



Newsletter

Practice closure dates

We are closed one afternoon each month (except August and December) for staff training. We close at 1pm and re-open the following morning. The remaining dates for this year are:

Wednesday 8.10.25

Tuesday 4.11.25

These are also advertised in the Practice.

Ways to reach us

There are three ways in which you can reach us:

Telephone (recommended)

This is, by far, the most effective way to contact us and a method that has been with us right from the very start of modern General Practice.

We appreciate that patients may have had difficulties with our antiquated telephone system in the past, however, with our new telephone system now, you can opt to be placed in a virtual queue and hang up the phone, and the system will actually call you back when you have reached the head of the queue. This reduces the need to repeatedly dial our number.

By ringing us, this allows you to interact directly with our reception team, who will ask some appropriate questions in order to determine the best way that we can help you. We have processes in place to cover any type

of call that comes into our building, including clinical appointment requests, admin requests, fit note requests, urgent or abnormal lab results and calls from other health professionals. The process also covers medical emergencies which we touch on below. Following these processes allows us to direct your request to the most appropriate person to get the help you need in a timely manner.

We also encourage contacting us by phone if you ever have a more urgent or pressing problem, as our receptionists will be able to advise you on the best course of action, including advice to ring for an emergency ambulance. This improves patient safety and enables help to reach patients as quickly as possible as we still get calls or requests for appointments where patients have critical conditions that need urgent hospital care, for example, suspected heart attacks, stroke or sepsis (overwhelming infection).

Please do not hesitate to call if you are unsure. We would always prefer a call, rather than for you to turn up at the desk.

Online Consultation Request

Online consultation request is a relatively new method of getting in touch with us introduced in recent years. However, despite NHS England and the government heavily promoting this method of reaching your GP, there are still limitations with this type of

request. It is never for anything urgent or where you need a quick response. It is also not a solution to providing unlimited access to your GP and does not solve any of the problems of General Practice. Ultimately, we still have the same number of staff, but those staff are now answering more requests arriving through more open channels.

We also actively promote signposting, which is to direct patients to the most appropriate health professional, whether that be a GP, a nurse, a care co-ordinator, a physio, a dentist or a community or clinical pharmacist, a counsellor, a podiatrist (chiroprapist) amongst many other examples. It also involves directing patients to other hospital services, such as A&E or an urgent treatment centre, for instance, due to injuries, or broken bones. This is not about deflecting work or trying to make life easier for ourselves, but it is a recognised way of ensuring that patients get the most appropriate and timely care for their condition.

We also promote lifestyle and activities that aim to improve your health, as you will have noticed in this and previous newsletters. Indeed, there is now increased national focus on improving people's health through preventative measures and the GP contract has recently been updated to accommodate such changes. We appreciate that not everyone may be able to fully achieve lifestyle and health improvements, but they do start off with small but ongoing changes in your daily habits.

The reason for the above short preamble, is that, with the opening up of online consultations, many practices have experienced a pronounced reduction in both the levels of resilience and self-care in their patients.

We would like to stress that use of online consultations do not replace self-care and if you choose you use this service, we will continue to signpost you to other health professionals or advise self-care where this is appropriate.

If, after considering whether your condition is amenable to self-care or self-referral and deciding that you do need to use our online consultation service, we would always encourage any patient to submit as much detail and information as possible on the form, so that we are able to understand your need more clearly and to help you more effectively. We also ask that for any visible condition, whether that be a rash, a limb or face problem, or eye/throat/mouth issue, please submit photos with your online consultation request. A good approach would be, if you can see it, and it's not going to be rude, take a photo of it and send it to us!

Submitting an online consultation does not guarantee an appointment or a conversation with a clinician and does not guarantee an immediate response. Any response, including advice, next steps or appointment details, may be by text message or email only.

Reception desk

Patients may wish to turn up at the desk to speak to a receptionist to book their appointment, as they may feel this is more convenient.

We do need to state however, that the reception desk is within the waiting room area and therefore not confidential.

Again, we do not recommend attending at the front desk if you feel you need immediate medical attention. There are various reasons for this recommendation.

Firstly, you may turn up at the front desk when a doctor may not actually be in the building to tend to you. Although rare, it does occasionally happen that the duty doctor, who is on for emergencies, has been called away to an urgent home visit.

Secondly, we run a full appointment system, and although we will always try and help anyone who needs assistance, doctors are often already busy with patients in front of them in their clinics.

Lastly, in the situation of requiring more immediate attention, we would always rather you ring us instead of turning up at the front desk, because our receptionist or triage nurse can always advise on the most appropriate course of action. This may be advice to ring for an ambulance, or go to A&E but it might also be to offer a prompt appointment at the surgery at a mutually convenient time, depending on the condition.

Compared to using the telephone, the ability to interact with our receptionist is much more limited at the front desk, and sometimes meaningful questions cannot be entertained at all, due to both privacy concerns and time pressures. Therefore, if you do need to speak in more detail or in confidence about any matter, or appointment request, please always contact us by telephone.

If you call us, we will always be pleased to advise you on the most appropriate course of action.

Medical Examiner service

Those of you who have been in the unfortunate and sad position of having been recently bereaved will already be aware of this new system for processing death certificates, but we try to explain the new process now.

In the past, most death certificates in General Practice were written by the attending doctor who had knowledge of, or who was involved in, the deceased patient's care. The attending doctor was usually the patient's regular GP. Any deaths that were unexpected or where the attending doctor could not reasonably determine the cause of death would be referred by the attending GP to the coroner for investigation.

Since September last year, all deaths, without exception, now require an independent review by either a Medical Examiner or the coroner. These changes were brought in as a result of reforms to the death certification process, arising from the Harold Shipman case, and to try and improve learning and patient safety by providing a system to review the care of a deceased patient.

The Medical Examiner is an independent senior doctor, from either a hospital or GP background, who has completed specific training for their role. Their job is to give an independent view on the cause of death and the care provided to a deceased patient.

When a patient has died, the attending GP will complete relevant paperwork along with a summary of the deceased patient's records and consultations and refer the case to the Medical Examiner. The Medical Examiner will then review the records as well as review the proposed cause of death.

The Medical Examiner or their officer may discuss the case and circumstances around the death of the deceased with their relative or representative. The purpose of this discussion is to increase understanding and peace of mind for families, for them to express any concerns, to understand why the person died, to have any medical language explained and to answer any questions that may arise.

The Medical Examiner will then liaise with the attending GP and agree the cause of death for the death certificate. Once the death certificate has been issued by the attending GP, it is then sent to the Registrar of Births, Deaths, and Marriages. The Registrar then contacts the deceased's representative to arrange an appointment for them to register the death.

If there is uncertainty around the cause of death, the Medical Examiner will direct the attending GP to refer the case on to the coroner for further investigation.

As there are now some extra steps involved in the process, it will now certainly take longer for death certificates to be issued. This is unavoidable and not within the control of GPs, therefore please do bear with us whilst we work with this relatively new process.

