

Spring 2018

Balmoral Surgery Newsletter



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GDPR

The new General Data Protection Regulation affects any organisation that collects and keeps data about their customers or in our case, patients. We value the confidentiality of our patients and want to be clear about the data we collect, how we use it and your rights to control that information. We are currently working with the other Deal Practices and our Information Governance advisors to update our Privacy Policies and protocols. This update will comply with the high standards established by the GDPR which is a set of laws passed in the European Union and which come into effect from 25.5.18. At that date, we have to have an action plan in place to ensure we are working towards meeting all of these standards. We already do a lot of work involving Information Governance due to the nature of the information we keep about our patients so a lot of this is just building on what we have in place already.

If you would like to know anything about how we collect, keep and share your data, we will be happy to provide you with more information. Please keep an eye on our website and in reception where the updated privacy notices will be available to view.

Appointment reminders and Health Promotion Messages

Balmoral Surgery uses a text message service to send patients appointment reminders and health promotion messages. If you do not wish to receive these from the practice, please speak to one of our receptionists. Patients can opt out of this service at any time. Please make sure that your contact details are up to date. If you are unsure, please check with a receptionist and let us know if you ever change your number.

Patient Satisfaction Survey Results and Action Plan

In this year's patient survey we included the following question;

Were you aware of the new models of care that Balmoral Surgery now offers, with appointments and home visits being carried out by alternative health professionals?

The responses showed that 63.1% of patients were not aware, so we have decided that increasing awareness of these roles will be our first action in this year's plan.

At our recent Patient Forum Meeting it was decided that we would create a leaflet for patients explaining who the Paramedic Practitioner is, and what sort of problems they can deal with. We will also put this information on the TV screens, in the Newsletter and on our Website to try and ensure that this information reaches as many patients as possible. Some of the group mentioned Social Media as a way to communicate this message, and whilst this may be something that we look into in the future, a lot of the group felt that as not everyone has a computer this is not the preferred option for delivering this message to patients.

The Patient Forum Group thought that the second part of this year's action plan should focus on improved communication with patients. The group thought that one way to do this would be by using our current text message service to inform patients of more than just their appointment reminders. Therefore the Practice will try using this service to inform patients about upcoming events such as half day closings and any information that large groups of patients may wish to know. The Practice will also continue to provide leaflets in the waiting room detailing anything significant and our website will also be kept up-to-date with news.

Whilst this year's survey results were still extremely positive, the practice has noticed that there was a slight decline with patient satisfaction regarding the time and day of appointments and also the recommendation that patients would give to their friends and family about the practice.

At Balmoral Surgery we try our very best to offer a high class service to our patients, however currently General Practice faces a lot of obstacles. Whilst we do not wish to use this as an excuse, we would like to take this opportunity to try and explain the current situation that the NHS is facing.

The current situation in General Practice

General Practice is facing a recruitment crisis. This means that a lot of practices are unable to replace GPs who leave General Practice. This is a situation which Balmoral Surgery has faced a couple of times now.

Due to the current recruitment crisis General Practices have had to look at alternative ways of working in order to be sustainable. For a lot of practices this has meant employing alternative health professionals within the General Practice. Balmoral Surgery now employs a Paramedic Practitioner as well as a Pharmacy Technician and we have found that these new roles are extremely valuable to the practice.

Paramedic Practitioner

Helen, our Paramedic Practitioner first worked at the Practice as part of her training and then joined the Practice as qualified Paramedic Practitioner in April 2017. Helen is able to see and treat patients who present with acute respiratory infections, new onset chest pain, psychological problems, minor illnesses or injuries. If a patient presents with something that is outside of Helen's remit, she works closely with the GPs in the practice and will liaise with one of them to ensure that the patient receives the appropriate care. Helen brings a new skill mix to General Practice and we are pleased to welcome her to the team.

Pharmacy Technician

Odette, our Pharmacy Technician, began working at the surgery in December 2017. Odette previously worked in the Medicines Management Team at the CCG and brings with many years pharmaceutical knowledge. Odette's role is to assist the GPs with processing prescriptions and to assist patients with medication queries, which would otherwise, have gone to the GPs. The doctors at Balmoral Surgery have already noticed that this new role is saving them each 45mins-1 hour per day and are therefore grateful to have Odette join the team.

Whilst these new roles are extremely helpful to the Practice, we accept that sometimes a patient may need to see a GP and that it is often difficult to get an appointment with a specific GP. The GPs at Balmoral Surgery are trying their hardest to help patients but there is a limit to how many patients they can see in a day. However, although patients may not always be able to get an appointment for a non-urgent problem, our doctors will always see a patient if they think it is clinically urgent. The practice has a duty receptionist each day, and if a patient cannot get an appointment but they think they need to be seen that day, they will be put through to the duty receptionist who will liaise with a doctor and if it is clinically necessary they will be booked in on the same day with the appropriate health care professional. Often patients contact their GP as they are frustrated about long waiting times for hospital appointments or operations. Unfortunately, despite sharing patients' frustrations these situations are often out of your GP's hands.

Is there anything that you can do to help your GP?

- If you have an appointment and know where your Doctor's Consultation room is located, please sit as close to the room as you can
- If you are presenting with a problem which may require the GP to examine your chest or take your blood pressure, please remove big jackets in the waiting room
- Please be aware that your appointment is only booked for ten minutes, and therefore please be realistic with the amount of problems your GP will be able to effectively manage in this time. If you think that you may need longer than ten minutes, please ask for a double appointment.
- Please try not to book an appointment for administrative problems. If you need to chase an appointment, test results or clinic letter our secretaries will be able to assist with this and there is option specifically for them on the telephone

A day in the life of a GP!

"Every day is different for a GP.

I start my day at 8-8:30am and usually other GPs have started their day before me. The morning before we open is a good time for us to start tackling the influx of information for the day. We are delivered blood test and scan results overnight electronically and before the phones open we can have a bit of peace to give these the attention they need.

Morning surgery starts at different times for everyone and this is a combination of face-to-face and telephone calls. Patients have a 10 minute appointment. This involves everything we do for a patient – reading the previous notes and having a look at any recent letters or test results; calling them into the room; finding out about their problem; performing any necessary examination; explaining the diagnosis; making a plan with the patient; dictating any letters needed for a referral, prescribing any medication, ordering any tests; and then writing down our consultation notes. As you can imagine that is a lot to fit into a 10 minute appointment even if dealing with only one problem, and people will often bring multiple problems. This is also why we may ask patients to book another appointment if we feel that we will have to rush and therefore risk not giving their issue the attention it deserves in order to deal with it safely and as completely as possible.

We often run late and we realise that this can be frustrating but it always for a good reason. If we have a sick patient then we may have to wait for an ambulance or make a referral to hospital which can take a considerable amount of time. If we have had to give someone bad news then we will not rush them out the door and will give them the space and time they need to ask any questions. We also deal with urgent telephone calls between patients so if our door is shut for a long time between patients then it is usually because we have been alerted to something urgent that needs to be managed.

When we get time during the morning we triage home visit requests. Not all people who request to be visited by a doctor would be best served by us attending. We can only visit people who are truly housebound, meaning that they cannot leave the house for any reason except via ambulance. The reason is that an assessment in surgery is far more reliable and we have more available equipment and staff in case of problem. Also our time is very short. Visits are generally conducted over lunch time hence we ask that any visit requests are phoned through in the morning. Some problems can be dealt with over the phone, or more swiftly by our Paramedic or Home Visiting Service which frees us up for tasks that can only be done by a Dr.

The afternoon session runs very much like the morning.

Any time between the morning and afternoon and in the evening are spent dealing with prescriptions, letters, requests, more blood test and scan results that have arrived since the morning, reports, forms that need signing (because even if a form "just needs a signature" we still need to check that information is correct so is often not an immediate or quick job) and anything else thrown our way.

We hold regular meetings about the running of the Practice, new developments in medicine, training, tutorials for trainees and many other things that we plan around the patient appointments. The minimum length of a GP day is 10 hours but usually far more when taking into account early morning and late evening sessions, and that we go home once the work is done rather than when the doors are locked. The days of the days of the doctor nipping off to play golf, if that ever happened, are long gone."

Dr Paula Newens

Practice News

Staff Training

Please note that Balmoral Surgery is closed from 12.30pm once a month to allow the doctors and staff to have protected learning time. These sessions are arranged by the South Kent Coast Clinical Commissioning Group and offer the opportunity for the Surgery Teams in our locality to get together for training purposes.

The dates of the next planned closures are as follows; 24/5/18, 21/6/18, 19/7/18 & 20/9/18

Tell us what you think

If patients wish to have a say about the services provided by Balmoral Surgery and decisions being made by the local commissioning group, they are invited to attend our patient forum group. Patient forum groups have a very important role to play in the future of the NHS, and we welcome new members to the group. The group meets three times a year, if you are interested in joining this group please contact Becky.

Our next meeting will be held at the surgery on **5th June 2018 @ 6pm**

If you would like to look at minutes from our previous meeting, please visit our website (www.balmoralsurgery.com) and follow the link to the patient forum page.

Review our services on

NHS Choices

www.nhs.uk

Contact us via the website

www.balmoralsurgery.com

Vitamins for children



Growing children, especially those who don't eat a varied diet, sometimes don't get enough vitamins A and C. It's also difficult to get enough vitamin D through food alone. That's why the Department of Health recommends that all children aged up to 5 years are given vitamin supplements containing vitamins A, C and D every day.

The Department of Health recommends that:

- **Babies from birth to 1 year of age who are being breastfed** should be given a daily supplement containing 8.5 to 10 micrograms (µg) of vitamin D to make sure they get enough. This is whether or not you're taking a supplement containing vitamin D yourself.
- **Babies fed formula** shouldn't be given a vitamin D supplement if they're having more than 500ml (about a pint) of infant formula a day, because infant formula is fortified with vitamin D and other nutrients.
- **Children aged 1 to 4 years** old should be given a daily supplement containing 10µg of vitamin D.

Your health visitor can give you advice on vitamin drops and tell you where to get them.

Please cancel your appointment if you cannot attend!

From 1.3.18 to 31.3.2018 there were

187

unattended appointments!!

Get Running!!

We are very proud to inform you that Paula Goldstraw (Our Admin and IT Manager) successfully completed the Brighton Marathon on 15th April for Breast Cancer Now.



If you fancy taking up running why don't you try doing the couch to 5k?

What is Couch to 5K and how does it work?

NHS Couch to 5K will help you gradually work up towards running 5K in just 9 weeks and is a running plan for absolute beginners. The plan involves 3 runs a week, with a day of rest in between, and a different schedule for each of the 9 weeks. Couch to 5K works because it starts with a mix of running and walking to gradually build up your fitness and stamina. Week 1 involves running for just a minute at a time, creating realistic expectations and making the challenge feel achievable right from the start.

Who is Couch to 5K for?

Couch to 5K is for everyone. Whether you've never run before or if you just want to get more active.

What are the benefits?

There are plenty of benefits from getting into running. For starters, it's an easy way of improving your physical health. Running regularly will improve the health of your heart and lungs. It can also help you lose weight, especially if combined with a healthy diet. There's evidence it may help increase bone density in some people, which can help protect against bone diseases like osteoporosis. There are also mental benefits of running. Taking on the challenge of Couch to 5K can help boost your confidence and self-belief, as you prove to yourself that you can set yourself a target and achieve a goal. Running regularly can also be a great stress reliever and has even been shown to combat depression.

How do I get started?

1. Download the free [Couch to 5K podcasts](#) to your mobile device
2. When will you run? The best way to ensure you stick with your running plan is to carefully work out how to fit Couch to 5K into your day.
3. Plan your route. You may want to look at a map to plan your route first so you can focus on running.
4. Think about safety. If you're planning to run outdoors, bear in mind that you may be less aware of your surroundings if you're wearing headphones. Watch out for other pedestrians, cyclists and vehicles. When running in the dark, make sure you can see where you're going and that other road users can see you. (NHS Choices 2018)

Deal Hub

As most Deal residents will be aware, there is a new Primary Care service housed at Victoria Hospital. Currently this service is offering GP, Nurse and Physiotherapist appointments for patients booked in by the Deal surgeries and provides patients with appointments when their need fits certain minor illness criteria. It is to help alleviate the pressure on local Practices and cannot be accessed directly by patients; appointments can only be made by the Practice reception team. We have arranged for Sue Baldwin from Channel Health Alliance, the provider of the service, to come and talk directly to interested patients at our next Patient Forum meeting on Tues 5.6.18. For more details of the Patient Forum please contact Becky, our Assistant Practice Manager.

Chicken risotto with spring vegetables



**Serves 3
minutes**

Prep 15 minutes

Cook 25

1tsp olive oil, 1 small onion, finely chopped, 1 clove garlic, crushed, 2 boneless, skinless, chicken breast, cubed, 225g risotto rice, 1 litre hot chicken stock, 1 x 100g pack asparagus spears, halved, 150g frozen peas, 2 tbsp Parmesan cheese, 2 tbsp freshly chopped parsley, freshly ground black pepper

1. Heat the oil in a large non-stick frying pan, add the onion and garlic and fry for 1 minute. Add the chicken and continue to fry for 2–3 minutes.
2. Stir in the rice and coat with the oil. Gradually add the hot stock, stirring continuously, allowing each addition to be absorbed before adding the next.
3. Stir in the asparagus and peas with the last addition of stock and continue to cook. The whole cooking process should take about 20 minutes and the rice should be 'al dente'.
4. Stir through the Parmesan cheese and parsley, season well and serve.

Freezing instructions: Suitable for freezing once cooked. Defrost in the fridge and reheat until piping hot throughout.

(Diabetes UK)

Bedwetting

If you would like some help with bedwetting there is a website which parents and carers can access;

www.stopbedwetting.org

This website is full of helpful information, insightful videos and interactive games specifically designed for caregivers to support their children suffering with bedwetting.

Bedwetting is more common than you think, and help is available.

Bedwetting is a treatable medical condition and isn't your child's fault.