

Posterngate News

Posterngate Surgery

September 2008

FLU CLINICS - FOR PATIENTS AT RISK

DROP IN CLINICS (without making an appointment) will be held on:

**Saturday 4th or 11th October
Between 8.00 am—1.30 pm**

Or

**Contact us on 702561 to make an APPOINTMENT on:
Monday 6th/13th October or Thursday 9th/16th October
Between 6.00 pm—8.00 pm**

**If you do not wish to have this important vaccination, please contact us and let us know
See below for branch surgery times**

CAWOOD

FLU Clinic appointments will be held on:
Wednesday 8th October/15th October
Between 12.30 pm - 2.30 pm

HEMINGBROUGH

FLU Clinic appointments will be held on:
Tuesday 7th October/14th October
Between 12.30 pm - 2.30 pm

Patient Participation Group

Every 3 months we hold a patient participation meeting on a Tuesday afternoon to discuss any new developments within the practice.

If you are interested in coming along to these meetings please contact Caroline Waller, Administrative Manager, on 01904 721902 for further information.

GP Triage

We are trialling a different system to make GP appointments. This is called GP Triage and, before being given an appointment to see a GP, you may be asked to speak to a GP on the telephone first. If it works and we adopt it throughout all the Practice, you can expect to be offered a phone call with a GP to arrange your appointment. Initially only some of the GPs are using this system, to find out what problems it creates and get solutions to them.

- ◆ We know that many problems can be dealt with over the phone, like so much in our modern society. The same is true of our Medicine and by making a phone call, we may be able to avoid you having to come and sit in the waiting room. This may be for follow-up for test results, monitoring your condition, where we have agreed there needs to be some contact, or it can be for a medication review.
- ◆ We may be able to get you to see a different member of the Primary Health Care Team. You do not need to see a GP for a simple Blood Pressure check; our Health Care Assistant, Alison, can check that. You do not necessarily need to see a GP with Asthma or COPD problems; our trained Nurses can give you good support. If you need a check around a medication review, our Nurses can often do the necessary measurements, ask about any medication problems you may be having and arrange a medication review by your usual GP. This is the essence of the increasing teamwork which we use.
- ◆ Some patients definitely need to see a GP and we need to ensure that we, as GPs, can see them at the most suitable time.

This system has been used elsewhere in the country and found to be very successful at meeting patients' needs whilst ensuring the right clinician looks after the right person. We realise there may be some problems with the system, but the intention is to make it easier for you to get an appointment, and try to minimise the number of phone calls you need to make. We hope this will reduce the time taken to make an initial phone call, reduce the back log between 8.00am and 9.00am when the phone lines are exceptionally busy, yet give more flexibility in making appointments. Please be patient with us whilst we try the system out, as we feel it should improve patient care overall.

We would appreciate your feedback.

New GP Registrar—Madeleine Locke

We would like to welcome to the practice Madeleine Locke our new GP Registrar who will be with us at the surgery for the next 6 months.

Madeleine was born in Denmark and moved to North Yorkshire at the age of 5. She has trained at Leeds Medical School and qualified in 2006 after having taken an extra degree in the History of Medicine. She has since worked at both Leeds General Infirmary and Harrogate District Hospital.

Madeleine then began her GP training in August this year but spent 4 months in a GP practice previously. She will be working Tuesday and Friday at the surgery and the rest of the time she is working in Accident and Emergency at York Hospital.

In her spare time she enjoys cooking, reading and walking (when the weather permits!).

Changes in the last 12 months

Last year, the independent survey marked this GP Practice as being below average in many areas of patient care. As a Practice we have reflected on these views, some of which we felt were valid but others seemed quite unfair. Interestingly the Patient Participation Group, with whom we shared the results, also judged the comments as being unfair to the Practice too.

- ⇒ Comments last year reflected on the turnover of GPs. In the last 12 months, we have replaced Dr Edwards who retired, with Dr Barnsley. We have had no other changes. We have had 1 Partner, Dr Benson, who was on Maternity leave, and has returned part-time, and 1 part-time Associate GP, Dr Taylor, who is currently on Maternity leave. We covered their work with long-term locums and had planned cover for the reduction in Dr Benson's time.
- ⇒ We have had 1 Practice Nurse, Margaret Kelk, retire, have recruited a replacement, Lisa Smith, and have increased the number of hours our Nurses work, thus increasing the number of appointments they offer. We have also reviewed their working practices which has also increased capacity. They have undertaken additional training to increase their skills in dealing with Chronic Disease, or as these are now called 'Long-term conditions'.
- ⇒ We have employed additional Reception Staff to help answer the phones. We have also reviewed the messages on the phone system to reduce the time to deal with each call. This will hopefully improve the speed of response.
- ⇒ We have increased the number of Secretarial hours in order to send referrals off to hospitals more quickly.
- ⇒ We are now open 2 evenings a week, on Mondays and Thursdays, instead of one evening, and increased the number of Nurse appointments.
- ⇒ We have lengthened the time we give to surgeries, without increasing the number of appointments. Effectively, this has increased the appointment time. This is particularly important in the morning when surgeries often overrun. This is meant to reduce the overall time patients spend in the waiting room.
- ⇒ We are trialling GP triage (see elsewhere in this newsletter).
- ⇒ For your comfort, we have provided a water cooler in the waiting room to enable you to get cool drinks. This is now working well, after initial teething problems.
- ⇒ We have provided a clock in the waiting room, as you suggested.
- ⇒ We have acquired a new patient call system in the waiting room
- ⇒ We have repaired the drain in the centre of the car park, which we felt was becoming unsafe

In clinical areas, we have also:

- ⇒ Trained more GPs in the Insertion and removal of Implanon, a long-term contraceptive, and the Mirena Coil, used as a contraceptive and for heavy periods. This increases the numbers of patients who can have rapid access to the additional services.
- ⇒ We have worked closely with an attached Pharmacist to improve the quality of our prescribing even further (It is recognised by the PCT that we are already a high-quality practice). We have reviewed the most cost-effective drugs. In addition, we are undertaking a significant piece of work looking again, at patients at particular risk of Osteoporosis, to try to prevent problems such as fractured hips.
- ⇒ We have committed the Practice to using the 'Choose and Book' electronic system of booking hospital appointments. This means that you can either book your own appointment at a time which you decide suitable for yourself, or you leave the Practice with an appointment. This is not possible for all conditions, and remains a problem at our branch surgeries, in common with all other local practices.
- ⇒ We have had an audit by the PCT against national standards in relation to our Information and Technology work. We have been judged as having very high standards, some of which translates into caring for you, as patients. Our record keeping was commended as was our system for summarising medical records when they arrive at the surgery.

In addition to this, we are also planning other work.

- ⇒ We are replacing the carpets with vinyl floor in some of the Nurses rooms, to maintain the best quality infection-control standards.
- ⇒ We are purchasing new chairs in these areas, for the same reason.
- ⇒ We have purchased new chairs for the Hemingbrough waiting room, to improve the comfort there.
- ⇒ We are replacing our call handling equipment which is becoming obsolete. It is planned to have a more flexible, modern system in place before Christmas.
- ⇒ We are also working closely with the PCT to better support patients in their own homes, in order to avoid admission to hospital when it is not needed.
- ⇒ We continue to try to find a new surgery in Cawood, recognising the problems that exist in our current building.

It is important to recognise that these improvements have not come from the NHS or the PCT. They have been funded by the GP Partners, out of their own income, and who remain committed to providing high-quality care in high-quality premises for you as patients.

