

# UNDERWOOD SURGERY

NEWSLETTER JULY 2012

## BIRTH MONTH REVIEWS

Patients with chronic illnesses and medications needing face-to-face reviews will be encouraged to attend yearly or every other year in their birth month, rather than in random months

### WHY CHANGE THE SYSTEM?

- There is increased monitoring in General Practice due to new medications and less hospital long term follow up.
- Some patients can have up to 10 different problems that need various annual to monthly reviews
- Some reviews need blood tests and some just need a telephone conversation.
- It can be confusing for patients, staff and GPs deciding when and which blood tests and reviews are due and duplication can occur.
- There are some 40 -50 common chronic problems to follow up:
  - Vascular e.g. previous heart attack – annually
  - Diabetes/Hypertension – 6 monthly
  - Lithium medication – 3 monthly
  - Methotrexate medication - monthly

### SCREENING FOR DIABETES

- We are now using a new blood test to screen for diabetes. This is called the HBA1c test. You do not need to fast before it.
- All patients will have an HBA1c at their vascular or hypertension clinic reviews.
- Any patient with a raised or borderline reading will have this repeated 4 weeks later with a fasting reading as a back up test to help aid diagnosis.

### ANNUAL DIABETIC CLINIC

- All patients are asked to have a blood test and bring a urine test a week before seeing Sister Liz Bennett for their annual birth month review.
- When Liz sees the patients she can give all results.
- There is a doctor on site available in case new medications are indicated.
- Patients all receive a summary print out of their results.
- After the review she internally emails the patient's usual doctor to check on her management.
- The doctor should put the medication review for Type 2 diabetics forward six months or refer to Liz for an extra review
- Patients not under the hospital need a blood pressure and HBA1c test with any nurse six months from birth-date.

### HIGH BLOOD PRESSURE (HYPERTENSION)

- We now recommend home monitoring in order to diagnose hypertension.
- Suspected hypertension patients make an appointment with any nurse to receive the blood pressure machine
- They take 2 readings morning and evening for a week and then return the machine and the completed sheet to reception.
- They should make a telephone appointment for the results with their usual doctor.
- If everything is normal, they may then not need screening for another five years. Otherwise the test might be repeated in a year or, if hypertension is found, they might need to attend an annual hypertension clinic.

Thank you to everyone who sponsored the epic cycle ride from the surgery to Paris. Drs Robin Hollands, Mark Jackson and Mike Skene completed the journey in 3 days. We raised about £2,500 for MacMillan Fund and Cystic Fibrosis.

We are delighted to inform you that Dr Mike Skene has agreed to join the practice permanently as a partner. Mike was formerly a registrar at this surgery.

We recently welcomed Julia Rose to the team. She will be working as a phlebotomist with us on Thursdays and Fridays.

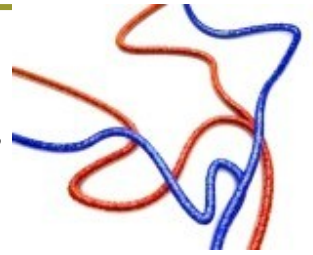
Finally, thank you to everyone who contributed to the Patient Participation Group, for helping with this newsletter.

Dr Robin Hollands

## ANNUAL VASCULAR CLINIC

This includes patients who have experienced heart attack, angina, stroke, peripheral vascular disease or heart failure, **BUT NOT DIABETES**

- Patients are given the option of having a blood test a week before seeing Sister Fran Knight for their annual review. This is because most tests are normal and patients may prefer to attend the surgery once only.
- When Fran sees the patients she can give results if they are available.
- There is a doctor on site available in case new medications are indicated.
- Patients can have a summary print out of their results.
- After her review she internally emails the patient's usual doctor to check her management.
- The doctor should put the medication review forward six months
- A blood pressure check is generally needed six months from birth-date.



## ANNUAL HYPERTENSION CLINIC

### New Hypertension and Chronic Kidney Disease

- Patients have their review with any nurse. They **MUST** bring an **early morning urine sample** to the clinic (bottles are available from reception if needed) and have a blood test on the day. This is because most tests are normal.
- Patients can have a summary print out of their results.
- After the review the nurse internally emails the patient's usual doctor to check management.
- The doctor checks the blood tests and management and should put the medication review forward six months to remind the patient to have a blood pressure check before the next annual clinic.

## ALTERNATE YEAR HYPERTENSION CLINIC

### For patients with stable hypertension.

- Patients have their review with any nurse. They **MUST** bring a **urine sample** to the clinic (bottles are available from reception if needed) and have a blood test on the day. This is because most tests are normal.
- Patients can have a summary print out of their results.
- After the review the nurse internally emails the patient's usual doctor to check management.
- The doctor checks the blood tests and management. Patients need to attend for blood pressure checks every six months before the next alternate-year clinic.

## MULTIPLE CLINICS

Patients with more than one review e.g. COPD and diabetes should book into more than one clinic in their birth month

