

A DAY IN THE LIFE OF A GP



**PATIENTS:
IN THEIR OWN
WORDS**

**SPECIALISED
SERVICES & CLINICS
AT THE PRACTICE**

**Free NHS
Health Check**

Helping you prevent
heart disease, stroke,
diabetes and
kidney disease.



**ONLINE
ACCESS**



CONNAUGHT SQUARE PRACTICE NEWSLETTER

Rita Mugerwa has been working as a Practice Receptionist since 2009. Since working at the Practice, she has completed a Master's degree in Health and Social Policy and given birth to two children.

Dear Readers,

Welcome to the second edition of our Practice Newsletter. Whether you are new to the Practice or new to the Newsletter, this is the issue for you. Whether it's once-in-a-year GP visit, an annual asthma review or a weekly INR appointment, I think we've got something for everyone in this issue. As well as giving you an insight into what we are trying to do for patients and visitors 7 days a week, and how we try to provide care to the best of our training and ability, this issue provides a perfect opportunity to show our appreciation for all the practical feedback, empathy and genuine understanding offered every day by the number of people coming through our door. To the kindness of our patients and visitors we owe everything.

Subscribe In print and online

E: connaught.square@nhs.net

T: 0207 402 4026

Published by: The Connaught Square Practice

But if anyone ever challenges you to define what GP Receptionists do – you might struggle to answer. So let me help you out. A Receptionist will answer phone enquiries, accept your repeat prescription requests, book a GP appointment for your spouse, a Health Check for you, a routine immunisation for your little one, and a medication review for an elderly parent, arrange for a foreign language interpreter to be present for an appointment or transportation to take you to your hospital appointment in several weeks' time because you are frail, chase up an X-Ray or biopsy test result, etc. We are also the ones you speak to first thing in the morning if you, a parent or child, or the person you are looking after who would not otherwise be able to manage on their own has become unwell. The list offers a mere glimpse into what we do for you and what we do on your behalf, whenever you or a Practice clinician should request it of us. Reception has never been so receptive or so easy to engage with!

My colleagues and I trust that you will continue to engage with us, be patient, communicate clearly, use kind and sincere words, give

us your attention, be aware of our shared surroundings, help us keep a calm and relaxed environment in which we patients, visitors and staff can and do thrive, learn with us, let us learn from each other.

So don't hesitate... because *we are here to help.*

Rita Mugerwa

News in brief

The Practice is now offering online access to all detailed information, i.e., information that is held in a coded form within the patient's medical record to any patient who requests it. The following are what patients are able to see when they have **access to detailed coded data:** demographic, allergies/adverse reactions, medication, immunisations, results (numerical values and normal range), values (BP), diagnoses, codes showing referral made or letters received, procedure codes (medical or surgical) and codes in consultation (signs, symptoms).

Mrs Davies: “Aren’t we lucky that we can be cared for ...”

The best relationships are based on genuine exchange. We hear from Shirley Davies, a patient, about her personal experiences at the Practice, of the gratitude and affection that continue to inspire her to help people, watch them recover and see them help others in turn.

Much of Shirley Davies’ friendships and social life is based around the Alcoholics Anonymous (AA) Fellowship, with which she has been involved for 25 years. That experience, she says, has been a very rare gift and has given her a better perspective on her life and the lives of others.

“To one who has not become familiar with AA, the steps of a recovery (whether to sobriety, health or a general sense of well-being and well-doing) may appear so out of place as to be amusing; but they are no more so than the steps of any fellowship. People relate, and their effort, thought, good will and agreeability, all become part of their healing.”

“However hurried my existence may be, I know that, once I walk through the door of the Practice, I am being cared for, I feel protected and I am not afraid. Strangely enough, it is on entering the Practice that I am happiest: the welcome I receive is calm and relaxed, the girls in Reception are always joyful, sweet and smiling, and I cannot help but linger for a few minutes and ask how their day has been....”

“It is my belief that healing can and does take place outside of the clinical room: in the Waiting Room, in Reception, down the

corridor, on the sidewalk. It is the attitude you bring to the Practice, the smile and friendly cheer with which you greet fellow patients and staff on your way in, it is the effort you make to ensure staff know you are respectful of them, that you appreciate their advice and their time. It is also the attitude you keep when you leave the Practice and the attitude you share with friends, family and everyone you touch in your everyday life. My own experience tells me that the *I* in illness is isolation, and the crucial letters in wellness are *we....*”

“I have heard it said that ours is a disposable age, that we no longer have patience or can cope with delays, whether natural or man-made, that we no longer have time for one another. If we see that anger, intolerance, fussiness, impatience, and frustration, commonly profit far more than charity, effort, agreeability, kindness, and thought, perhaps we must stand fast a little - even at the risk of being heroes....”

“Being a patient offers many lessons in compassion, kindness, gentleness, and patience. For example, I myself got my strength of purpose with the help of my GP, Dr Ruth O’Hare. But ultimately, it is a lesson in humility. So, today, I invite you to have a new focus: be patient, be the change you want to see in the world around you.”

From AA’s JUST FOR TODAY:

I will be agreeable. I will look as well as I can, dress becomingly; talk low, act courteously; criticise not one bit, not find fault with anything and not try to improve or regulate anybody except myself.

Specialised Clinics

From your weekly INR monitoring to annual care planning and all the health checks in between. **Because it is important to you.**

INR Clinic



Diabetes Review



Asthma/COPD Review



NHS Health Check



Care Planning



A Day in the Life of a Duty GP

The following description of a typical day in the life of a Duty GP draws on the experiences of all Practice GPs. The events and situations described here actually happened.

8:00am - 9:45am

As the duty doctor today, my morning responsibilities include covering the morning phone-in clinic, dealing with emergencies, enquiries from District Nurses or Palliative Care team, and requests for urgent home visits. The phone-in clinic is there on the suggestion of patients, to improve access to GP services for urgent conditions, and to ensure that patients who are too unwell to attend are reviewed first thing in the morning, without having to queue up outside the Practice in poor weather. The phone-in clinic enquiries are wide-ranging: viral infections, allergic reactions, back pain, acute respiratory problems, a request for malarial prophylaxis, a new diagnosis of angina,

etc. I speak to 16 patients over the phone, assessing urgent symptoms and providing guidance and advice. Out of the 16 patients I speak to, I arrange for 4 patients to be seen face-to-face in the afternoon. Between speaking to patients over the phone, I arrange for the Rapid Response Team to attend to a 91-year-old female patient who reports feeling acutely breathless and to review a 3-week-old baby coughing blood who has just been brought into the Practice by her very anxious parents.

10:00am - 11:00am

7 patients, for one of whom a sign-language interpreter is needed, are booked into my mid-morning clinic. As you may

appreciate, a 10-minute appointment is not going to be sufficient time to help a patient who is depressed and unable to cope with her responsibilities as a full-time carer for a spouse living with dementia, or a patient who needs an urgent referral to hospital for suspected skin cancer. Some of the consultations will require a follow-up blood test, while others will generate a new referral to community or hospital services, as well as tasks for the Administrative team to chase up reports from consultants.

11:00 - 13:30

I work on the prescription requests, clinic letters, outpatient prescription sheets and pathology and test results that have come in. There are 142 prescription requests to review and re-

authorise. There are 78 clinic letters and consultants' reports to review: 48 of those will require that I amend a patient's repeat medications list or care plan, 7 will require onward referrals to additional investigative treatments or therapies. 12 will require a further GP review or a new

referral to District Nurses or the Community Matron. There are 121 pathology results to review. The admin session is interrupted at 12:15am, when Palliative Care Nurse Karen calls in to request an urgent GP visit to the home of an elderly housebound

patient who has become confused and lethargic since yesterday and whose blood pressure has now dropped significantly. As I head out of the Practice, I email

Clare, the Practice Manager, to say that I am unable to attend the weekly multi-disciplinary team meeting due to start at 12:30.

13:30 - 17:00

I return to the Practice shortly before the start of my afternoon clinic. There are 16 patients booked in and 2 telephone consultations. In between appointments, I type up a summary of the day's home visit, I return a call from Children's Services and another call from a District Nurse who is worried that a diabetic patient's leg wounds have become infected.

17:00 - 20:00

After seeing 14 more patients, I finally get around to dealing with my 57 emails. There is still some important work to do in the evening: as part of my accreditation to remain a doctor, reading up and keeping my knowledge up to date is essential.

THE BIGGER PICTURE:

GPs made more than 13 million referrals hospitals for elective care in 2014/15, up from 11 million referrals in 2010/11. (Source: The King's Fund)

THE BIGGER PICTURE:

The total number of face-to-face appointments with GPs has increased by 13.2 per cent over the past five years. (Source: The King's Fund)

THE BIGGER PICTURE:

The proportion of clinical staff appointments taken up by patients over 85 has increased by 16 per cent over the past five years. (Source: The King's Fund)

New Practice “Did Not Attend” Policy

Rationale: Approximately 130 appointments per month are “Did Not Attend” (DNA), the effects of which are:

- an increase in the waiting time for appointments
- frustration for both staff and patients
- a waste of resources.

It has been noted that some patients persistently ‘DNA’ appointments. These include emergency appointments, which patients can only book on the same day at the most.

Policy: If a patient does not attend an appointment twice, then they will be sent a letter and a copy of the notice explaining the policy.

If a patient does not attend a third appointment, then a review of the case will be done by either the Practice Manager or one of the GPs to establish whether there are any specific reasons (social or clinical) why the patient should not be removed, with an outcome of:

- the patient will be invited in to meet with the Practice Manager to explain any difficulties they may be having with keeping appointments.
- the patient will be sent a letter informing them, in accordance with the Practice policy, that it has now been requested for them to be removed from the Practice list and that they should find an alternative doctor.



We’ve got a few reasons for you to join us online

SystemOnline enables patients to:

- View their electronic medical record
- Manage their appointments
- Request repeat medication
- Update demographic details details
- Complete questionnaires

If you wish to be registered for online service, please speak to our Reception team or call us on 0207 402 4026.

SystemOnline services are available only from within the UK. You cannot access **SystemOnline** from abroad.

Benefits for patients

- **SystemOnline** is simple to use and offers patients more flexible options.
- **SystemOnline** is of particular use to busy patients, patients who wish to take care of things outside normal office hours and those needing to urgently book an advance appointment.
- Patients not on the internet can also benefit indirectly as a reduction in telephone calls should make the Practice more accessible.