

# HOOK SURGERY

## NEWSLETTER

Spring 2006 Edition

### **Hello**

We would like to welcome Dr Segun Bamgbose- our new Registrar who started on 16<sup>th</sup> February. Dr Bamgbose is a fully qualified doctor who is now specialising in General Practice. Dr Bamgbose will start seeing patients himself at the beginning of March but will be sitting in on surgeries with other doctors in the meantime.

### **and Goodbye.....**

We are very sorry to be saying goodbye to Dr Sebastian Renz. Having joined us as a new Partner last year Dr Renz has found that we have not been able to offer him as many hours work as he would like. As he lives some distance from the Practice and has had a difficult journey every day he has now found a surgery that can offer him more hours and is closer to his home. We have enjoyed working with Dr Renz and we know that many patients will

particularly miss him too. We wish him much success in his new practice.

### **Innovations!**

We are hoping to introduce two new services for our patients in the coming few months.

**'Access' module-** this is a new part of our clinical software that will allow patients with internet access to book appointments online and request repeat prescriptions by this method too. In order to ensure that it is secure, works well and is not misused we intend to offer this facility to a small sample of patients only at first. The service will be accessed through our website [www.hooksurgery.co.uk](http://www.hooksurgery.co.uk) . We will need to set you up on the system with a 'user ID' and a password. If you are a regular PC user and would like to volunteer to be a 'guinea pig' for this new facility please contact Lorna Campbell, Practice Manager or your GP.

**Choose and Book** - many of you will have heard in the media of the Government initiative to offer patients choice of hospitals and appointment times when they need to be referred to a hospital. At present the GPs will ask patients which hospital they wish to be referred to and then write an appointment letter to the relevant department or consultant. In future the GP will enter the 'choose and book' system on the computer and select all appropriate hospitals. The GP will then print out an appointment request confirmation with details of how to complete the booking.

The patient will then go home, consult their diary for suitable dates and ring the Choose and Book Appointments Line (CABAL). CABAL will then help you to choose the hospital you want and a suitable appointment date and time and book the appointment for you. The GP will send a referral to the appropriate hospital department electronically.

- The benefits are you can choose from at least four hospitals,
- you can choose an appointment convenient to you,
- you will know as soon as you make the booking when your appointment is booked instead of waiting for the hospital to write to you to tell you when your appointment will be,

- all correspondence will be sent electronically - quickly and with less chance of going astray.

We realise that not everyone will wish to have a choice preferring to go to the local hospital but it should prove more convenient to many.

Watch this space for more information about when we will launch these services.

### **Patient Participation Group Evening Meeting- diabetes and obesity**

The next of these meetings will be held on **Tuesday 25<sup>th</sup> April 7-8 pm** in the main reception area of the surgery.

The theme of the meeting will be: **Type 2 Diabetes, Impaired Glucose and Obesity.**

We would like to welcome all Patients and their families who may already be Diabetic and those who have friends or relatives who are Diabetic and would like to learn more about it. Also, those people who are concerned about developing Diabetes; those who want to learn how obesity (being overweight), our modern lifestyle; and how our food choices can affect our chances of developing Diabetes.

We will finish the meeting with soft drinks and a chance for you all to ask questions and view the displays.

## **Return to Practice Nurse**

Joanne Skinner is currently updating her nursing skills having taken a career break. She will be with the Practice until the end of March and you may be offered an appointment to see her. She is working along side either Sue Russell or Jo McGregor.

Joanne has previously had considerable experience as a Practice Nurse in both Shepherds Bush and Teddington.

## **New patients**

Both Hook Surgery and Chessington Park Surgery are keen to expand our patient base and offer our excellent facilities to more patients in the local area. Both surgeries have updated their practice leaflets and brochure and will be posting them through doors within our practice areas over the next few months. We intend to start with the local estate but move on to cover other areas within our boundaries in a staged process.

If you are aware of friends and neighbours who are not registered with a GP -please invite them to come and visit Merritt Medical Centre to see what we have to offer.

## **Patient Survey**

Thank you to all those patients who completed a survey form in December 2005. An annual patient survey is now a requirement of our

contract but one we are happy to do as it is important to us to get feedback from our patients!

This year the survey was of the practice as a whole.

- The overall satisfaction with the practice has risen from a percentile ranking of 74 to one of 99. Our patients rate us more highly than the patients of 98% of other practices.
- Our ranking on the question of how was the doctors' patience with your questions and worries was 100!
- 70 % of patients had to wait less than 6-10 minutes of their appointment time compared to 68% last year.
- Patients were generally very satisfied with the doctors explanations, care and concern for them.
- However once again patients understanding of their problem or illness after their consultation was less positive. 58 patients felt that their understanding was much or a little more than on their last visit; whilst 13 felt it was the same or less. 36 said 'does not apply to me' or did not answer.

Of course this may be because these patients already understand their problems before the appointment!

Our discussion centred on this last point. We feel that whilst other questions show that patients do ask the doctors questions about their

condition perhaps they need access to further printed information they can take home with them. As was pointed out last year, we do have an excellent Patient Resource Room with a wealth of information regarding medical conditions and local services. If you haven't yet had a look in the room - how about doing so now! We are in the process of installing a PC with access to relevant internet sites for patients to use to look up further information. The PPG also hope to be able to provide someone to offer assistance with this if required - we will need volunteers with basic IT skills!

We have also analysed the freestyle comments written on the surveys, again most were very positive but there were a few 'complaints' that we do take seriously.

We appreciate that the chairs supplied with the building are uncomfortable. We are going to remove some rows of these and replace with an alternative style of chair. Please let us know which you prefer!

Some comments were made about the appointment system and difficulty in getting an appointment - we continually review our appointments system to try to accommodate patients needs but accept that it is an art not a science and we need to continue to adjust it.

## **Blood Tests Explained !!**

By request from several patients here is a short explanation about the blood tests most commonly requested by the Doctors and Nurses.

### **FBC (full blood count)**

This looks at the various parts of the blood: the plasma, the liquid part which makes up 60% of the blood's volume; the red cells (erythrocytes) which carry oxygen from the lungs to all parts of the body; the white cells (leucocytes) of which there are several types but are mainly involved with combating infection in our bodies; the platelets which are tiny and help the blood to clot if we cut ourselves.

### **ESR and CRP blood tests**

If you have inflammation in a part of your body then extra protein is often released from the site of inflammation and circulates in the blood stream. These tests are 'markers' of inflammation.

### **Glucose and HbA1c**

A blood test for this may be taken to exclude or diagnose Diabetes. If the test is raised it may be repeated fasting or a 'glucose tolerance test' requested.

The HbA1c test is taken at regular intervals if you have Diabetes. The test measures a part of the red blood cells to which glucose attaches itself. It gives a good indication of your

'average' blood glucose over the last 2-3 months.

### **U&E (Kidney Function)**

The usual blood test which checks that the kidneys are working properly measures the level of: Urea: a waste product formed from the breakdown of proteins. A high level (uraemia) indicates that your kidneys are not working properly or that you are dehydrated (have a low body water content).

Creatinine: a waste product made by the muscles. Again raised levels indicate that the kidneys may not be working properly.

Dissolved salts (electrolytes): those routinely measured are sodium, potassium, chloride and bicarbonate. This test is regularly requested as: a general health assessment, if dehydration is suspected, if kidney failure is suspected and before and after starting treatment on certain medicines.

### **LFTs (Liver Function Tests)**

The liver has many functions: storing fuel for the body; helping to process fats and proteins from digested food; making proteins that are essential for blood to clot; processing the medicines you take; helping to remove poisons and toxins from the body. The liver also makes bile which is used in the gut to digest fats. As the liver performs its various functions it makes a

number of chemicals which pass into the blood stream.

Alanine transaminase (ALT) this helps to process proteins. When the liver is injured or inflamed (as in hepatitis) this level usually rises.

Alkaline phosphatase (ALP) this level rises in some types of liver and bone disease.

Albumin this is the main protein made by the liver, low levels may occur in some liver disorders.

Total protein this measures albumin and all other proteins in blood.

Bilirubin this chemical gives bile its yellow/green colour. A high level will make you jaundiced (yellow).

Want to know more? The following website has clear information: <http://www.patient.co.uk>

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If you are interested in the joining the Hook Surgery PPG please fill in this slip.

Name..... Tel No .....

Address

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