Welcome to the first of our “new look” newsletters, designed to keep our patients, and other members of the community up to date with what is going on at Arlesey Medical Centre.

We hope that you find it clear and informative.

In here you will find updates about the services we provide, information about new staff members and useful dates.

We also want to tell YOU a little bit more about US and hope that this will help us work better together to look after the health of all our patients.

**Stakeholder Group**

You may not be aware but the way we run the Medical Centre is a bit different from most other GP surgeries; we are a not-for-profit organisation answerable to our local stakeholders.

The influence exerted by patients on us as an organisation is significant. We have much more than simple token patient representation.

Any patient aged 16 or over and registered with the surgery for at least one year may apply to become a stakeholder.

The stakeholder group is currently limited to 40 people and meets 3 times a year with the Board of directors to discuss a broad range of issues affecting the surgery.

For more information about becoming a stakeholder please contact: Richard Stead (practice manager)
richard.stead@nhs.net
or
Cyrille West (chair of the board of directors)
c.west@taylorwessing.com
Repeat prescriptions make up a big part of the workload here at the Medical Centre: 1982 of our patients are on at least 1 repeat prescription and 521 on 4 or more medications regularly.

On average we generate over 100 repeat prescriptions each day.

The point in the system that causes the most frustration for both our staff and our patients is when a repeat prescription has been created and signed by a doctor but ends up in the wrong place. Some patients like to collect their repeat prescription from us, some like it to be sent directly to a pharmacy. Some pharmacies will come and collect bundles of prescriptions from us, others like us to post them.

New technology may offer us a solution. We are now running a new system called electronic prescribing. In this system the doctor still reviews and digitally signs a prescription but rather than it being printed onto a piece of paper, the prescription is automatically sent electronically to the patient’s nominated pharmacy.

You can nominate any pharmacy that is participating in electronic prescribing, that is convenient for you, maybe one close to home or to work.

You can also change your nomination at any time—simply by telling us at the Medical Centre or by asking your pharmacist.

Of course if you prefer you can continue to collect paper prescriptions from us. The system can be overridden—for example if you have come to see the doctor and need a prescription it can either be sent electronically to your nominated pharmacy or printed out on paper - whatever suits you best!

Over the next few months we will be approaching all patients who have repeat prescriptions to ask if they would like to nominate a pharmacy—look out for a letter attached to your prescription.

If you already take part in a pharmacy collection service (where the pharmacy collects the prescriptions from us on your behalf) please do make sure that you ask your pharmacist to nominate themselves in your records—you will not notice any difference in the service you receive but it will hopefully be more simpler for us behind the scenes.

If you have any questions about electronic prescriptions, or are not sure if your usual pharmacy provides this service do please speak to your pharmacist.

To use sytmonline you need a user name and password. To get yours just ask at reception.

Parents can also request access on behalf of children under 16.

A different username and password is needed for each family member as they are linked to each persons unique medical record.

So remember to make sure every member of the family has their own log in details, even if booking appointments or ordering prescriptions always falls to one member of the household!
Hello To: Dr Maryanne Nwizu

Hello, I am Maryann Nwizu and I started at Arlesey Medical Centre on 3rd of April 2014.

I was originally from Nigeria and have worked in Ophthalmology (eyes) and Paediatrics (children) and trained medical students before deciding to train as a GP.

In 2011 I started GP training at the Lister hospital and have worked in GP practices in Stevenage and Letchworth and worked in Psychiatry, Palliative care and at the Lister in A&E, Obstetrics and Gynaecology, Care of the Elderly and General Medicine.

I am looking forward to spending 15 months in one place and getting to know you all.

Maryann

Maryann is a GPST3

The article below explains what that means.

Teaching and Training at the Medical Centre

Arlesey Medical Centre has obtained approval as a Training Practice.

This means that as well as medical students (who you may have come across already) we now also train qualified doctors.

Dr Holt is a trainer with Health Education East of England. She also has a Masters degree in Medical Education.

Dr Riasat is currently training at Cambridge University to take over responsibility for our medical student training from Dr Attias.

Qualified Doctors:

Doctors coming to Arlesey medical Centre for postgraduate training may be at various points in their careers.

All will be based locally for their training programme and are likely to also be doing jobs at the Lister Hospital in Stevenage and/or the QE II hospital in Welwyn Garden City.

There are 2 main types of doctors that come here to learn.

The Foundation Programme:

Is a two-year training programme for doctors after leaving medical school.

It is designed to give trainees a range of experience before choosing an area of medicine in which to specialise. FY doctors complete six 4 month jobs. GP attachments are always in the second year—and so are called FY2s. Not all FY2 doctors who come to general practice will want to specialise as GPs. Some will. Others may want to be surgeons or gynaecologists or psychiatrists!

FY2 doctors see patients by themselves but always have a fully qualified GP available to ask questions of there and then whilst they are with patients and at the end of their surgery all of their patients are discussed with the supervising GP. By the end of an attachment FY2s have 20 minute appointments.

GP speciality training:

At the end of FY2 doctors have to chose a speciality for further training.

People are sometimes surprised to think of GPs as specialists. We think we are specialist in knowing a bit about everything!

GP speciality training lasts 3 or 4 years and at the end a doctor is fully qualified to apply for jobs as a GP.

So a GPST1 doctor at the start of their post is not much different to an experienced FY2 doctor. Whereas at the end of GPST3 the doctor should be ready for independent practice.

Trainee doctors value feedback. If our trainees do something particularly well please do let us know.
Until 2004 GP practices were responsible for providing care for their patients 24 hours a day, 7 days a week.

Of course it was not possible for any individual GP to work 24 hours a day, 7 days a week (although in those days we did often work for more than 36 hours without a break) and GPs began to join together to form co-operative societies where GPs would work shifts during the “out of hours” (OOHs) period to provide care for both their own patients and those of other nearby practices.

During the new contract negotiations in 2003 the government valued the “cost” of providing these OOHs services at £6,000 per GP per year. If GPs had chosen to keep responsibility for these services this is how much money we would have been given to run the service—a fraction of what it would cost to provide enough doctors and nurses to provide a safe level of care.

Faced with this choice most GPs "opted out" of Out of Hours care and the responsibility for providing this moved initially to the Primary Care Trusts (since disbanded) and now to NHS England. It has cost them a lot more than the money GPs were offered to provide the service, and in many parts of the country Out of Hours care is provided by large companies, not linked to their local GPs.

In this part of Bedfordshire we are very lucky as M-DOC (which grew out of our old co-operative society formed in 1997) successfully won and has maintained the contract to provide Out of Hours care. M-DOC covers only patients who are registered at practices in Potton, Gamlingay, Sandy, Biggleswade, Shefford, Stotfold, Arlesey and Lower Stondon and is generally staffed by GPs that work at these surgeries.

M-DOC has a base at Biggleswade hospital and can also provide home visits and telephone advice.

We are happy that when we are closed our patients are looked after well by our colleagues. If you have any feedback about the OOHs service provided by MDOC please do let us know.

When we are closed please phone the usual number: 01462 732144
And follow the advice for contacting the on-call GP service.

Practice Learning Zones

Closed for staff training?
Practice Learning Zones take place throughout Bedfordshire. These are afternoons, 8 times a year, when Bedfordshire Clinical commissioning Group pay for emergency cover so that GP surgeries can close for staff training.

4 of the sessions are "external events" where we meet up with the teams from other surgeries to learn together.
The other 4 sessions are "internal events" where we look as a team at how we can improve the service that we provide to our patients.

We hope that you will be able to support us in this—time to stop and think can lead to great improvements in the way things are done, for the benefit of all.

We aim to cause as little disruption when we close for staff training as possible. We will always make sure that there are extra “book on the day” appointments the morning before a training afternoon and on the internal event dates we will open again at 4pm.

"Health is a blessing that we mortals are capable of, a blessing that money cannot buy” Izaak Walton (1593-1683)