



## New NHS Summary Care Records

**B**y the end of January 2013, electronic Summary Care Records will be uploaded to a secure centrally stored database for all patients registered at The Pinn. They will be used to support your care in the event of an emergency.

Records are currently kept in all of the places where you receive care and these can only be shared by letter, email, or phone. In the event of an emergency (and when our surgery is closed) this can slow down treatment and lead to real difficulties for hospital staff (and, of course, for you!).

Summary Care Records include basic information about your medicines and any allergies. They are intended to improve the safety and quality of patient care by giving faster, easier access to essential information in an emergency. Healthcare staff will ask your permission every time they need to look at your Record – and they can only do this if they have an NHS Smartcard, with a chip and pass code.



### All Pinner patients need to make a choice:

- If you choose to have a Summary Care Record, you do not need to do anything. It will happen automatically at the end of January.
- If you don't want to have one, you need to let the Pinn Medical Centre know and fill in an opt-out form. These are available from the surgery, by calling 0300 123 3020, or online at [www.nhscarerecords.nhs.uk/](http://www.nhscarerecords.nhs.uk/) options. Please hand in your form before the end of January.



### Happy 100th!

Mrs Kathleen Bridges celebrated her 100<sup>th</sup> birthday at the Pinn Medical Centre with the nurses

### GP Lists being 'cleansed'

All GP surgeries in London will shortly begin an on-going 'clear out' of their lists to ensure all registered patients actually exist! Those who have not had contact with their surgery for more than 15 months will receive a letter asking them to confirm they still want to be registered. If they do not respond, their name will be removed from the list. It is therefore VITAL, if you get one of these letters, that you respond formally. The exercise is being carried out by NHS London.

### Checks on GPs welcome

The Health Secretary, Jeremy Hunt, has announced a new system of assessments for the UK's 220,000 doctors. Doctors will now be assessed for their fitness to practice every five years, with annual assessments to highlight areas where improvement is necessary.

The UK's Patients' Association has been part of a long-running campaign for revalidation, and recently published a report on GPs recommending that patient feedback in relation to communication skills should be at the heart of the re-validation process. See [www.patients-association.com](http://www.patients-association.com) and watch this

### Text Messaging Service



The surgery hopes to have this service set up in the New Year, so please provide receptionists with your mobile phone number so that they can send you a reminder of your appointment date and time.

## staff news

I am very pleased to welcome some newcomers to the practice. Dr Krishni Kumar joined us in September as a full-time Salaried GP and we have a new Registrar, Dr Rupa Narayan. Isabella Siegertsz, Kakoli Singh and Theresa O'Connor have joined our reception team and Linda Povoas is our new part time Medical Secretary.

It is always sad to have to say goodbye to staff, particularly those who have been with the practice for so long. Nurse Angie Waddell made the very difficult decision to retire after 19 years at the Pinn Medical Centre. Angie will be missed by so many of her patients and colleagues but felt that it was time to spend more time with her family. However I am glad to say that she has agreed to help out occasionally when we are short so we haven't seen the last of her yet! Other staff that we have bid farewell to are Dr Bhattessa, Dr Edwards, Melanie Davies our part time secretary and receptionists, Suneeta Khanna and Emily Zehetmayr. We wish them all the very best for the future.

Assistant Practice Manager, Kristina Mein got married in September and a few of us were lucky enough to help her celebrate the occasion which took place on a beautiful sunny day in Hayling Island. Mrs Lewis, as she is now known, is currently on maternity leave following the birth of Isobel Marie Lewis.



Natacha Khan has stepped up and is now 'Acting Assistant Practice Manager' during the period of Kristina's maternity leave.

Well I have to admit that everyone at the Pinn has been feeling rather frazzled recently with our recent computer upgrade! Despite lots of preparation and training it has taken us all a while to get used to the new system and everything seems to be taking that much longer to process. I can only apologise for any adverse effect it has had on our service, and thank you for your patience.

Finally, if you have not done so already, please have your flu jab as soon as possible. I wish you a happy and healthy 2013.

**Hilary Scott**  
Practice Manager

## an appointment with...



### Dr Leah Keylock

#### How long have you worked at the centre?

Since August 2011, so 16 months now.

#### What do you like and dislike about the job?

I like following patients up and having continuity of care; seeing the same doctor for follow up benefits the doctor as well as the patient. I also enjoy the variety – seeing everyone from new-borns to the elderly. I dislike the time pressure, which occurs in any GP's job.

#### What makes you laugh?

Alexander McCall Smith's books - his characters make me laugh.

#### How do you relax after work?

I relax by exercising (running, cycling) and by attempting to re-learn the piano (I was once good!)

#### What is your favourite food?

I have a weak spot for cheese, especially French.

#### If you were stranded on a desert island, what three things would you like to have with you?

Would it be cheating to say friends, family and husband? Desert islands could be lonely places.

#### What's your favourite film, TV or radio programme?

I was hooked on The Great British Bake off – unfortunately it did not affect my baking skills!

#### What's the last book you read?

NW by Zadie Smith.

#### If you were Health Minister for a day, what would you change?

Easier said than done but I would try to reduce the amount of unnecessary bureaucracy in the NHS, which wastes the time and money of patients and staff alike.

## Cervical Screening Tests

Women aged 25-64 are routinely invited to have cervical screening tests (previously called smear tests). The tests are done to prevent cervical cancer, not to diagnose cancer. You are very unlikely to develop cervical cancer IF ... you have regular cervical screening tests at the times advised by your doctor, AND ... you have treatment when advised if abnormal cells are detected.

### Reasons for not taking part in cervical screening are varied:

- ❖ Embarrassment at exposing private parts of the body to a stranger
- ❖ Fear of pain or previous experience of a painful test
- ❖ Fear of receiving an abnormal test result
- ❖ A mistaken belief that cervical screening is not relevant due to age



**At The Pinn, only 78% of patients respond to their invitation for a test, but it is very important that the remaining 22% take up the offer. Early detection and treatment can prevent 75% of cases.**



Tests can be done in the evenings or at weekends and they can also be carried out at other venues such as the Caryl Thomas Clinic in Wealdstone, if preferred. The test is not painful, takes only a few minutes and is normally carried out by a female nurse.

There are over 2,000 new cases of cervical cancer diagnosed each year in the UK. Most of these occur in women who have never had a screening test, or who have not had one for many years. It is estimated that up to 3,900 women are prevented from developing cervical cancer every year in the UK due to cervical screening, so please do go for a test if you are invited!

## Integrated Care Pilot launched



You might think it easy for doctors, nurses and social services to liaise and ensure patients don't slip through the net when they need treatment, but it's not always so, writes Lis Warren. According to the British Medical Journal, a diabetic in NW London was admitted to casualty 19 times in 6 months, but nobody ever told his consultant at the same hospital!

The NW London Integrated Care Pilot has now been set up to ensure that professionals work together in multi-disciplinary teams to plan and coordinate care for all Harrow patients by sharing information to help prevent unnecessary emergency admissions.

Patient participation in the Pilot is voluntary. Close involvement in the planning process is essential, as the patient is the only person who knows all those involved in their care. Selected patients with diabetes and/or over 75 years of age will be invited to take part in a care planning discussion and for those with complex care needs, all professionals involved will meet. Everyone can benefit from this: patients will know that all of the medical services they use will have a note of what's planned; medical and social workers will be able to focus on delivering their part of the care plan; and the local

health service will hopefully benefit from fewer emergency admissions.

In order to make the Pilot work, information will have to be shared between different services, involving both technical and cultural changes. In an age when billions of people worldwide use the Internet, the challenge of sharing a patient's care plan locally remains. IT systems must be compatible and documentation standardised. Attitudes towards sharing information and discussing patients with other professionals will also have to change. The Pilot aims to reduce emergency admissions by 30% and nursing home admissions by one tenth over 5 years in NW London, whilst achieving 24% savings on the cost of services for diabetics and older patients. In the early stages of this Pilot, admissions for this group of patients fell by 6.6%, so things look hopeful.

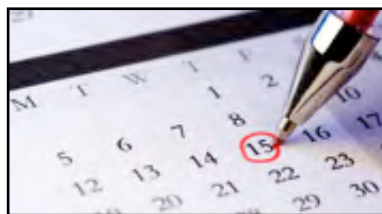
## Appointments

Like every practice, and despite the fact that we provide more appointments per patient than any Harrow surgery, The Pinn is experiencing a huge demand for appointments, writes Dr Isobel Bleehen. We understand how frustrating it is for patients being asked to call back. The surgery is constantly looking at how to use the available appointments in the best way within the constraints of meeting Government's target of offering appointments within 48 hrs. We are striving to have a 'one call, one appointment' system but if patients expect a specific doctor on a specific day at a specific time this is hard to achieve.

The appointment system enables you to book with the doctor of your choice, but this appointment is likely to be over 1 week ahead. If you need to see a doctor within a couple of days you will be offered an appointment but not necessarily with the doctor of your choice. If you need to be seen that day, you will be advised when to come in and wait - the appointment will be flagged as 'urgent' and will deal only with the problem that has required you to be seen that day. To help maintain continuity of care, chronic or ongoing problems are best dealt with by your usual doctor, but you can be confident that if you need to see someone that day you will be seen, but you may have to wait up to 2 hours. The same applies if you arrive at the surgery as a 'walk in' patient without phoning ahead.

Our GPs will be working to reduce appointment demand by trying to call patients for telephone consultations when results of tests/ hospital letters require discussion and thereby reduce the need to attend the surgery where possible.

Patients can help reduce the demand for appointments in several ways:



- ▶ Avoid running out of medication by requesting prescriptions well in advance and checking that your medication review date is not overdue. On most occasions if you have run out of medication and your review is overdue, the doctor will be happy to issue enough to tide you over for a couple of weeks until you have an appointment. This reduces demand on urgent appointments.
- ▶ Consider whether the nurse, health care assistant or Nurse Practitioner could deal with your problem. Consider consulting your Pharmacist for minor ailments.
- ▶ If the doctor arranges investigations/ blood tests for you clarify with them, once you have checked results are back, whether you need a review or if you should wait till the doctor asks you to come in. In any consultation, discuss with the doctor the need for a follow up appointment and when or under what circumstances that should be.
- ▶ If you just need a quick word with a doctor, leave a phone message requesting this. Doctors usually respond to their messages within 48hrs. If it is urgent, the on-call doctor will call you that day.

- ▶ Please, please call to cancel your appointment if you are unable to attend. If we can reduce call volume as we are hoping, you should be able to get through. We are currently considering texting patients the day before to remind them of their appointment.
- ▶ Make sure we have up to date contact details/ mobile phone numbers to make it easier for telephone consultations/ messages.

We know the system is not perfect but we will continue to monitor and adapt it to serve our patients as best we can.

### Electronic Prescription Service

In order to improve services, the Pinn Medical Centre is signing up to a new electronic prescription service in the New Year. Patients will be asked to nominate a Pharmacy to which their prescriptions can be sent electronically, thereby saving them the time and frustrations of coming to the surgery to collect them.



## Care Quality Commission arrangements for GPs

The Care Quality Commission is an independent regulator of health and social care in England. Their priority is to improve the public's experience of health and social care. GP practices are now in the process of being regulated, for the first time, under a single set of essential standards of quality and safety. Our surgery is legally obliged to register with the Commission by April 2013. From that date, they may be inspected without notice against the set standards. As a large practice providing a 'walk in' service, it is quite likely that ours will be inspected.

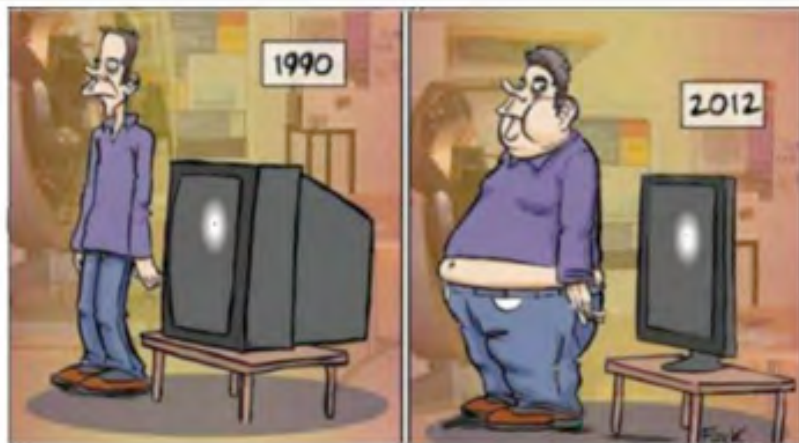
The preparation for registration has involved a great deal of work for our surgery. Much paperwork has been put together to set out policies and practices that staff at The Pinn must follow. The surgery will be measured against 'outcomes' such as: safeguarding the vulnerable; cooperating with other providers; infection control; supporting the work-force; monitoring service quality; handling complaints; and notifying patients of changes or absences!

There are 28 'outcomes' against which judgements will be made - the list is long and varied! The Commission will make sure that the voices of patients using GP services are heard by asking us to share our experiences at the surgery. It will make sure that our views are at the heart of its reports and reviews. In some cases, patients will work alongside inspectors to provide a user's view of services.



This has to be good news for patients - and it has been a very useful exercise for The Pinn to update and formalize its practices. Information will be posted on our web site so that we can all access our surgery's formal policies, if needed. Further information about the regulation of GP practices can be found at: <http://www.nhs.uk/NHSEngland/thenhs/healthregulators/Pages/carequalitycommission.aspx>

### waiting room gossip... times they are a-changing...!



### Congratulations

Congratulations are in order for Sheila Cole, a long time volunteer for the Pinn Patients' Association, who was nominated for the Health and Wellbeing Volunteer of the Year award at the annual Harrow Heroes event in November. Patients needing transport to the surgery or to hospital will all know Sheila, as do the many volunteer drivers for our surgery. Her tireless dedication to organising transport and the distribution of the Pinn Piper is hugely appreciated. Many thanks Sheila!

### Clinical Teams

Teams have recently been reformed to accommodate staff and session time changes and to ensure good support and training for our current GPs. It was decided that it would be better to have 3 larger teams offering more choice for patients. The new teams are:

#### Team 1

Dr Amol Kelshiker  
Dr Mehul Lakhani  
Dr Varun Goel  
Dr Krishna Kumar  
Dr Mathi Woodhouse  
Ann Gate – Nurse Practitioner

#### Team 2

Dr Isobel Bleehen  
Dr Giovanna Russo  
Dr Priya Moorthy  
Dr Leah Keylock  
Dr Jamila Sherif  
Odette Thomas – Nurse Practitioner

#### Team 3

Dr Jonathan Rudolph  
Dr Shaheen Jinah  
Dr Nitha Patel  
Dr Naheed Sarwar  
Dr Melissa Holz  
Dr Tricia Robertson – Pharmacist

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### Patients' satisfaction survey

Constructive patient feedback can lead to change and improvements. Pinn Medical Centre will be sending out their annual survey to a randomly selected group of patients. If you receive a survey in the post, PLEASE complete it so that our Practice can assess what patients think of services at The Pinn. Thanks!