

'Old' Mobile Phone Scheme

Many of us have a number of these lying around at home and they can be recycled. By the time this newsletter goes out we should have a depository available (in the shape of a silver barrel), in the surgery, for you to place your old mobile phones into. The proceeds will be used by 'The Friends of Crawley Down Health Centre' to cover our overheads with any balance left over being put towards our latest fund raising project.

If you are able to donate a phone remember to do this beforehand:

- (a) remove the Sim Card.
- (b) remove any multimedia memory expansion cards.
- (c) delete all entries from the phone's internal address book.

If you are unsure how to perform any of these tasks put a note on your phone to that effect, (with your contact details in case we need to get in touch with you), and we will check it before it leaves our possession.

Missed Appointments for April-June & July-Sept 2016

The figures are; April-June -160 and July-Sept -187!

For the previous quarter I reported a figure of 126 it being an improvement on the one before that which stood at 142.

So what is going on? With all the problems Dr. Jefferies outlines in his article the least we as patients can do is to let the surgery know if we can't make an appointment. Enough said I hope!

Don't miss our Teddy Turnover Table at the Xmas Lights

A prize every time and only 50p a go (smaller Teddies) or £1.00 for larger. Look out for us on the Village Green on the 3rd December 2.00pm to 7.00pm

WebGP /eConsult

The initial funding for this contract was sourced from the CCG's winter resilience money from 2015 as a one year subscription. The CCG's Locality Managers have spoken with all the Practice Managers across Horsham and Mid Sussex who are using WebGP/eConsult, and the consensus of opinion is that usage has been less than expected and that although the merits of using a web based tool are appreciated it is not providing the value for money that was anticipated.

The CCG is therefore planning to terminate the contract in December and have advised that any future contracts with WebGP/eConsult, or another web based consultation service would need to be entered in to on a practice, or group of practices, basis. Our surgery, currently, has no plans to do this and has already removed the service.

"Friends of" Contacts for those with/without computers

Co-Chairs: Peter Dodds (acting) 01342 713046 / Glynn Roche 07966 222 111

Secretary Kalpna Raval 07956 804329; Treasurer Peggy Close;

Donations/Fund Raising Mollie Tavani 01342 712022 or mrpat@talktalk.net

Newsletter Editor Peter Dodds

For those with computers wanting to contact us or raise questions go to:

www.friendsofcdhc.co.uk

Friends of Crawley Down Health Centre

Newsletter
No 7
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Welcome to our 7th. newsletter

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

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.

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.

Would you like to get more involved in our group?

We are always keen to have new people join us on the committee. In order to promote this and give patients a more direct connection to us we staff a table two Wednesday mornings a month in the surgery waiting area. Please do come and talk to us. Peter Dodds, (Co-Chair), stood down at the AGM in June 2016 but is carrying on in the capacity of 'Acting' Co-Chair until a replacement is found. So, if you feel you could contribute there are plenty of opportunities available on the committee. In particular we are looking for a replacement representative for Peter on the CCG's Commissioning Patients Reference group (CPRG). Just contact Peter Dodds, Glynn Roche or Kalpna Raval (see end of newsletter for details).

Fund Raising Projects

The Friends of Crawley Down Health Centre undertakes fundraising projects to provide equipment that the NHS does not provide to GPs under their contractual terms. Last year we raised enough money to purchase a 24 hour Blood Pressure monitor and this year, £394.00 for a Vascular Doppler Machine.

We do not receive income from any entity whatsoever and since the purchase of the Doppler Machine have had to concentrate on building up some funds to cover our own overheads—the main one being the printing of this newsletter. (see page 4 for 'Old' Mobile Phone Scheme).

So, we are extremely grateful to everyone who contributes in this regard and would like to thank you all as, without this help, we would not be able to function. Next year we should be in a position identify a new project to aim for.

Why is it so difficult to get a regular appointment?

by Dr. Jefferies

What a difficult question! Like a lot of things there isn't an easy answer. If simplified there are probably 4 main areas that go some way to answering it.

1) Government agendas, funding inertia.

When I joined general practice, over 20 yrs ago, patient care was distinctly more reactive than pro-active. Funding was based on patient numbers and income from items of service which were easily defined, often unchanging. The work now is a lot more preventative with a lot more active management of chronic conditions. The funding is a lot more fluid with the ability to earn only if able to perform well at certain tasks that are put in place by Government. Some of these initiatives definitely result in better health care but some are of a dubious nature and require significant man power to achieve. A rather sneaky trick is to be paid for a particular aspect of care for a few years, then have the funding withdrawn but be expected to continue the care under a "good clinical care" banner whilst requiring a different aspect of care to be developed to recoup the withdrawn funds!

Over the years this has meant there is an expectation to do more and more for no further funding. Unfortunately, although it would be nice to be able to satisfy the day to day demands of patients, we cannot ignore the initiatives that provide funding as the practice cannot survive without them. Consequently, a greater percentage of available appointment time is used up in satisfying these initiatives and less is available for the patient who feels depressed, or who may have a painful hip etc.

2) Patient demand and expectations have changed beyond recognition

Over the last 20 yrs, as a result of the Media, Social media and the Internet, patients are much better informed about medical issues and will generally seek help more frequently. Unfortunately, this knowledge can result in a spin-off with a patient's ability to self-manage their conditions being eroded. Patients are also encouraged to believe that they should be able to access medical care 24/7 without there being the infrastructure in place to come anywhere close to supporting such an expectation. For example, useful Government campaigns targeting rectal bleeding or persisting cough, are presented with NO extra funding or facilities for General Practice to manage the subsequent demand. In a forward thinking NHS this evolution of how a patient presents to General Practice should have progressed in tandem with funding which would have allowed General Practice to evolve with it. A good example, which demonstrates that evolution has not occurred, is that appointment times are still only ten minutes long! How can you squeeze all of the patient's agenda (generally multiple) and tick all the boxes required in 10 minutes? It's an impossible task!

3) Manpower

Nowadays availability of GP's and GP nurses is probably the most critical issue to affect General Practice (and the NHS generally). At Crawley Down, since April, we have had a Doctor absent on maternity leave and unlike in previous years when a "maternity locum" could be appointed to cover the absence, (such as the excellent, Dr Shah who covered Dr Kanga's maternity leave), we now find there are very few locums available who will consider such a role. Those that are around will often only

the surgeries and not the other aspects of the role such as "on-call", prescriptions, home visits etc. which I described in my "a day in the life" article. The result of this is that the remaining Drs are having to do more to try to keep providing the service. Currently, recruitment and retention are huge issues and you only have to look to the practices of East Grinstead to see them grappling with similar problems.

When a Dr is on maternity leave NHS England will only fund a proportion of the locum cost and with locum pay rates, such as they are, we can only afford to cover the surgery time. So, even IF, we could find a locum to do the 'extra' duties required it would just serve to bankrupt the practice!

The blame for the apparent lack of available Drs can be put firmly at the door of Government who have been guilty of reducing training places at medical school for years (for example, in 1984 I was the product of the combined medical schools of Charing cross and Westminster - a union that resulted in 100 less medical student places). Compared to other "developed" countries our Dr/Patient ratios are noticeably higher. The media haven't helped either. What self-respecting Dr would want to work in an industry that is constantly belittled with tabloid headlines screaming out that GP's are greedy, lazy, and incompetent. It doesn't help! I noticed a recent Government plan to open more medical school places.... but as it takes 10 yrs to go from fresh faced medical student to newly trained GP..... is this not too little too late?

4) Population increase is another factor.

Over the last 5 yrs our patient population has increased by close to 10%. In an ideal world such an increase in numbers should generate the same percentage rise in income which could be spent on Dr/Nurse time. Sadly, though, the rise in income has been offset by the reduction in income from other areas as highlighted earlier.

"Closing" our list is not an option. Due to nearby Practices being in similar situations with saturated facilities a closure of the list would only mean that NHS England would simply allocate patients to practices anyway as they HAVE to be registered somewhere!

In conclusion I apologise for a rather demoralising article but I feel, as patients of the Practice, you are owed some insight into the problems we are all facing. It needs to be realised that the resources we have are limited and must be used with respect and sensibility. I don't think GP's have the power to influence policy a great deal but hope that our representative leaders can put forward coherent arguments to the Politicians in order that General Practice can evolve and survive. Lobbying Politicians about the difficulties you all face in accessing health care can't be a bad step either. An adequately funded General Practice is a superb service which was once, (and possibly still is to some), admired around the world. It can act as a gatekeeper to the rest of the NHS thereby protecting their resources and rationalising demand. Today's General Practice is saturated and struggling to cope. It is just contributing to the failings seen in the rest of the NHS.

Realising the negative impact of this article a more positive follow up could be entitled "How to make the most of your Practice" - because, despite it all, we still endeavour to offer an extensive range of services with a caring, patient, professional and friendly team.

This article has been published on the website and can be read at:
http://friendsofcdhc.co.uk/2016/11/appointment_difficulties/