



Danebridge Times

The newsletter from Danebridge Medical Practice

Winter 2018

Welcome to Danebridge Times

Our Newsletter is produced seasonally and brings you information on the latest developments within Danebridge Medical Practice.

This issue features:

- Christmas and New Year opening times
- New team members at Danebridge
- Doctor's on the move
- New Doctors in training
- Our new Practice Booklet
- Online Access
- Patient Participation Group
- 10 insider tips you don't know about your GP!

From early January, you'll also be able to keep up to date with news and events through our Facebook page.

If you have any questions regarding Danebridge Times, or have any articles or suggestions for the next issue, please do not hesitate to get in touch!

Philip Greasby
Practice Manager

Welcome from our GP Partners

We wish to take this opportunity to thank all of our patients and external partners, who have helped to make Danebridge Medical Practice one which continues to provide a quality service for our community, despite the NHS continuing to be under enormous pressure trying to cope with the increasing demands placed upon it.



This past year has been one of great joy, where we have refurbished our front of house areas at Danebridge and have also developed and shaped new services, one of which has seen the expansion of our clinical pharmacy team, and another being the introduction of a new MSK Practitioner service, which was launched in September. We will continue to evolve and innovate with a new Emergency Care Practitioner / Paramedic joining us in early 2019. Set against the joys earlier in the year was a period of deep sadness for the Practice, as our colleague, Dr Nichola Russell sadly died. Dr Russell's passing is one of such sadness for so many of us.

As a Practice which is valued by so many, we have to be mindful that we provide a safe, quality and caring service for you. So regrettably, any patients who move house and their address is outside the practice boundary will be asked to move to another practice, even if their current address is also outside of the practice boundary. The practice boundary can be viewed on our website or at any of the surgeries.

From late 2018, we will launch a new telephone system, which will ensure that your calls are directed to the most appropriate team member, with an aim of providing a more responsive service to you. Please be patient with our team, who the Partners have instructed, to ask for a brief reason when patients request an appointment. This is in order to help direct patients to the most appropriate person which may be our practice pharmacist, MSK Practitioner, Nurse, Health Care Assistant, secretary, or an external health care service, e.g. minor ailments or retail pharmacy. There are a limited number of patients any GP can safely see in a day, so we must try to use our appointments as appropriately as possible.

Dr Jonathan Griffiths, Chair of Vale Royal CCG and Partner at Swanlow Medical Centre in Winsford, produced a blog earlier in the year, which we have included within this Newsletter to dispel some of the myths around GPs... we hope that you will find it an interesting read.

From each and every one of us, we wish you and your loved one's an enjoyable, healthy and safe Festive Season.

With warmest regards

Dr Fiona McGregor-Smith
and Partners
Danebridge Medical Practice

Christmas and New Year Opening Times

	Danebridge	Kingsmead	Sandiway
Monday 24 December	8.00am-6.30pm	8.00am-1.00pm	8.30am-1.00pm
Tuesday 25 December	CLOSED	CLOSED	CLOSED
Wednesday 26 December	CLOSED	CLOSED	CLOSED
Thursday 27 December	8.00am-7.00pm	8.00am-6.30pm	8.30am-1.00pm
Friday 28 December	8.00am-6.30pm	8.00am-6.30pm	8.30am-1.00pm
Saturday 29 December	CLOSED	CLOSED	CLOSED
Sunday 30 December	CLOSED	CLOSED	CLOSED
Monday 31 December	8.00am-6.30pm	8.00am-1.00pm	8.30am-1.00pm
Tuesday 1 January	CLOSED	CLOSED	CLOSED
Wednesday 2 January	8.00am-7.00pm	8.00am-6.30pm	8.30am-1.00pm
Thursday 3 January	8.00am-7.00pm	8.00am-6.30pm	8.30am-1.00pm
Friday 4 January	8.00am-6.30pm	8.00am-6.30pm	8.30am-1.00pm

Please call NHS 111 if you require medical assistance when the Practice is closed.

NEW TEAM MEMBERS

Salaried GPs

We welcomed Dr Rosie Shire who joined the Practice in November 2018 and Dr Matthew Orton who commences with us in January 2019.

Nursing Team

Rachel Dougan joined the team as Nurse Manager / Clinical Lead in April, Natalie Grobbelaar, Practice Nurse commenced in November, with Samantha Campbell-Briggs, Health Care Assistant starting in January 2018.

Clinical Team

Gail Wheeler joined the Practice in April, as Pharmacy Technician, with Craig Greenwood commencing in September as our MSK Practitioner.

Patient Services Team

Emma Foxhall, Danielle Fryer, Alison Hitchen, Yvonne Hornby, Sarah Kelly and Lynika Muller joined the team in the autumn of 2018.

DOCTOR'S ON THE MOVE

Dr Charlotte Monument and Dr Steffi Toon have moved on from Danebridge Medical Practice, we're sure that you'll join us in wishing them well for the future.

DOCTOR'S IN TRAINING

Dr Sampa Chail, Dr Claire Cooper and Dr Ade Osindero joined us in August as Registrars. In October 2018, Dr Aanu Adetona left to have her first baby and will rejoin us in 2019 to conclude her training.

LOCUM GPs

Over the last few months the Practice has welcomed a number of Locum GPs, who have enabled us to provide continuity of service and appointments for you. We wish to say a special thanks to some of our regular Locum GPs - Dr Patel, Dr Siddiqui, Dr Vidana, Dr Shaffu, Dr Burton, Dr Fearon and Drs I and H Butt.

PRACTICE BOOKLET

During the autumn of 2018, we updated our Practice Booklet which is accessible from our website, or you can pick up a copy from any of our surgeries. It explains everything that you need to know about the services which are available from the Practice.

ONLINE ACCESS

Have you registered for Patient Access yet? It gives you the freedom to book appointments online, request repeat prescriptions and also to view your records.

Please register online at www.PatientAccess.co.uk and ask at reception for a 'Consent to Use Patient Access Online' form. It can take up to 28 working days for your full access

to be set up but you can book an appointment immediately. Further details are available on www.Danebridge.org.uk.

APPOINTMENTS

Appointments with the Doctor are for **10 minutes and for ONE problem only**. If you would like to discuss more than one problem during your appointment, please mention it when booking, so that our Patient Services Co-ordinator can accommodate your request.. Please help us to help you and keep appointments running on time.

UNATTENDED APPOINTMENTS

During January to November 2018, 1,272 patients, or 5.4 patients per day failed to attend their GP appointment, which is an increase of 12.8% from the previous year. This has in turn cost the NHS £45,792. Of those appointments which weren't attended 61% were booked on the day!

If you are unable to attend your appointment, please be courteous and cancel it by calling 01606 544544 to allow other patients to take your place.

PATIENT PARTICIPATION GROUP (PPG)

The PPG have continued to run health promotions throughout the year including stress management.

The PPG continues to be the liaison between the Practice and the wider patient population and are always delighted to receive feedback.

If you are interested in speaking to or joining the PPG, please ask for an information pack from reception at any of our surgeries.

REPEAT PRESCRIPTIONS

We are **unable to accept** requests over the telephone this is for your safety and security.

Prescriptions can be ordered online or in person. Repeat prescriptions take **TWO** working days to process, so please ensure your request is received early so that you do not run out of your medication.

If you are due to go away on holiday and are requesting your prescription early, please make a note of this on your request slip to avoid any unnecessary delays.

FLU VACCINATIONS

The flu vaccination is free to all eligible groups. This year a new vaccine was developed for patients aged 65+ which was delivered in limited quantities on a staggered delivery basis, which resulted in the commencement of our clinics being slightly delayed.

We have vaccinated 4,000 patients (53%) of our eligible patients so far, compared to 5,000 (66%) last year. Appointments are available by calling 01606 544544.

10 Insider Tips you don't know about your GP

A blog from Dr Jonathan Griffiths, Chair Vale Royal CCG



We've all been to the doctor, right? We know how it works; we know how to get an appointment and what to say when we go. I'm always surprised at how little people do understand about how their doctor's surgery *really* works, and how to get the best out of them. Most people don't realise

that a GP runs a small business and that they get paid a set fee to provide all of your care. Do you have any idea how long your appointment slot is, or how many patients your GP will see each day? Hopefully you won't need to visit your GP very often, but a bit of insider knowledge can help you when you do need to go! How many of these insider tips and nuggets did you already know?

1. Your Doctor would like to give you more time

- Most GPs provide just 10 minutes for an appointment. Although this might not seem very long you must remember that this has increased over the past 20 years from a typical 7.5 mins per appointment, and from even shorter appointments before then. GPs can choose to offer longer appointment times, but there is a balance between length of appointment and how many appointments they make available. This is obvious when you think about it – do you offer fewer, longer slots, or more, shorter ones? What would you do? Depending upon your reason for attending, 10 minutes might be more than enough time, or woefully inadequate. Got a sore throat? You might be in and out in 5 minutes. Hearing voices and suicidal? You might be in there for half an hour, or probably longer. Your doctor will rely on a variety of problems presenting to balance these demands on their time, and hopefully will run roughly to schedule. Often they will run late.
- You can help this by understanding how long your appointment slot is (just ask when you book), and working with your doctor to get things done in the time allowed. *If you already know you are going to need more than 10 mins, ask reception if you can have a longer slot.* They will probably be happy to oblige.

2. Your Doctor does not like lists

- Well, let me clarify this. Your Doctor *would* advocate you knowing what you are coming for, and if writing this down in advance will help you, then I would suggest you do so. However, bearing in mind point one above, if you only have 10 minutes and if you pull out a list of 5 problems this is pretty stressful for your GP. Were you expecting 2 minutes per problem? *Be realistic. Prioritise what you want from your doctor.*

3. If you arrive 10 minutes late, you have missed your appointment.

- What I mean is that if you are 10 minutes late (or more), then **you are not just late, but your appointment slot has come and gone.** The next patient is now due. Remember that the impact of being late is not just on your doctor. They may be prepared to finish their surgery late in order to see you, but what about all the other patients who have booked in and arrived on time? If you arrive late, this is who you are causing hassle for, all the

people around you in the waiting room. I guess I'm just asking you to think – is this fair?

4. Your Doctor is not telepathic

- Pretty obvious, right? Yet it seems that people think their GP will know what they are worried about, which of their problems is a priority for them and what their hidden fears are. A good doctor will no doubt explore all of this with you, but you can short-cut this. *Be up front about what is on your mind.* If you are worried because you think your rash or lump might be cancer, then say so. If you want to exclude some rare condition because your mother had it – let the doctor know. Try not to leave your main problem until the end. You would be amazed how many people get through the whole consultation and then, at the end, say something like "While I'm here, can I mention this chest pain I've been getting?"

5. Your Doctor is a specialist

- They have just specialized in being a generalist! Don't make the mistake of thinking that there is a hierarchy of doctors, with GPs at the bottom and hospital consultants at the top. Your GP will have spent a minimum of 5 years in training AFTER medical school. They are experienced doctors qualified to look after you. Sometimes people think that going to A&E means you get to see a 'proper doctor' – remember that the junior doctor in A&E is likely significantly less experienced than your GP. Many people think that being a GP is the hardest job a doctor can do. If you are concerned that you might need to see a specialist, then talk this through with your GP – they are in a really good place to decide with you if that is what is needed, or not.

6. Your Doctor is self-employed

- Did you know this? Why does it matter? GP partners own the business of the practice and are 'independent contractors' to the NHS. Many members of staff at the surgery, including some of the doctors, will be employed, but by the surgery not by "the NHS". This has a number of implications:
- Firstly, your GP receives a set amount of money per patient per year to provide all of their care. It doesn't matter whether you see your GP every week all year, or don't attend for 5 years; your GP gets the same amount of money for looking after you. You must not think that by seeing your GP you are 'doing them a favour' by bringing in money for your attendance! The amount of money your GP earns varies from practice to practice (they are all individual small businesses) but the average is around £140 per patient per year. This is really good value (**less than 40p per patient per day**), particularly when you consider this is the money the practice receives to provide all the services and pay all the staff including the doctors.
- Secondly, this means that your doctor's surgery is contracted to provide certain things, and not others. It's worth remembering this as this is why you will sometimes be asked to pay for things. In simple terms your GP is contracted to provide medical care, but not to do things outside of this such as the multitude of letters they are asked to sign. If ANYONE asks you to "get a note from your doctor", you should really question this before heading off to the surgery. Many of these requests are

unnecessary and just seek to move a perceived risk from one person to the doctor, who may not be in a position to carry that risk. Check out this website first for more info: [http://www.ganfyd.org/index.php?title=Get a note from your doctor](http://www.ganfyd.org/index.php?title=Get_a_note_from_your_doctor)

- The payment GPs receive is not affected directly by referrals or prescribing – the costs for this are in a separate budget. If your GP decides to prescribe an expensive medicine for you they are not paying for it themselves. People often think that GPs switch medicines to cheaper ones in order to personally benefit financially. NOT TRUE! They are doing this to help the NHS budget as a whole, which I would hope we would all be in support of.
- Because they are small businesses, they bear any increasing costs themselves. Rising indemnity fees (insurance against being sued) have to be paid by the doctor themselves. A doctor working only 2 days per week can be paying £6,000 per year on indemnity insurance. Why does this matter to you? Because if they are paying £6,000 on that they are not spending that £6,000 on another receptionist, or nurse, or another doctor. The higher the costs, the less likely the surgery is to be able to add in additional services. So, bear this in mind when you are thinking of suing your GP!
- Despite [what The Sun might tell you](#), your doctor does not earn £700k per year (unless your GP happens to be the sole one in the country that does ...)

7. Your Doctor wants the best for you

- If your GP decides not to refer you on, or not to prescribe anything, or not to investigate you it is not because they are trying to be difficult or just trying to save money (don't forget, their take home pay is not affected by these things). It's usually because they don't feel you need any of the above. They also understand, probably better than you, the risks associated with over referral, over treatment and over investigation. This is not a game where you need to see how much you can get from the NHS. This is about keeping you healthy, investigating when appropriate, and treating when we need to. Bearing this in mind, your GP will not mind explaining it to you – just ask. If you were hoping for an X-ray, mention this and *have a grown up conversation with your doctor* about the pros and cons of doing that.

8. Your Doctor is not taking part in a medical drama.

- When you watch the TV, watch out for the doctors. I bet, 9 times out of 10, that they get the diagnosis right, first time. I'm afraid this is not real life. Many conditions are not at all obvious, and time is the only sensible way to start to differentiate between them. GPs often get vilified in the press for not picking up serious illness ("I attended my GP 3 times before they referred me with my cancer..."). In reality serious illness often initially presents the same as mild, self-limiting illness. A cough, for example, can be caused by many things, from a simple viral infection to lung cancer. The patient who presents to their GP with a cough that they have had for less than a week is unlikely to get a chest X-ray on the first visit, but if it has failed to settle after 3-4 weeks, then that's a different story. Be aware of this and remember that this is complex stuff. In particular, *ask about the things that you should watch for* and under what circumstances you should return for review

9. Your Doctor might play golf, but probably not in their lunch break!

- The traditional view that people have of GPs is that they see a few patients in the morning; a couple of visits, then are free until evening surgery at 5pm. Plenty of time for 18 holes in the afternoon? The traditional view is out of date. Most GPs see 18-20 patients in morning surgery, followed by visits, and then a further 18-20 patients in the afternoon. Many GPs see more than this. In addition to these face to face consultations, there will be phone calls

and paperwork. Paperwork is an essential part of patient care, but takes time. It consists of looking through the results of the investigations that have been ordered, reading letters from consultants, acting upon these letters (consultants will not infrequently give actions for the GP to undertake), signing prescriptions (signing prescriptions is one of the riskiest things that GPs do – be aware of this and don't be upset if there is a query over your medication – this might just mean that the GP is taking the trouble to check that this is safe for you and won't kill you) and arranging the investigations and referrals from the previous surgery. The waiting room may be empty, but that doesn't mean the GPs are all putting their feet up. That's a lot of patients seen, and a lot of decisions made. If you are waiting for the results of an investigation, this can be stressful, and you quite rightly will want the results as soon as possible. Here are some things you should consider:

- If the test was arranged by your hospital consultant – that's who you should go back to for the result. Ring the consultant secretary (ring the hospital switchboard and ask to be put through) and ask when the consultant is going to convey the results to you. If they try to palm you off by saying they will send the results to your GP, **explain that you want the results from the specialist who arranged them** who is in by far the best place to give appropriate advice.
- If your GP did arrange the test, the smart thing is to make sure you know from the outset when and how you should expect to get the results. Are they going to phone you, or do you need to call? Speaking to the receptionist if you are uncertain is the way to go – *explain your problem, and ask how to proceed* – they will probably be able to help you.

10. Your Doctor has entrusted their reception staff with an important job

- And that job is not just to make things as difficult as possible to make an appointment! The receptionist's main job is to deal with enquiries, book appointments and generally ensure all is running smoothly. They are not medically trained, but they will have a really good understanding of the services on offer. My advice would be to *entrust them with a rough idea of the problem* that you have. This way they are able to direct you to the most appropriate course of action. Don't forget that everyone who works in the surgery is covered by the same confidentiality clauses. You can trust that the receptionist is NOT going to be talking about you to others. Increasingly doctor's surgeries include clinics run by nurses, physios, pharmacists and more. If you ring and insist on an appointment with a doctor, without explaining that it's because you have a bad back, you might have missed out on seeing the physio – probably a better option for you.
- If you are polite and friendly to reception, they will be polite and friendly to you. They are not trying to be obstructive, they are just doing their job – you might be anxious and stressed, but try to keep calm. The receptionist can be key in getting the right help as quickly as possible – just remember, that help might not be the GP.

So, how many of these top 10 insider knowledge facts did you know? As with all things, the more we know about how things work, the better able we are to work with the system and get what we need done. I hope these facts and tips have been interesting and helpful to you. If they have, why don't you share them with a friend?!