nurse management on a temporary basis as our specialist practitioner is leaving. Agree new hours, sessions to be worked and time for the administration and management both in the handover period and afterwards. Also discuss further training and career development.

13.15 Meet with a contractor to discuss a redecoration program and building alteration work that we want done.

13.45 Join the management meeting – I am 15 minutes late but they have started without me. I try to meet with our information manager, reception manager and nurse manager every week to ensure we all know what our priorities are and to address any particular problems that have or may arise. Today the main priority is the flu clinic and we run through everything to try and ensure it goes smoothly. This will be our specialist practitioner's last meeting and we ensure we all know who is picking up what areas of responsibility and that everything is handed over properly before she leaves. We talk through staffing issues, highlight some areas where problems could arise and discuss possible solutions.

15.20 Pick up an e-mail from the accountant with some adjustments that he has made to the accounts following a meeting last week. I check these and find that he has still not quite understood what I want. I ring him to discuss the further changes and we agree these. I then proceed to put the final adjustments through in our computerised accounts. I am interrupted by two telephone calls, one from an insurance company about the quote and the other about a meeting next week.

Whilst in the accounts, review and check recent transactions posted by the accounts clerk and look at the outstanding debtors and creditors and the bank reconciliations.

Part way through this, called downstairs to deal with a patient having problems with the on-line appointments system. Our information manager would normally handle this but she has gone home, so I take the patient into a consulting room, unlock his login and go through the procedure so that he can get into the system. When I walk back into reception, I find the staff are all busy and so pick up an incoming call and book an appointment. It is

always dangerous to sit down in reception as the phones always seem to ring. I take two more calls while I wait for one of the receptionists to finish dealing with a doctor's request and then escape back to my room.

The accounts adjustments and other changes in our income and expenditure lead me to update my profit and cash flow forecasts and review the Partners' drawings. I am almost finished, when the phone rings and this time it is my husband to tell me dinner will be ready at 7.15. I look at the clock and wonder if I have time to finish things off but decide to leave it till tomorrow.

18.50 I shut down the computer, put the files away and go down to reception and say goodnight.

Practice Manager Job Description:

A GP Practice is a business and the practice manager is employed to run the business effectively and efficiently but this has to be balanced against the requirement to provide high quality and caring services for our patients. As in many small businesses the manager has to be a jack of all trades and so duties and responsibilities include:

1. **Human Resources:** staff recruitment and retention, contracts, staff handbook, disciplinary, sickness, other staff policies, managing staff and dealing with all personnel problems, payroll, pensions, training.
2. **Business:** Strategic planning for the future of the practice on short and long-term basis, Practice Development Plan, ensuring contracts are up to date and are complied with, Partnership agreements, lease on the premises and Personal Medical Services contract. Ensure insurance on the premises, doctors and relevant staff valid, assess needs and potential for new services, identify new sources of income and savings, internal audit on our systems, deal with patient complaints, carry out patient satisfaction surveys, use results to influence changes in work practices, assess and monitor the effectiveness of the practice as a whole to ensure standards are maintained effectively and efficiently.
3. **Finance:** Maintain and produce draft and management accounts, generating cash flow and profit forecasts and calculation of Partners' drawings, control of debtors and creditors, agree the practice budget with the Primary Care Trust, monitor and report on various contracts with the PCT to ensure maximum income and fulfil the terms of the agreements so that everything is in order when subjected to external audit, and prepare, agree and monitor contracts for services we provide to other agencies.
4. **Premises**: Manage the surgery premises and liaise with the other tenants regard the Health Centre as a whole which includes organising contracts for cleaning, repairs and maintenance and often involves changing a light bulb or picking up a screwdriver to fix something which is loose before it becomes damaged.
5. **Health and Safety:** Act as Fire Officer, keep the H&S policies up to date and ensure all staff have relevant training and are aware of the policies to keep themselves and patients safe. Ensure the Infection Control policies are up to date and clinical staff in particular are adequately trained and aware of the guidance and regulations.
6. **Information Governance:** Ensure compliance with the NHS Information Governance policies including security of data, hardware and software, work with the information manager to maintain the computer systems, and develop and improve our recording systems.
7. Anything else that needs to be done.

Appendix

The numbers of patients seen on the day surveyed is given in the Table 1. There were 4.25 doctors available in the morning surgery (one had a personal commitment and so only did a short surgery) and 5 available in the afternoon. There were 4 nurses working in the morning and 2 in the afternoon. The nurse we followed in the morning was running a diabetic clinic which meant appointments were longer. The district nurse made 8 visits to patients in their homes.

For comparison, the number of patients seen in an average week in October are given in Table 2.

Table 1: *Number of patients seen on the day*

Day of survey			
	Doctors	Nurses	Total
Patients seen in surgery	131	93	224
Telephone consultations	35	6	41
Home visits	13		13
Patients did not attend	2	4	6
Total	181	103	284

Table 2: *Number of patients seen in an average week in October*

An average week in October			
	Doctors	Nurses	Total
Patients seen in surgery	688	365	1053
Telephone consultations	232	32	264
Home visits	52		52
Patients did not attend	17	19	36
Total	989	416	1405

There are 12,456 patients on the books.

48 members of staff work at the practice, some full-time and some part-time.

The GP specialities range from dermatology and skin problems, cancer and palliative care, diabetes, eyes, general medicine, young people, women's health and sexual health. The practice is also a GP Training practice.

Clinics run by the practice: diabetic, antenatal, audiology (hearing). Two doctors run two sessions a week to carry out minor surgery.

There are several regular visitors to the practice including a counsellor, a psychologist, a MIND PC mental health worker who carries out low level self help using computerised CBT - Cognitive Behavioural Therapy and the Carer's Centre to provide help and support for carers and the cleaners come to clean every evening at six.

Finally, there is a wealth of information on the Church Street web site: http://www.wantagechurchstreet.co.uk/