

# ST LUKE'S SURGERY NEWSLETTER

SPRING 2017

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## Partners

*Dr A Cross*  
*Dr J Barnardo*  
*Dr M Morrison*  
*Dr S Xavier*  
*Dr E Charlwood*  
*Dr S Vickers*

## Associate Doctors

*Dr S Hamedi*  
*Dr A Armstrong*

## STAFF UPDATE

### FOUNDATION DOCTORS

In addition to hosting junior doctors training to be practitioner, St Luke's Surgery also takes foundation doctors who are in their 1<sup>st</sup> 2 years post qualification before they embark upon specialist training. Dr Laura Wiffen has enjoyed a 4 month period at St Luke's Surgery and has now moved on to finish her

foundation training before embarking on medical specialist training.

We are pleased to welcome Dr Nick Tan for the next 4 month block. We are pleased to say that Nick is currently considering general practice as a career and we hope his time at St Luke's surgery will confirm that he has made the right choice!

### OTHER STAFF NEWS

We are delighted to announce that our Healthcare Assistant Marci has given birth to a bouncing baby girl on the 30<sup>th</sup> March weighing in at 3kg, mother and baby are doing well and we sent our congratulations to Marci and her husband.



## COMMUNICATIONS

### TELEPHONES

In March you may have noticed a change to our telephone system and messages. This is following feedback from patients and we hope it will allow us to manage the number of calls received more appropriately and speed up our response times. The new system allows us to record calls for staff training and provide security for our staff.

### ONLINE SERVICES

We are improving our online services and encouraging more

people to register for online services. We have improved access and will be increasing the number of appointments available to be booked online. On line you can also cancel appointments, request medication and view some areas of your medical records.

Application forms can be requested from reception or by visiting our website (see below)

### CHRONIC DISEASE RECALLS

Those of you whose mobile phone numbers we have may have

received a texts message from us reminding you to book for annual check-up, this is a new system which we hope will improve our recall system. The system relies on us having an up to date mobile number, please check with reception that your records are up to date.

If you think you have received a reminder incorrectly or inappropriately, or would like to opt out of these reminders please speak to our management team.

Continuing the tradition of 100 years of medical care on the St Luke's site

Tel: 01483 510030

[www.stlukes.gpsurgery.net](http://www.stlukes.gpsurgery.net)

Warren Road, Guildford, Surrey GU1 3JH

## WHY AM I WAITING LONGER TO SEE THE DOCTOR?

Does it feel like it's more difficult to make an appointment now than it was a few years ago?

Does it feel like the wait to see a doctor is longer? Is your doctor always busy?

Like all GP Practices we are struggling to keep pace with demand, despite seeing more patients now than ever before. In 2007 we saw 26,000 patients in doctors' appointments. In 2016 this number was 36,000.

Between 2013 & 2016 we had a 20% increase in the number of doctor appointments provided, despite an increase in list size of only 4%. This increase in demand has been met with a negligible increase in funding of General Practice.

As well as this increase in doctor appointments, between 2015 & 2016 we offered an additional 7,000 Practice Nurse and Health Care Assistant appointments, increasing from 18,000 to 25,000.

The National Audit Office report on GP access in January 2017 noted that 1 in 3 Practices nationally have unfilled doctor vacancies and a report by NHS Digital in January 2017 revealed a national reduction in full time GP equivalents of 100 in the previous year - in the face of a Department of Health goal of increasing the number by 5,000 over the next 5 years.

Doctor Vautrey of the BMA GP Committee wrote last month 'the crisis in General Practice is getting worse, not better...Practices across England are struggling to provide enough appointments...Too few medical graduates are choosing a career in General Practice and many experienced GPs are opting to leave the profession altogether.'

Managing 'urgent' demand alongside routine demand has been a long standing challenge for all GPs, but something has definitely changed in recent years. It is now not uncommon for us to see 80 patients on a Monday with a problem that is deemed to be medically urgent for that day. In the past this number would have been less than half of this. The more time that is set aside to cope with urgent demand, the less time we have available for routine appointments to manage more chronic and often more complex problems.

What lies behind this increase in demand? Probably many factors, but without doubt the increase is, in part, related to an increasing percentage of the population living beyond 80 years, with multiple health problems. However, analysis of our patient demand shows that the increase in use of our services is not limited to this age group. Across all age groups more people are requesting to see their GP, and at shorter notice than before.

We have been fortunate to be able, by and large, to maintain a full level of medical staffing in recent years, but this is becoming increasingly difficult. WE continue to train Junior Doctors within the surgery, both to provide increased capacity but also to contribute to the challenge of producing more GPs for the future.

### WHAT CAN YOU DO TO HELP?

Please be aware that the Surgery, in common with the local hospital, is running at near maximal capacity most of the time.

Please be prepared to wait for a routine appointment if your problem is not truly in need of urgent medical attention.

Please make use of 111 and local pharmacists for advice and guidance in advance of requesting an urgent appointment.

Please make use of the Practice website (<https://stlukes.gpsurgery.net/>) for online appointment booking and prescription services, to enable our staff to direct their time towards more complex issues.

Please ensure that you let the Surgery know in advance if you are unable to attend an appointment.

Please don't wait until the last minute for a routine prescription request.

## NEW NHS STUDY SEEKS RECRUITS FOR GROUND-BREAKING DEMENTIA STUDY

Recruits are being sought for a major new dementia study that aims to improve the lives of people with dementia and their carers using cutting edge technology.

The study, TIHM (Technology Integrated Health Management) for dementia is being led by Surrey and Borders Partnership NHS Foundation Trust and is funded by the Department of Health. A key partner in the study is the Alzheimer's Society.

The aim of TIHM for dementia is to support people with mild to moderate dementia to stay safe and well in their homes and to reduce some of the pressure on carers.

The technology involves a network of small technological devices, connected using the Internet of Things, that are installed in a person's home. These devices allow clinicians to remotely monitor a person's

health, wellbeing and environment round the clock and in real time.

If the technology identifies a health or safety problem, clinicians will be immediately alerted and will decide on the support needed. This may involve calling the carer to advise them of a concern, organising a GP appointment, arranging for an Alzheimer's Society Dementia Navigator to visit or, if necessary, contacting the emergency services.

Surrey and Borders Partnership is recruiting 700 people with dementia and 700 carers to participate in TIHM for dementia. The study is designed to work alongside a person's existing care and will not replace any help that is already being received.

To participate in TIHM for dementia, a person must have a diagnosis of dementia

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## VACCINES

### HPV VACCINE: GARDASIL

This vaccine helps protect against cervical cancer.

All females aged 12 years to under 18 years of age are entitled to commence this course; the vaccine will usually be given at school and cover year 8, 9, 10, 11.

Patients can have the vaccine if any doses are missed at school at the surgery, or if they missed the recall date at school.

If you are home schooled you can also have it in the surgery from 12



up to the age of 18 yrs.

Please contact reception to book an appointment.

### MENINGITIS ACWY

The meningitis acwy vaccine is given by a single injection into the upper arm and protects against four strains of the meningococcal bacteria that cause meningitis and septicaemia - (men) A,C,W and Y.

The priority is to vaccinate all teenagers from school year 9 onwards before they complete school year

13 .there is also a catch-up vaccination programme for new university entrants up to the age of 25.

School age 13-14 (schoolyear9) will be offered the vaccine in school as part of the routine adolescent programme 3-1 teenage booster if missed please book an appointment at the surgery to have both vaccines .

If you are going to university for the first time please book an appointment with practice nurse to have the Men ACWY vaccine.

## ST LUKE'S PATIENT PARTICIPATION GROUP (PPG)



I wonder how many of you with computers have logged on to the surgery website, [stlukes.gpsurgery.net/](http://stlukes.gpsurgery.net/), and if so, how many of you have then followed the link to the Patient Participation Group (PPG)? I also wonder how many of you without computers have read anything about the PPG in the surgery newsletters? I suspect that

the answer in both cases is probably relatively few of you. I think that is a pity as the PPG exists for the benefit of all patients and I thought it an opportune time to write a short article for those who know little of the work of the PPG.

Essentially, the PPG exists for two primary reasons, one being to help patients make the best use of existing health services and the second being to try and help the surgery, Clinical Commissioning Group (CCG), and the Royal Surrey County Hospital maintain and, where possible, improve those services. As current chairman of the PPG I attend quarterly meetings with the CCG and fellow chairs which together ensure vertical and lateral exchange of views on a variety of topics. I also chair a Patient Panel at the RSCH which is a valuable conduit for direct contact with the hospital and has a number of

members from other PPGs on the Panel.

Our PPG is composed entirely of volunteers who give up a couple of hours on the first Thursday of every second month to discuss surgery issues and issues which may require clarification or answers from the CCG as well as hospital matters which can be referred on to the Patient Panel. The meetings are always attended by our very proactive Practice Manager, Antony Gunn, who provides a detailed account of everything relating to the surgery practice and performance.

Almost inevitably the PPG has a membership of mainly, but not exclusively, retired people. We appreciate the problems of attendance with those working and with family responsibilities. However, some of us have our own children and grandchildren as surgery patients and are consequently alive to at least some of the concerns of the younger age groups. But some of us have been in post for many years and I think it time to encourage new blood to join us, particularly the more recently retired. So why not consider joining us. All you have to do is contact Antony Gunn, the Practice Manager, and he will pass your details on to me so that I can get in touch with you. I can assure you that you will find it an interesting and worthwhile experience.

### (Dementia study continued)

(mild to moderate) and live in Surrey or North East Hampshire. They must also have a carer, who can be a partner, relative, friend or paid carer who is willing to get involved. To find out more about the study and how to sign up, go to: [www.sabp.nhs.uk/tihm](http://www.sabp.nhs.uk/tihm) or call 01932 722247.

## POPULATION DEMOGRAPHICS

Over the next 6 months we are attempting to improve some of our demographic data for our population. This will involve collecting missing information on some records, mainly information regarding ethnicity, up to date

telephone numbers and email addresses. This information will allow us to target more appropriately populations at high risk of certain diseases, and improve recall and communications.