

# Minster Health Newsletter

Summer 2006

Drs. M Jones, J Moroney, P Bolter, M Ashley & F Forsythe

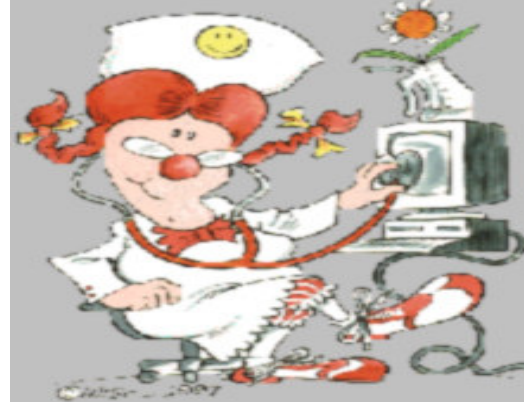
## Staff Update:

We are sorry to be saying goodbye to both of our GP registrars: Dr Feaster is going to move to the practice in Stamford Bridge to finish her training and Dr. Ward is becoming a partner in the Dalton Terrace practice. Both of these doctors have been very popular with staff and patients alike and we will miss them.

Dr Amie Cooper will be replacing Dr Feaster as Dr Ashley's GP registrar. She is joining us from York District Hospital, where she has worked in Ear Nose and Throat, Dermatology and Care of the Elderly departments. She is a local resident of York, and a graduate of Leeds Medical School. Dr Cooper is a dedicated traveler, having worked as a volunteer in Nepal, South Africa and Kenya.

### Foundation Year training (FY2)

There has been an important change in the way junior doctors are completing their training commencing in August 2006: instead of working as 'housemen' for 1 year in hospital, attached to either medicine or surgery, young doctors will undertake 2 further years of training (to be known as "foundation Training") after they have passed their final exams in medical school. This time will be spent experiencing various different specialties for 4 months each. It has been decided that all doctors will complete an attachment in general practice, in their second year, and these doctors will be known as "FY2" doctors. Minster Health has been chosen to pilot this aspect of training and Dr Jones will carry the responsibility of their supervision. Dr Venna Vasi will be the first FY2 doctor: we are sure you will make her welcome. FY2 doctors are fully qualified, and able to undertake consultations and prescribing just like the current GP registrars, however, unlike GPR's they may not be intending to specialise into General Practice. The hope is that they will develop their clinical and communication skills whilst they are with us, and that these skills can then be used when they are working as consultants in hospital.



We are very pleased to welcome Kate Reeder to the practice nursing team: Kate will be familiar to many of you as our health visitor; she has decided that she would like to get back to a more 'hands on' role, so has decided to retrain and join our nursing team.

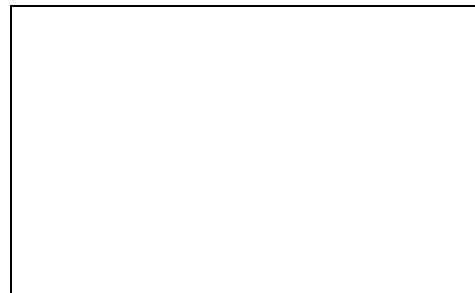
The practice nurses now provide a sizable proportion of the care offered by the practice, between them they look after patients with high blood pressure, heart disease, kidney disease, asthma, chronic pulmonary disease, diabetes as well as offering contraception and women's screening services.

Di Ruston is now working as a Nurse Practitioner, and is able to prescribe for many of the conditions she sees: she runs clinics daily and is able to offer longer appointment times than the doctors; she is still supervised by Dr Ashley

### Premises Update:

The building site is now progressing well: the foundations of the new surgery are in, and the planning permission has been granted.

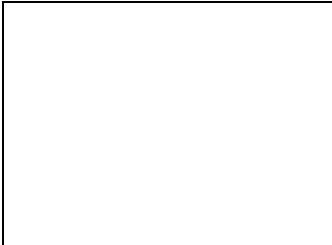
We are busy having meetings with architects about the interior design of the building, so if you have any special requests or good ideas please let us know!



### Bankrupt PCT:

It would be hard not to know that the PCT is over £20 million overspent, and due to this they have imposed various controls on services offered.

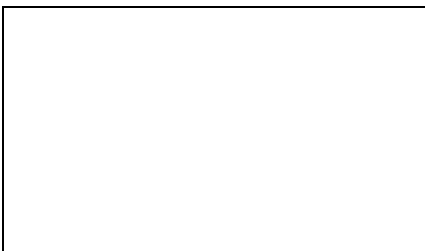
Minster Health is part of the "York Health Group", which is a voluntary amalgamation of all the practices in York. This commissioning group has been formed to try to protect services as much as possible: Dr D Harley is the chairman.



### Appointments:

This continues to be a sore subject for us: despite the fact that most appointments are booked earlier that day significant numbers of people fail to attend them: in the month of June the time equivalent of almost 5 doctor's full surgeries were wasted by people failing to attend. This is frustrating to say the least, especially when we can often re-allocate a slot if the appointment is cancelled in time.

The number of requests for telephone advice is also rising quickly (often in excess of 30 per day); if you requested a telephone appointment please ensure that you are available to take the call; much time can be wasted ringing numbers with no reply or listening to answer phone messages.



### Choose & Book:

Is the latest government initiative to allow patients to choose where they wish to have their treatment carried out in secondary care; it would be fair to say that there are a number of teething troubles, however this service is beginning to become available from Minster Health.

When referring you to hospital we will ask if you wish to go to York or one of the other 'local' hospitals

Things may be a bit slow at the moment, but they will improve as the computers are upgraded and staff are trained to use the software, and the hospitals publish their waiting times.

### Automatic Practice Log In:

Most people are finding the new log in terminal efficient, confidential and quicker than having to queue up at the reception desk. So far we like it too, since it hasn't gone wrong (touch wood)!

The reception time saved by the screen has enabled us to create a session for dawn to take blood samples most mornings.



### Chaperone service:

It is policy at Minster Health for all patients to have a chaperone, for intimate examinations, if they so desire. Of course this may necessitate returning when enough staff are available. To enable this all members of the office and reception have undergone appropriate training in being a chaperone, and are happy to oblige. Please feel free to ask either at the desk or your clinician if you would like a chaperone.

### Drugs and Unexpected Side effects:

The phrase that there is no such thing as a free lunch is very true!

We take drugs so that they have effects; however, some of these effects are unwanted! If these side effects are very rare, many people will not be affected so it may take years for them to be discovered. All the doctors and nurses try to give the drug that is the best choice on the information available at the time. However, research continues and advice needs to be updated periodically.

There have been 2 recent examples of advice changing:

When treating high blood pressure Atenolol is now no longer the drug of first choice: however there are many other conditions where it is first choice: if you are taking a Beta blocker for high blood pressure **do not stop taking it**, but discuss alternatives with the doctor next time you are reviewed

It looks as if Ibuprofen may not be as safe for use in the elderly as we once thought: the advice continues to be the same: I.e. You should only use this drug if you need, and if you are taking it regularly, then you should check with your doctor

**Comments on this newsletter to Di Ruston, Practice Manager, please**