#### SEPTEMBER 2018 NEWSLETTER

## Help – we need somebody!

Drs Rosie and Eithne need 30 patients each to complete an emailed feedback form for their 5 yearly revalidation. If you would be willing to take part, please let us know for which or both doctors and provide your email address which we'll submit it to the people arranging the survey. (Results to doctors are anonymous).

If we do not get revalidation, we have to retire!

### Flu Vaccination Programme

Where to start? Flu vaccinations have been complicated this year by the introduction of a specific vaccine which works better in the older population. There will be two adult vaccines – one for the under 65s and one for the over 65s. It has been decided centrally that the new vaccine will be delivered nationwide on three dates and not necessarily when we asked for our delivery to occur. Everything clear so far? This is likely to affect the scheduling of flu clinics and we might have to segregate patients according to age to avoid errors. I'm sure it will all be fine....

# Out of Hours Emergency Care

As of 01.04.19, the number to dial for an emergency doctor out-of-hours will be 111. This is an NHS England order which we thought would only apply to those GPs who opted out of providing 24 hour cover. Most St.Helens GPs still retain responsibility for 24 hour care but it is looking ever more likely we will be forced to follow the rest of the country. We have been warned that the additional cost of using NHS111 (£10 per patient referred on to out-of-hours) will be billed to the practice in addition to the actual OOH cost. This is likely to cost the practice in the region of £10000 per annum simply for the service that is 111. This means we are likely to be forced to opt out of 24 hour care provision (including terminal care) and to increase our opening hours from 8am to 6.30pm. Everything worthwhile about the vocation of general practice is being eroded bit by bit. Successive governments are trying to apply a 'one size fits all' approach. We can either roll over and patients suffer or we can fight. The additional work done by GP partners cannot be underestimated. If we are eventually forced into a salaried service, general practice as we currently know it will cease to exist.

Please write to your MP, Minister of State for Health (me neither) and the Prime Minister and anyone you can think of that might be useful.

### **Running Late**

It has been suggested anonymously that if I am running late I should send SMS messages to warn waiting patients I am running late. It is further suggested I should know when I am going to run late. Sadly, I am not Mystic Meg and cannot predict the length of list with which a patient attends. Appointments are ten minutes long. If I have a succession of patients with complex health needs who book single appointments it is impossible to run to time. If a patient collapses during surgery we go to the patient with greatest clinical need. Most patients understand this. I never start late (unless genuine emergency). Perhaps patients with multiple problems could book longer appointments if they know they will take more than the ten minutes allowed? This would help alleviate stress all round and would be greatly appreciated.

### **Practice Nurse**

We are overwhelmed by your support – especially for the women volunteering for their smear tests. You have all made Jane feel very welcome.

Patient survey - thank you!