

General Practice has never been busier. Patient demand is going up and we know that many surgeries are having to close their lists to new patients as they cannot cope.

At Ainsdale Medical Centre we are continually striving to improve our service and meet the changing and growing needs of our patients. We thought it would be a good time to update you on some recent changes to our clinical team and provide some advice on how to ensure you get the best out of the surgery.

## Inside This Edition

Page 1 Team news

Page 2 Patient Participation Group, Helping Patients, safety at the surgery

Page 3 Waiting room art, fundraising group consultations, NHS 111 on-line

Page 4 Opening hours, self-referrals, older peoples ' forum, problem solving, seeing a doctor at a hospital.

Page 5 & 6 Getting the most out of your appointment

## Clinical Team News



Dr Sara Burns is leaving the Practice at the end of March after 26 years. Everyone in the team will miss her as will a great many of our patients who she has looked after over the years. We all wish her well for the future. If Dr Burns is your usual GP we will be advising you nearer the time who you will be allocated to from April onwards.

Congratulations are due to Dr Sarah Aylward who delivered a beautiful baby boy 'Henry' in October. Sarah will be returning to work in April 2018

We already have a new Doctor working in the practice on Tuesdays and Thursdays. Dr Edoardo Cervoni hails from Ciociaria in Italy and he started working as a GP in 1994. He served as a GP in the Italian Army before embracing specialist training in ENT. He has previously worked in the US, Canada, New Zealand and Birkdale and he definitely brings some new insights to our practice team.

Dr Mel Ozkan has now been working at the surgery since 2016. We are delighted that Mel has increased her hours and now does clinical sessions Monday to Thursday.

Two Advanced Nurse Practitioners (ANP) have recently joined the surgery team. Doreen Porter works full time hours spread across four working days ( not Wednesday). Sam Sumner only works on Mondays so that we can better deal with demand on what is always our busiest day of the week. Doreen and Sam are both vastly experienced and are brilliant additions to the team. Welcome to them both.

## Patient Participation Group (PPG)



Our Patient Participation group goes from strength to strength. We have a new Chair for 2018 in Helen Graham and this is the perfect opportunity to express our sincere thanks and appreciation to our outgoing Chair, David Waugh who inspired the creation of the group back in 2014 and has worked tirelessly to make it a success ever since.

At our recent meeting in January we had a talk by Susanne Lynch who is head of Medicines Management at the Clinical Commissioning Group (CCG). She provided a fascinating insight into her role and the support they provide to patients as well as leading initiatives to help the CCG to reduce unnecessary expenditure on medicines.

The next meeting is on Thursday April 19<sup>th</sup> between 6:30 pm and 7:30pm and we are always on the look-out for new recruits who can help us make the group more representative of our patient population. Contact Helen on [ainsdale.patients@gmail.com](mailto:ainsdale.patients@gmail.com). if you would like to know more.

Our PPG now has its own website and Twitter and Facebook accounts and is using social media more to engage with patients and with other patient groups round the country. You can visit the website at <https://ainsdalemcpatients.org.uk/> and follow them on Twitter and Facebook under the name @ainsdalepts or Ainsdale Patients

## Helping Patients



We are constantly looking for ways to develop our Reception team to better serve the needs of our patients. Increasingly we are trying to build a better understanding of the organisations and services that are there to help our patients. This is known as 'signposting' in the NHS.

Over the last few months all our Reception staff have been along to the Ainsdale Lunch and Leisure centre at the Methodist Church to meet the staff and gain an insight into the activities that are delivered at the centre. It is truly a valuable community resource for Ainsdale and we are pleased to be able to work with Rebecca and her team in the supporting amazing work they do.

Our Care Navigator, Jill spent the two days of the flu clinics at the Health Fair with the representatives of the Alzheimer's Society and during February she will be spending each Wednesday morning on secondment to the Macmillan Centre in Southport to gain a deeper understanding of how they can help and support our patients who are living with cancer. She will be bringing her experiences back to the practice and sharing them with the wider practice team. We have lots more ideas to develop this aspect of the team.



We have added some new safety lighting to the surgery building to keep our staff and patients safe. A new bright light illuminates the front porch on a dusk-till-dawn setting to assist patients approaching the building even when we are closed and the low level lighting on the front path now extends right down to Station Road.

## Waiting Room Art



The art which now adorns the walls in our waiting rooms has been created by the people at Ainsdale Painting for Pleasure. It has really brightened up the surgery and we are grateful to them for doing this. The paintings are for sale but contact them directly on 01704 575422. They are happy to welcome new members at the group which meets on a Wednesday between 2 and 4pm at St Johns Church.

## Fundraising



We continue to support a charity, chosen by the staff, each year. Last year we raised over £300 for the Alzheimer's Society. This was through a variety of activities, most of which involved making or eating cake. Elf Day in December was especially popular, with 'pin the nose on the Elf' being a highlight of the day!

## Group Consultations for patients with diabetes



We have started to introduce group consultations for patients with diabetes. Sister North and Elizabeth Pearn from our reception team run the sessions and they are proving to be very popular.

Also known as shared medical appointments, these are personal medical consultations delivered by a clinician in a supportive peer group setting, with all patients listening in and learning. They are not

an addition to one-to-one appointments – they replace them. They are not group therapy or education sessions, although they do educate both the participating patients and the clinicians.

This format is becoming increasingly common across the UK for a variety of different groups (not just people with diabetes) and it enables practices to find a different way to engage patients in looking after themselves outside the traditional confines of a limited ten or twenty minute time slot with a doctor or nurse.

Of course, no patient will be forced into a group setting if they don't want to be but if we contact you about them in the future you will now know a little bit more about them.

## Accessing Medical Services When the Surgery is Closed



**when it's less  
urgent than 999**

You can call NHS 111 anytime day or night for help and ad-vice. The call is free from any phone including mobiles and you simply just dial 111. This provides access to medically trained staff who will be able to provide advice on self care, advice on where you should go to get face to face help or can arrange an urgent appointment at a 24 hour GP service or even a home visit.

NHS 111 is now also on line at [111.NHS.uk](http://111.NHS.uk)

If you have a life threatening medical emergency always dial 999

Our surgery opening hours are  
Monday – Friday 8.00am to 6:30pm  
On the day appointments available from 8.30am each day.

Ainsdale Centre for Health and Wellbeing (Sandbrook Road) Please contact for Blood test, Ear syringing, Dressings and removal of sutures. By appointment only. Tel: 01704 387230

Ainsdale District Nurses Tel: 01704 387240



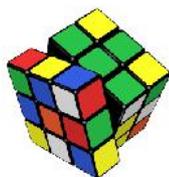
The treatment room at Ainsdale Centre for Health and Wellbeing on Sandbrook Road has dressings and ear syringing clinics available to patients without the need to see the GP first.

Patients can also 'self-refer' directly to see a podiatrist using a form available from the reception.

Access Sefton provide counselling to people across Sefton and you do not need to see a GP to be referred to them.



The first Older Peoples' forum for Ainsdale took place on Tuesday February 6<sup>th</sup>. Older Peoples' forums are well established in other parts of town and Sefton Advocacy in conjunction with Ainsdale Lunch and Leisure have acquired the funding for a similar group in our community. It was well attended and very informative and will take place every month in the future. The next meeting is on Tuesday March 6<sup>th</sup> and is highly recommended. The practice will be sending people to every meeting to stay engaged in any initiatives that help our older patients



We think we have the best reception team in town and they have an enormous amount of accumulated experience and expertise in solving problems for patients – simple ones and the kind of complex problems that occur when patients have to navigate across NHS organisations. Please treat them respectfully and let them do their best for you.



When you get a sick note after seeing a doctor at a hospital it should be for the length of time they expect you to be off work.

If the hospital doctor prescribes medication they should give you enough to last you for two weeks ( if necessary) so that the paperwork advising the GP has time to be sent out and processed at the GP surgery. These are contractual requirements of every hospital in the country and its helpful for patients to know this before they see the doctor.

## Getting the Most Out of Your Appointment with the Doctor

### See the Right Person for Your Treatment



Continuity of care is very important to both Doctors and patients. If you have seen a Doctor about a certain problem, we would recommend you see the same person again, even if this means waiting longer. Some GP's have more expertise in certain fields, for example, Cardiology, Dermatology, Womens' Health. The receptionist can direct you towards them. If it is a new problem, then generally it is less important to see the same doctor. If you have multiple chronic illnesses it is good to have a relationship with your registered GP, who oversees your medication.

### Prioritise Your Symptoms



The standard time for an appointment with our GPs is ten minutes. Time can be tight so it is very helpful if you let us know at the start what you hope to get out of the appointment. Be realistic about what can be achieved in the time available. If you have several problems, it may not be possible to safely cover them in ten minutes, so please don't be offended if we ask you to make another appointment. It is however, very helpful to know at the start all the problems you intend to mention. We really want to avoid the 'hand on the doorknob' situation, where after 9 minutes the patients says, 'actually the main reason I've come is that I've been having chest pain for the past week'.

### Let us Know What You are Thinking



It may sound obvious, but it is really helpful to know what you are thinking when you come in to see us. What are you worried about? What do you think the problem is? What do you think the doctor is going to do? How you think the problem should be tackled? There are often different ways of approaching a problem and it is amazing how much patients with the symptoms may differ in their thoughts on how to treat it. If we know what you are thinking, or worrying about, then we can address this.



GP's refer to this kind of interaction as 'ICE' - Ideas, Concerns and Expectations. Trying to establish the patient's ICE are a key part of training to be a GP.

### Ask the Doctor Questions



The flipside to above is that it is also helpful for you to know what we are thinking. At the end of the consultation, we should between us have an idea of what the problem is, or might be, and a plan for how to tackle it. This could be all sorts of things – taking some medication, going for some tests, making some lifestyle changes, or even doing nothing. If you are given medication we should tell you what it is for, and any common side effects to look out for. You should also have an idea of how we think things may evolve, and what to do if things are changing or not going as expected. If you don't understand what we are talking about then please ask us!



Safety netting is an important part of a consultation. It involves telling patients about things that might happen which would require further medical attention. For example, signs that an infection that is getting worse, or something that may require further investigation.

'Red Flags' are another medical term referring to symptoms that might indicate a more serious problem. These should be discussed during most consultations.

## Dress Appropriately



If you come to see the doctor because you have a sore knee the doctor will need to examine it so wear clothing that can be easily removed or rolled up. If you need to be examined for anything, taking off many layers of clothing and redressing uses up a lot of your appointment time and can be a reason why clinicians run late.

## Appointment Times



Don't be put off by a doctor or nurse running late. This is often due to them having to give bad news to a previous patient or dealing with an emergency before you arrived. We all might need a bit of extra time unexpectedly one day so although it might not be convenient to you, please be considerate to the needs of other patients on any given day.

## Talk to our Receptionists



As GP's each day when we are consulting, we see patients that didn't necessarily need to see us. It may be that we could have dealt with the problem on the phone, or through a message, or it could be that there is a more appropriate service.

Please don't be offended if the receptionist asks about the nature of the problem – they are not being nosy but trying to work out the best way to help you.

## Home visits

### HOME VISITS



It is always better for a patient to be seen by the Doctor at the surgery where they have access to comprehensive equipment, an examination room and access to clinical systems. We do understand that some patients are genuinely housebound and getting to the surgery is just not possible.

We expect patients who are able to attend appointments elsewhere, for example the hospital or dentist, to come in to the surgery to be seen. If your friends or relative can take you to other appointments, then we would also expect them to bring you in to the surgery. We are very grateful for your co-operation with this as it also saves valuable GP time. We will phone patients prior to visiting them to ensure that a visit is appropriate or whether the problem can be managed in a different way.