

DIDCOT HEALTH CENTRE

Patient Participation Group

Newsletter

OCTOBER 2009

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View from the chair by Mary Nye

Little does it seem twelve months since the “New Health Centre” was officially opened, how quickly we take things for granted.

At our AGM in June Andrew Jones stepped down as your chairman, but I am pleased to say that he has taken on the office of Treasurer.

Thank you Andrew for your hard and conscientious work as chairman. We were sorry to say goodbye to David Dancy our treasurer for many years and wish him well in the future. Rhonda Leighton has joined our committee; we are very pleased to welcome Rhonda as she is a working mother and the PPG needs people to represent her age group. Other volunteers to join the committee would be welcome.

Our next open meeting is on Wednesday 11th November. We will be pleased to welcome a member of the Oxfordshire Primary Care Trust (PCT) who will give us a talk on the work of the Trust, so please do come along and find out more about the PCT’s important function within the UK health service.

If you wish to learn more about the PPG I can always be contacted via the Health Centre.

Mary Nye
PPG Chairman

Practice update by Dr. Jackie Mercer

What has happened at Didcot Health Centre since the last newsletter?

New Partnership.

The Practice, until recently referred to as ‘Dr Hamilton and Partners’, has changed its name after Dr Hamilton stepped down as senior partner at the beginning of August; we are now known officially as ‘Dr Ebbs and Partners’. With effect from the same date, we were delighted to welcome Dr Iveta Southwood and Dr Greg Barnes as new members of the partnership. Both Doctors were already working in the Practice and each has contributed an article, featured later in this newsletter, giving you an idea of their previous background and clinical experience.

Extended Hours.

We offer early and late pre-bookable appointments each week, with Doctors and Practice Nurses, which are intended for the convenience of those patients who need to attend routine and follow up appointments at times suitable for commuters, shift workers and others who find it difficult to come to the surgery during our normal working hours of 08.00 to 18.30. Appointments are available on Monday mornings from 07.00 and on Monday and Thursday evenings until 19.30; appointments are also available on alternate Saturday mornings between 09.00 and 11.40. Please note however that patients who book these keenly sought after appointments and

subsequently fail to attend or cancel their appointment will be sent a 'written warning' from the Practice!

Patient Satisfaction Survey

Thank you to those of you who kindly filled in questionnaires for the survey that was conducted within the Practice by members of the PPG Committee and to those who have completed the postal or on-line IPSOS MORI poll that was conducted nationally by the Department of Health. We were delighted to receive your confirmation that the move to the new Health Centre has resulted in a much improved 'waiting room' experience and that our system which allows patients to book appointments within 48 hours or up to four weeks in advance appears to be working for the great majority. **We have recently introduced a phone queuing system which offers you a number of options to enable you to access the required member of staff more easily.**

Practice Website

We have convened a working party to develop the content of our website which can be accessed at www.didcohealthcentre.com. Patients with internet access who wish to request a repeat prescription can do so via this site. The PPG e-mail address, dhcppg1@hotmail.com will shortly be added as a link. Your committee are keen for you use this e-mail address to contact them with ideas and suggestions for future articles for the newsletter and topics for discussion at open meetings.

While we have our own ideas for the website, please let us know what information you would like to be made available – useful phone numbers, useful links to websites, useful anything!

Swine Flu or Seasonal Flu?

Last but not least! Come what may, this autumn/winter will see a resurgence of swine flu 'fever'. Our routine **seasonal flu** campaign is already in progress. If you are aged 65 or over or are in a clinical 'at risk group' because you suffer from a long term condition such as diabetes, heart disease or stroke, respiratory, kidney or liver problems, are on specified medications or are a carer for a relative who relies on you for daily care you are eligible for the seasonal flu vaccine. The **swine flu** campaign is targeted initially at the clinical 'at risk' groups so if you are aged 65 or over but are generally fit and healthy you will NOT be eligible for vaccination against the new flu virus at this stage.

Remember: If you feel that you have a flu-like illness and are feverish with a temperature of over 38°C (100.4°F) that has not responded to your normal cold or flu remedy, please do NOT contact the surgery but phone NHS Direct on 0845 46 47 for advice. If considered appropriate they will ask you to STAY AT HOME and PHONE the surgery to book a telephone consultation, or PHONE the National Pandemic Flu Service (NDFS) on 0800 1 513 100 or access their website at www.direct.gov.uk/pandemicflu

Dr Jackie Mercer
Practice Manager

Introducing our new partner Dr. I. Southwood

My name is Iveta and I will become a partner in the Didcot Health Centre in August 2009.

I have been working in the DHC since August 2004. My first post was as a GP Registrar and then became a Salaried GP in the practice. Over these five years I have really enjoyed working with the large team of professionals in the DHC. I currently work two days in the week at the DHC and I also work at the Out of Hours service in Abingdon on the weekends. This year I was invited to join the practice as a Partner.

I am married and have two children, a girl aged 16 and a boy aged 18. I am of Czech origin I was born in Prague in the Czech Republic (then known as Czechoslovakia).

I did all my schooling in Prague and went to the Medical School at the Charles University also in Prague. I graduated from University and started work in one of the large teaching hospitals in Prague. I worked for two years as a junior doctor in ophthalmology.

In March 1988 I met my future husband whilst he was on holiday with his friend in Prague. I spent a week showing him Prague and practicing my English language on him. We kept in touch by letters and telephone. He came to Prague two months later and then again in the summer when he proposed to me. In May 1989 we were married in Prague. After the wedding my new husband only stayed a week in Prague and had to leave me behind. I was not allowed to leave the then strict communist state for a further four months. In October 1989 I came to England to live with my husband, leaving behind my family and friends. I had to learn English, as I wanted to continue my career. I learned 'Queens English' at college and 'Real English' waitressing in the Broad Face pub in Abingdon.

My first job was working as a Pharmacy assistant in the John Radcliffe hospital. During this time I started my family and studied for the PLAB exam. This exam is the licensing exam by the General Medical Council for overseas doctors to allow them to practice in the UK. I had to take this exam because at this time the Czech Republic was not part of the EU.

In 1999 I joined Oxford flexible training scheme for GPs. I started working in the Royal Berkshire Hospital in Reading. I worked as medical house officer in elderly care, rheumatology, gastroenterology and endocrinology. I worked as a senior house officer in accident and emergency, paediatrics, obstetrics and gynecology and psychiatry. In 2004 I joined the DHC as a Registrar. When my training as a GP had been completed in April 2006, I continued to work at the DHC as a Salaried GP.

My personal clinical interests are in Ophthalmology and I enjoy doing minor surgical procedures. I keep abreast of the latest medical developments by regularly attending seminars, training events and reading medical journals.

I am looking forward to working with the partners to promote the DHC, as a centre of health care excellence for Didcot and the surrounding villages.

Dr. Iveta Southwood.

Introducing our new partner - Doctor Gregory Barnes

My name is Greg and I will start working as a partner at Didcot Health Centre in August 2009.

For the last year I have been working in the practice as the Registrar under the guidance of Dr Ebbs. I have developed a good working relationship with all members of the practice team and have enjoyed treating the patients I have met; I have had a very productive year in practice.

I am married to Kate who is an Ophthalmologist working at the John Radcliffe Hospital in Oxford and the Royal Berkshire Hospital in Reading. We have just had our first child William who is now 12 weeks old!

I grew up in Norwich and was educated locally at the City of Norwich School. After sixth form I went up to study Medicine at Guy's & St Thomas's Hospitals Medical School in London. This is where I met my future wife. I spent seven years in London; six at medical school and then my first year as a House Officer at St Thomas's Hospital.

For my Senior House Officer jobs I went up to Cambridge to work at Addenbrooke's Hospital for two years, then returned to Guy's Hospital in London and finally came to the John Radcliffe in Oxford. I worked in a wide range of medical and surgical specialties (General Surgery, Neurosurgery, Plastics, Orthopaedics, ENT, Psychiatry, Dermatology, Neuro-rehabilitation, and Palliative Care at Sobell House, Paediatrics and Obstetrics & Gynaecology) over these five years and my wife and I somehow managed to get jobs in the same hospitals so that we could live together as we move about the country!

I came from the John Radcliffe to Didcot Health Centre to take up my post as Registrar in August 2008 - and I am just completing the year. I enjoy all aspects of medicine and healthcare but have a special interest in ENT and hold the Diploma of ENT. I have taken postgraduate exams in Surgery and General Practice; I am a Member of the Royal College of Surgeons and the Royal College of General Practitioners. I keep up to date in all areas of practice.

In my personal life I am enjoying spending time with our new baby Will and have joined West Oxford Sailing Club where I sail regularly. I also keep an allotment garden.

I look forward to joining the excellent team that exists at Didcot Health Centre and hope to contribute to the high standard of care they provide.

Not everyone can get to the PPG open meetings, in fact it would be difficult to accommodate the entire membership of the PPG if they turn up. Therefore, as the open meeting talks are usually very interesting and stimulate a wide variety of questions from the audience, it was decided to print a summary of both the talks and the "question and answer" sessions in the following Newsletter.

The Hospital "Choose and Book" Appointments System

A talk given by Dr. Vicki Hamilton on Wednesday, 3rd June 2009

There are many reasons why GPs need to refer their patients to a hospital. The doctor may wish for a second opinion on their patient's condition; the patient themselves may wish for a second opinion or more commonly the patient may need specialist treatments or procedures only available at a hospital. In the past some specialists used to come out to local hospitals for consultations and minor operations but that happens less frequently now except for psychiatry where the majority of care takes place in the community. Initial referrals can be for advice and the consultant reports back to the GP.

Before 1990 GPs could send patients anywhere in the UK and funding was centralised. In the early 1990s Kenneth Clarke devised "Fund Holding": a system in which GPs were given a fixed sum of money each year and left to manage their own budget. Hospitals published price lists for each consultation or procedure that they offered. The prices varied from hospital to hospital but GPs could contract to buy procedures in bulk at reduced prices. However, GPs could only refer patients to a hospital with which contracts had been established which in most cases was the nearest major hospital.

With the next change of government fund holding was abolished and Primary Care Trusts (PCT) were formed. They became responsible for all contracts but rising costs have increased pressure on practices to reduce referrals, although falls by the elderly are treated as a special case. There were also limits imposed on the type of work that hospitals could do, for instance most cosmetic surgery was banned. The PCTs commissioned care from a variety of sources with the money supposedly following good practise. Consultants were also encouraged to offer appointments in local hospitals at a reduced rate but this has been superseded by greater autonomy in community hospitals and the creation of privately run Independent Treatment Centres. The latter were paid in advance to perform a given number of procedures such as joint replacements and eye operations but GPs have been reluctant to use them as it distorts the overall system particularly in training hospitals.

A GP can refer out of the area in special cases where there is no local expertise. The introduction by government of privately run polyclinics in direct competition with GP practice has resulted from the formation of "Practice-based Commissioning" which allows GPs to group together to provide local facilities such as ultrasound scans.

In principle PCTs do not have to maintain local hospitals (e.g. the Horton General) where services which can be closed down if PCTs do not consider them to be cost effective. GPs are given a list of hospitals which their PCT will let them use and in rural areas such as Oxfordshire only 3.5% of patients choose to go to hospitals other than their local one for elective, non-urgent, referrals (6% nationwide). Urgent referrals are outside the choose and book system.

Doctors access the Choose and Book system through the "Choice Bureau" (CB) or in some practices directly by computer. The doctor writes to the CB stating the required investigation and a choice of consultant. The CB then writes to the patient giving them the choice of preferred hospital departments along with a number and a password. The patient must then make their choice and ring the CB, quoting their number and password, to make an appointment. After the hospital visit the bill goes to the PCT and a report goes to the GP. The Health Centre uses the CB as it is not yet able to use the alternative computer system.

Question and Answer Session

Q Can low waiting lists at some hospitals be identified to expedite being seen?

A The government is trying to reduce waiting times from referral to treatment from 18 to 13 weeks. The Choice Bureau do know where waiting lists are low but these tend to be in the independent centres

Q Why does the CB still exist when their ability to offer choice is limited?

A They should offer 4 choices, 3 from the NHS and 1 from the independent section.

Comment There are complications in the system such as choosing a local hospital for a consultation and procedure but the follow-up can be miles away.

A It is obvious that most people want to go to the nearest hospital and only in the case of rare conditions are you likely to have to travel.

Q What does it cost to implement the Choose and Book system?

A A lot.

Q What do we do about hernias now?

A They are back in the system.

Q Are targets detrimental to patients?

A A&E for instance has real problems sometimes to provide good medical care when a target has to be met.

Q Where do you think the service will go in the near future?

A It's impossible to say as it is so politicised and driven by economic considerations.

*The PPG committee note that several patients have reported both anomalies and poor service in the Choose and Book system. If our readers have had to use the Choose and Book system it would be interesting to hear of their experiences, both good and bad. Write to Philip Pells
14, Barnes Road,
Didcot,
Oxon OX11 8JL.*

A patient's experience of Age-related Macula Degeneration

This is the second in the series of articles in which NHS patients, not necessarily from this practice, give their personal experiences of living with a particular disease or condition. Their experience is not necessarily typical of that experienced by others but may be helpful to those that have the same problem.

The events described below occurred outside of the Oxfordshire area.

It started three years' ago with a visit to my optician, prompted by an awareness that my left eye had lost focus over distance. I was that I needed to go to the Eye Hospital and an appointment was made for the following day, but without explaining the need for the urgency. After my arrival at the Eye Emergency Clinic, I was given the usual eye test by a clinic nurse and then saw a doctor, who showed concern during a more-thorough eye-test and called on two more doctors to have a look. None would provide an explanation as to their findings, but suggested I visit an eye-photographer to take pictures of the interior of the eye. Both eyes were photographed and the doctors and nurses invited to view the results showed more collective concern. So concluded the second of many visits to the clinic, during which I was told I would be given another appointment with a specialist consultant.

I went home – none the wiser – other than having been told that I had leaking vessels in the eye and, after discussing the situation with my wife and family, decided to attend the Monday clinic again. To my dismay the receptionist said she could not find any documents relating to my previous visits, but suggested that they might still be with the consultant and, therefore, I should await notification of an appointment. Having heard nothing by the end of the week, I revisited the eye clinic the next Monday and expressed my obvious concern – but nobody seemed to want to know! I went home – even more puzzled and distressed – but later that day, one of the doctors who I had seen on my first visit, telephoned to tell me that I had Age-related Macular Degeneration (AMD). He suggested that I ring the consultant's secretary the following week and, meanwhile, take a course of special eye vitamins.

I looked up AMD on the web and found that the “macula” is a small area at the very centre of the cornea which is responsible for what we see straight in front of us allowing us to see fine detail and colour.

“Dry” AMD is the most common form of the condition and develops very slowly causing a gradual loss of central vision. It seldom leads to total blindness. “Wet” AMD results in new blood vessels growing behind the retina. This causes bleeding and scarring which can quickly lead to total loss of sight. It accounts for about 10% of all AMD cases.

A month later, a specialist consultant informed me that I would go blind in that eye and that the only possible treatment was a very expensive drug – ‘Lucentis’ – not available on prescription through the NHS but he could prescribe it for me in his private clinic at the rate of £1,000-plus for each of an estimated 14 treatments. I was shocked and felt that I had been badly let down by the NHS, a system in which I had always believed and paid my dues for 50 years of my working life. The doctor also told me that my right eye, which I presumed to be fine, was anything but and harboured dry ARMD and glaucoma and could deteriorate at the rate of 10% a year. The good news was that NICE would allow drug treatment for that eye under the NHS but the bad news was that NICE would only allow that drug to be used if the patient had less than 50% sight in that eye and I enjoyed more, despite the fact that I was losing the sight in the other one!!

Then I was asked if I would take part in an “experimental procedure” on my “wet” eye which was full of blood and other fluids making it impossible seal those leakages with lasers. If the surgeon could obtain permission from the PCT, he could reduce the fluids with another drug ‘Avastin’, normally used in the treatment of colon cancer, found to help with ARMD, though not accepted for this use by NICE. Some weeks later I finally got an appointment to attend the clinic for treatment but on examining my eye again they found it was too late. During the following weeks I experienced all kinds of strange effects in my left eye then, quiet suddenly, I realised I was blind in that eye – there was only blackness and the occasional firework display.

There still remained the problem of the blood and other fluids which could to be removed from my eye and might restore my peripheral vision. This involved the surgeons “nibbling” at the fluids and the solids in the eyeball over the course of a two-hour operation under a local anaesthetic. It was 12 days before Christmas when the operation was performed. The operation was bad enough but the consequent Christmas was even worse. I was sent home to lie face-down for weeks with a blinding headache trying to feel festive by drinking wine through a straw and sucking food off a fork, while watching television through a mirror on the floor. The pain was like being continuously poked in the eye, only 100 times worse. The day after Boxing Day, the eye surgeon concluded that although he had been unable to replace the lens as promised, nor the retina which had been dislodged during the procedure, “everything had gone well.” The pain got worse, paracetamol had no effect nor did the bag of frozen peas clutched to my head. My eye felt as though it might explode. Extra-strong pain-killing tablets and a sympathetic visit from our local doctor helped but my wife decided to take me back to the eye hospital on New Year’s Eve. The doctors found that my eye pressure was twice what it should

be and the intense pain was caused by drainage holes being blocked during the previous operation.

It was later explained that it was the equivalent of filling a balloon with water until it burst! New Year's Day was not the sort I had enjoyed in the past. A young doctor, whose plan was to puncture my eyeball with a laser to drain off overflowing fluids, found it did not work.

Meanwhile, I was given five different eye-drops, which helped to alleviate the pain. After another day in the eye ward, the same young doctor told me another operation was needed to cut a hole in the eyeball to release the fluids, to which I agreed. But my request for a general anaesthetic was refused on the grounds of insufficient time, with the result that I felt each of the three needles being stuck into my already-painful blind eye. In the course of the operation I could feel every cut and movement and I told the doctor that the anaesthetic wasn't working and I was in even more pain. His response was there was nothing he could do but to continue and as quickly as possible. I thought that I was back in the Victorian age.

Two days' later I was discharged from hospital and spent the next year in some kind of pain, while gradually reducing the number of anaesthetic drops in that now-useless eye. Today, I suffer very little pain, only the occasional stinging reminder of it. But I am also left with the ironic reminder that the comparative cost of the Lucentis drug would have been far less than the time and money spent on operations, nurses, doctors, consultants and hospital beds. I think it was false economy - as well as unfair treatment - but am heartened to learn that NICE has agreed to the use of Lucentis for the first eye to contract wet ARMD and the manufacturers of that drug have agreed to stand the cost of further treatment. However, there is still no treatment for "dry" ARND and the sight in my right eye continues to deteriorate. My only hope is that a treatment will come along soon while there is still some sight to save. If it does I will make absolutely certain that I get it this time.

Distribution of the Newsletter

At the moment all Newsletters are delivered by hand to members of the PPG by volunteer members of the PCT. The use of volunteers to deliver the Newsletters is cheap but it does mean that the PPG always has to find new ones as volunteer circumstances change. The simple alternative of posting Newsletters to members would be prohibitively expensive. As a result the PPG committee has been discussing alternative methods of distribution.

For those members who have computers connected to the web the Newsletter could be delivered electronically either as an e-mail or by downloading it from the practice website.

(www.didcothehealthcentre.org.uk) The latter would be the simplest from the PPG's point of view but it does mean that PPG members would have to pro-actively search for the Newsletter on the web.

Sending the Newsletter by e-mail is the most direct approach but, even among those that have access to e-mail, not everyone is willing to make their e-mail address public. For those who would like to receive their Newsletter by e-mail please send your e-mail address to

dhcppg1@hotmail.com

For those members without web facilities the Newsletter will be delivered by hand as usual.

Availability of medical services **Didcot Health Centre**

The surgery hours are:

Monday	07-00am to 20-00pm
Tuesday	08-00am to 18-00pm
Wednesday	08-00am to 18-00pm
Thursday	08-00am to 20-00pm
Friday	08-00am to 18-00pm
Saturdays/Sundays	CLOSED

APPOINTMENT SYSTEM

(updated: August 2009)

In June 2003 we changed the way we operate our appointment system, to work in-line with the Government's Patient Access directives. The majority of our Doctors' appointments are available to book **on the day**.

The overall intention of this system is that, ***in most cases, when you contact the surgery you will be offered an appointment on the day you contact us.*** For example, if you contact us on a Tuesday, you will be offered an appointment on that Tuesday.

The Doctors endeavour to provide *continuity of care* to their patients. Please ask for a **pre-bookable appointment** with the GP who is treating your condition; these are available for booking up to **4 weeks in advance**. Whilst **pre-bookable appointments** are intended for *follow-up appointments at your Doctor's request*, they may also be booked *for patients unable to attend at short notice* (for example, people at work). Should you need to book an appointment in advance please telephone **after 10.30hrs**, as we are extremely busy booking appointments for the day prior to this time. Please note that most of the pre-bookable appointments are scheduled for early morning, with some availability throughout the afternoon. For the convenience of commuters and shift-workers, we also offer pre-bookable appointments from 07.10-08.00hrs and 18.30-19.40hrs on Mondays, from 18.30-19.40hrs on Thursdays, and on alternate Saturday mornings (09.00-11.40hrs). Please ensure that you tell the receptionist that you need to book one of these appointment slots.

A **consultation** with your GP is for **10 minutes**; should you wish to discuss **several issues** with the doctor, please ask the receptionist to book you a **double ("pre-bookable") appointment**. *Please note that double appointments are not available to book "on the day"*. Remember that you need to book a separate appointment for each person.

We also offer **telephone consultations** for problems that the Doctor can deal with over the phone, or for renewal of repeat medication, saving a visit to the surgery. Telephone consultations can be booked in advance, or on the day.

Occasionally you may be informed “your usual Doctor is not available today” because the Doctor is providing emergency cover for the Practice on that day. You will be offered an appointment with an alternative Doctor.

Many of our Doctors work on a part-time basis. *We may not always be able to offer you an appointment on the day with the Doctor of your choice but we will do our best to meet your needs.* See overleaf for details of the days that the various Doctors generally work.

Our nursing team (**Practice Nurses** and **Health Care Technicians**) have appointments available for booking up to 6 weeks in advance.

Phone lines are open between 08.30-17.30hrs (Monday to Friday), except for the first and third Tuesdays each month when we close between 13.00-14.00hrs for staff training. We have 6 exchange lines and as many as 5 Receptionists are available to book appointments. Each call is taken in turn, so please be patient during our busy periods! Medical emergencies between 08.00-08.30hrs and 17.30-18.30hrs will be dealt with by the Duty Doctor.

Should you wish to phone to enquire whether your prescription is ready for collection, please do so **after 10.30hrs**.

Results: We have two dedicated telephone numbers for **results** (01235 515544 or 01235 515509), which should be contacted between 10.00-13.00hrs, Monday-Friday.

When the Health Centre is closed (18.30-08.00hrs Monday-Friday and 24 hours/day at weekends and bank holidays) urgent medical care is provided at Abingdon Hospital by doctors working for Oxfordshire PCT. Telephone: 0845 345 8995. General health advice is available from your local Pharmacist, and 24 hour advice is available from NHS Direct (telephone: 0845 4647).

NORMAL PATTERN OF DOCTORS SURGERIES

Doctor	Monday	Tuesday	Wednesday	Thursday	Friday
Hamilton (f)		am & pm	am & pm		
Ebbs (m)	am & pm	am & pm	am & pm		am & pm
Hawthorne (f)	am & pm	am & pm	am	am & pm	
Stainthorp (m)	am & pm	am & pm	am & pm	am & pm	am & pm
Yorston (f)	am & pm	am		am & pm	am
Starer (f)	am		am		am & pm
Surti (f)	am & pm	am & pm	am & pm	am & pm	
Anderson (f)	am & pm		am & pm		am & pm
O'Sullivan (f)	am & pm		am	am	am & pm
Southwood (f)		am & pm		am & pm	
Barnes (m)	am & pm		am	am & pm	am & pm

Availability will change to take account of Doctors' holidays, training courses and other necessary absences.

QUESTIONS & ANSWERS

- 1. I don't want an appointment today. I want to come on Thursday. Why can't I make an appointment for Thursday?***

Answer- we now operate a system where we aim to see patients on the day they contact us. If you want to see your Doctor on Thursday and there are no pre-bookable appointments available, please contact us on Thursday and we'll do our best to make you a suitable appointment. We are also able to offer some appointments 48 hours in advance, subject to the working pattern of your usual GP.

2. ***It's very difficult for me to contact the surgery in the morning because of my work but I need to see my Doctor again. How do I get an appointment?***
Answer – Where patients have difficulty contacting us or are unable to come at short-notice, ie on the day, we have a number of pre-bookable appointments that can be booked up to 4 weeks in advance.

3. ***What's the best time for me to ring for an appointment?***
Answer – Our reception staff take telephone calls Monday to Friday from 8.30am to 5.30pm, except on the first and third Tuesday each month when we close between 1.00pm-2.00pm for staff training. We would advise not ringing on a Monday unless you really need an appointment on Monday, as this is our busiest day. We also ask patients not to ring regarding other matters before 10.30am, as the early morning is the busiest time for people contacting us to make appointments.

4. ***I think my Doctor could deal with my problem over the telephone? How do I make an appointment?***
Answer – Your Doctor is available for telephone consultations which are generally conducted after morning or afternoon surgery. -We will need to confirm the number that you can be contacted on by the Doctor.

5. ***Does the fact that I'm being given an appointment on the day mean that it is an "emergency appointment" and I will have to wait?***
Answer - No, our routine appointments are now booked on the day. You will be given a timed appointment. We cannot guarantee that surgeries run on time, but reception staff can tell you whether your Doctor is on schedule.

6. ***What sort of things can a Practice Nurse or a Health Technician help with?***
Answer – Our Practice Nurses deal with minor injuries, dressings, wound care, removal of stitches, contraception, blood pressure (hypertension) and smears. They also run clinics for diabetes, heart problems and asthma, and can help patients who want to stop smoking or lose weight. Appointments should be booked with our Health Care Technicians for blood pressure checks, phlebotomy (taking blood), weight checks, ECGs, urine testing and well person checks.

YOUR REPEAT PRESCRIPTION EXPLAINED

The Doctor has issued you with a prescription. The white portion should be retained by you. The (white) portion that you keep provides information as to recent medication(s) issued and may enable you to request further issues of the medication(s) listed – subject to the maximum number of issues (see explanatory diagram below). The green portion details the medication(s) prescribed by the Doctor and should be handed to the Pharmacist.

Processing Time

The Practice requires **36 hours** (*excluding weekends*) to process your repeat prescription. We require this amount of time to generate your request and clarify any issues with your GP. ***(Please bear in mind that the majority of our Doctors work part-time and are not always available to re-authorise your repeat prescription request.)*** If you are submitting a repeat prescription to the Health Centre and require your repeat prescription to be collected by a local pharmacy (service only available to/from the Health Centre), you must arrange this yourself with your preferred chemist – (please see “Submitting your Repeat Prescription Request” and “Pharmacy Collection/Delivery Service” below.). ***Please remember that you will need to allow longer for your prescription to be processed by the pharmacy if it is being collected from the Practice.***

It is your responsibility to ensure that you have adequate medication at all times and that you allow sufficient time for us to process your request.

Submitting your Repeat Prescription Request

You can submit your repeat prescription requirements by:

- Completing the form on our website – www.didcohealthcentre.com
- Placing the white portion of your repeat prescription in the box provided at Reception
- Fax – please send to 01235 811473
- Post – see address above

NB: If you submit your repeat prescription and have requested a pharmacy to collect, please tick the appropriate pharmacy's name and location on your repeat prescription. (We will then ensure that it is placed with the relevant pharmacy for collection.) If you **lose** your repeat prescription, we have a form available from Reception that you will need to complete – please ask the Receptionist!

We are happy to **post** your prescription however, you will need to attach a stamped self-addressed envelope to your repeat prescription. (Unfortunately, we are unable to send prescriptions by post unless this is provided.)

We are unable to process repeat prescriptions over the telephone for safety reasons.

Pharmacy Collection/Delivery Service

Most local pharmacies now provide a repeat prescription collection/delivery service. Please contact your preferred pharmacy for further details. You will need to arrange the collection and/or delivery of your repeat prescription with the pharmacy. Please ensure that you allow adequate time for the pharmacy and the Practice to process your repeat prescription!!

Please note that this service is only available from the Health Centre. Once you have contacted your preferred chemist to request collection (allowing sufficient time for us to process – 36 hours *excluding weekends*), it is the responsibility of the pharmacy to collect and/or deliver your repeat prescription. If you experience a delay with the pharmacy's service, please contact the relevant pharmacy first, **prior** to contacting the Health Centre.

Please note:

- *This service is only available from the Health Centre.*
- *If you are submitting your repeat prescription to the Practice and wish it to be collected by the pharmacy, you must tick the appropriate chemist's name on your repeat prescription.*

Repeat Prescription Enquiries

We request that you telephone only after 10.30am to determine whether your prescription is ready for collection, since we are extremely busy booking appointments prior to this time. If you have requested your prescription to be delivered to/from the Practice by a local pharmacy, please contact them initially to determine whether it has been collected from/delivered to us (local pharmacy telephone numbers are listed below).

Telephone Consultations

Should you have any queries with regard to your repeat prescription (eg, repeat prescription stipulates "appointment with GP needed before this item can be issued again" because you have reached the maximum number of repeats, eg, "6/6"), please ask for a "telephone consultation" with your Doctor.

Local (Didcot) Pharmacy Telephone Numbers

Boots (Broadway)	01235 813107
Boots (Ladygrove)	01235 811428
Lloyds (Broadway)	01235 812116
Lloyds (Woodlands)	01235 812242
Tesco	01235 707549

Please Help Us to Help You:

- It is your responsibility to ensure that you have sufficient medication at all times.
- Allow sufficient time for us to process your repeat prescription (we require 36 hours, *excluding* weekends, and the processing time required by the pharmacy if you have asked your local pharmacy to collect/deliver).
- If applicable, arrange a “telephone consultation” with your Doctor to discuss your repeat medication requirements
- Telephone after 10.30am to ascertain whether your prescription is ready for collection.
- If you have arranged for your local pharmacy to collect /deliver your repeat prescription, please contact the relevant pharmacy first, prior to contacting the Health Centre.

Out of Hours and other Services

The **Out of Hours Service** offers care for urgent health care problems when GP surgeries are closed. This is between 18-30pm and 08-00am Monday to Friday and 24 hours over weekends and bank holidays.

Telephone: **0845 345 8995**

NHS Direct

NHS Direct can offer useful advice on their 24 -hour helpline which is staffed by experienced nurses who have access to specialist consultants and GPs. If you are worried about a health problem and need information quickly they can advise you on the most appropriate course of action. If you are looking for a dentist NHS Direct can also provide information on NHS services available and details of charges and exemptions.

Telephone: **0845 4647**

Website: www.nhsdirect.nhs.uk

The Minor Injuries Unit at Abingdon Hospital

For minor injuries (not illnesses), open 10-00am to 10-30pm seven days a week providing free NHS care to anyone of any age. Appointments can be made by telephone but are not essential.

Telephone: **01235 205700**

Didcot Health Centre Practice Patient Participation Group

The Role & Responsibilities of the Primary Care Trust

A talk by Alan Webb

Director of Commissioning,

Oxfordshire PCT

Wednesday 11th November 2009

7.30pm

Small Hall, Didcot Civic Hall

Britwell Road, Didcot