

# Aldborough Surgery Newsletter

## Spring 2018



### Announcements

At the end of February we sadly said 'Goodbye' to Dr Holliday who retired from General Practice. She will be missed by all staff and many patients, but we wish her well for her future endeavours.

On Monday 5<sup>th</sup> March we welcomed Dr Alexa Thorpe to the Surgery. She is already settling in well to her new role and we hope all patients will be fortunate enough to meet her soon.

### Spring Clean Your Health!

#### **NHS Health Checks**

Don't miss life's precious moments! Are you aged 40 – 74? If so you could be eligible for a free NHS Health Check. We can advise you on how to prevent Heart disease, a Stroke, Diabetes and Kidney disease all within a 20minute appointment with one of our Health Care Assistant's. If you would like to book an appointment just contact Reception who can arrange one for you!

#### **Prepare for the season ahead**

#### **Hayfever**

Hay fever is usually worse between late March and September, especially when it's warm, humid and windy. This is when the pollen count is at its highest. Hay fever will last for weeks or months, unlike a cold, which usually goes away after 1 to 2 weeks.



Symptoms of hay fever include:

- sneezing and coughing
- a runny or blocked nose
- itchy, red or watery eyes
- itchy throat, mouth, nose and ears
- loss of smell
- pain around your temples and forehead, headache, earache
- feeling tired



If you have asthma, you might also have a tight feeling in your chest, be short of breath and / or have a wheeze and cough

### How to treat hay fever yourself

There's currently no cure for hay fever and you can't prevent it. But you can do things to ease your symptoms when the pollen count is high.

Do	Don't
✓ put Vaseline around your nostrils to trap pollen	✗ cut grass or walk on grass
✓ wear wraparound sunglasses to stop pollen getting into your eyes	✗ spend too much time outside
✓ shower and change your clothes after you've been outside to wash off pollen	✗ keep fresh flowers in the house
✓ stay indoors whenever possible	✗ smoke or be around smoke - it makes your symptoms worse
✓ keep windows and doors shut as much as possible	✗ dry clothes outside - they can catch pollen
✓ vacuum regularly and dust with a damp cloth	✗ let pets into the house if possible - they can carry pollen indoors
✓ buy a pollen filter for the air vents in your car and a vacuum cleaner with a special HEPA filter	

## A Pharmacist can help with hay fever

If you are unable to decide on the best over the counter medicines for you, speak to your pharmacist. They can give advice and suggest the best treatments, like antihistamine drops, tablets or nasal sprays to help with:

- itchy and watery eyes and sneezing
- a blocked nose

Only see your GP if:

- your symptoms are getting *worse*
- your symptoms don't improve after being given medicines from the pharmacy

## Appointment Signposting

We are taking part in the North Norfolk Wide Signposting campaign; this should ensure that you as a patient get the Right Service at the Right Time with the Right Person. You may be asked a few questions when you call the Surgery, but this is not because we are being obstructive or nosey, we want to make sure we provide you with the appropriate care for your needs and have the necessary equipment available. If you would like more information, please ask Reception or visit

[https://youtu.be/i8wb\\_n9hNgA](https://youtu.be/i8wb_n9hNgA) where a short video will explain more.

## Medicals and Insurance Reports

If you require a Medical for the DVLA or your HGV Licence, this is something our GP's can help with. They can also complete medical reports and questionnaires for insurance purposes and provide letters for reasons such as travelling with medication. In most circumstances there will be a fee, which will require full payment up front before any work is undertaken. For more details and for pricing you can enquire at Reception. **Please note;** as this is all classed as private work it will not take priority over day to day GP administration, therefore we advise you notify us of your requirements in plenty of time.



## Teaching Students

Aldborough Surgery is a Training Practice for 4<sup>th</sup> year Medical Students from the University of East Anglia and we are currently trying to recruit patients to volunteer to come and speak with our Medical Students on one of the following Four Modules (this is not a group participation with other patients):

- 1) **Women's Health, Obstetrics & Gynaecology** (for example if you currently have or have had in the past: Benign Breast Lumps, Breast Cancer, Mastectomy, Vaginal Prolapse, Ectopic Pregnancy, Menopause, HRT, IVF, Endometriosis, Caesarean Section, Polycystic Ovary Syndrome, Miscarriage, Bladder Problems, Currently Pregnant, Hysterectomy, Infertility, OR any other medical condition related to Women's Health not listed).

2) **Babies / Children's Health & General Development** (age range is from new born to 16 years of age – this covers the general development of a child / and or any medical condition they may currently suffer or have suffered from in the past).

3) **Mental Health** (for example if you currently have or have had in the past: Anxiety, Depression, Seasonal Affective Disorder, Panic Attacks, Bipolar, Eating Disorder, Obsessive Compulsive Disorder, Post-Traumatic Stress Syndrome, Phobias, Post-Natal Depression, OR any other condition related to Mental Health not listed).

4) **'Out of Module'** – This Module covers any other medical condition which does not fit any of the above three Modules (for example a condition under the following specialities OR one that is not listed: Orthopaedic, Neurology, Ophthalmology, Dermatology, Cardiology, ENT, Gastroenterology, Renal Medicine, Urology, Medically Unexplained Symptoms, Respiratory Medicine, Stroke Medicine etc).

If you feel you could give an hour of your time to come along to speak to Medical Students please ask at Reception for Debbie, Our Practice Administrator, for more information.

**You could win yourself £25 worth of Shopping Vouchers by way of a 'Thank You' from the Surgery for taking part, if your name is drawn from the list of participants at the end of each Module.**



Feedback from patients who have come to speak to Medical Students in the past have been very positive and many patients come back year-on-year to speak with the new intake of 4<sup>th</sup> Year Medical Students. We sincerely hope you could be one of them.

### **Open Surgery**

As most patients will be aware from recent media coverage, the NHS is in under great pressures at the moment. These pressures are unfortunately being felt at our surgery too. We regret to say that we are currently only able to offer a routine appointment approximately 3 weeks from the time of booking. This is sadly the situation across much of the UK, but unlike many Surgeries we offer on-the-day access to a GP in our Open Surgery every weekday morning 8:30am – 10:00am for urgent matters and when you feel you can't wait for a routine appointment. We appreciate that some mornings there can be a lengthy wait but may we advise you that on a **Tuesday, Wednesday and Friday morning** most weeks we will be having **two Clinician's** running the morning Open Surgery which we hope will decrease the length of time you will wait to be seen. Please note that we may not always be able to tell you in advance who will be running an Open Surgery, and **in times you need urgent medical attention please do not let personal preferences to GP affect you asking for medical treatment.**

As usual we still **cannot let you know how long you need to wait to see a GP** in Open Surgery but we can inform you of how many people are ahead of you. All patients will

be booked in in order and seen in turn, unless the GP deems someone else to have a more urgent issue. This will be at the GP's discretion and is not a decision made by our Receptionists. As it is mostly classed as an urgent clinic some patients may require more attention than others, **therefore potentially increasing your wait time.** Thank you in advance for your patience and co-operation when using this service.

## Routine Appointments

Please note that a standard GP appointment is for **10 minutes only**. If you have more than one concern you need to raise, please inform Reception when booking so we can book the appointment duration accordingly. This prevents delays to other patients' appointments and allows us to provide a more efficient service. Appointments when booked are for one person only and cannot be shared with other family members. If they/you have individual concerns, please schedule a separate session with a GP, unless otherwise discussed.

We apologise in advance if a GP or Nurse runs late for your appointment. Sometimes a patient will need more assistance than first expected and if Reception are alerted they will do their best to inform you. Otherwise we ask that you please remain patient and bear with us, as we're sure you'd want the best care delivered to you if needed?



We have been receiving an increasing amount of emails to our Doctors asking for medical advice. Can we please ask that patients refrain from doing this as it is not an appropriate way of communicating with them. The Doctor's would much rather see you face to face to deliver a more thorough assessment, therefore please book an appointment if you wish to discuss a medical concern.

## '10 Insider tips I bet you don't know about your GP...'

A staff member recently came across the following article which we would like to share with our patients....'A Day in the Life of' so to speak, written by Dr Jon Griffiths, GP.

We've all been to the doctor, right? We know how it works; we know how to get an appointment and what to say when we go. I'm always surprised at how little people do understand about how their doctor's surgery *really* works, and how to get the best out of them. Most people don't realise that a GP runs a small business and that they get paid a set fee to provide all of your care. Do you have any idea how long your appointment slot is, or how many patients your GP will see each day? Hopefully you won't need to visit your GP very often, but a bit of insider knowledge can help you when you do need to go! How many of these insider tips and nuggets did you already know?

### ***1. Your Doctor would like to give you more time***

- Most GPs provide just 10 minutes for an appointment. Although this might not seem very long you must remember that this has increased over the past 20 years from a typical 7.5 mins per appointment, and from even shorter appointments before then. GPs can choose to offer longer appointment times, but there is a balance between length of appointment and how many appointments they make available. This is obvious when you think about it – do you offer fewer, longer slots, or more, shorter ones? What would you do? Depending upon your reason for attending, 10 minutes might be more than enough time, or woefully inadequate. Got a sore throat? You might be in and out in 5 minutes. Hearing voices and suicidal? You might be in there for half an hour, or probably longer. Your doctor will rely on a variety of problems presenting to balance these demands on their time, and hopefully will run roughly to schedule. Often, they will run late.
- You can help this by understanding how long your appointment slot is (just ask when you book) and working with your doctor to get things done in the time allowed. *If you already know you are going to need more than 10 mins, ask reception if you can have a longer slot.* They will probably be happy to oblige.

## 2. ***Your Doctor does not like lists***

- Well, let me clarify this. Your Doctor *would* advocate you knowing what you are coming for, and if writing this down in advance will help you, then I would suggest you do so. However, bearing in mind point one above, if you only have 10 minutes and if you pull out a list of 5 problems this is pretty stressful for your GP. Were you expecting 2 minutes per problem? *Be realistic. Prioritise what you want from your doctor.*

## 3. ***If you arrive 10 minutes late, you have missed your appointment.***

- What I mean is that if you are 10 minutes late (or more), then ***you are not just late, but your appointment slot has come and gone.*** The next patient is now due. Remember that the impact of being late is not just on your doctor. They may be prepared to finish their surgery late in order to see you, but what about all the other patients who have booked in and arrived on time? If you arrive late, this is who you are causing hassle for, all the people around you in the waiting room. I guess I'm just asking you to think – is this fair?

## 4. ***Your Doctor is not telepathic***

- Pretty obvious, right? Yet it seems that people think their GP will know what they are worried about, which of their problems is a priority for them and what their hidden fears are. A good doctor will no doubt explore all of this with you, but you can short-cut this. *Be up front about what is on your mind.* If you are worried because you think your rash or lump might

be cancer, then say so. If you want to exclude some rare condition because your mother had it – let the doctor know. Try not to leave your main problem until the end. You would be amazed how many people get through the whole consultation and then, at the end, say something like “While I’m here, can I mention this chest pain I’ve been getting?”

### 5. ***Your Doctor is a specialist***

- They have just specialized in being a generalist! Don’t make the mistake of thinking that there is a hierarchy of doctors, with GPs at the bottom and hospital consultants at the top. Your GP will have spent a minimum of 5 years in training AFTER medical school. They are experienced doctors qualified to look after you. Sometimes people think that going to A&E means you get to see a ‘proper doctor’ – remember that the junior doctor in A&E is likely significantly less experienced than your GP. Many people think that being a GP is the hardest job a doctor can do. If you are concerned that you might need to see a specialist, then talk this through with your GP – they are in a really good place to decide with you if that is what is needed, or not.

### 6. ***Your Doctor is self-employed***

- Did you know this? Why does it matter? GP partners own the business of the practice and are ‘independent contractors’ to the NHS. Many members of staff at the surgery, including some of the doctors, will be employed, but by the surgery not by “the NHS”,. This has a number of implications:
- Firstly, your GP receives a set amount of money per patient per year to provide all of their care. It doesn’t matter whether you see your GP every week all year, or don’t attend for 5 years; your GP gets the same amount of money for looking after you. You must not think that by seeing your GP you are ‘doing them a favour’ by bringing in money for your attendance! The amount of money your GP earns varies from practice to practice (they are all individual small businesses) but the average is around £140 per patient per year. This is really good value (***less than 40p per patient per day***), particularly when you consider this is the money the practice receives to provide all the services and pay all the staff including the doctors.
- Secondly, this means that your doctor’s surgery is contracted to provide certain things, and not others. It’s worth remembering this as this is why you will sometimes be asked to pay for things. In simple terms your GP is contracted to provide medical care, but not to do things outside of this such as the multitude of letters they are asked to sign. If ANYONE asks you to “get a note from your doctor”, you should really question this before heading off to the surgery. Many of these requests are unnecessary and just seek to move a perceived risk from one person to the doctor, who may not be in a position to carry that risk. Check out this website first for more info:

[http://www.ganfyd.org/index.php?title=Get a note from your doctor](http://www.ganfyd.org/index.php?title=Get+a+note+from+your+doctor)

- The payment GPs receive is not affected directly by referrals or prescribing – the costs for this are in a separate budget. If your GP decides to prescribe an expensive medicine for you they are not paying for it themselves. People often think that GPs switch medicines to cheaper ones in order to personally benefit financially. NOT TRUE! They are doing this to help the NHS budget as a whole, which I would hope we would all be in support of.
- Because they are small businesses, they bear any increasing costs themselves. Rising indemnity fees (insurance against being sued) have to be paid by the doctor themselves. A doctor working only 2 days per week can be paying £6,000 per year on indemnity insurance. Why does this matter to you? Because if they are paying £6,000 on that they are not spending that £6,000 on another receptionist, or nurse, or another doctor. The higher the costs, the less likely the surgery is to be able to add in additional services. So, bear this in mind when you are thinking of suing your GP!
- Despite what The Sun might tell you, your doctor does not earn £700k per year (unless your GP happens to be the sole one in the country that does...)

#### **7. *Your Doctor wants the best for you***

- If your GP decides not to refer you on, or not to prescribe anything, or not to investigate you it is not because they are trying to be difficult or just trying to save money (don't forget, their take home pay is not affected by these things). It's usually because they don't feel you need any of the above. They also understand, probably better than you, the risks associated with over referral, over treatment and over investigation. This is not a game where you need to see how much you can get from the NHS. This is about keeping you healthy, investigating when appropriate, and treating when we need to. Bearing this in mind, your GP will not mind explaining it to you – just ask. If you were hoping for an X-ray, mention this and *have a grown up conversation with your doctor* about the pros and cons of doing that.

#### **8. *Your Doctor is not taking part in a medical drama.***

- When you watch the TV, watch out for the doctors. I bet, 9 times out of 10, that they get the diagnosis right, first time. I'm afraid this is not real life. Many conditions are not at all obvious, and time is the only sensible way to start to differentiate between them. GPs often get vilified in the press for not picking up serious illness (“I attended my GP 3 times before they referred me with my cancer...”). In reality serious illness often initially presents the same as mild, self-limiting illness. A cough, for example, can be caused by many things, from a simple viral infection to lung cancer. The patient who presents to their GP with a cough that they have had for less than a week is unlikely to get a chest X-ray on the first visit, but if it has failed to settle after 3-4 weeks, then that's a different story. Be aware of this

and remember that this is complex stuff. In particular, *ask about the things that you should watch for* and under what circumstances you should return for review.

#### 9. ***Your Doctor might play golf, but probably not in their lunchbreak!***

- The traditional view that people have of GPs is that they see a few patients in the morning; a couple of visits, then are free until evening surgery at 5pm. Plenty of time for 18 holes in the afternoon? The traditional view is out of date. Most GPs see 18-20 patients in morning surgery, followed by visits, and then a further 18-20 patients in the afternoon. Many GPs see more than this. In addition to these face to face consultations, there will be phone calls and paperwork. Paperwork is an essential part of patient care, but takes time. It consists of looking through the results of the investigations that have been ordered, reading letters from consultants, acting upon these letters (consultants will not infrequently give actions for the GP to undertake), signing prescriptions (signing prescriptions is one of the riskiest things that GPs do – be aware of this and don't be upset if there is a query over your medication – this might just mean that the GP is taking the trouble to check that this is safe for you and won't kill you) and arranging the investigations and referrals from the previous surgery. The waiting room may be empty, but that doesn't mean the GPs are all putting their feet up. That's a lot of patients seen, and a lot of decisions made. If you are waiting for the results of an investigation, this can be stressful, and you quite rightly will want the results as soon as possible. Here are some things you should consider:
- If the test was arranged by your hospital consultant – that's who you should go back to for the result. Ring the consultant secretary (ring the hospital switchboard and ask to be put through) and ask when the consultant is going to convey the results to you. If they try to palm you off by saying they will send the results to your GP, ***explain that you want the results from the specialist who arranged them*** who is in by far the best place to give appropriate advice.
- If your GP did arrange the test, the smart thing is to make sure you know from the outset when and how you should expect to get the results. Are they going to phone you, or do you need to call? Speaking to the receptionist if you are uncertain is the way to go – *explain your problem and ask how to proceed* – they will probably be able to help you.

#### 10. ***Your Doctor has entrusted their reception staff with an important job***

- And that job is not just to make things as difficult as possible to make an appointment! The receptionist's main job is to deal with enquiries, book appointments and generally ensure all is running smoothly. They are not

medically trained, but they will have a really good understanding of the services on offer. My advice would be to *entrust them with a rough idea of the problem* that you have. This way they are able to direct you to the most appropriate course of action. Don't forget that everyone who works in the surgery is covered by the same confidentiality clauses. You can trust that the receptionist is NOT going to be talking about you to others. Increasingly doctor's surgeries include clinics run by nurses, physios, pharmacists and more. If you ring and insist on an appointment with a doctor, without explaining that it's because you have a bad back, you might have missed out on seeing the physio – probably a better option for you.

- If you are polite and friendly to reception, they will be polite and friendly to you. They are not trying to be obstructive, they are just doing their job – you might be anxious and stressed but try to keep calm. The receptionist can be key in getting the right help as quickly as possible – just remember, that help might not be the GP.

So, how many of these top 10 insider knowledge facts did you know? As with all things, the more we know about how things work, the better able we are to work with the system and get what we need done.

***Dr Jonathan Griffiths is a GP at Swanlow Surgery in Winsford. He is also Chair of NHS Vale Royal Clinical Commissioning Group.***

## How to Save a Life

There has been a worrying decline in living kidney donation, health officials have said. NHS Blood and Transplant (NHSBT) said the number of living kidney donors in the UK had dipped to an eight-year low.

Living donation occurs when someone donates one of their organs, usually a kidney, to someone in need. While it is usually to a friend or family member, it also includes donating a kidney to a stranger, known as *altruistic donation*.



There were 990 living kidney donors in 2017, a 10% decline on the best year on record, 2013, and the lowest figure since 2009, NHSBT said.

Altruistic kidney donation numbers have fallen from a high of 107 in 2013 to 87 in 2017, according to NHSBT, which released the figures to mark World Kidney Day. The health body responsible for organ transplantation said 261 people died last year while waiting for a kidney transplant.

## **Can I be a kidney donor?**

Both your kidneys can be donated after your death and potentially used for two kidney transplants. But, because you can live a healthy life with just one kidney, it is possible to donate one kidney as a *living donor*.

There are huge numbers of people needing a kidney transplant. For many of these it can be very difficult to find a suitable donor. We encourage everyone to be a donor for the following reasons:

- Your kidney will only be transplanted if it is healthy and suitable for the person who needs a transplant
- All the major religious faiths support kidney donation
- There are very few health-related restrictions and most people can donate.

### Why do people need a kidney donation?

Your kidneys balance the amount of fluids and minerals in your body and create hormones. When they are not working properly, people have to spend many hours a day attached to a dialysis machine to replace some of these functions. A kidney transplant gives people the chance to live life free from dialysis.

For patients with end stage kidney disease who are suitable for a kidney transplant, this is the best treatment option.

### How to become a kidney donor

Tell your friends and family that you wish to be a kidney donor – it is very important that they understand and support your organ donation because your family's support is needed for donation to go ahead. Dealing with the death of a loved one is a difficult time to make an important decision quickly.

Sign up to the deceased **Organ Donor Register** online. This record helps to quickly match potential donors and recipients: [www.organdonation.nhs.uk/register-to-donate](http://www.organdonation.nhs.uk/register-to-donate)

### Who can join the register?

Everyone can join the NHS Organ Donor Register regardless of age, as long as they are:

- legally capable of making the decision, and
- live in the UK.

### Medical conditions

Having a medical condition does not always prevent you from becoming an organ donor. At death, a qualified doctor responsible for your care will decide whether some or all organs are suitable for transplant.

But, there are a few conditions that will exclude you from donating organs.

You cannot become an organ donor if you have:

- **HIV**, (in some circumstances people with HIV can donate to another person who already has HIV), or
- **Creutzfeldt-Jakob Disease (CJD)**, or
- **Cancer** that has spread in the last 12 months

## Spring Bank Holiday Closures

### Easter Bank Holidays

Friday 30<sup>th</sup> March, Good Friday – Closed  
Saturday 31<sup>st</sup> March – Closed as usual  
Sunday 1<sup>st</sup> April – Closed as usual  
Monday 2<sup>nd</sup> April, Easter Monday – Closed



### May Bank Holidays

Monday 7<sup>th</sup> May, Spring Bank Holiday – Closed

Monday 28<sup>th</sup> May, Spring Bank Holiday – Closed

Please remember to submit prescription requests and collect your medication before our surgery closures for the Spring bank holidays so that you do not run out.