

WELLINGTON HOUSE PRACTICE

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PRACTICE NEWSLETTER

The purpose of this newsletter is to develop an on-going partnership between the practice and patients to help us to continuously improve the service that we provide. We aim to produce a newsletter two to three times a year and would welcome feedback on issues/topics you would like to see included.

► NEW GP CONTRACT

Many of you will have seen in the press that, from April 2004, GPs have a new contract with the NHS and we thought we would use this newsletter to outline some of the key points of the new contract, as we know them so far:

- GPs are not NHS employees; they are a partnership that is contracted to work for the NHS. The new contract defines the services that practices provide.
- The key provision is 'the care of patients that are ill or believe themselves to be ill'
- In addition, practices are expected to provide additional services; these include maternity services, contraceptive services, some minor surgery and some travel vaccines
- In addition, the local Primary Care Trust (PCT) can commission a range of enhanced services that practices can choose to provide (but do not have to provide). The purpose of many of these services is to provide a service in the practice that may otherwise be provided at the hospital so making the service more convenient for patients. In this practice we will provide:
 - ❑ Additional minor surgery, including excisions and injections
 - ❑ Administration of childhood vaccinations
 - ❑ Administration of flu and pneumovax injections
 - ❑ Fitting of intra uterine contraceptive devices
 - ❑ Near patient testing, where we provide blood testing and adjusting the dosage of a range of drugs
 - ❑ Monitoring and dosage for patients on Warfarin
 - ❑ Minor injury service for cuts, bumps, grazes etc
 - ❑ Advanced access – this is the current appointment system which we implemented last year where we operate a mix of pre-bookable and on the day appointments
 - ❑ Zoladex injections
 - ❑ Counselling



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- The practice will also participate in the 'quality and outcomes framework'. This framework defines a number of key parameters, both for the management of chronic diseases (chronic heart disease, diabetes, epilepsy, hypertension, mental health, stroke/TIA, hypothyroidism, cancer, asthma and chronic obstructive pulmonary disease) and the management of the practice which are considered best practice for an effective GP practice. Our performance against this framework will be monitored annually. We have already measured ourselves against this framework and are doing very well in providing good care for our patients.
- One of the requirements of the new contract is for the practice to carry out an annual patient survey. You may remember that we carried out a survey in 2003 and produced an action plan to act on the results; we will carry out a similar survey in 2004 and will share the practice results with patients.

The new contract also means changes in the provision of the out of hours service. Currently our GPs are responsible for the provision of a service 24 hours a day, 7 days a week, 365 days a year. In the past this would have been done solely by the practice GP's and then, in more recent years, by being part of the local GP co-operative, Ayddoc which spread the load amongst all GPs in the area but ultimately our GPs remained responsible for the service to our patients. The need to provide this service has felt, nationally, to have been a deterrent to doctors wishing to become GPs so leading to a national shortage. The new contract, therefore, defines the GP's responsibility as providing a service between 8am and 6:30pm. Outside these hours the local PCT is responsible for the service. The PCT have until the end of the year to take over this responsibility – currently they are planning to do this at the beginning of November. The PCT have signed a contract with Harmoni to provide this service and GP's can choose to work for them. As we know more about how this new service will operate we will let you know.

► CHINNOR PATIENT PARTICIPATION GROUP

We have recently been approached by the Chinnor Patient Participation Group to see if we would be interested in supporting this group. We are delighted to be approached to participate and the following have agreed to be practice links with the group:

Dr Martin Knightley	Senior Partner
Julia Coates	Practice Nurse
Lesley Munro-Faure	Practice Manager

Audrey Farman is the chair of the group and she provided the following write-up of the group's activities:

"The Group was formed several years ago, under the auspices, of the Vale of Aylesbury PCT, to be a link between the Trust and the people and their doctors in the local area. Members of the committee attend periodic briefings by the Trust to keep them abreast of the many changes in the running of the NHS and know who to contact in return when there are problems to be addressed. Public meetings every three months give the public a chance to hear what is going on and to put their views and questions; these are publicised in advance.

The Group's activities fell rather into abeyance on the sudden death of its first chairman, Brian Richardson, but it is now up and running again under the chairmanship of the former secretary, Audrey Farman who has a full committee to share the work. Most importantly, both Wellington House and Cross Keys give their full support and will be represented at public meetings. The next meeting will be held on the 13th September at Chinnor Village Centre at 7:30pm.

Anybody who is having difficulties with the NHS, which may be outside the scope of the surgeries, can speak to Audrey on 01844 353735. While she may not be able to give you the answer you need, she knows a man who can!"

► UPDATE ON FLU AND PNEUMOVAX

We will shortly be starting our flu campaign for 2004/5. Flu can be a very serious illness, particularly for the over 65's and those in 'at-risk' groups. As last year we will be offering flu vaccinations to the following people:



- All people over 65
- All people under 65 with:
 - diabetes
 - chronic heart disease
 - COPD/asthma
 - stroke
 - suppressed immune system

We will also be offering pneumovax injections to everyone over 75 – last year it was available only to those over 80 and to those in the at-risk groups. The at-risk groups are the same as for flu, except that we would not target people with asthma only. Also, whereas the flu injection is given to everyone each year since the flu virus is constantly changing, the pneumovax injection provides, for most people, lifetime immunity (except those with a compromised immune system where it is repeated every 5 years).

► DOCTORS SURGERY TIMES

To make it easier for you to book an appointment we have included below a list of the sessions that our GPs normally work. These can, however, change when doctors are on holiday, training, attending meetings etc.

Although availability varies between days and individual doctors, appointments are generally offered as follows:

Princes Risborough	8.40 am – 11:50am	4.00 pm - 5.50 pm Closed Wed pm
Chinnor	8.40 am – 11:50 am	4.00 pm - 5.50 pm Closed Tues pm

	Princes Risborough	Chinnor
Monday am	Dr Partridge Dr Mulholland Dr Shah	Dr Knightley Dr Stamp Dr Green
Monday pm	Dr Kew Dr Shah	Dr Knightley Dr Stamp Dr Partridge
Tuesday am	Dr Kew Dr Shah	Dr Knightley Dr Stamp Dr Green
Tuesday pm	Dr Mulholland Dr Shah	Closed
Wednesday am	Dr Partridge Dr Mulholland	Dr Knightley Dr Shah
Wednesday pm	Closed	Dr Knightley Dr Mulholland
Thursday am	Dr Partridge Dr Kew	Dr Knightley Dr Stamp Dr Shah
Thursday pm	Dr Partridge Dr Shah	Dr Knightley Dr Stamp
Friday am	Dr Mulholland Dr Shah	Dr Knightley Dr Stamp Dr Green
Friday pm	One GP on rota basis	One GP on rota basis



In addition, we have appointments with our GP registrar. From August 2004 this will be Dr Manoj Sekharan. A registrar is a fully-qualified doctor who has spent at least five years working in a hospital environment before joining us to gain experience in General Practice.

► REPEAT PRESCRIPTIONS

We have recently received an NHS paper on best practice for prescribing within general practice. We have compared ourselves with best practice and, in general, meet the requirements very well. There are three areas where we need to improve:

- When a patient is prescribed medication, the GP determines whether this is an item where a repeat prescription can be issued automatically when requested. When issued, it is then passed through to the GP for signature. Every 12 months these are reviewed by the GP as part of a medication review. If any items requested are **not** on the repeat prescription screen then the prescription must not be issued, instead the request must be passed through to the GP who will decide whether or not the medication can be issued without the need for the patient to be seen by the GP.
- We need to improve our medication reviews. Although the repeat prescription asks the patient to make an appointment for a review when it is due, sometimes patients do not comply with this request. In future we will gradually reduce the amount given on each script until the patient has attended for a medication review.
- The guidelines strongly suggest that it is not best practice to accept requests for repeat prescriptions over the telephone. The similarity of medication names and changing doses means that this makes it more likely that mistakes will be made. We will, therefore, no longer accept telephone requests for repeat prescriptions from the end of August. We realise that this is more inconvenient for patients but we must make patient safety our highest priority. We are currently investigating two initiatives which would ease this; participating in a trial of pharmacy-led repeat prescribing; and provision of a practice web-site which may allow repeat prescriptions to be ordered via the internet.

On the subject of repeat prescriptions, we would like to remind patients to order their prescriptions in good time. It takes 48 hours (working days only) for a repeat prescription to be available for collection from the surgery and 72 hours (working days only) before it will be available for collection from the chemist if this service is requested.

► STAFF CHANGES

Jenifer Haffenden, one of our invaluable practice nurses in Princes Risborough will retire from the practice at the end of September. She has been with the practice since 1978 and must have seen thousands of patients over the years. Jenifer is one of our longest serving members of staff; we want to thank her for all her hardwork over many years and to wish her all the best for the future.

► FEEDBACK

The practice works best if the doctors, patients and practice staff work together focusing on understanding what patients want and what services the practice can provide. We in the practice constantly review the way we work, looking for ways to improve the services we provide and the way we provide them but this works best if we also have input from patients. To do this we pro-actively seek your views from time to time, we have done this a couple of times recently on the new appointments system and also formally once a year via an independent patient survey but we welcome patient feedback at any time.

If you have any feedback on either the contents of this newsletter or the practice generally, please do contact the practice manager: Lesley Munro-Faure on 01844 271203.

