

# SPINNEY SURGERY NEWSLETTER - Spring 2007

*For patients registered with the Spinney*

## SPA - Patient Education Evening

Tuesday 24<sup>th</sup> April  
Crossways Hall, St Ives  
7.30 - 9.00 pm

## Womens Health!

Welcoming  
Dr Suzanne Hamilton - Consultant Gynaecologist  
Clare Henderson - GP  
Rosemary Duroe-Mayo - Practice Nurse

All Spinney Patients welcome

## Future SPA Events

June 5<sup>th</sup> - Ear Nose and Throat - Dr  
Clare Taylor - GP with Special  
Interest in ENT

October 16<sup>th</sup> - Topic to be decided

## HALF DAY CLOSING SESSIONS.

The Surgery will be closed on the following afternoon from 1pm for staff training.

### **20<sup>th</sup> March 2007**

If you need urgent medical attention during these closures please contact 01480 447800 Huntsdoc. Thank you.

## Travel & Holidays

We would like to remind patients intending to travel abroad to fill out our travel form or phone the surgery with as much notice as possible before their departure date. In order for you to be fully immunised for the places you are visiting, all necessary vaccinations and treatment needs to be given at least 2 weeks before you go. Full immunity cannot be guaranteed if vaccinations are given

less than 2 weeks before departure. We appreciate people book last minute holidays but please bear in mind that several immunisations may be required and adequate cover may not be given.

## Basic Medicine Chest

Minor illness and injuries are common, especially in young children. Symptoms often begin when pharmacies are closed. Here is a suggestion of some drugs that are useful to keep in the home for occasional use. You can buy the following from pharmacies without a prescription.

Note: before taking a drug, always read the packet label. This is for instructions on how to take the drug, who should not take the drug, and for a list of possible side-effects.

**Paracetamol** relieves pain and fever. Comes in tablets for adults and liquid for children

**Ibuprofen** relieves muscle aches and pains as well as fever, again this comes in capsules, tablets and liquid.

**Antihistamines** help to reduce symptoms of hay fever, runny eyes and nose, rashes. This is available as tablets for adults and liquid for children.

Other useful items include, bandage, scissors, tweezers, thermometer and plasters.

## Further advice

Your pharmacist is a good source of advice and information.

## Medication Requests.

Many patients receive repeat prescriptions where the doctor has authorised further issues of drugs without an appointment. However

many patients ring up requesting drugs not on the repeat drug list, or sometimes for drugs that have never been prescribed before. If you feel you are requesting such a drug then you will need to discuss this with your doctor (either face to face or on the phone) as the administration staff are not authorised to release such a prescription without the permission of a doctor.

### THE PHONE SYSTEM!

Well, it's now just over two months since the new phone system was installed. I know that many of you experienced problems during the first 5 weeks. I do apologise for that, unfortunately it was due to circumstances beyond our control. It was due to a combination of factors – mainly faulty software producing an intermittent fault and some BT line issues. These issues have now been sorted out and I am pleased to say it's all going fairly well. We continue to try and improve the system, and one of these improvements was to reduce the number of options you have to choose from. There is a queue position announced if there are calls waiting when you first call so you know if you should hang up and try again.

I now have had the chance to get some statistics from the system – which I will share with you.

Since we introduced the new phones system, we have received 15,453 phone calls. In January alone, we received 8015 calls, the average call length was 48 seconds and the average time taken to answer was 10 seconds. In the same period we made 2087 outgoing calls of which 20% were to mobile phones. We can also tell that our busiest time is between 8 am and 1 pm, with peaks at 9 am and 11 am, so this might help you if you have a routine matter to call us about.

### **SELF CHECK IN SYSTEM TO BEAT THOSE QUEUES...**

**We have introduced a new computer touch screen in the waiting room for patients to book in there rather than queuing at reception. Try it out... if you are**

**nervous about using it, ask for help from one of our friendly team.**

### **Pushchairs**

Please try and park your pushchair in the lobby, it's not ideal, but it really helps with congestion in the waiting room. Thankyou.

### **Blood Pressure Machines on home loan.**

If you are asked to use a home blood pressure monitor by your doctor or nurse, please make sure you only keep it for three days and return it to reception with details of who you are so we can make sure our records are up to date. Unfortunately we have had 16 machines lost or not returned during the last year. We have replaced these at a cost of over £1000 but obviously we can't continue to lose them at this rate.

### **Primary Care Red List Drugs – an Article from the Cambridgeshire PCT**

Cambridgeshire Primary Care Trust (PCT) spends over £81 million a year on medicines prescribed by GPs. Each year, new medicines (or new uses for existing medicines) become available. Some of these significantly improve patient care but in many cases they do not offer additional benefits or good value for money. We have a single budget for providing health services for the population of Cambridgeshire. If medicines that may not be such good value are prescribed, it limits funding for other aspects of health care such as development of primary and community care services or some aspects of hospital care.

As a result the PCT, in consultation with GPs, has introduced a list of medicines which should not be routinely supplied. This list is called the Primary Care Red List. These medicines may only be prescribed in certain hospital circumstances. This

approach was initially developed in hospitals and has operated for many years now. Similar lists are used in other areas too. The Red List applies to all Cambridgeshire patients and to prescribing by GPs, nurses, pharmacists and local hospitals. What does this mean for patients? It means that

You will receive clinically appropriate medicines that offer good value for money

We will be able to maintain or develop other aspects of health care by making the money we spend go further

Your GP will be expected by the CPCT not to prescribe medicines from this list other than in certain specific circumstances.

Copies of the list can be obtained from your practice.

Further information can be obtained from the PCT on 01480 308215.

### **Electronic Care Records (this is a shorter version of a full article which appears on our website)**

#### **What is the NHS Electronic Care Record?**

This is an individual electronic record for each NHS patient. Computer systems in the NHS will be integrated so these records can be shared. The BMA supports the principle but recognises there are important decisions for patients to make. Patients need to be informed and enabled to make informed choices. The BMA have recommended that patients should give consent prior to the record being uploaded to the Spine (ie Opt In) . In contrast, Connecting for Health (the Department of Health organisation responsible for implementing computerisation to the NHS) have the opposite view, that patients should be deemed to have given consent (ie Opt Out).

#### **What are the two types of record?**

**1) The summary record** – which can be accessed anywhere in England by NHS

staff who are directly providing care to a patient. The content for this record is still under discussion. Current proposals state that it will contain repeat prescriptions (last 18 months), acute prescriptions (last 6 months), significant and recent diagnoses and problem. Finally any adverse and allergic reactions to medication. It is likely this will expand over time. The data will be uploaded from GP computer systems following an accreditation process. When this is done, it can be updated with information from other health care professionals.

**2) The detailed record** – detailed parts of the record may be shared when providing care to a patient who has decided to have an electronic care record. For example, a consultant at hospital might need more information about a patient's care in general practice and could access the record to find this out.

#### **How will it affect patients?**

Patients will have some choices which will affect who can access their healthcare records.

**1) NHS Care Record** – patients can request that their health record is shared with those providing care. This means that their summary record will be available to health care professionals treating them. This may make patients feel uncomfortable if they have specific sensitive items in their record, they will be able to withhold these items. The exact nature of how this will work is still under discussion.

**2) Organisational records** – A patient can choose that their record is not visible or shared on the spine. It will only be visible within the boundaries in which it was created. So, a GP record could be shared in the GP practice, and a hospital record shared in the hospital, but not between the two.

**3) Paper Record** – on rare occasions a patient may decide they don't want any record on the electronic system, but kept on paper. There is no guidance about this yet, but it is expected.

It is NHS policy that every patient must have their demographic details (name, address, date of birth, NHS number) stored on the Patient Demographic Service if they receive NHS care. In special circumstances this could be withheld, if for example, a patient was part of a witness protection programme.

**Will organisations outside the NHS have access?**

Yes, it is possible private healthcare providers will be able to access the system regarding patients they are treating.

Dentists and opticians could have access with consent. Plans to allow social services to access records are being resisted by the BMA.

**When will all this happen?**

Some parts are already happening. About a quarter of a million NHS staff have smart cards and access demographic details now. The deadline for implementing a full NHS Care Record Service by 2010. There are delays but pilots are expected to take place in 2007.

*If you have read this, and want to opt out now, then please write in to Debra Wheatley, Managing Partner at the Spinney and we will add a Read Code to your record "refused consent for upload to national shared electronic record". This will be stored on your record for when the changes take place.*

*If you would like further information please look at [www.connectingforhealth.nhs.uk](http://www.connectingforhealth.nhs.uk), or [www.TheBigOptOut.org](http://www.TheBigOptOut.org) online or on the phone 01494 882 458.*

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**Telephone Numbers & Addresses**

Please make sure you keep us up to date with your latest phone number, address or mobile number.

**BREAST SCREENING  
MAMMOGRAPHY**

This is a method of detecting breast cancer at a very early stage.

Recent evidence shows that the NHS Breast Screening Programme is saving 1400 lives a year.

The programme provides free breast screening every three years for all women in the UK over the age of 50 years.

Women between the ages of 50 years and 70 years are routinely invited.

The incidence of breast cancer increases with age and around 80% of cases occur in women over the age of 50 years.

**IF YOU ARE OVER 70 YEARS OLD YOU CAN STILL HAVE REGULAR MAMMOGRAPHY BUT YOU MUST TELEPHONE 01223 217627 YOURSELF TO MAKE AN APPOINTMENT.**

During the last screening programme in St Ives held from 1<sup>st</sup> December 2006 to 15<sup>th</sup> January 2007, 1356 women registered at The Spinney were offered screening. 224 of these women did not attend.

If you did not attend and you have anxieties /questions about the test please make an appointment to see your GP