**The Grafton Surgery Newsletter**

**March 2019**

**H**ello and welcome to the Grafton Surgery Newsletter. Since The Ashingdon Medical Centre stepped in and for want of a better phrase, ‘saved’ The Grafton Surgery, there was always the plan to form a Patients Participation Group, (PPG). This was done last year and I was one of the original people to attend the first meeting. After a couple of these meetings, it became very clear that there were people who still had a low opinion of the practice. Many people long for the days of yesteryear when Drs Wong and Brown were here, but those days are well and truly gone. The surgery now has considerably more patients to look after and the NHS over the years have made changes that are not always favourable with doctors and patients alike. When the practice was under the guidance and management of Dr Noorah things went a little off the rails which culminated in the surgery being closed and the surgery being operated from Oaklands under the watchful eye of the CCG, Dr Noorah having her licence to practice suspended. During the suspension period the fate of The Grafton wasn’t assured until The Ashingdon Medical Centre made an application to take over the running of the surgery. Given the history of The Grafton and the low opinion people had of it you have to question their logic; why bother?? It was never going to be an easy task to turn this situation around. Because ‘public opinion’ being what it is, it seems that it’s far easier to badmouth something than to praise it. But nonetheless, the management team at Ashingdon put together a plan and started work on doing just that. The PPG was designed to help with feedback from patients, it would have been nice if at the first meeting we’d have had a good cross-section of the community there, but there was only a handful of people who made the effort. After a few meetings, I suggested that we should have a direct email for the PPG so that anyone who wanted to make a comment about the surgery could do so.

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The PPG would then look at the situation and work towards making it better. So far, nothing! Not one! So, should I assume that all is well? Apparently not, well not if Facebook is to be believed. It appears that there are plenty of people who are ready and willing to have a pop at the surgery and staff and how its run, but then Facebook is nice and safe, the staff at the surgery can’t answer back. I would suggest that if you are having problems with this surgery, **email me** and I will talk to the surgery management on your behalf and between us, try to resolve it. That’s what the PPG is for, to help make this a better surgery. Believe me, it takes a lot more hard work to improve things than it does to sit at your PC, phone or whatever and collectively bully the staff at the surgery who are trying to provide you with quality healthcare. Some people may be offended by that last statement; how dare he accuse us of collective bullying! But like it or not, that’s what it is. It undermines all those who work here and gives little incentive for anyone to try and do a good job. I have seen some of the Facebook comments; all it has done is reinforce my deep seated hatred of social media. When used as it was intended, I guess it isn’t *that* bad. But sadly, very often it isn’t. People who are trying to work shouldn’t be subjected to sniping like this. People may say that no names were mentioned, so no harm no foul. Wrong, therefore everyone can be considered the target. If I had feelings that were that strong against this or any other practice, I would leave. Plain and simple, find another doctor and say enough is enough. Or you could email the PPG and try to work towards a solution. After all, that is what part of the PPG is about; trying to make things better for everyone. We do actually have a really good professional team at The Grafton, that’s across the board, medical staff, admin the entire team. I have been told that the staff here are not compassionate and just don’t care. Now here we have a tiny issue, if the staff ask too many questions or are overly familiar, they would be accused of prying into someone’s affairs, being too nosey or just plainly being unprofessional.

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If they do what their job requires, minimising any personal involvement, they are accused of being cold and uncaring.

Also you must keep in mind that whoever you meet in daily life, you are shown just that one aspect of that person, irrespective of who it is. The staff here show you their professional face, no matter what is going on in their private life, you just get the work face, not boyfriend/husband/wife/child problems or teething toddlers and sleepless nights, you really don’t want to know about this, you want a professional person talking to you. So when you think or feel that you’re having a bad day, spare a thought for the other person, their day just could be worse, they are just being professional and not showing it.

This brings us nicely around to incidences where patients have recently been confrontational at the reception desk and on the phone. I appreciate that when things are not going your way it gets frustrating. Sometimes it appears that people just don’t or won’t understand and worse still, won’t do anything to help you. But I’m making an assumption here that the vast majority of people standing in front of the staff are no longer 5 years old and for a grown up to be throwing the toys out of the pram just doesn’t look good on anyone. If you are having a problem at the front desk, bearing in mind that there is a **zero tolerance to aggressive behaviour**, take a deep breath and calmly ask to speak to someone in private to try and resolve your issues. If other patients wanted to see an episode of Eastenders, they’d have stayed at home! If it isn’t possible to speak with someone privately, walk away. Go home and write in with a letter of complaint which will be dealt with by the practice management and dealt with a good deal of sympathy as you have decided to take the sensible option rather than have a stand up row with the staff, which is **not acceptable under any circumstances**.

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So, after reading the preceding pages, you may be thinking, “he’s right you know” or you could be thinking, “I’d like to give him a piece of my mind!” well you could well get the opportunity to do just that! There could be an open invitation sometime soon to attend one of the ***Time To Learn*** sessions. It would be an afternoon meeting and if you think you could help improve the way the surgery operates, please consider attending to **talk** about what’s wrong. The meeting isn’t about finger pointing or intimidation, it’s a group of people who want to make things better. If you think you have something to offer, please come along. The date and time will be displayed in the surgery and Grafton surgery website shortly.

Speaking of ***Time To Learn***, a few people have suggested to me that at these Time To Learn sessions, the staff either sit around drinking tea/coffee and chatting or better yet, skive off down the pub for an easy afternoon. Ah if only! The clue is in the title, it’s a time where staff can keep up to date on new NHS policies and methods of doing things, keeping up First Aid training including CPR and the use of the surgery Defibrillator and if there’s nothing else to do, catch up on the paperwork that a surgery generates. The staff still do their full 7.5 hour day. By the way, it isn’t just Grafton who have this training afternoon; it’s all across the county.

**The Phone System;** One of the big issues with The Grafton Surgery is the phone system that is provided and maintained by Arden & GEM. The staff here get a lot of stick about the phones and it honestly isn’t their fault. Engineers have again been called in to try and resolve phone issues and again, they say that there’s nothing wrong. If you have been effected by the ongoing phone issues, **please call the Clinical Commissioning Group for our area on 01268 464586 and tell them the problems you are having.**

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**The Triage System** that was introduced a while ago has been withdrawn. This decision wasn’t taken lightly.

It appears that some patients called the surgery stating that they wanted to speak with a doctor regard a specific condition or illness, but when the doctor called back, the reason they gave for the triage call wasn’t mentioned at all. This in effect, wasted the appointment as their problem could have been dealt with in another clinic and as this has happened on numerous occasions, the triage has been sadly withdrawn.

**Sharps Bins** are now being collected by the council. Each patient will need the appropriate forms which will be issued to patients needing the bins by the council. The patient needs to complete the form and return it to the surgery where the doctor will sign the form, the patient then needs to collect the form a few days later and return it to the council. When this has been done a prescription for your sharps bin will be issued to you. Collection of your new bin is from the chemist as usual. Collection of the used bin is arranged with the council and can be collected weekly or monthly.

**Prescriptions** are a cause for concern. A great number of patients are on the managed repeat system, whereby your chemist will reorder your medication for you well before you are due to run out. There are still a lot of patients however who are not on this system and as such, it is their responsibility to make sure that they don’t run out of their medication. A lot of the problems that are experienced at the reception desk are on a Friday afternoon with patients who have ‘just’ found out that they are out of their medication. It is your health and people must take a little responsibility to ensure that they don’t run of potentially life-saving drugs. On the next page there is a guide to when prescription requests go in and when they should be ready. If you have run out of something over the weekend, you can always use the NHS 111 service who can arrange an emergency prescription

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for you. In the long run, it’s far easier to keep an eye on how your medication is going and reorder early! You can request a repeat prescription **7 days in advance**.

**Prescriptions;**

**Received at surgery Should be ready for collection\***

**Monday Thursday**

**Tuesday Friday**

**Wednesday following Monday**

**Thursday following Tuesday**

**Friday following Wednesday**

\*this does not mean that prescription items are ready to collect, if your medication is self-managed, your prescription should be ready to collect providing the surgery hasn’t had any emergencies that have prevented the doctor from signing the prescriptions.

**Staff Updates; Nicola** is now back at the surgery following her broken foot. **Samantha** has recently had her 21st birthday!! **Mahmud** did his first minor illness clinic a short while ago which went very well and **Richard** will now be at the surgery on Wednesday mornings where he will see patients with skin ailments as he is also a skin specialist. This is in addition to his Friday afternoon session where he catches up on prescription queries and letters.

**At The Desk;** when you arrive at the surgery, **please wait behind the sign that asks you to wait here.** You’ll notice all the coloured arrows all over this sign. The reason you are asked to wait here is to protect the privacy of the person in front of you.

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**Finally,** if you receive an invitation to the next PPG meeting, give it some thought. The Mission Statement here is as it was on day one; to provide **top quality** healthcare. That isn’t always easy given the number of patients and available appointments and Rome wasn’t built in a day as they say! So until next time, stay healthy!!

**Brian Botham PPG member brianbppg@aol.com**

**Grafton surgery would also like to thank Brian Botham for being a valued member of the PPG and taking time out of his busy day to write our regular Newsletters and being prepared to answer any emails from patients.**

**Caroline Dove** (Deputy Manager) **& all the staff at Grafton Surgery**

**UPDATE SINCE THIS BEING WRITTEN:**

To relieve pressure from reception due to the vast amount of calls we have as from 05/03/19 re-introduce the options when calling the surgery.

Option 1 – to speak to reception

Option 2 – to speak to Prescription clerk

Option 3 – to speak to Medical Secretary (referrals)

Hopefully this should shorten the waiting time for patient’s calls being answered.

**The whole team are trying their best to make the Surgery better. We have tried new things, not all have worked but we learn by this. Do you have any ideas or suggestions on how we can make the surgery better? We would love to hear from you. Please put these in writing to us and send in to the surgery or you can email** [**brianppg@aol.com**](mailto:brianppg@aol.com) **or** [**carolinedove@nhs.net**](mailto:carolinedove@nhs.net)

**Or attend the PPG meeting (date to be arranged)**

**We look forward to hearing from you.**

**Why is the doctor running late?**

We understand that when the Doctor runs late it can be very frustrating and inconvenient for you and we wanted to try to explain some of the reasons why this happens sometimes.

**Why do Doctors sometimes run late for your appointment?**

We assure you… we’re not twiddling our thumbs or playing computer games!

There is no one single answer to why this happens. There can be lots of things that combine to make us run late and we’re often not able to tell you why as we need to maintain the confidentiality of all our patients.

It is also difficult to predict if we will continue to run late as we can often catch up when we have a few appointments with people who don’t need the full 10 minutes.

At Grafton the GPs see **15 patients in the morning, and 15 in the afternoon.** We also have between **4 - 8** **telephone slots** a day.

Patients are booked at 10 minute intervals for face to face and 5 minutes for telephone calls.

This appointment includes discussing what is happening for you, and recording that in your records, so you can see how it can be easy to start to run a little late as the session goes on.

**Below are a few of the more common reasons for doctors to fall behind.**

**1. Complexity or patients in distress**

People come to the GPs for lots of different reasons and this can range from a simple problem which can be comfortably dealt with in 7-8 minutes or a much more complex issue such as has been diagnosed with **cancer or serious illness**, **lost a loved one**, is **significantly unwell**, or feels that they **can’t cope anymore to the extent they are contemplating taking their own life**. These are all common occurrences and understandably we do not restrict those in need to a 7-8 minute consultation.

Please be understanding towards fellow patients- one day **it may be you** who needs the care and attention that a patient ahead of you has just received and we will give you that time if you need it.

**2.** **Multiple problems**

Some people come with a number of problems, or remember another problem halfway through the consultation which can make it difficult to keep to time. Here are a few tips to help you get the most out of your appointment.

Be prepared and make a list of your concerns before seeing the doctor so you can agree together what you need to discuss during the appointment. Sharing your list with your Dr means you can agree which problems can realistically be dealt with that day. Rushing though a long list can feel unsatisfactory for you and possibly lead to missing important symptoms at the time. If you do have a number of concerns that you would like to discuss you can explain that to your GP who may suggest booking another appointment in the future.

**3. Admissions to hospital**

When someone is very unwell they may need admitting to a local hospital and the GP may have to do that there and then. This will involve the GP talking to the team at the hospital which can take some time and may require emergency treatment by the GP at the practice, sometime with the support of the ambulance crew as well, before they are transferred to hospital.

**4. Interruptions from other Health Care Providers**

GPs are part of a larger health care team and are often contacted by A&E departments, hospital doctors, laboratories, midwives, health visitors, social services etc.

We try to arrange these conversations after booked surgeries, but in emergency/ urgent situations this cannot wait and so your GP may be dealing with one of these teams whilst you’re in the waiting room. By liaising with that team, it means that that patient in question can be treated as quickly as possible in that location. **Remember; it could be your relative** who is waiting to be treated.

**Your patience and understanding is greatly appreciated in these situations.**

Please remember it is not the fault of the reception team.