

# UNDERWOOD SURGERY

NEWSLETTER 03 / 15

## Why is your GP surgery so busy?

### The National Problem

In February 2015 the BMA launched its campaign **#NoMoreGames** calling for an open and honest public debate about securing the future of the NHS.

"There is an endless list of political games that affect general practice but notable examples include:

- Promises to somehow magic up several thousand more GPs, however the reality shows worsening recruitment and an impending escalation of early retirements
- Pledges of routine GP seven-day opening, or offering appointments within 48 hours, when we don't have enough GPs to provide core general practice or the appointments for patients to be routinely seen in two weeks in many cases
- Blaming GPs for patients turning up for emergency care – totally ignoring the elephant in the room, i.e. the impact of NHS 111
- Creating political targets merely to generate headlines, such as paying GPs to increase dementia diagnosis rates, rather than focusing on the needs of those suffering with dementia and their carers
- Claiming to have learnt the lessons of the Francis report [the Stafford Hospital enquiry] yet expecting GPs to work in ways that compromise patient safety.

The public deserves political honesty regarding funding and pressures on the NHS and what can be provided by this

finite resource, so that money is spent on the needs of patients rather than political whim."

### The Local Problem

Our surgery has seen a huge increase in workload over the last five years. The surgery's average list size has grown over the last five years from 9,800 to 10,400 and the number of consultations per patient per year has increased to about 5.

We believe that the rise in both demand and workload have been caused by:

An expansion of our young population due to the birth rate increasing by 50% over the last five years, which means our population of under 5s has grown by 240 children. This puts a large demand on same-day appointments

Rising numbers of new, young patients from all over the country and Europe who are more demanding of acute GP services.

A significant rise in our elderly population, partially due to the greater number of elderly patients living locally to the surgery. This has created more demand for our repeat prescribing and home visit rates, particularly to care homes.

NHS administration— from Care Quality Commission inspections to local and national targets – e.g. the dementia target mentioned above.

## Care Co-ordinator

The NHS in Gloucestershire has introduced an initiative to help surgeries to provide support for our most vulnerable patients.

Lucy Bell has recently taken on the role of Care Co-ordinator at the Underwood Surgery.

She may already be familiar to you as she has been on the receptionist team for three years now. Her additional role means she will be supporting these patients to try to ensure they stay well.

### THE ECLIPSE



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Our NHS GP Contract does not permit the surgery to close its registration list without huge financial penalties. So we have to keep taking on more patients, even though resources are stretched so the quality of service will eventually start to suffer. This seems illogical as it removes any incentive for our GP surgery to continue to provide an excellent service. Do we really want to encourage patients to register with us if we have reached maximum capacity? If somebody can explain the logic behind this, then this would help us.

The surgery could consider reducing its practice area. The problem for us is that patients frequently move around the town and we are reluctant to force them to leave if they are still living in Cheltenham. In addition we have patients who have been with the surgery for more than 60 years who would have to leave our practice list if we did this. It is also very difficult to get permission to reduce list size when most surgeries in Cheltenham are in a similar position.

On a more positive note, recently with a donation from the Bliss family we have updated the practice and created a new consultation room. This will be formally opened by our retired Senior Partner Dr Timlin in April. We are also employing additional nurse shifts and recruiting a new GP assistant to help with additional demand. This means that we hope to be able to maintain and even improve our present service.

### **How our Patients can help as part of the team which cares for your well being**

**Register for our online booking service.** This could potentially save us 20-30,000 telephone calls a year and will greatly reduce the administration of some 30,000 prescriptions. There are as many appointments available online as via the telephone. The website can be found at: <http://www.underwoodsurgery.co.uk/system-one.php>

If you have long-term condition such as heart disease, diabetes or COPD then you can **contact the surgery in the month before your birth month to book your annual review with the practice nurse.** You don't have to wait for us to remind you. We now have to send some 600 letters a year to patients reminding them to book their reviews.

If you are running out of medication and a review date is due, **book in 2 weeks before it runs out to ensure you have a choice of appointments** with a nurse or doctor. If your review date has passed, then a receptionist cannot process your prescription and a doctor has to decide if it can be issued. We receive some 30-40 requests a day for items that have not been authorised or for which a review is due.

Please reduce clinical demand by not requesting an appointment for minor illnesses. If you have a child then please ensure you have read the 'Birth to Five' book. If you have had a minor respiratory infection e.g. a cough for 2 weeks, worse at night with green sputum etc. then this is likely to be a viral infection. Please look at the NHS Choices website for guidance: <https://www.nhs.uk/symptomcheckers/pages/symptoms.aspx>

*Plus you could ask your local pharmacists for advice. They are highly qualified and can often help with straightforward medical queries*

Thank you  
Dr Robin Hollands