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NEWSLETTER – Issue 3 March/April 2007



Farewell ...

On 30th
March we
will bid
farewell to

Rosemary Kinrade, who will be retiring after 17 years as Practice Manager, but having worked for the Practice for over 30 years in total. She will be sorely missed by all the Partners and staff. We would like to wish her a long and happy retirement and to extend our heart-felt thanks for all of her hard work on behalf of the practice over so many years.

We shall also be saying goodbye to Bev Buxton who, for the past three years, has been our assistant manager. Although we shall be extremely sorry to lose her, we are delighted that her reason for leaving is the imminent arrival (in May) of her second child. We send our very best wishes to Bev, Chris and Drew as they look forward to this happy event.



And Welcome ...

Heather Paisley is our new Practice Manager and has been working alongside Rosemary for a few weeks to ensure a smooth transition. Heather moved to the Island in 2005 and loves living here. She has a degree in Business Studies and worked for the NHS in the UK for 14 years, including senior management in hospitals and in primary care. Heather says she is very pleased to be taking over as Practice Manager and very much looking forward to her future at the Palatine Group Practice.



There is a much publicised 'Smoking Cessation' scheme currently being run by the Health Promotion team called *Quit4You*. Lynne and Jo, two of our Practice Nurses, are trained smoking cessation advisors and

can help you to stop smoking. As part of this free service, you will be offered weekly appointments for the first four weeks after you quit, and further support as required. Please contact the Practice to make your first appointment. Your advisor will develop a personal quitting plan with you which includes setting a quit date and preparing for this date – but at your own pace. Usually your appointments will be face to face although the Practice Nurses may be contacted by telephone or fax.

[Patient User Group for the Practice](#)

We are hoping that we can set up a patients'

group – the 'Friends of Palatine Group Practice'. We haven't got a 'set in stone' agenda, because we would want the group to be a part of setting this. However, we would hope that this would include providing a forum



for patients to give us feedback on our services and developments, as well as – perhaps – fundraising events and so on. If you would be interested in joining such a group, we would be grateful if you would let the receptionists know.

Smoking Status Survey



We are currently carrying out a Smoking Status Survey and would be very grateful if you would spend a couple of minutes completing the questionnaire at the reception desk when you arrive at the surgery if you haven't already done so. Alternatively you could phone us with this information. After providing your name and date of birth you will be asked to select which category describes you the most:

- Never smoked tobacco
- Ex-smoker and date stopped
- Smoker – Amount cigarettes / tobacco smoked.



Missed Appointments

We understand your frustration when you may have to wait a couple of days to see a **particular** doctor. It is also very frustrating for the receptionists who are always struggling to find appointments for patients

when usually 20 – 40 patients each week fail to keep their appointment. These figures equate to 2 to 3 full surgeries of doctor/nurse time wasted each week. **During 2006 there were 1002 patients who failed to keep at least one appointment and didn't let us know. This equates to a 2.5% increase on 2005 figures.**

If you are unable to attend an appointment **please** contact the Practice, giving as much notice as possible, to enable your appointment time to be given to another patient. If you don't contact the Practice your missed appointment will be noted on your patient record. Should you miss three appointments you will automatically be sent a letter reminding you of the Practice procedures. In the event that you miss a further appointment you will be removed from our Practice list and you will need to register with another practice.

Palatine Group Practice is Bursting at the Seams!

When this surgery was built in 1980, it was designed for three doctors, two admin staff and no nurses. In those days, the service that



was available from a GP's practice was quite different and we didn't offer anything like the same level of nurse-led services that we do now.

Today, we are trying to provide rooms for six doctors and five nursing staff to see patients, which also impacts on the waiting room and makes it cramped. Access for people in wheelchairs or with mobility problems is difficult, and there isn't anything like enough space in the office area for the staff that provide the administrative support that is necessary for the doctors and nurses to work effectively nowadays – and we only have one toilet for 24 people. We have to juggle space on a daily basis and, to be honest, we only manage as well as we do because of the goodwill of our staff and patients in putting up with the cramped conditions. Added to this is the car parking situation. Not only is it difficult for our patients to park outside the surgery, but also there aren't enough off road spaces for the staff cars, which means that people have to park on the two hour disc zones. This wastes work time and is particularly inconvenient for the nurses – they can't always rush out in the middle of a clinic to move their cars. On a number

of occasions, parking tickets have been issued by the time they get there. Whilst our main concern is always to provide the best service that we can for our patients we also need, as caring employers, to acknowledge that the accommodation is not adequate to our needs now. This is what is behind our plan to move to different premises as soon as we can. A number of alternative sites have been suggested, but most of them are far too expensive for the Government to buy, or else just plain unsuitable. It does, after all, have to be somewhere *better* than what we have now, not just different!

We realise that any move will be a blow to some of our patients, what ever happens, and that this will particularly affect the older generation that live near by to the current premises. However, we hope that everyone will understand the need that is driving this matter and will feel able to support us. We shall be putting up information in the waiting room about the proposals for the new surgery and we want to involve our patients in the arrangements as much as possible. We hope that most, if not all, of our patients will be able to come with us to the new premises if the proposal

is approved in Tynwald in April, but if there is anyone who is forced to change practices we will offer as much help as we can in smoothing the changeover for them.

If you have any questions, queries or concerns about the move, ask to speak to the Practice Manager, Heather, who will be happy to talk to you about it. If you want to support us more actively in finding new accommodation, you might want to contact your MHK to let them know how you feel, as the Douglas MHKs are particularly concerned about the effect that the proposal will have on their constituents.



[Holiday Vaccinations](#)

Please remember when you book your holiday that you may require vaccinations. Some of these need to be given at least 2 weeks prior to travel for protection to be effective. Speak to one of the Practice Nurses as soon as you know your destination to discuss your vaccination requirements.

[Getting Emergency Medical Treatment](#)

There's been a lot of news in the UK press

recently about out of hours services and that the new system means that GPs can 'opt out' of providing this service. In some cases, there have been allegations made about the level of care that has resulted from this new system.



We thought that you might like to know that, here in the IOM, the care you will receive from the out of hours service (called MEDS) is provided by the Island's GPs. It is probable that it will not be your own GP that you see, if you are unfortunate enough to need emergency treatment when the surgery is closed, but you know that you will be in safe hands with MEDS!

[Information about MEDS](#)

The emergency GP service operates when your GP surgery is closed. If you have a medical condition that isn't life-threatening but can't wait until the surgery opens, you should telephone the usual surgery number and a recorded message will tell you the number to ring to speak to the doctor on duty.



The duty doctor will offer you medical advice over

the telephone or advise you to attend at the out-of-hours surgery. In exceptional circumstances, the doctor may arrange a home visit. The out-of-hours doctor's surgery, based at Noble's Hospital, is not a drop-in service and patients should note that they will not be seen by the duty doctor without an appointment. The service is available from 6pm to 8am Monday to Friday, with 24-hour cover over weekends and bank holidays.

If you have chest pain or a life-threatening emergency you should always call 999.

Mumps, Measles and Rubella

The Department of Health recommends that all children receive two doses of MMR vaccine before they leave school. If you were born after 1980 you may require a booster MMR. Please speak to one of the Practice Nurses for further advice.



Chaperones

Did you know that the Practice offers a chaperone service to any patient requiring an examination? Please



make the Doctor/Nurse aware if you prefer to have a chaperone in attendance.

Welcome to Our World!

We came across an article in the *Doctor* magazine and thought that you might like to read an extract from it. The columnist (Dr Tony Copperfield) writes it as an open letter addressed to the newspapers.

“Dear *Daily Mail* and all other organs currently regarding GPs as the antichrist. Welcome to my Monday. It starts at 8am and finishes at 7pm. It involves 35 face-to-face appointments, ten telephone consultations, five visits, two cups of coffee and a cheese sandwich snatched while I give a tutorial on the Mental Health Act – which, by the end of the day, might be applied to me. Highlights include: a woman who is suicidal because her husband has just left her; a man with rectal bleeding who has probably got rectal carcinoma; a girl with a sore throat who turns out to have emotional problems and is quite possibly being abused; a woman who has bled from her ear and is convinced it's a brain tumour (it isn't); a man with lung cancer, suffering headaches and vomiting, trying to

convince himself it isn't a brain tumour (it is); a baby who is drowsy, febrile and irritable and has obvious otitis media but is disproportionately ill and so requires admission – prompting a sarky paediatric SHO to ask if I intend to refer all ear infections (answer: yes, if I think they're complicated by meningitis, you white-coated \$*%!!\$). So, to my last consultation: a 55 year old diabetic whose sugars are all over the place. She's just returned from New Zealand having suffered a pulmonary embolus, so she needs referral to the anti-coagulant clinic too. Also, she wants to give up smoking. And she's feeling generally unwell. And she requires a repeat script for her treatment, at which point my computer, and brain, freezes. Next, I eject from the building three snotty kids who have been using our lift as a toilet. Predictably I receive a tirade of abuse. Which reminds me, I've forgotten to refer a child for speech therapy. Finally, I dictate letters, write reports and go home to collapse. This is a normal Monday. All UK GPs are doing the same, every day of the week: this is our job. I defy anyone to do it better.”

From 'Doctor' published by Elsevier Healthcare, 27 February 2007 edition. Tony Copperfield is a GP in Essex.

This newsletter is available in a large print format – ask at Reception.