

# GALLETLY

# R A P E V I N E

Issue 11

January  
2005

The profile for this quarter's newsletter comes from Dr Ian Pace

Age: Admits to being at least 21.

Place of Birth: Born in Gateshead in County Durham but brought up from the age of 6 years in Malta and Gozo.

Family: Married for 18 years to a doctor (his first "Boss") they have a 13 year old son and a 10 year old daughter.

Education: He attended the University of Birmingham Medical School and qualified in 1985 after doing an intercalated BSc in Physiology.

Career History: He joined the Royal Air Force as a Cadet Pilot while still a student and managed to squeeze in about 100 hours flying - between various medical school exams. After 2 years he moved on to a full commission. On graduating and completing house jobs he did his General Practice training at RAF Wittering and local hospitals interspersed with tours at several other stations, including Ascension Island and Cranwell. In 1992 he left the RAF to become a civilian GP and joined the Galletly Practice in Bourne when Geoff Smith retired in July 1993.

Hobbies: Reading, gardening, IM&T, a new interest in Cricket (playing - not watching) and a desire to return to flying at some point!

The Surgery  
40 North Road,  
Bourne  
Lincs.  
PE10 9BT



Enquiries	01778 562200
Appointments	01778 562201
Repeat Prescriptions	01778 562203
NHS Direct 24 hr Helpline	0845 46 47
WellDoc Out of Hours Emergencies	01780 752679

## Target Training dates

Please note that the Surgery will be closed from 12.30 pm on the following dates to allow the Partners and staff to attend the Lincolnshire Target training.

Thursday February 10<sup>th</sup>  
Thursday March 17<sup>th</sup>  
Thursday April 14<sup>th</sup>  
Thursday May 12<sup>th</sup>

If you need to collect medication from our dispensary please ensure you do so before 12.30 on these days.

## Easter Closure Dates

Please note that the Surgery will be closed on:-

Good Friday	25 <sup>th</sup> March 2005
Easter Saturday	26 <sup>th</sup> March 2005
Easter Sunday	27 <sup>th</sup> March 2005
Easter Monday	28 <sup>th</sup> March 2005

Therefore prescription requests left on Wednesday 23<sup>rd</sup> March will not be available until Tuesday 29<sup>th</sup> March so please plan ahead

## Nurse Triage Service

Some patients have asked us what the word “triage” means. The dictionary definition is “ the assignment of degrees of urgency to wounds or illnesses to decide the order of treatment of a large number of patients.

— ORIGIN French, from *trier* ‘separate out’.

If a patient feels that their condition cannot wait for a normal routine appointment with a doctor or nurse then they will be asked to sit and wait to see the triage nurse who will assess the degree of urgency. Our nurses have received special training to undertake these assessments. Often the nurse will be able to treat the problem herself without reference to a doctor. Sometimes she will be able to reassure the patient that their condition can wait for a normal routine appointment with a doctor. If the nurse agrees that the problem does require urgent medical intervention then she will summon the duty doctor. If she feels that the condition should be seen that day she will often ask the patient to wait in the waiting room until the duty doctor becomes free.

A doctor is designated as “duty doctor” each morning and afternoon. This doctor may also be visiting patients at home and some waiting time is inevitable.

Please note it is not possible to book triage appointments in advance. Nor is it possible to book follow up triage appointments This service is for problems which have arisen in the previous 24 hours and cannot wait for a routine appointment. e.g. a child with earache, respiratory problems, new mums who have concerns e.g. rashes.

## New calling in board

Our new calling in board has proved very popular with most patients and children especially love seeing their names appear in lights.

Some patients complained that the board was too high up on the wall. We have now rectified this and lowered it as far as possible. Incidentally it is not necessary to continually look up at the board. A “beep” does sound when a name appears.

It was necessary to change our calling in system as we will shortly be introducing an automated check in system at reception. When patients arrive to book in for their appointment they will be able to use a touch screen to book in automatically without having to queue for the receptionist to book them in as arrived. The old number cards would not have worked with the new automated system.

The information will go automatically from the touch screen to the doctor's or nurse's terminal in their consulting room. We have had problems in the past when patients arrive on time but get stuck in a queue as the receptionist is dealing with a complex problem.

### **Chemists in the town**

The Co-op chemist (Ross's) have informed us that they now require 3 working days to process a repeat prescription. Please ensure you allow enough time from leaving your request here at the Surgery to collecting it from the Co-op.

Boots Chemist are still able to offer a 2 working day service.

### **Practice Dispensary**

We are able to offer a 2 working day service. Unfortunately we are still getting people calling early "on the off chance" that their prescription will be ready. This interrupts the dispenser whilst she is working and slows down the service for everyone. If 12 people do this each day it will put her one hour behind with the queue of patients on the computer who are awaiting dispensing.

### **Pneumococcal vaccination**

Pneumococcal bacterial infection is still a leading cause of death and illness throughout the world, despite the use of antibiotics. Vaccines have been developed to help prevent infection, especially for those groups most at risk such as those with immune suppression, the elderly and those with chronic illnesses.

The bacterial strain *Streptococcus pneumoniae*, also known as pneumococcus, is a leading cause of illness and death especially for those over 65 years of age. The number of deaths per year from this bacterium have remained the same for the last 40 years, despite the introduction of penicillin antibiotics.

Up to 60% of people in a community may be carrying pneumococcal bacteria in their nasal passages and throat. Like many bacteria and viruses, dangerous strains are carried by healthy people without them suffering symptoms. Pneumococcal infection is spread in a similar way to the common cold - by sneezing, coughing and touch. Simple hygiene and care can prevent some spread such as frequent hand washing and avoiding touching the mouth and nose.

However, pneumococcus are a common set of bacteria in most people's systems so people can develop serious infection without catching it from others. Pneumococcal bacteria usually develops into a more serious form of infection when it moves from

the nose and throat, for instance to infect the blood, down into the lungs as pneumonia, or to the brain as meningitis.

Antibiotics can be effective on some strains of pneumococcal infection, especially in the early stages, but several of the more serious strains have become immune to antibiotics.

The good news is that from April onwards we will be offering a pneumococcal vaccination to all our patients who will be 65 or over by 31<sup>st</sup> March 2005.

Pneumococcal bacterial infection is still a leading cause of death because of resistance to antibiotics which is on the increase worldwide. This makes many people susceptible to infection by pneumococcus very vulnerable – protection using antibiotics is unreliable and the body often succumbs to infection.

As many strains of pneumococcal bacteria are carried by people in the community without showing symptoms, carriers of the bacteria are a threat to those most at risk of infection. Vaccination of those in contact with risk groups can lessen the possibility of infection.

We would urge all patients over the age of 65 who have not had the vaccine to seriously consider having it done. Some patients have confused the flu vaccine with the pneumococcal vaccine. The flu vaccine does not give any protection against pneumococcus. We will be writing to patients at the end of March who are eligible and will be setting up some clinics in April especially for pneumococcal vaccinations. These clinics will be bookable from March 18<sup>th</sup> but if you are 65 or over and have not had the vaccine then please do not wait for your letter but phone and book your appointment (Please, if possible, make your call in the afternoon).

You insure your house and contents. You insure your car. It makes sense to insure you don't become ill with the pneumococcus virus – and the good news is its entirely free! What are you waiting for?

### Galletly Practice PPG Christmas Raffle and Tombola

2004 was the first year that we have held a Christmas Raffle.

There were a lot of things to worry about:

Had we printed too many tickets?,

Had we given ourselves enough time to sell them?,

Would the prizes encourage people to buy tickets?

Would we sell enough to make a profit?

All these worries proved needless.

The amount raised by the raffle and tombola will enable the PPG to finance a pair of automatic doors, making access to the waiting area easier.

We would like to thank the following local businesses for their generous support for our raffle and tombola.

Tony Bills of Cherry Holt Cycles.  
J Munton, Butchers of Manthorpe.  
J H Wands.  
Boots.  
Budgens.  
Sainsbury's.  
Rainbow.  
Patients of the Galletly Practice.

### CHOOSE AND BOOK

Since the middle of last year, certain changes have been happening in the way that patients are referred to hospital, thus improving the service to patients. It is designed so that patients are seen as soon as is possible and where possible at the hospital of their choice. Already there is a system in place for any patient referred to the Eye Clinic, where after seeing their GP or Optician, the GP refers them on to the hospital via the Choose and Book Centre at Bourne Health Clinic. The patient is given a leaflet by their GP or sent one through the post. On this leaflet is a telephone number for the Choose and Book Centre where the patient calls to arrange their own appointment at whichever hospital they choose to attend. With patients organizing their own appointments for times and dates which are best suited to themselves, this should cut down on the number of non attendance at clinics through forgetting or not being able to attend.

As from the end of January, most referral letters are being directed to Peterborough Hospital Central Referral Office. If a patient has a preference to be seen at Stamford, this should be mentioned at the time of consultation with the GP and where possible, the appointments office at hospital will endeavour to make an appointment for Stamford if the designated consultant holds clinics there. If a patient has to be seen sooner rather than later, then often the appointments office will send the patient to the hospital where they are likely to be seen soonest.

Please do not worry about these changes. You will be told if you need to do anything and who to call if you do. Otherwise the hospital will be in touch with your appointments as normal.

In the future it is hoped that patients will have more of a say when and where they would like to be seen for hospital appointments and this is just that start of an exciting new way forward.