



# A W SURGERIES

Issue  
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## PATIENT PANEL NEWSLETTER

### A Day in the life.....

A good thing about my job is that I start early enough to miss all the traffic coming into work. I usually arrive at 7.45, so I can start to catch up with all the messages. Now we have e-mails (external and internal), that adds an extra layer to this process. But first, I need coffee!

There are a variety of e-mails: the really important ones are about patients, and they get dealt with first: then the general ones come next. I have an NHS e-mail address that was used by everyone, particularly in the Primary Care Trust. Everyone wants to send e-mail to GP's, and I started to lose heart when I was getting more than 30 a day. None of them were important, so I don't use this e-mail address any more.

The first patient is well before 9 o'clock, and then I am scheduled for one patient every ten minutes. Some take 5 minutes, some 25, but that tends to even out over the morning. It is a challenge keeping to time. By around 11.45, I have seen all

those that needed to be seen, so time for another coffee, and to disappear upstairs.

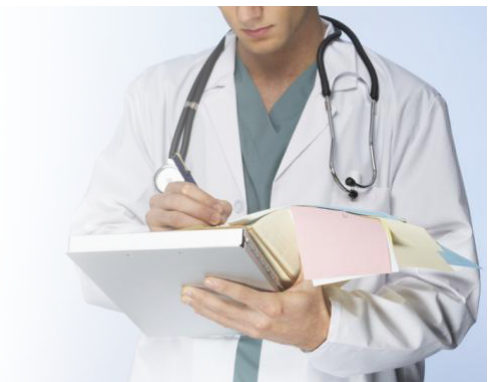
More jobs await, phone call requests, prescriptions to be signed, queries to be sorted, and visits to be allocated. Forms in my pigeon-hole. But we talk as we work, and discuss difficult cases - the elusive diagnosis, the best referral.

Off on my rounds, I don't drive a red Ferrari, so I blend in well into my patch. Home visits are enjoyable, but take such a long time to do. If I have meetings (which I often do) it puts time pressure on. So I have to eat my sandwiches in the car.

Meetings, and teaching can take up great swathes of time, so I like to keep them short and focussed. Then it is back to the surgery to read my daily post. I get around 60 letters, all of which need to be read, and important information coded. That takes up to an hour, and then I need a coffee. The afternoon begins at 3.15 with unplanned "extra" patients, and that

blends into evening surgery, which might include some surgical procedures that I enjoy doing. More phone calls, more extra patients and by the time I finish (around 6.30) I am pretty exhausted.

When I go home I miss all the traffic, and have time to reflect on what I have done. Unless I have other meetings. I can sometimes be concentrating, constantly, for around 11 hours in one day, and that is tough for a 50+ year old. As for the notion that we spend half the day playing golf, nothing could be less true: and anyway I agree with Mark Twain, who said "golf is a good walk, spoiled".



### Chairmans Message.....

I have been privileged to be the Chairman of the patients panel since its conception some 5 years ago. Our purpose is as a link between patients and the surgery and vice versa. We do not handle specific complaints, that is the responsibility of the surgery, rather we deal with more general areas of concern such as the appointment system.

Our main roles to date have been the Annual Patient Satisfaction Survey, a formal requirement of the surgery by the health authority. and now production of this quarterly newsletter. As government makes changes to the way the G P Surgeries are run then we will be needed more and more within the surgeries to explain to YOU, the patients, how the implications of new procedures impact on us all.

With the increasing workload and calls on our time increase as the doctors and surgery staff struggle to manage these new working practices on an ever decreasing budget, we find ourselves in need of additional members and helpers, from all age groups but especially young parents and teenagers,

PLEASE CAN YOU HELP . JUST A FEW HOURS A MONTH WILL BE REALLY APPRECIATED.  
Give me a call on the number at the foot of the back page for more information.

FINALLY, THE APPOINTMENT /PRESCRIPTION arrangements may not be perfect but they are much better than other practices. WE can order prescriptions / make appointments by internet, fax and over the phone, Most other practices do not offer such facilities with some only renewing prescriptions by personal visit to the surgery.

# SURGERY NEWS!!!!!!!!!!!!

## Surgery Update

At the end of December Dr Paul Gooding left us to emigrate to Australia. We wish him and his family all the best for his new life in the sun. The full time doctor who we appointed to replace him no longer wishes to take up the post and for the time being the existing partners have decided to cover his sessions themselves. Dr Alison Craggs has changed her status from a half time salaried doctor to a half time partner to job share with her husband, Dr Ian Craggs, who has reduced to half time.

Dr Kate Grint joined us in November 2011 as a full time salaried doctor, and has settled in well.

Did you know the surgery budget has not been increased in five years!!! Yet in this time the number of Doctors, Medical staff and services have increased.

How has this been achieved, ***THE PARTNERS HAVE TAKEN A PAY CUT.***

Who says our doctors don't care about their patients.

Did you know that every time a patient goes to Russells Hall A&E, the surgery is billed for treatment given at a much higher rate than that of the drop in clinic at Holly Hall. Please can we all make a supreme effort to attend our own surgeries where possible without endangering health.

Later this year Dr FAUX is retiring, (should we allow this to happen? after all he's only 50+) your comments please.

## AW Surgeries A Joint Commitment

AW surgeries aims to provide the highest quality health care available within the finite resources of the NHS to all our patients with a well trained and motivated primary health care team. The practice recognises the special expertise of many of its members and uses these skills for the benefit of the patients.

We will treat you with respect and courtesy and help you to make the best use of our service.

Any advice on treatment will be based on clinical need. We will always be willing to explain our findings and the advice we give, including choices of treatment.

We will maintain strict confidentiality over your details and will not divulge information, even to a family member, without your consent.

In return we expect the following from our patients:

- o To treat all of us with respect and courtesy.
- o To accept that verbal or physical abuse will not be tolerated. We have a 'zero tolerance' policy regarding physical or verbal threats and abuse towards Practice Staff.
- o To accept that your health is your own responsibility, which we can help you with but cannot take over for you.
- o To cancel appointments that you are not able to keep.
- o To notify us of any change of name, address or telephone number.

### JOIN THE PATIENTS PANEL / FUTURE ACTIVITIES

For more information please contact Geoff Lawley (chairman) 01384 822172

Stuart Steele 01384 443133

Mob.07950116828 or [stuartsteele48@hotmail.co.uk](mailto:stuartsteele48@hotmail.co.uk)

or contact any member.