



The Cross Keys Practice

August 2018 newsletter

See our 'How to' leaflets'.
Pick up a leaflet available in reception.

- How to amend your personal details
- How to book an appointment
- How to order a repeat prescription
- How to be seen as a temporary patient or as an 'immediate & necessary patient'
- How to get your test results
- How to make a compliment, comment or complaint
- How to register a death with the Registrar
- How to request Private / Non NHS paperwork

Staff Training Dates 2018

The practice will be closed from 1.00pm on the following dates for staff training.

Wednesday 12th September

Wednesday 17th October

Tuesday 13th November

If you need assistance during these afternoons, please call 111.



On 9th June we were visited by the Care Quality Commission (CQC) and are delighted to report that we were rated Good in all areas.

Overall rating for this location

Good

Are services safe? **Good**

Are services effective? **Good**

Are services caring? **Good**

Are services responsive? **Good**

Are services well-led? **Good**

This inspection was carried out under section 60 of the Health and Social Care Act 2008 and was planned to check whether the practice was meeting the legal requirements and regulations associated with this Act.

Please see our website for full details of the report.

GP Registrars

Congratulations to Dr Burkimsher who has qualified as a GP trainer and joins Dr Neale in the training of GP Registrars at Cross Keys.

At the end of July we said goodbye to Dr Christopher Partner who has now completed his training. However you may still see him on some occasions as he is now working as a Locum GP.

As a result of now having two GP Trainers, we are welcoming three GP registrars to the Practice this August, Dr Liz Acaster, Dr Rupinder Sandhu and Dr Sam Redfern. They are all fully qualified doctors who have been working in hospitals and are now gaining experience in General Practice.

Flu Clinic Dates

Our flu clinic dates will be published soon, look out for dates on our website or in reception.

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www.crosskeyspractice.co.uk



Open Mon—Thurs

0800—1800

Fri 0800—1700

Memory Information Session

Are you worried about your memory?

Join the Alzheimer's Society for a free Memory Information Session at Lincoln House on Thursday 20th September from 10.30—12.30.



The session will last for 2 hours and will include:

Understanding Memory

Memory Tips

Coping Strategies

Access to a wide range of information

Signposting to other services and organisations

For more information call Angela Walshe on 01296 331749 or email at

angela.walshe@alzheimers.org.uk

(Lincoln House, New Road, Princes Risborough, HP27 0JN)

CarersBucks

Do you look after someone who, due to illness, frailty or disability, cannot manage without you? If so, you are a carer and support is available.

You may be caring for a relative, or a friend or neighbour with dementia, Parkinson's, MS, a physical disability, a mental health illness, cancer, or a child with additional needs. Cross Keys Surgery is working with Carers Bucks, your local carer support organisation, to support carers at the practice. Please make the surgery aware of your caring role so that you can go onto the carers' register. This will enable staff to be aware of your caring situation and the challenges that can sometimes accompany that role. You can also be put in touch with Carers Bucks, who will be able to offer you information, advice and guidance on anything regarding your caring role. Carers Bucks also run free, monthly support groups; the nearest groups to Cross Keys Surgery are in Haddenham at the Medical Centre from 1.30 - 3.30 on the third Wednesday of the month or in Wendover at the library from 1.00 - 3.00 on the second Thursday of the month. New carers are always welcome. For more information, you can contact Carers Bucks on 0300 777 2722 or email mail@carersbucks.org. If you wish to talk to someone at the practice about your caring role, please contact Jo Disberry, Cross Keys' Carers Champion.

There are plans for an information session at the practice in October, look out for information nearer the time.

www.carersbucks.org

Booking your appointment online

You can register for “appointments online” for booking appointments, medication, immunisations, allergies and messages.

Please go to our website and click the green button on the top left hand side. This then loads a new page where you can click—I want to sign up.



Login details will be emailed to you in about 5 working days.

You will then be able to book appointments for the day from 8.00am and pre book up to four appointments over the next 5 weeks.

Parents can book for children under 16, but will need to use their own name. Please message or inform reception so that we can amend the appointment to the child's name.

Currently we have 2500 patients signed up to online appointments who book up to 30 appointments a week via this service.

Our PPG members or Chair (Denys Williams) would be happy to share their experience of their appointments

Electronic access to your clinical notes

If you would like electronic access to your clinical notes please come into the surgery and fill in a form at reception

You will also need to bring a form of photographic ID and a form of additional ID showing your address in order to obtain your User ID and Password.

Once completed you will be called to let you know your letter is ready to collect.

Changes to ordering of repeat prescriptions

The NHS Buckinghamshire Clinical Commissioning Group is responsible for buying healthcare services across the county and is naturally keen to ensure we all get the best value for money. With current financial pressures on the NHS, it's important that we look to areas where we can reduce waste and the CCG held a stakeholder workshop locally to explore how they could do this.

One of the recommended steps was to limit the automatic ordering of repeat medications by pharmacists and medical equipment suppliers, so that patients order their own medications themselves.

Therefore from **1 August 2018** we are asking you to order your repeat medications and equipment from us directly, rather than from your pharmacy or medical equipment supplier. Please note this affects the ordering part of the process only, you can continue to have your medication delivered to your home by your pharmacy where these arrangements exist.



Please see our website for details of how to order your repeat prescriptions online or come into reception and drop off your completed repeat prescription request slip.

Further information is available at www.buckinghamshireccg.nhs.uk

Having been a patient for over 50 years at either Princes Risborough or Chinnor surgeries (around 25 in each), I have seen many changes, not only of staff and Doctors but how technology is used and has changed in all our own daily lives. Giving your email address or mobile number keeps you up to date. I have found it invaluable in not missing appointments with the text reminders.

We do take for granted that the NHS will sort out all our ills but we have a role to play in this, using when necessary the local pharmacist for advice or the nurse in the surgery. Both will advise and say if you need an appointment with your GP. If the NHS is to carry on working the way we all want and need it at various times for the next 70 years we all need to play our part.

We are fortunate regarding The Cross Keys, something that we should all be proud of from the work of the Admin / receptionists to the various health care assistants, nurses and of course the Doctors who have our interests at heart.

Having used most of the facilities of the NHS, I have recently joined the PPG organisation for Cross Keys Practice and am hoping in some small way to have some input with discussions/improvements which we should always be looking at.

Mrs Marian Purdy, member of the Cross Keys Practice PPG

I first found out about my PPG while sitting waiting for my doctors appointment. Hunting around for something to read I came upon our Practice newsletter, which had an article about our PPG on the back.

I'd never heard of a PPG so was pleasantly surprised to find such a group even existed. My first thought was 'What a great idea'. I loved the fact that patients can get together with their practice to improve the service they get. I actually think our practice does a fab job so what interested me was playing my part to learn more about my practice and offer support where I could.

I'm a believer in doing your bit in life. I've always been a hugely passionate supporter of the NHS. Doctors and Nurses work their socks off for us so this was something that I thought I could do to help in some small way. I feel it is very easy for people to sit back and complain about things. The PPG seemed to offer an opportunity for patients to get involved and do something positive and constructive for their practice. That has to be a huge incentive for people to join the group. So I emailed Denys, the PPG chair, and found out about the date of the next meeting.

As a group we consist mainly of older people who, like myself, have more time than most to 'do our bit for our community'. That said, I do strongly believe that our group would benefit from younger members who could bring a whole new perspective on the practice's service. For example busy professionals and mums with young kids could provide valuable feedback on the kinds of changes they would like to see.

To try and address this, Denys has led the way to raise awareness of the fact we exist as a group. He's often out and about talking to patients himself but also gently encourages us all to do what we can to spread the word. One of the best ways to do this is simply to be in the practice waiting room talking to patients. We do this either by going in to the practice a few minutes early if we have a doctors appointment or as a group, doing a couple of hours each in the practice handing out leaflets. We've even chatted to people and handed out leaflets at our local library.

As well as letting people know about us, we also play our part in helping our practice. For example, most recently we have been encouraging people to use the practice's online booking system. This makes a big difference to the way the practice runs as it helps free up phone lines for those who are unable to access online booking.

I really enjoy my role within the PPG and am very committed to it as I believe I am making a difference. I love the idea that I am involved in helping to improve the care for others. I also love the idea that I am doing something positive to support the practice and community.

Shelley Jennings, member of the Cross Keys Practice PPG

A Day in life of a Cross Keys Doctor—written by Dr Ally Wilson

As the phones transfer from Bucks Urgent Care at 8am each morning we are opening up the surgery, often bidding good morning to a queue of people at the door. Morning meetings with other teams such as District Nursing, Health Visiting and Palliative Care also start at 8am upstairs in our 1980s themed meeting room. On days when there isn't a meeting we are usually in at 8am checking blood results, signing prescriptions, reading outpatient letters and discharge summaries or snatching the opportunity to discuss interesting/challenging patients with colleagues.

Only a third of our appointments are booked in advance, which provides capacity for the 8am onslaught of same-day appointment requests. Our surgeries generally run from 9am-1pm and around 3.30-5pm although there is some flexibility for those with family commitments. Most of the doctors also offer additional 'extended hours' surgeries. These are aimed at patients with

long term conditions and full time jobs who need early/late or Saturday appointments, meaning we are also consulting regularly at 7am, 8pm and on a Saturday morning.

'The Screen' that greets me as I return to my office after the morning meeting gives me a snapshot of the day ahead. The booked appointments are on the left, often with helpful information passed to our receptionists by patients such as reason(s) for attending, mobility problems, disabilities, language problems etc. Patients sometimes feel that our staff are being nosy when they are asked why they want an appointment, however our reception team are incredibly experienced (sometimes to the point of rendering me redundant...) They are frequently able to save patients' time and aggravation by signposting them elsewhere.

Without a doubt they save as

many lives as any doctor in picking up life-threatening symptoms and signs over the phone and raising the alarm.

On the right hand side of 'The Screen' are a list of 10-15 patients who need a phone call that day, either because my surgery is full and they feel unwell, or they need to discuss an outpatients' visit, change in condition, medication query, test result, referral or they need a review.



Some of those will need to be fitted in as 'extras' either with me or the duty doctor and some can be dealt with over the phone. Also on the right hand side are visit requests for care home or housebound patients who are unwell, requests for appointments on the day when my day is already fully booked, requests from patients for appointments within the next 2 working days and messages regarding prescriptions, referrals and results or messages from NHS colleagues elsewhere needing to discuss patients.



Over 26 % of our practice population are over the age of 65yrs and we have a large population of housebound and care home patients. We are unusual in our limpet-like attachment to GP lists in an age when most surgeries have left this behind. In Princes Risborough we are dealing with many elderly people who have anything up to eight or nine chronic health conditions requiring complex medication regimes and frequent reviews. Do I manage the palpitations by increasing the beta blocker dose or will that drop the blood pressure too much and result in a fall? What is the waiting time for a hip replacement and when should I refer my elderly patient in order to achieve an operation when her daughter isn't going to be caught up helping to care for the new grandchild? I joined Cross Keys in 2004. It is an utter joy to be performing baby checks on the great grandchildren of the patients who welcomed me back then with equal measures of novelty and suspicion. After 15 years my 'list' feel far more like extended family than a job that I can walk away from at half six.

I have ten minutes allocated for each patient during surgery. Into this must be crisscrossed the problem they've attended with that day, any physical examinations which are appropriate, the completion of online forms for blood tests, xrays and scans, and the generation of a prescription where necessary. While I have a patient 'captive' in front of me I am looking to keep them well for the foreseeable future in the hope of making both our lives easier, so I want to know if they smoke and need help quitting, what their weight is and if they need help slimming, what their blood pressure is and what medical problems run in their family that I need to be detecting early. I need to check that any long term conditions that they have are being monitored. (If there are any of you out there that ignore our invitations for an asthma review then pitch up wheezing on xmas eve sans-inhalers, be shamed...) I need to check if they are entitled to a flu jab in the autumn and make sure they know how to get one. Are they taking their medication regularly or have they stopped them because of side effects? Are they drinking more than they should be? Are they up to date on their cervical smears? Are they managing their 3 small children and the elderly in-laws or are they about to sink? Are they coping with work and financial commitments? Who's at home with my elderly patients? Do they need a carer? Are they eating properly? Do they have a keysafe so the paramedics can get into their home if they have a fall?

Probably the most important element of that ten minutes is my patient's 'ICE' – Ideas, Concerns and Expectations. Training to be a GP, contrary to popular belief, doesn't just involve failing as a 'proper doctor'. After 5 years at medical school I did 3 years rotating around hospital specialties gaining experience in areas such as paediatrics, elderly care, general surgery, psychiatry and then spent a year in general practice under the close supervision of a GP trainer whilst studying for the RCGP exam. We are taught that if you don't cover your patient's 'ICE' you may as well go home. If I postulate that someone coming with twitchy muscles wants a blood test for magnesium and I don't take the time to discover that their uncle had the same symptoms and turned out to have motor neurone disease I've wasted both our time. I am proud to say that Cross Keys is also a GP training practice and our registrars (GP trainees) see patients under close supervision of our senior partner Tom Neale and Richard Burkimsher, whilst at the same time keeping us up to date on changes in secondary care. They come from the medical or surgical specialties and frequently bring as much wisdom and experience as we can impart.

My father in law asked me what the doctor is doing in-between ejecting the previous patient and calling in the next. I think he thought we were grabbing a coffee or surfing the internet. We are writing up the medical notes. In this culture of litigation everything my patient has told me has to go in there. Every question I've asked and every answer I've been given. My patient's pulse, their temperature, their blood pressure, which areas of their tummy were tender when I pressed and what the urine dipstick test showed, the management plan we formulated and other advice they were given. If it's not written down, I didn't say it or do it. Peter, our practice manager spends a lot of time developing templates to streamline this bit. When I come up with a new idea for a template he tells me he really enjoys doing this, especially on a Saturday afternoon. Once he's finished up with the staffing and the finances, and payroll, the work rotas for reception, nursing, GPs, secretarial and back office staff. Oh and complaints, Health and Safety/Equal Opportunities/ Data Protection compliance and those fun reports for the CCG, MHRA, NHS England and the DoH. Sometimes he gives me a funny look and I'm

not entirely sure he is as enthusiastic as he sounds but these are the days of 21st Century medicine and methods of record keeping such as scrawling 'pill review' on a piece of card-board are consigned to history.

So after 20-25 consultations as above, morning surgery comes to an end at about 1 o'clock. Then the extra patients I've brought up get seen. Then the phone calls (which have to cover all of the same issues and must all be documented) get done. Then the urgent prescriptions get done. Then the messages get actioned, and documented. Then I go out to do the visits for those patients who are housebound or in care homes; Some are terminally ill and this group in particular often need a lot of expertise and support. After that I write the medical records for the home visits, dictate referral letters, read emails from the many regulatory organisations detailed above numbering 10-20 per day and trawl through about 30 test results, 30 repeat prescription requests and 30 hospital letters. This admin work is doubled if I'm covering a doctor who is on leave.

When I can, I detail the morning's self-directed learning for my annual appraisal (50 hours of learning have to be shown each year) but I don't usually get to this during working hours. When I can, I get upstairs for ten minutes to eat lunch with the team. You will already be aware that we have an accomplished team of receptionists, nurses, nurse practitioners and healthcare assistants with specialist training in triage, chronic lung disease, wound care, paediatrics, diabetes, phlebotomy and diagnostics. However behind the scenes lies an equally remarkable team of people who have devoted their working lives to making sure that your blood test/referral/prescription just happen and that your results/hospital letter/hip replacement/dressings just get done. Believe me we would all be utterly bereft without our secretarial and back office team and I remember having learned twice as much from one of the practice secretaries at my training practice than from the GP assigned to train me. Sometimes lunch is on the run. Sometimes it doesn't happen.

Afternoon surgery starts about 3pm with a fresh salad of chronic disease reviews, sick kids, chest pains, dizziness, social problems, palpitations, knee pains, depression, headaches, coughs. Most people think that GPs would prefer to be hospital doctors but most of us just don't want to do hernia repairs or epilepsy reviews all day. The joy of General Practice is that you have absolutely no idea what is coming through your door next. At half past three we can be out on the street resuscitating a collapsed patient, at twenty to four we can be supporting a new mum with depression and at ten to five we can be breaking the news to someone that their cancer is now terminal. At five o'clock we can be admitting a child with diabetic ketoacidosis and at ten past five we can be lecturing someone about their smoking, again. It is the most fascinating, rewarding and exhilarating job but it can be the most incredible drain. If I sometimes seem a bit jaded I might, like you, have had 'one of those days'.

At about half past five if I'm running late the sensation of anxiety starts to descend. When I joined the practice I had toddlers at nursery and had to hare off at 5.45pm most days to collect them. They spent a good few evenings at the practice in pyjamas while I finished off paperwork. They are much older now but still need dinner, clean clothes, help with homework and lifts. We all have families and commitments but if someone turns up at 6.20pm with a medical emergency we can't just walk away. At 6.30pm the phones divert to Bucks Urgent Care. If there is no late surgery we greet the cleaning team, finish up, lock up, breathe a sigh of relief and head home.