



## PATIENT PARTICIPATION GROUP NEWSLETTER JUNE 2016

### **MYTH BUSTING**

Patients often ask whether GP Registrars are student doctors. A Registrar is a fully qualified doctor who has had 2 to 3 years experience in hospital since qualifying and plans to further qualify as a GP. At present there are 3 Registrars at the Practice, 2 GPs and 6 GP Partners.

All patients are registered with a named GP who is a partner at the practice. When requesting an appointment to see a doctor, an appointment is always sought with your named GP first.

If there is no appointment available at the time you want it you will be offered an appointment with another doctor who may be another GP, partner or a Registrar.

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### **RECRUITMENT**

The Practice welcomes Linda and Sheila, our two new Receptionists, and Kay, our new Admin Assistant.

The only vacancy currently at the Practice is for a Health Care Assistant.

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### **TEXT MESSAGING**

Text message reminders to patients of appointments is working well and is to be extended to annual reviews of conditions, for example asthma and diabetes.

Please remember to inform the surgery of changes to mobile numbers.

The second meeting of our face-to-face Patient Participation Group (PPG) was held on 27 May 2016. It was agreed that each newsletter would have a topic. Last time it was the 'call centre' and in this edition it is information on Sepsis, which can be found on page 3.

### **New Telephone Service**

A new telephone system is to be installed in the surgery this month. Discussions at the last PPG meeting and the comments made by patients have been taken into account in deciding on the new system.

The new system will bring numerous benefits to both patients and the practice including:

- \* The surgery number will no longer be withheld. Therefore those who have blocked withheld numbers will now be able to receive calls from the surgery.
- \* There will be a queuing system and patients will be advised what number they are in the queue. The maximum number of patients queuing in the system was discussed and it was agreed that there would initially be a trial basis of 20 patients, which includes three calls being dealt with.
- \* The system would also allow options to be selected i.e. Option 1 is for appointments or general enquiries and Option 2 for test results. It is important to note that if Option 2 is selected when the results line is closed patients will be directed to call back between 11.00 am and 3.30 pm.
- \* All calls, including direct dial numbers, will now go through the main switchboard number: 0121 373 2211.
- \* The telephone line for ordering repeat prescriptions for housebound patients will remain the same.

## **Electronic Prescription Services**

When the new telephone system is up and running, the use of electronic prescriptions will be introduced.

Details are as follows:

- \* Repeat prescriptions will still be ordered in the same way but will be sent electronically to the pharmacy you have nominated and the pharmacist will prepare it for collection as usual. However, this service will not be available for controlled drugs such as Tramadol etc.
- \* If you have your prescriptions delivered you will still receive this service from your pharmacist.
- \* If you see the doctor for a one-off prescription you can have this sent electronically direct to your nominated pharmacy for collection. A paper version can still be provided if you prefer but it is hoped you will use the new system.

## **A&E Attendances**

A recent audit at the surgery has identified that some patients have attended A&E when there were appointments available at the surgery. The data identified that many of these attendees were not presenting with life-threatening emergencies but had coughs, colds or long-term conditions such as back pain.

Coughs, colds and many minor conditions can be treated first by seeing a pharmacist who can offer remedies and advise if you need to see your doctor. Long-term conditions will not be dealt with more quickly by going to A&E, as it is the GP who needs to refer patients to specialists.

There is a belief that doctors in A&E are more likely to be able to help a patient rather than their own GP. In fact the doctors in A&E are trained to deal primarily with emergencies, of which these everyday conditions are not and it is wasting your time as well as A&E staff time.

There are also a number of patients who attend A&E on a regular basis and the surgery will be writing to these patients asking them to make an appointment to see their GP instead.

In recent months getting an appointment with your GP has improved and it is expected that the new telephone system will help this even more.

## **Copies of Blood Results**

The surgery receives numerous requests from patients for paper copies of their blood results/x-ray reports. Usually you will be advised if your results have been deemed within normal limits by your doctor but if the results give rise for concern, you will be contacted and advised to make an appointment with your doctor.

It was discussed at the PPG meeting as to whether a small charge should be made for the provision of unnecessary paper copies of results for patients' personal records. It was decided that if the results are necessary for a genuine hospital/consultant appointments then you will be provided these without charge. However, if a paper printout of results is not for these reasons and it requires substantial printing, then it was agreed that a small charge to the patient would be made.

It was agreed that the charge should be a minimum of £2.50 dependent on the amount of paperwork involved. You should be aware that the surgery is not obliged to provide paper copies of results under the NHS contract and does this as a courtesy, which has unfortunately been taken advantage of by some.

## **HOT TOPIC**

### **Sepsis**

There have been several reports in the news recently on Sepsis so here is a short explanation to reassure and advise patients how to recognise it and what to do.

**So what is sepsis?** Sepsis was referred to in the past as “septicaemia” or “blood poisoning”. It is a life threatening condition and is the body’s over reaction to infection and involves the body attacking its own organs and tissues.

Infections can give rise to sepsis including, chest infections, urinary tract infections, infections in wounds or bites etc. However, these are common conditions that can be treated simply in the vast majority of cases.

Sepsis can be serious but it can also be treated with antibiotics. Patients should be aware of the possibility of sepsis and should not be afraid to raise this with their doctor and say "I think I may have sepsis".

You should seek urgent medical help from your GP, 111 or attend A&E if you experience any of the following:

- S**lurred speech
- E**xtrême shivering or muscle pain
- P**assing no urine in a day
- S**evere breathlessness
- "I feel like I might die"**
- S**kin mottled or discoloured

### **Future newsletter editions**

Each newsletter will now have a specific topic for information so if you have any topic suggestion or any queries or feedback from the newsletter please speak to member of the team at the Surgery.

Newsletter produced by Sheila Try, member of the Patient Participation Group

