



Swallowfield Medical Practice Newsletter Spring 2018



Welcome to the Spring 2018 newsletter from Swallowfield Medical Practice. This newsletter is produced jointly by the Practice and the Patient Participation Group. Our aim is to improve communication and keep you informed.

Appointments

Dr Beacham writes: - 'Due to the increasing pressures in general practice, we are trying to provide a more diverse health care team at the practice. This means that along with the doctors, we have specialist nurses and, in the future will have pharmacists, providing different clinical service for patients. To allow us to ensure that you see the most appropriate member of staff for your health needs, the reception team will need to ask greater detail about why you need to attend the surgery. We hope that you understand that they are doing this to ensure you have the best service from the practice team.'



477 appointments were missed between October and December 2017. This equates to 79.5 hours of clinical time wasted - more than 2 weeks' worth of clinics.

PLEASE, PLEASE let us know if you cannot attend your appointment so that we can release it for someone who needs it.

We do send out appointment reminders by text – if you haven't registered for this and would like to please let reception have your mobile details. Thank you.

Staff Update

At the end of March we say a temporary farewell to our receptionist Laura who begins her maternity leave. We are looking forward to seeing the new addition to her family sometime in May! We have a new receptionist, Val Walls, who starts with us mid-March. We're also hoping to recruit a clinical pharmacist to the team in April. If you are asked to book in for a medication review by dispensary, the chances are that you will be seen by them instead of a doctor.

Extension Update

The first phase of the building work is just about complete. We have been moving office staff around the building and relocating all of our file storage to a secure room – with some 12200 sets of notes that's no



small task! Phase 2 begins in earnest with the removal of the floor space in the 'bungalow' area of the surgery. Once this has been done and staff rehomed we can move onto phase 3. This will involve altering and building walls in the IT room and in the dispensary to create additional clinical rooms. If all goes to plan the whole thing should be completed by June – fingers crossed!

Doctors Under Pressure

Most people don't understand how a GP surgery works so here is some useful information to help you get the most out of your visit.

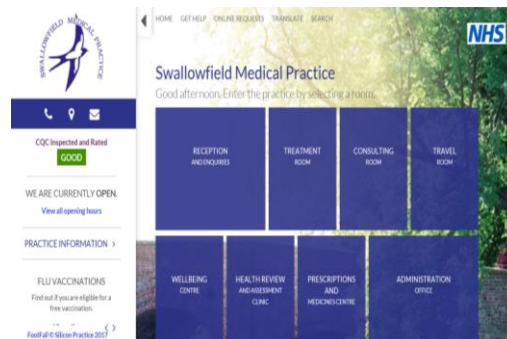
1. GP appointments are generally 10 minutes – an increase from the 7.5 minutes 20 years ago. To offer longer appointments would compromise on the total number of appointments they could offer. Depending on your reason for attending 10mins may be long enough e.g. if you have a sore throat, but if you know you will need more than that please ask reception if it is possible to have a longer appointment.
2. As routine appointment times are limited to 10 minutes please don't come with a list of 5 or more problems – this is pretty stressful for your GP. Be realistic and prioritise your problems.
3. If you arrive 10 minutes late then you have missed your appointment – you're not just late; your appointment time has been and gone and the next patient is due. Being late has an impact not only on your GP but also on the other patients in the waiting room who turn up on time for their appointments.
4. Your doctor has specialised in General Practice – ie in being a generalist and will have spent a minimum of 5 years training AFTER medical school and have lots of experience. Going to A&E to be seen by a 'proper doctor' often means that you will be seen by a junior doctor with far less experience than your own family doctor. Your doctor will refer you to a specialist if they feel you need specialist expertise.
5. Your doctor is self-employed – the GP partners own the business of the practice and are 'independent contractors' to the NHS. All the staff at the surgery are employed by the GP partners, not the NHS. SMP receives a set amount of money per patient per year to provide all your care – whether you come once a year or once a week the amount is the same – approximately £140 per year. This money is to provide all the services and to pay all the staff, including the doctors.
6. Your GP is contracted to provide certain things and not others – this is why you may be asked to pay for certain things e.g. insurance forms, private medicals and letters.
7. Payment to GPs is not affected by referrals or prescribing. People often think that GPs switch medicines to cheaper ones in order to personally benefit financially. This is not true – they are trying to help the NHS budget which we should all support.

8. Because the surgeries are small businesses the doctors have to bear increasing costs themselves. Rising indemnity costs (insurance against being sued) have to be paid by the doctors themselves – this could be up to £10000 per year – money which could have been spent on additional reception staff or a nurse or a doctor.
9. GPs see an average of 17 patients in the morning and 17 patients in the afternoon – sometimes it is more than this on a normal duty day. In addition to these face to face consultations there are telephone calls to make, paper work to do, referrals to make, test results to check, hospital letters to read and action, prescriptions to check and sign and home visits to make. Just because the waiting room is empty doesn't mean the doctors and staff have nothing to do.
10. If you're waiting for test results it is worth considering the following:
 - If your test was arranged by your hospital consultant that is who you should go back to for the result, not your GP. The specialist is best placed to give you appropriate advice.
 - If your GP asked for the test you should leave at least 5 days before contacting the surgery for the results. Alternatively you can view your results online if you have signed up to Patient Services Online – this is really easy. Speak to reception and they will be able to help you. It is best to wait until after 1pm to phone to avoid the morning rush. You can also contact us via our website at <https://www.swallowfieldmedicalpractice.co.uk/practice-information/tests-and-results/>
11. Reception staff do a really valuable job for the doctors. They are not medically trained but they have a very good understanding of the services on offer. They are not trying to make it difficult for you to book an appointment – they will be able to direct you to the most appropriate service or clinician if you give them an indication of our problem. If you're polite and friendly to the reception staff they will be polite and friendly back and help you as best they can.

New Swallowfield Website

Have you seen our new look website? Accessible via the same link www.swallowfieldmedicalpractice.co.uk, this is an interactive site and has more functionality than our old site.

Why not log on and check it out?



Online Services

Have you used our online facilities? Once you are registered, you can order your prescriptions and book appointments via Patient Services or via the link on our website. Ordering your medication this way is so easy and also reduces the margin of error in dispensary. Your request will go straight into your own medical record.

Diabetes - Is this you? By Mike Hillier, PPG member, and our diabetic nursing team

This third article in the series 'Is this you?' is about the currently most publicised medical condition in the UK - Diabetes. Nearly everyone seems to know someone who has Diabetes Type 1 or 2. I have family members and friends who have Type 1 or Type 2. So there is plenty of anecdotal evidence available as well as numerous sources on the web.

So, what is 'Diabetes'?

Diabetes develops when glucose is unable to enter the body's cells to be used as energy. The hormone insulin is produced by the pancreas and is released to move sugar (glucose) from the blood stream to the cells to be used for fuel.

There are two types of diabetes. Type 1 diabetes is an autoimmune condition which accounts for about 10% of diagnosed diabetes. The body kills the cells in the pancreas which produce insulin, resulting in no insulin being produced. Blood sugar levels rise very quickly. This is not related to diet or lifestyle and means that insulin injections are currently the only method of treatment.

In Type 2 Diabetes the body does not make enough insulin or the body is unable to use it properly. Levels of sugar in the blood stream rise more gradually than in Type 1 diabetes. Type 2 can also be genetic ie, passed down through the generations of family and is responsible for about 90% of those diagnosed with diabetes. However, lifestyle plays an important role.

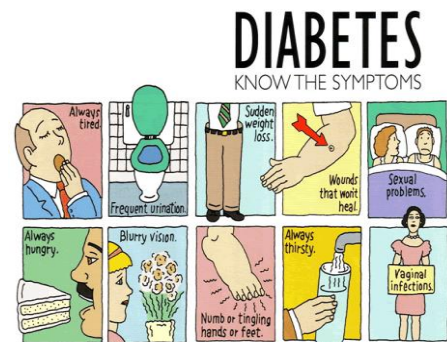
Diabetes UK state that up to 58% of Type 2 Diabetes can be delayed or prevented by adopting a healthy lifestyle.

There are different types of tablets and injections which can be used to maintain a healthy blood sugar, many people will have a combination of both.

Within our practice of 12000 patients, we have 44 patients with Type 1 diabetes and 456 patients with Type 2.

There are some common symptoms to look out for with the onset of diabetes:

- Thirst
- Increased trips to the toilet to pass water, especially at night
- Tiredness



- Repeated infections
- Blurred vision

Initially, after being diagnosed with diabetes (Type 1 or 2) you will meet with either Sr Bourne or Sr Newman (Diabetes Nurses) to establish a plan for your care. Every year you will be invited for an annual review with the Health Care Assistant which will include a urine test, foot check, blood pressure check, fasting blood test and waist measurement. The results of these tests will be mailed to you before meeting with the diabetes nurse to review those results. Generally your blood sugar will be retested after another six months to ensure that it remains within a safe range.

If you do have diabetes, it is essential that you monitor your condition carefully and follow your plan of care. Questions about your diabetes can be sent to the nurses via our website using 'Ask the nurse' or you can make an appointment to discuss your concerns. The results of untreated diabetes can be catastrophic or even fatal....

The bottom line is:

- If you think you have the symptoms of Diabetes, it needs your immediate action; make an appointment with your doctor, Sister Bourne or Sister Newman
- If you have been diagnosed with Diabetes, follow the doctors'/nurses' instructions on a long term basis and attend for reviews as advised. If you have Type 2, this plan may include a radical lifestyle change.
- Ignoring these two points could be life threatening, so give yourself a chance.

For further information please visit: www.diabetes.org.uk or www.nhs.uk

Medical Dictionary

Hyper and Hypo: These are two similar sounding prefixes found at the beginning of various medical terms, but which have opposite meanings.

Hyper means over, excessive or more than normal

Hypo means beneath, below or less than normal

PPG Forum Presentation – by Angela King, PPG member

In January Steve McManus, CEO of the Royal Berkshire Hospital, gave a presentation to the Wokingham patient group Forum. Starting his career as a nurse, Steve has had experience in many different hospitals and has been in post at the RBH for a year now. His presentation was impressive – he believes in an open and honest approach and is very keen to work with all services in the health and social care sector.

With a current budget of £400 million and increasing patient demand, pressure on the

hospital is enormous. A&E attendances are on the rise and there are approximately half a million patients attending A&E each year.

Right now there are 305 nursing vacancies at the hospital which, due to the cost of living in the Thames Valley area, Steve believes will not all be filled. His idea is to upskill existing staff and introduce other types of healthcare professionals to bridge the gap. He believes that working with closely Primary care – eg GP practices will be the way forward. He gave an analogy of a patient drowning in a river downstream, being pulled out and attended to by the RBH, taken back upstream whereupon the patient falls into the river again and the cycle continues. He wants to work with all agencies to enable the patient to stay up river.

In the words of Brian Donan ‘where would you like to be in your last 1000 days?’ Steve Mcmanus said ‘not in hospital, waiting’.

Health Coach Service

A reminder that we are continuing to see people in the surgery working together as a team of two, offering support to patients with Type 2 Diabetes, Cardiac Conditions and Breathlessness. We are working to improve quality of life when living with a physical health condition, helping to manage wellbeing, symptoms of stress, worry and low mood/down days. If you would like to find out more please speak to reception or call 0300 365 2000 and you can be booked in for a welcome appointment or one of our health coaches can contact you to give you more information.

Citizens Advice Bureau

Unfortunately the Citizens Advice Bureau will no longer be holding outreach clinics at Swallowfield Medical Practice. Should you need any assistance their nearest office will be Woodley or Wokingham. You can also get advice online at <https://www.citizensadvice.org.uk/>



Road Closures

From 26th February until 19th March the stretch of the Basingstoke Road between Back Lane, Spencers Wood, and Swallowfield Street will be closed to through traffic. Diversions will be in place but please allow extra time for your journey to the surgery.

Also, Thames Water will be carrying out works in part of Hyde End Road from 19th March until the end of June. This may result in road closures or significant delays to your journey. Again, please allow extra time when travelling to your appointments, particularly to the Shinfield Branch in Milworth Lane.

Useful Numbers and Contact details

Main Line	0118 9883134	Appointments:	0118 9883473
24hr Automated System:	0118 9769606	Dispensary:	0118 9883459
Fax:	0118 9885759	Website:	www.swallowfieldmedicalpractice.co.uk