
NEWSLETTER

We would like to welcome you all to our 6th Lincoln House Surgery newsletter. We hope you will find this newsletter informative as we have had several changes at Lincoln House since our last newsletter in Summer 2016.



Welcome to our new Practice Nurse and Health Care Assistant

The Lincoln House nursing team of Practice Nurses (PNs) and Health Care Assistants (HCAs) has been reviewed and a number of changes have been made to improve access to appointments and the range of services offered to patients of the Nursing Team.

Nurse Diana Mircheva left at end March to pursue her career elsewhere and will be replaced before the end of May with Practice Nurse Hayley Gardner. Hayley brings a wide range of complementary experience and skills to the team and has most recently worked as a School Nurse and as a specialist nurse in a Blood Borne Virus team.

An additional HCA post has also been created to increase the appointments available and to enable a more efficient delivery of the Adult Health Check and Smoking Cessation services. Ursula Parsons, who has been a Community HCA for more than 11 years will be taking up this post in early May.

Also, the whole Nurse's appointment system has been reviewed, updated and revised to create a 25% increase in the number of slots that are available. The new system has also created a nominated On Call Nurse every day to deal with urgent requests from the GPs and to respond to patient messages for information and guidance.

Patient Participation Group

Since our last update, the Patient Participation Group has been active in many areas helping to maintain and improve the service patients receive at Lincoln House.

Surgery Inspection by the Care Quality Commission (CQC)

In the most recent routine surgery inspection, some areas were identified which required improvement. We are pleased to inform you that these were immediately addressed by the Practice staff and in the follow-up inspection Lincoln House was rated "Good" in all areas. Your Patient Group (PPG) were involved in the review process and are now trying to help the surgery become even better.

Supporting the Surgery to provide an "Outstanding" service

We have reviewed the way in which we support the surgery and have decided to concentrate on the same patient categories used by the Care Quality Commission. We now have "Champions" for each of the 6 patient groups who will help present your views:

1. Older People
2. People with Long term conditions
3. Families, children and young people
4. Working age people and the recently retired
5. People in vulnerable circumstances
6. People experiencing poor mental health

Autumn Flu Jabs

We were involved in discussions about the 'Flu Jab' service. The sessions were the most efficient yet: there was no queuing and the publicised sessions were supplemented by one-off inoculations. Congratulations to all the staff involved.

Helping to inform patients about how to look after their own health

We have also been involved in planning an informal session with Dr Parbat on Hypertension (High Blood Pressure) at Lincoln House on 3rd May at 7pm. Please come along to find out more! We are also working on plans to distribute health information to patients by email.

Keeping updated about what is happening to NHS services in the local area

Jill, our Vice Chair, is a representative on the Dacorum and Hemel Hempstead Hospital Project Group and fully represents patient interests. Plans are progressing and the public will receive regular updates. Time has been spent networking with other patient groups trying to learn from their successes. We also attend NHS activities to learn about planned changes and have opportunities to give our views from a patient perspective.

Your views are important. How can your voice be heard?

We would like to hear what you think and have a dedicated email address for you to use:

lincolnhouseppg@gmail.com

Good health and Best Wishes,
Chris Cook, Chair Lincoln House PPG
Jill Ainsworth Beardmore, Vice Chair, Lincoln House PPG

Repeat Prescription Requests

We are increasingly receiving phone calls from patients asking for their repeat prescriptions to be issued. These calls typically have to be passed to the duty doctor to manage which is putting a considerable strain on their workload. May we remind patients that if a medication is on your repeat list, please request this either online, through your pharmacy or in writing. We ask for patients to allow 48 hours for this to be processed although in practice, most scripts are processed by the next day.

Missed appointments

We would be grateful if patients can let the surgery know if they are unable to attend their appointments. We are losing on average 2 hours of GP and nurse time per day by patients not attending or cancelling their appointments. Please give us as much notice as possible if you are unable to attend, either by phoning, or cancelling online if your appointment was made this way.

Online services

The surgery is currently running a promotion to encourage patients to sign up for Online Services. These enable patients to book appointments, cancel them, order repeat medications and see their medical records (if they opt for this facility) directly from their mobile phone, tablet or PC.

We have simplified the signing up process to make it quicker and easier including the option to request Online Services over the phone. We will simply verify your identity by asking a couple of questions and you will be able to start using these services.

We highly recommend downloading the Patient Access app to your phone or tablet as this makes accessing Online Services even easier.

New improved telephone system

The surgery has been aware that getting through on the telephone can be difficult at peak times and patients also sometimes get the engaged tone and have to keep re-dialling until they get in the queue.

As the Practice was locked into a telephone contract, it hasn't been able to address this issue until now. Happily, that contract has now expired so the surgery has been able to undertake an assessment of the wide range of systems that are available on the market.

The options were narrowed down to 2 suppliers who presented their products to the GPs, Practice and Reception Manager and a member of the Patient Participation Group (who was representing the patients' interests). A system called Babblevoice was chosen as it is a local Berkhamsted based company, was designed by GPs specifically for Doctors' Surgeries and works directly with the EMIS system where all patient records are kept.

It is hoped that this system will go live in the summer. There will be many benefits for patients including:

- Notification of where you are in the queue so you can decide to hold or to call back later
- No limit on the number of calls that are waiting so patients will no longer get the engaged tone
- The reception staff will have instant access to your records without you having to identify who you are (by recognising your telephone number)
- All calls can be recorded for future reference if required
- Managers at the surgery will have real time and historical information about call volumes and waiting times which will allow them to plan better for the busiest periods

The system will rely on having accurate, up to date information on telephone numbers so please do check with the practice that they have the correct numbers for you. This is particularly the case for mobile phones as people often change their numbers and forget to inform the surgery.

New improved texting and communication

Once the new phone system is installed and running smoothly, the surgery is going to launch phase 2 of the improved patient communication by investing in a product called "MJOG". This is a texting and email facility that will be used to communicate information from the surgery to the patients. It can be used in a number of ways including:

- Text message confirmation of appointments with further text reminders closer to the date
- The facility to cancel appointments by text message at any time including weekends and evenings when the surgery is closed
- Invitations to patients for all relevant immunisation programmes e.g. flu clinics, shingles etc.
- Invitations to annual reviews for long term health conditions or medication reviews
- Communication of test results including those that are "Normal, no action needed".

Again, the success of this system will rely on having accurate mobile phone numbers and email addresses so please do check your records are accurate and up to date.

Facebook Page

We now have a Facebook page to enable our patients to easily keep up to date with changes, developments and events at the surgery. Simply search for "Lincoln House Surgery" and "like" the page to receive updates in your Facebook newsfeed.

New telephone appointments

The surgery is always looking for ways to improve the service to patients and accessibility to appointments. They have identified that there are some situations when patients could have their medical needs dealt with by telephone without the need to physically come to the surgery. This will make it easier for patients and allow more appointment slots to be offered.

Therefore, the surgery is going to trial telephone appointments from June onwards. Patients who call for "On the Day" appointments will be offered a face to face or a telephone consultation. Telephone consultations will be for a single, urgent problem only and may include:

- *Medication queries*
- *Requests for extension of MED3's (sick notes)*
- *Suspected cystitis*
- *Sore throats*
- *Advice on management on an ongoing medical condition*
- *Test results discussion*

The reception staff may need to ask a few questions to ensure they book patients to the right type of slot. We hope that patients will understand the benefit of this and will not feel it breaches their confidentiality.

Initially telephone consultations will be offered with every Doctor in the morning and patients will be able to ask for the Dr of their choice. If the trial proves successful and patient feedback is positive, it may be further extended in the future.

Learning Disability Health Checks

As part of the improvement in the care of patients with Learning disability, over the past year, we have written to all patients inviting them for a comprehensive 30 minute health check. We have had excellent uptake from patients and this is one good example of how the surgery is improving the health of our patients.

Gout

Gout can be very painful. But most gout attacks go away within 10 days, even without treatment. Treatments can help with pain and may cut your chances of having more attacks.

What is gout?

Gout causes bad pain and swelling in your joints. It happens when you get a lot of a chemical called urate in your blood. Urate is made in the body when you digest certain foods. It's usually harmless. But in some people, it builds up and forms crystals. The crystals can collect in your joints, causing swelling and pain. Not everyone with high levels of urate gets gout. But the more urate you have, the more likely you are to get gout. These are some of the things linked to too much urate in the blood:

- Drinking too much alcohol, especially beer
- Eating a lot of certain foods, especially red meat and shellfish
- Being very overweight (obese)
- Some illnesses, including heart disease, high blood pressure, diabetes, and high cholesterol
- Some medicines, including diuretics and daily aspirin.

What are the symptoms?

You get bad pain in one of your joints. It comes on suddenly, over a few hours, often during the night. The pain may wake you up. Even the weight of bedclothes over a joint with gout can be painful. You are most likely to get gout in your big toe. Other joints that may be affected include other joints in your foot, ankle, knee, wrist, finger, and elbow.

A joint with gout usually swells up. The skin around it may look red and shiny. It may feel stiff and warm to touch. The pain will be worse if you bump the joint. Urate crystals can also form under the skin on your hands, knees, wrists, elbows, or ears. They look like white bumps. Doctors call these bumps tophi.

Your doctor may diagnose gout by examining you and asking about your symptoms. Your doctor may take a sample of fluid from your joint to look for urate crystals, although this is not always needed. You may also need a blood test to check how much urate you have in your blood. However, you won't usually have this until after your symptoms have gone away, because urate levels are often normal during an attack of gout.

What treatments work?

Several medicines are used to treat and prevent attacks of gout. And there are some things you can try yourself.

Things you can do for yourself

It may help to put an ice pack around the painful joint. You can make an ice pack by wrapping a bag of frozen peas in a tea towel. To keep the bedclothes off your joint at night, make a protective cover for your joint (from a cardboard box, for example).

You are more likely to get gout if you eat certain foods or drink a lot of beer. Changing what you eat and drink may help prevent more attacks of gout. These changes are recommended by doctors:

- Lose weight on a calorie-controlled diet (if you're overweight)
- Eat one less portion of meat or fish a day
- Drink less alcohol, and choose wine instead of beer or spirits
- Drink a glass of skimmed milk each day

Medicines to treat gout attacks

You may be given painkillers called nonsteroidal anti-inflammatory drugs (NSAIDs) to control the pain. They can cause bleeding, especially at high doses. You might need another medicine alongside them, to protect your stomach from bleeding.

A medicine called colchicine has been used for many years to treat gout. Your doctor may prescribe it if you can't take NSAIDs. It is likely to work, but it doesn't work for everyone. Many people who take it get vomiting and diarrhoea. You can't take high doses of colchicine for long, because it can cause dangerous side effects.

If you can't take other medicines, your doctor may prescribe a short course of corticosteroid tablets, or a corticosteroid injection into the inflamed joint.

Medicines to prevent gout

These medicines reduce the amount of urate in your body. This may cut your chances of getting another attack of gout.

Once you have started, you may need to keep taking these medicines for life. If you stop them, you are likely to get another attack of gout. Before you start, you may want to think about how much your gout bothers you, how often you get attacks, and whether you are prepared to keep taking tablets every day.

Allopurinol can lower urate. It can make your symptoms worse if you start taking it during an attack of gout, so your doctor won't start you on it until at least two weeks after your gout has settled. You are also more likely to have an attack of gout when you first start taking it. You'll need to have blood tests during that time, and your doctor will adjust the dose you take.

Your doctor may prescribe probenecid if allopurinol hasn't worked. Probenecid may cut gout attacks, but increase the chances of getting kidney stones. That's because it lowers urate in your blood but increases urate in your urine. You need to drink plenty of fluids, about 2 to 3 litres a day.

One new drug for gout is febuxostat. We don't know whether it works better than allopurinol. Your doctor may prescribe it if you can't take allopurinol.

What will happen to me?

Your gout attack should go away in about 10 days. Some people get only one attack of gout in their lives. But most people who've had one attack get more.

A few people get frequent attacks of gout. This is sometimes called chronic gouty arthritis. It's not very common. The symptoms are the same as for normal gout, but you get them more often. If you get frequent attacks of gout, the urate crystals can damage your joints. This makes them feel stiff.