

Barnabas Bulletin

Newsletter of the Barnabas Medical Centre

Issue 6, June 2014

Making Good Use of the Community Pharmacy

Every day in England 1.6 million people visit a pharmacist, so on average every one of us visits the chemist about every six weeks. This compares with around 1 million GP visits a day. The Community Pharmacist – that's the chemist on your street corner, or at Boots – is therefore an important element of healthcare provision.

Little wonder then that the NHS is trying to capitalise on the role of the pharmacist and increase the range of services they provide – they are an integral part of the community, often know their customers well and are trained to recognise and treat minor ailments.

The Community Pharmacy contract is made up of three elements. Every pharmacist has to provide "essential services". These include the dispensing of medicines and medical devices, directing those who ask for assistance to the most appropriate source of help and helping people manage minor ailments and common conditions.

Increasingly pharmacists are being asked to provide "advanced services" – for which they have to have additional training. These include Medicines Use Reviews and New Medicines Reviews. Some pharmacists may also provide specific local services.

It is the Medicines Use Review and New Medicines Review which have irritated many people because they involve the pharmacist taking us aside, talking to us about our medicines and appearing to ask nosy questions about things which are none of their business. But in doing this they are not being nosy or deliberately officious: they are trying to ensure we understand our medicines, how to take them and that they really are appropriate – something doctors do not always have time for.

As an estimated 30% to 50% of patients do not take their medicines as prescribed this is important. By not taking medicines as directed patients not only harm their own health but are costing the NHS an estimated £500m a year in wasted medicine. So by helping patients to understand their medicines

pharmacists are reducing this cost, and sometimes suggesting to GPs an alternative form of medicine which would be better for the patient – the patient may not know about the alternative, or is perhaps too apprehensive to ask for a different form of a drug (maybe a soluble painkiller rather than an insoluble tablet) because they don't want to be seen to question the knowledge of their GP.

Community Pharmacists are an essential, very highly trained and professional element of modern healthcare. They are a resource we need to use more, especially to help us manage our minor ailments like coughs and colds. g

New Practice Brochure

We have revamped our Practice Brochure. The content has been revised and brought up to date, and the design has been updated. The new brochure is in a slim folded style, printed on a single sheet of paper – so much easier to produce and use than the previous A5 booklet.

A copy of the brochure is given to all new patients. Existing patients can find copies in the waiting area or by asking Reception. A large print version is also available from Reception.

Our thanks to Keith Marshall of the PPG for the rework. g

2014 Patient Survey Feedback

In the last issue of Barnabas Bulletin we promised you a further look at the results of the patient survey we conducted in January.

First of all let us go back a year. In the survey conducted in February 2013 your biggest gripe was the difficulty in getting appointments – a complaint we took to heart because we know how annoying this is for you, and how much pressure it puts on everyone in the Practice. What we did was to take on a Healthcare Assistant (HCA), Niki Onoufriou, and an additional receptionist. Niki has been able to take on some of the routine work previously done by the Practice nurses, enabling them to take some workload off the doctors. This has meant we have been able to make more nurse and doctor appointments available. The additional receptionist has meant it has been easier to get through on the phone.

We were pleased to see that these actions were reflected in this January's survey, with many more patients than before saying it was easier to get an appointment.

This doesn't mean there is any room for complacency; we need to keep working to make the appointments system as efficient as possible, but there is no easy solution and every GP practice struggles with this. What would help is if we could reduce the number of booked appointments which are not kept (see the opposite page) – but that is largely in your hands as patients.

So what of this year? Our first, and biggest priority, is the upgrade of our computer system which we hope will position us well for improving our overall efficiency and thus your healthcare. It will also allow us to start offering online appointment booking.

In this year's survey we asked you about a specific range of additional services we might be able to offer in the future. As we expected, on-site blood tests came out top of your wish list by a long way. Currently we have a phlebotomist available one morning a week specifically to do blood tests for children, although if needed and if there are spaces, the phlebotomist can also see adults. Providing a more general service is, however, a challenge when we have the Wadham Gardens Clinic so close by. Not only would we need funding for a blood test service (which might detract from the Wadham Gardens Clinic) but as everyone knows we are acutely short of space. Nevertheless we do keep this under review.

In fact your enthusiasm for us to provide additional services is very helpful. Blood tests,

physiotherapy, dietician, health visitor, counselling, mental health and podiatry services all received over 20% support. g

Practice New Computer System

Due to unforeseen technical problems our new computer system did not go live as planned in May. This will now be scheduled for later in the year. Our apologies to any patients who found it difficult to get an appointment in the run-up to the upgrade. g

PPG Situations Vacant

Our PPG is looking for volunteers to take on the roles of Vice-Chairman and Newsletter Coordinator.

Vice-Chairman. The role is to back up the Chairman by helping with meetings, planning etc. It should be an easy role and not time consuming, but you do need an interest in primary care and helping the Practice.

Newsletter Coordinator. This role is to oversee and organise the content of this newsletter for the Practice. It involves working with the Practice Manager and Chairman to agree the content; sourcing and maybe writing the short articles. It does not necessarily require publishing skills as the design and typesetting is currently done by the PPG Chairman.

If anyone out there wishes to consider volunteering – or just wishes to join the PPG – please get in touch with PPG Chairman, Keith Marshall, on 020 8864 7993 or barnabas.ppg@gmail.com. g

care.data ... What, Why & How?

Earlier in the year our PPG members asked for someone to talk to them about the new care.data and Summary Care Record initiatives. (See our PPG Chairman's article in the previous Barnabas Bulletin comparing these two, very different, programmes. Copies are available at Reception.)

At the regular meeting of our PPG on 13 May we were delighted to welcome Robin Burgess who is the NHS England (London) Lead for care.data. This turned out to be opportune as roll-out of the care.data initiative has been delayed until at least this coming autumn while NHS England seek opinions and feedback on how the system should be better communicated and implemented.

Because we had an important and influential speaker on a topic of current concern to patients we opened up the meeting and invited clinicians, staff and PPG members from other practices in our area as well as representatives of Ealing CCG, Healthwatch Ealing, and Rise Ealing. Although not as many accepted as had been hoped it still meant that Robin Burgess had an audience of around 30, including several local GPs.

During his presentation Robin explained

- what care.data is
- how it is an evolution of the existing use of hospital data
- how it differs from Summary Care Records
- the concepts of how the system works.

He then asked for our feedback on the concerns with the system which have been expressed by both clinicians and the public.

This led to a wide-ranging, useful and informed discussion, the central theme of which was the need to clearly communicate to everyone what care.data is about and why.

Robin went away with a number of thoughts and ideas, including the need for NHS England to engage the media in communicating the key messages about care.data rather than allow them to sensationalise every healthcare story.

g

The Problem of Missed Appointments

Like most of the NHS the Practice has a high number of appointments which are booked but never kept. We do monitor this; so far this year the figures are:

January	101	March	93
February	98	April	86

That is 4 or 5 appointments every working day. While occasional missed appointments are inevitable, these figures are far too high.

So what, you might think? But patients who do not keep appointments have two major effects. First, they are wasting the time of the doctor or nurse; and second they are blocking an appointment which could have been used by another patient who may urgently need it.

This is why we usually write to people who miss their appointment.

And the moral is ...

If you no longer need, or cannot keep, your appointment then please tell us!

A quick phone call is all it takes. g

PPG Awareness Week 2-7 June

PPG Awareness Week is an annual event organised by the National Association of Patient Participation to highlight the importance of patient participation to achieve excellence in care for all patients.

During this week, which coincides with this newsletter, we hope there will be PPG members in the waiting area at various times to talk to patients about the work of our PPG.

At the end of the week our PPG Chairman will be attending the NAPP annual conference, whose theme this year is 'Quality in General Practice'. g

DoctorView

The regular column by our doctors

Prostate Cancer and PSA Testing Should I or shouldn't I have the test?

By Dr David Knight

There have been two large clinical studies completed recently, one in Europe and one in the USA. The conclusion from both studies on over 200,000 men was that there was **no benefit** in doing routine prostate specific antigen (PSA) screening tests to detect prostate cancer in men who do not have any symptoms. In fact screening may cause increased problems by misdiagnosing some men with possible cancer incorrectly, giving rise to undue stress and unnecessary investigations and possibly treatment.

It has been found that

- The test is unlikely to prevent you dying from prostate cancer over the next 10-15 years or help you live longer.
- Raised PSA levels are common, even if you don't have cancer, and lead to additional tests that can be harmful.
- PSA testing will find cancers that may never cause problems. However once they have been detected it is a difficult decision not to treat these cancers. These treatments can have significant side effects such as impotence and urinary incontinence.

So we are now recommending that **men without any symptoms do not have a PSA test**. However if you do have urinary tract symptoms, then you should see your doctor to have these assessed and decisions can be made about how these should be managed and what tests are required. g

Going Abroad on Holiday? Don't forget to have your vaccinations

If you are going abroad on holiday, and especially if you are travelling outside Europe, you may need to be vaccinated against diseases like Typhoid and Yellow Fever. Exactly which vaccinations you need will depend on the country visited – for detailed guidance ask at Reception or visit www.nhs.uk/Conditions/Travel-immunisation/.

And remember that some vaccinations require two or more injections some time apart, or may take some while to be effective. So please be sure to get your vaccinations in good time. g

Barnabas Medical Centre

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Northolt, UB5 4SR

(020 8864 4437

www.barnabasmedicalcentre.co.uk

Surgery Times

Monday to Friday
0830 to 1800
(Closed Mon & Fri 1300-1400)

Out of Hours

For urgent healthcare outside surgery times please call 111

Repeat prescriptions

Repeat prescriptions must be requested in writing or online and will normally be available for collection after 2 working days

Doctors

Dr MG Parmar
Dr DG Knight
Dr HS Kooner
Dr HK Bhatoa
Dr M Dhinsa

Practice Nurses

Henny Shanta
Anna Wan
Purnima Gurung

Heath Care Assistant

Niki Onoufriou

Practice Manager

Matthew Edwards

Patient Participation Group

Chairman: Keith Marshall
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*This newsletter is a joint production of Barnabas Medical Centre and the Barnabas Patient Participation Group.
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**A large print version
of this newsletter is
available from
Reception**