

**IF YOU HAVE A COMPUTER USE OUR PATIENT WEBSITE AT
www.friendsofcdhc.co.uk**

This site has been designed with you, the patient, in mind. Its aims are to:

- Give you the opportunity to make suggestions on topics concerning the way the surgery operates.
- Provide explanations of why certain things are done in a particular manner.
- Encourage visitors (i.e. registered Crawley Down patients) to share in discussions that arise from items as they are posted.
- Offer people the ability to subscribe to the site so they can be notified every time the site is updated by us or commented on by others.
- Give the PPG's the ability to generate their own newsletters from it to distribute to those not PC orientated.
- Provide information on the latest services the practice is offering like, say, immunization programmes.
- Be a source of up to date news on health matters both on a local and national basis.
- Provide links to other health orientated websites which may help provide answers to questions that you might have.

This will hopefully create a much more dynamic experience for you and, of course, impose on us the duty to keep the information flowing and therefore appear to be much more vital

"Friends of" Contacts for those without computers

Co-Chairs

Peter Dodds 01342 713046 / Glynn Roche 01342 317309

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Dr. Dan Jefferies (Partner CDHC) 01342 713031

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**Crawley Down and Felbridge - Jane Armstrong 01342 712900 Turners Hill Peter Dodds
Turners Hill Park - Florrie Grimwood 01342 717201 - Sharpthorne & West Hoathly- Anne
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Friends of Crawley Down Health Centre

**Newsletter
No 1
Summer 2014**



Welcome to our first newsletter

We plan it to be the first of many. Our ability to be able to do this is due to some generous grants from: Worth Parish Council, Turners Hill Parish Council, The West Sussex Community Initiative Fund and donations from you, the patient public, which enabled us to buy a suitably robust printer.

Our aim is to bring news to you regarding new and developing health matters relating to the surgery and in general under the new NHS. Each newsletter will have one main theme (see page 2/3 plus other news).

About us

Our volunteer group is made up of patients registered with the Crawley Down Health Centre. We are affiliated with the [National Association for Patient Participation \(NAPP\)](#). From the 1st April 2013 [The Health and Social Care Act 2012](#) became law and it aims to introduce 'real patient choice' into how health care is administered in the future.

As a group, we firmly believe that two-way communication is the best way forward so please let us have your comments via the suggestion box, situated in the surgery waiting area, or by using our patient dedicated website at: www.friendsofcdhc.co.uk.

We will acknowledge receipt of your ideas, discuss them as a group, and where appropriate with the Health Centre Management, in order to formulate a proper response to you.

NEW DOCTORS JOINING THE SURGERY



Dr Layo Osoba:

Is starting 4th August and she will be taking over from Dr Croucher.

Age 33 qualified 2004 in Nigeria moved to UK 2006. Postgraduate at Kingston & East Surrey Hospitals. GP training at Furnace Green, Crawley.

Dr Reshma Shah:

Will be covering Dr Kanga's maternity leave from 18th June. Age 35, trained at Guys / St. Thomas and then became a general surgeon. But, after a few years, decided being a GP was more satisfying & retrained at Plymouth moving back to Sussex nearer to her roots.



Dr Neelum Saleemi:

Is starting 23rd June, replacing Dr Mohammad.

Age 30 yrs, comes from Greater Manchester area trained in Dundee, Scotland. Since qualifying she has gained excellent experience in the both hospital and general practice settings within the Greater Manchester, South London and Surrey areas, and is returning to practice after the birth of her son.

Why do we have a Triage system and how does it link to appointments?

No system is perfect and there has to be a balance of what is overall the best way to deal with the logistics of a situation measured against any disadvantages the system itself brings. There are only so many hours in the day and doctors at the surgery so consequently there is a limitation on the number of appointments available.

Having said that, the practice staff do constantly monitor how well triage is working and are always open to listen to constructive suggestions.

Dr Jefferies gave a talk on the subject in June 2012 and below is a précis of the salient points covered:

Essentially, triage had been introduced to counter the difficulties of the previous system (particularly on Monday mornings) where 08:30 saw a sea of people at the door, and ironically the 'fittest of those, (i.e. those able to reach the desk first) were able to secure an appointment. All appointments were usually taken by 08:35, leaving countless patients disappointed (plus those trying to get through on the phone)

Prior to triage, a patient may have booked in automatically with the doctor, resulting in a wasted appointment for both patient and clinician. Triage calls are taken right up until midday, thus avoiding the need for an 08:30 'rush', and reducing waiting times on the phone.

Under the triage system, all patients receive a call back and are appropriately treated. e.g. if just a dressing is required, an appointment with a nurse is arranged, rather than with a doctor.

Perception of 'urgent' is not always the same as the reality of 'clinically urgent' and triage is a very good system for identifying these categories thus ensuring that those who need priority do get it.

90% of calls are handled by the triage nurse, with the remaining 10% being picked up by the duty doctor.

There is a tendency for triage to be blamed for the lack of pre-bookable appointments. In fact this is not the case. The situation was much worse prior to triage. For example, on a Monday we now have a 50/50 triage/pre-bookable slots balance. Pre-triage, all of the slots would be solely on a 'book on the day' basis. Currently, there are 18 appointments per doctor in the morning (a mixture of pre-bookable and triage) and 12 in the afternoon.

The possibility of continuing triage into the afternoon has been considered (some surgeries do this) however, staffing would be an issue. Employing a nurse to do triage leaves them less time for them to do other work. A duty doctor would have the same problem.

Concern has been expressed that elderly patients, particularly those on the Park, neither understand nor like triage. They are particularly unhappy at relaying their problem to a receptionist, then again to the nurse, and potentially, once more to the doctor. They want to see their own doctor.

One option, frequently suggested, is for the receptionist to take sufficient detail to enable nurse to book an appointment without having to speak to the patient and ask all over again. Dr Jefferies explains that in terms of manning the calls, the receptionist is the starting point and whilst all staff are bound by the same strict rules of confidentiality the problem is that receptionists are not clinically trained and thus are restrained from getting more medically involved.

2013/14 Patient Survey Results Now Available

The annual patient survey results are now in and online at the surgery web site. (www.cdhc.co.uk/survey.asp)

There are two reports, both PDF files: A **Survey Results Analysis** which provides an analysis of the answers to the survey questions and makes comparisons with the last years' surveys. The surgery's **Local Patient Participation Report** which is required by NHS England and is designed to validate that the surgery is engaging with patients appropriately through a Patient Participation Group and taking on board the feedback provided. This report includes an Action Plan which describes how the surgery will identify ways to address patient concerns raised in the survey and through the "Friends Of" group.

We must thank everyone who took part in the survey. This year we had a fantastic response with 658 respondents, up from 268 last year and 200 in 2011/12.

We will keep you abreast of developments and will be in touch with opportunities to further influence the Action Plans now in motion to drive results.