

# **West Bar & Hardwick Surgery**

## **Patient Participation Group**

*West Bar & Hardwick Surgery*  
*Patient Participation Group*  
**Newsletter**



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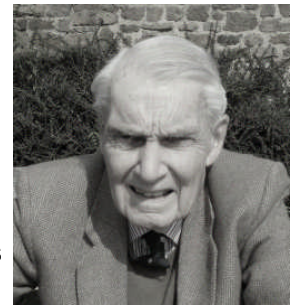
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# Happy New Year 2012

### Dr K. Kilpatrick 1920-2011

#### Ken's Story Written by Dr K. Kilpatrick 1983

We are all creatures of the world in to which we happen to have been born and our outlook is conditioned by its assumptions, beliefs, conventions and customs. E. B. White said he was brought up in a wasp's nest. Mary and I were cradled in General Practice. Patients streamed in and out of our homes, rang doorbells or telephoned anytime, all the time, day and night, three hundred and sixty five days in the year. Meeting their demands was the only reality; not a vocation but an often bloody necessity. It never occurred to me that there might be easier ways of earning a living. At the age of fourteen one had to specialize in order to pass examinations set by the ancient universities. My housemaster asked me what I wanted to be. 'Make money out of other people's misfortune?' said he with mock incredulity. 'Yes Sir', I said with enthusiasm. It seemed to me an eminently practical proposition, put that way. The die was cast.



Setting my sights on London University and St. Thomas' Hospital, all went well until my father persuaded me to go up to Oxford. It entailed exhuming a dead language, apparently the only sine qua non for an ancient university. Although it was a delightful distraction I arrived in Oxford versed in Virgil but lacking a Pass in the Natural Science Prelims. The next year was equally divided between the rather antiquarian departments of the Science Museum and the amenities of undergraduate life in Oxford. Hitler put a stop to my pleasant meandering. We embarked on an accelerated medical course. Being slow in the uptake I failed to learn much during these breathless years and was amazed to find I was a fully qualified doctor in 1944, soon to be called up to serve King and Country. Ward rounds were rightly described as 'shifting dullness', but the term could equally be applied to three years military service.

On demobilization I returned to Oxford and a registrarship in E.N.T. surgery. There were far too many doctors chasing a dearth of specialist appointments. I decided to go into General Practice for which no qualifying examination was required; only incredible luck. (There were at least 100 applicants for every advertised vacancy). Out of the blue a doctor in Banbury rang my father to ask whether I was available for interview. I said no. I was on my way to marry a Captain in the R.A.M.C. However I took in Banbury en route and was made an offer of four weeks trial to see whether I might be suitable for a twelve month engagement as a trainee assistant without any view to partnership. I did not realize my luck or how I came by it. The rule of who you know not what you know must be still operating in my favour.

I started at West. Bar on 1st.March 1949 for a trial period of four weeks. I lodged in luxury with the Wharton's and then with the Hewlings and finally at Nurse Gillette's Nursing Home, in the Oxford Road. My wife was still in the R.A.M.C. and visited at weekends. I worked as Dr. Wharton's assistant but was available to do any surgeries or visits for partners who were away. I used the Firm's car, a Ford Eight of uncertain vintage, that had a top speed of 35 mph going downhill with a following wind, wings beating as if for take-off. Much of my time was spent visiting patients in their homes so I had to acquire a working knowledge of Banbury's geography including an eight mile radius round about. After four weeks no one told me either to go or to stay. I said nothing. After eight weeks I really had to ask for a decision. I was living out of a small suitcase in temporary accommodation. The Partnership then applied to the Executive Council for a trainee assistantship for me, which would last for twelve months and was worth £700 to them.

They generously made this up to £1000. No view to partnership was offered but my toe was in the door. With this settled I was emboldened to ask for a weekend off to collect a change of clothes and other necessities from my parents' home in Devon.

I was soon made aware that time off was considered as unnecessary and undesirable for a junior doctor, in general practice as in hospital practice.

I have reviewed some memories of my initiation into General practice. What happened next? The tenure of a traineeship was only twelve months and could not be repeated, and I had been given no view of eventual partnership. Unknown to me, my future was being discussed as early as 7<sup>th</sup> Nov. 1949 at a Firm's Meeting. In December I was offered a junior partnership, when the traineeship terminated with a 1/13<sup>th</sup> share in the profits and no increase for at least five years. I accepted with alacrity. The alternatives were unemployment or emigration. (Such an offer would be considered derisory today). My wife and I were living in a furnished house where our expenses exceeded our income. The sudden death of the owner resulted in the house being put up for sale. I made a realistic offer without considering where the money would come from. Later I discovered that the Baptist congregation had made a similar offer on behalf their minister. Both offers were turned down and the house was sold for much less than either of us had put forward. The property had been left to a teenage niece and she was the victim of this double dealing. I had no experience of business. I obviously could not afford to borrow enough to buy and there were no houses to rent.

I could not even afford a passage to the colonies and the sea was full of sharks. Luck, however, had not deserted me. Dr. Hewlings introduced me to a patient who had a house for sale. We were able to deal directly without middlemen. My father made me an interest free loan, which covered most of the purchase price, and Dr. Hudson guaranteed my overdraft at the bank. We moved from 12 Broughton Rd. to 74 Bloxham Rd.

*Ken retired from West Bar Surgery in 1983. Some years later he was diagnosed with cardio vascular disease, i.e. hardening of the arteries which can impede the blood supply to the brain. He went to live in the Glebefield nursing home Drayton where he was looked after by Joyce his carer. Ken was very happy at the home. Sadly Ken passed away on October 21<sup>st</sup> 2011 at the War Memorial Hospital, Chipping Norton, aged 91 years. A memorial service was held at St Marys Bloxham at 11.00am on Thurs Nov 10<sup>th</sup> 2011.*

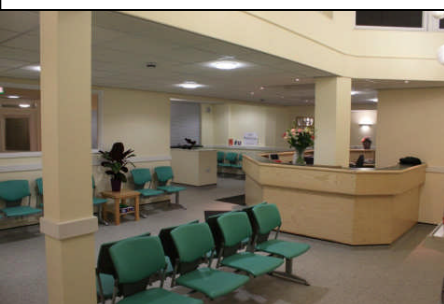
### Hawthorne Lodge Veterinary Practice

They are now in their new building 1 West Bar, Banbury (the old West Bar surgery) look at the transformation

Waiting room before



Waiting room After



### Mrs Lyn Lever Retires Lyn hangs up her pen and stapler,



When I began working for West Bar surgery as a receptionist, a large part of the day was taken up with the 'pulling' of patient notes ready for the Doctors' morning and afternoon surgeries, checking and getting them into each Doctor's room on time, then filing them back at the end of the day! With maybe 10 Doctor's working and seeing 25/30 patients each, plus the nurse clinics needing notes, it involved a lot of work. The prescriptions were handwritten and all patient information from the hospitals - letters, results, x-ray reports had to be filed into the patient notes. This was as well as taking calls on the switchboard and booking appointments.

As computers were introduced into the practice, we had to have on-going training to manage the changes. Several of us had to have 'mouse' training as we had no experience of 'IT' at all. Now that so much patient information is electronically sent, the job has changed very much. There is still a lot of work to be done behind the scenes - the receptionist at the desk has other tasks to manage as well as dealing with appointments etc.,

When we were in the old building in West Bar we had many 'funny' phone calls from people thinking we were the vets - trying to book Rover or Spot into see someone, checking up on Fluffy who had an op that day etc., etc., and once we had a car & trailer arrive with Emu's (I think) in, with heads sticking out of the top! We have had many funny moments over the years; this has been a job that has been interesting, frustrating, funny & sad. I shall miss seeing familiar faces each day - only a bit - so if I see you in town please say hello!

We will all miss Lyn and her warm friendly smile, Lyn has been with West Bar Surgery for 21 years and she now deserves to put her feet up (but I do not think she will)

### **No need to see a doctor for a sore Throat**

A sore throat usually goes after a few days. Simple treatments that you can buy over the counter can ease symptoms until the sore throat goes. Usually, you would only need to see a doctor if symptoms are severe, unusual, or if they do not ease within 3-4 days

#### **What is a sore throat?**

Sore throat (pharyngitis) is very common. It is usually caused by an infection in the throat. Soreness in the throat may be the only symptom. In addition, you may also have a hoarse voice, mild cough, fever, headache, feel sick, feel tired, and the glands in your neck may swell. It may be painful to swallow. The soreness typically gets worse over 2-3 days and then usually gradually goes within a week. In about 1 in 10 cases the soreness lasts longer than a week. You may also develop a sore throat if you have a cold or flu-like illness.



Tonsillitis is an infection of the tonsils at the back of the mouth. Symptoms are similar to a sore throat, but may be more severe. In particular, fever and generally feeling unwell tend to be worse. You may be able to see some pus which looks like white spots on the enlarged red tonsils.

#### **What is the treatment for sore throat and tonsillitis?**

Not treating is an option as many throat infections are mild and soon get better.

Have plenty to drink. It is tempting not to drink very much if it is painful to swallow. You may become mildly dehydrated if you don't drink much, particularly if you also have a fever. Mild dehydration can make headaches and tiredness much worse.

Paracetamol or ibuprofen eases pain, headache, and fever. To keep symptoms to a minimum it is best to take a dose at regular intervals as recommended on the packet of medication rather than now and then. For example, take paracetamol four times a day until symptoms ease. Although either Paracetamol or ibuprofen will usually help, there is some evidence to suggest that ibuprofen may be more effective than paracetamol at easing symptoms in adults. Paracetamol is usually the preferred first-line option for children, but ibuprofen can be used as an alternative. Note: some people with certain conditions may not be able to take ibuprofen. So, always read the packet label.

Other gargles, lozenges, and sprays that you can buy at pharmacies may help to soothe a sore throat. However, they do not shorten the illness.

#### **Do I need an antibiotic?**

Usually not. Most throat and tonsil infections are caused by viruses, although some are caused by bacteria. Without tests, it is usually not possible to tell if it is a viral or bacterial infection. Antibiotics kill bacteria, but do not kill viruses. However, even if a bacterium is the cause, an antibiotic does not make much difference in most cases. Your immune system usually clears these infections within a few days whether caused by a virus or a bacterium. Also, antibiotics can sometimes cause side-effects such as diarrhoea, feeling sick, rash, and stomach upsets.

Therefore, most doctors do not prescribe antibiotics for most cases of sore throat or tonsillitis.

An antibiotic may be advised if the infection is severe, if it is not easing after a few days, or if your immune system is not working properly (for example, if you have had your spleen removed, if you are taking chemotherapy, etc). In nearly all cases, a sore throat or tonsillitis clears away without leaving any problems

### **My Life, My Way Home Support Service**

In February 2011, Age UK Oxfordshire started a new Home Support Service for older people in the community. We are not carers but we offer excellent home support to older people within their own home, to help them remain as independent as possible in the manner they choose. The service offers general home support for older people in Oxfordshire who may require some help in day-to-day life. Staff will transport and accompany you to health check-ups and appointments. If you need a companion to go out for a meal or cup of tea, to take you to the shops or just someone to assist you in the home and have a chat then our Home Support Service can help. All members of staff are checked by the Criminal Records Bureau and are appropriately trained and supervised.

#### **Is the service confidential?**

Yes. Confidentiality will be maintained and no information will be disclosed about potential or existing users of the service to a third party without clear instructions from clients to do so.

#### **Who can refer?**

We have an open referral policy. You can simply call us yourself or we accept referrals from your doctor, nurses, social workers, other professionals, family and friends.

If you want to find out more then please call the Age UK Oxfordshire Home Support Manager Tina Turvey on 01295 278040

#### **Who uses the service?**

Any person in later life who is living in Oxfordshire and feels that they would benefit from a little extra help to enable them to live life the way they want to. At Age UK Oxfordshire we will do our best to meet your individual needs and to support you in your home so that you can be as independent as you wish.

#### **Is there a charge?**

The service is charged at £15 per first hour. A reduction may be offered on number of hours booked. Depending on service mileage may be charged @ 0.40 per mile. A minimum of 1 hour must be booked per session. Alternative hours can be arranged by booking in advance.

For further details contact.

Home Support Manager

Tina Turvey

T 01295 278040

E [tinaturvey@ageukoxfordshire.org.uk](mailto:tinaturvey@ageukoxfordshire.org.uk)



**Doctor Joke**



A young woman went to her doctor complaining of pain. "Where are you hurting?" asked the doctor.

"You have to help me, I hurt all over", said the woman. "What do you mean, all over?" asked the doctor, "be a little more specific." The woman touched her right knee with her index finger and yelled, "Owe, that hurts." Then she touched her left cheek and again yelled, "Ouch! That hurts, too." Then she touched her right earlobe, "Ouch, even that hurts", she cried. The doctor checked her thoughtfully for a moment and told her his diagnosis; "You have a broken finger."



**Beware of scams**

Beware of letters offering you big money, If an exciting offer seems too good to be true, then it usually is, think about the following warning signs and ask yourself if it is a scam:



**SCAM WARNING SIGNS**

- Was the offer unsolicited?
- Do you have to respond quickly? What's the rush?
- Do you have to pay for a prize or 'free' gift?
- Do you have to ring a premium rate number (one starting with '09')?
- Are you being asked for your bank or credit card details?
- Is the business reluctant to give you its address or contact details?
- Are you being asked to keep the offer confidential?
- Is there a contact address on the letter?

Always stop, think and be sceptical before signing anything or handing over any money. If the worst happens and you are a victim of a scam, or if you want advice on how to protect yourself, contact Action Fraud

Tel: **0300 123 2040** (national rate) for help.

**If it is too good to be true then it usually is**

**ATTENTION ALL PATIENTS**



WHEN RINGING THE REPEAT PRESCRIPTION LINE WOULD ALL PATIENTS PLEASE DIAL CAREFULLY

SOME PATIENTS ARE DIALLING THE WRONG NUMBER AND LEAVING A MESSAGE ON THE DOGS FOR THE DISABLED ANSWERPHONE.



TO RE-ORDER YOUR PRESCRIPTIONS PLEASE RING

**01295756824**

Carefully

THANK YOU  
WEST BAR SURGERY



**Booking Telephone Appointment with your Doctor**



Would all patients booking a telephone appointment please make sure you are available at the agreed time, and have your phone number and a pen and paper to hand  
Doctors will attempt to contact you three times; if you are not available by the third attempt you will need to rebook your appointment.  
It would be very helpful if all patients could please make sure West Bar Surgery has your correct contact details, it would be helpful if patients could please provide West Bar with the following information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Your usual Dr: \_\_\_\_\_  
please hand the completed form in to the reception or return it to by post to the address below.

West Bar Surgery  
South Bar House  
6 Oxford Road  
Banbury  
Oxon  
OX16 9AD



### TRAVEL INFORMATION

Many diseases are caught by contaminated food or drink. These include Traveller's Diarrhoea, Hepatitis A, Salmonella and Typhoid. You can help avoid catching them by paying strict attention to food, drink and general hygiene. If in doubt about the drinking water, boil or sterilise before use. Better still use sealed bottled water. Use this for drinking, washing food and cleaning teeth. Avoid both ICE CUBES and ICE CREAM unless you are sure that they are made from clean water. Avoid food which has been reheated, kept warm or exposed to flies. Avoid uncooked food unless you prepare it yourself. Eating shellfish, even cooked is particularly hazardous. Remember that salads will be washed with untreated water which will be unclean. Avoid un-pasteurised milk or boil it before use.



**Plan your holiday jabs** The immunity from vaccines is never immediate or total; it can take several weeks to get full protection. As this may need several trips to the doctor you must plan your vaccinations well in advance of the trip (6-8 weeks before travel if possible).

**Insurance** Do not travel without insurance, declare any pre-existing conditions and check that the policy covers any additional activities you may undertake such as deep sea diving.

**Sunburn** Try not to get sun burnt. Repeated sunburn can cause various skin diseases including cancer. Use an effective sunscreen and apply it often. Do not sun bathe during the hottest part of the day, and wear a wide brimmed hat.



**Malaria** Many countries have insects which pose a potential threat to travellers. Malaria is a blood disease caused by a parasite which is caught from the bite of an infected mosquito. In the UK there are 2000 cases of malaria each year in people who have travelled abroad. Whilst anti-malarial tablets can reduce the risk of catching malaria they are not 100% effective, so it is essential to avoid being bitten. The following steps may be helpful. Try to avoid being bitten. Use an insect repellent containing DEET. (diethyl-m-toluamide) They are safe and very effective.

Practice Nurse Judith who takes the Travel clinic says, "If you can't boil it, Wash it or peel it do not eat it!!!"

### PATIENT CONFIDENTIALITY

Sometimes you may feel that our staff are not being very helpful when you want information with regard to results and appointments for members of your family. Every member of our staff has to work to very strict guidelines with regards to confidentiality. If you are not the patient, and the patient is of an age when they are deemed to be able to be responsible for their own health care, our staff member will not be able to give you any information.



### West Bar Surgery Patient Participation Group

Would you like to become a member of the West Bar Surgery Patient Participation Group? If so please pick up a flyer from West Bar or Hardwick Surgery, fill it in and hand it to the receptionist at the surgery or post it to  
David Twist  
West Bar Surgery  
South Bar House  
6 Oxford Road  
Banbury, OX16 9AD,



### WEST BAR & HARDWICK STAFF NEWS

Welcome back Dr Wookey who has returned refreshed from her well-earned sabbatical.  
Welcome to Dr Julia Bartley who has taken over from Dr Charles-Nash who left 27<sup>th</sup> October 2011;  
Welcome to Dr Michelle Chellar who has joined the practice for a five month period until a final decision is taken about a permanent replacement for Dr Tirmizi, who left West Bar at the end of November to move closer to his family.  
Practice nurse Stella Taylor has retired and Aileen Carter has returned from retirement to re-join the Practice Nurse team.  
Receptionist Lucy Thomson has left the reception team. Sarah McAllister will join in the New Year to replace her.  
Patients might have noticed a male sitting at reception; he is Sam Haynes (Dr Haynes' son) who has joined the reception team in order to gain some experience before he starts as a medical student.  
Dr Haynes unfortunately fell off his bike in December and broke his collar bone; he had an operation and returned to work in late December just to do his paperwork.  
Dr Mulcahy returned from maternity leave on 07 November 2011 and will work 2 ½ days a week.  
Welcome Dr Ayesha Choudhary, she will be with West Bar for about 4 months until April doing consolidation training.

### Electronic Prescribing

The West Bar partners have agreed to trial Electronic Prescribing, starting on 1<sup>st</sup> March, initially just with Cox and Robinson Chemists, but with a view to extending to other Banbury pharmacies shortly afterwards. Prescriptions will be sent electronically direct to the pharmacy of choice, no paper prescriptions will be issued unless specifically requested. Patients will need to register with their pharmacies of their choice. There is no need to do anything at the moment, More information to follow as it becomes available.

### West Bar Surgery Patient Reference Group

The practice is setting up a Patient Reference Group to give us feedback on the range and quality of our services and tell us where we can improve. Our aim is to reach a wide range of patients so we get views from across our population. To make it as easy as possible for you and us, it will be a virtual group. This means most of the communication will be through email or sent to you in the post and completing surveys.

#### What will be involved?

The main role of the group is to give us feedback through a survey. Patients will be asked a series of simple questions about how we are doing.

We want to pose the right questions, so the group will be asked to tell us what questions we should be asking. We will then publish the survey results along with our proposal to improve the areas it highlights as in need of change. You will have the chance to let us know if you agree with our plans. At the end of the year we will publish the results of our achievements.

#### What will I have to do?

If you are interested in helping us to improve, simply, ask for a form at West Bar or Hardwick Surgery and return it to us.

### Frequently asked questions.

#### **Q. Is this group the same as the Patient Participation Group?**

**A.** No the Patient Reference Group is a virtual group. This means you will not have to attend meetings the communication will be sent through email, sent in the post and completing surveys.

#### **Q. Why are you asking people for their contact details?**

**A.** We want to talk to people about the surgery and how well we are doing to identify areas for improvement.

#### **Q. Will my doctor see this information?**

**A.** No. It is purely to contact patients to ask them questions about the surgery and how well we are doing. Your doctor will only see the overall results.

#### **Q. Will the questions you ask me be medical or personal?**

**A.** They will be general questions about the practice, how we are providing services and what we can do to improve them.

#### **Q. Who else will be able to access my contact details?**

**A.** No one beyond West Bar or Hardwick practice.

#### **Q. How often will you contact me?**

**A.** Approximately once a month.

#### **Q. What if I no longer wish to be on the contact list or I leave the surgery?**

**A.** We will ask you to let us know if you do not wish to receive further messages in writing, and your contact details will be removed from the list.

If you leave the practice, you will no longer be eligible to remain on the group.

#### **Q. Who do I contact if I have further questions?**

**A.** David Twist, Practice Manager

Patients who have experienced problems with the telephones will now find that problems appear to have been overcome, West Bar will be looking to update or replacing the current telephone equipment next year.

Fed up of unwanted callers at your door trying to sell you something? Cut out the No Cold Callers Sign below and put it in your window or cover it in plastic and stick it on your door, you will find that the callers will stop. For further information see [moneysavingexpert.com](http://moneysavingexpert.com) **Energy salesmen must obey 'no cold caller signs'**

# **NO COLD CALLERS!**

**WE WON'T BUY FROM YOU!  
WE DON'T NEED FREE ADVICE!**



## **Please don't incur our wrath by knocking!**

### Hardwick Surgery

We would like to announce some forthcoming changes at Hardwick Surgery.

Lynn Lever, the receptionist, and Gladys Swepson, Administrator, both at Hardwick surgery, have decided to hang up their staplers at the end of December early January; Lyn has been with West Bar surgery for 21 years and Gladys for 30 years (this is Gladys' 2<sup>nd</sup> attempt to retire ).



Also, from Wednesday 4th January 2012, Hardwick Surgery will be operating a 3 days per week service and will open on Mondays, Wednesdays, and Fridays.



With these changes, we will be able to provide an increased Nursing service at the Surgery and have full Doctor cover during the opening hours.

We envisage that we will be able to deliver a more efficient and enhanced global service for all our patients at Hardwick.

We would also like to reassure you that we are fully committed to Hardwick Surgery at all levels and that there are no plans to close it.

As always, we value your constructive feedback, and encourage it, especially once the changes have taken place and have had time to establish themselves.

We appreciate your understanding in this matter.

### Hand sanitizer

West Bar Surgery provides a hand gel dispenser in the downstairs reception area, on the wall just to the right of the reception desk. Hand Hygiene is the single most important procedure that can be performed in the doctor's surgery for preventing the spread of infection. Germs that cause infections can be spread in a number of ways, the most common is through hands. Hand hygiene removes germs from the hands and helps protect YOU from infections and helps prevent the spread of germs to other areas. A person's hands are the No. 1 means of spreading illness-borne viruses. Hands that look clean give the illusion that there are no bacteria present, but this may not be true. Coughing, sneezing and touching unsanitary objects transfer germs to a person's hand. These germs lie in wait for the person to touch their mouth, nose, eyes or an open sore, so they can invade the body. A hand sanitizer containing between 60 percent and 95 percent alcohol can help to kill the germs before they can attack your system.



**Would all people please use the Hand Sanitizer dispenser when entering the surgery?  
HELP US TO CONTROL AND PREVENT THE SPREAD OF GERMS**

### UNWANTED CALLS

Are you fed up with all those unwanted telephone calls? In a previous newsletter, Vol 4 Issue Sept 2010, I wrote an article about The Telephone Preference Service, which can only stop so much. If you are still being plagued by those unwanted silent calls register free with Silentgard.

If you have access to a computer then go to <http://www.silentgard.com/register.aspx> type in your full telephone number including STD code and then press the 'add telephone number' button. If you do not have access to a computer then you can register by calling 0844 372 2325. It is worth doing as it will help cut all those unwanted calls.



### Failure To Attend

Due to the high number of patients who are failing to attend their appointments, we will be introducing a new policy to ensure that wasted appointments are kept to a minimum.

This policy will be aimed at patients who do not turn up for their appointments and who do not contact the surgery in advance to cancel or change them.

Ultimately, this may result in frequent offenders being removed from the list and will mean they will have to find somewhere else to register.

Please Phone **01295 256261** and cancel unwanted appointments

**Remember it might be you who wants someone else's unwanted appointment**

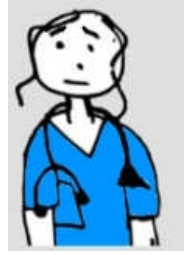
### Training in Practice

From time to time at your appointment your doctor may have a student with him/her and you will always be asked if it is ok for the student / trainee to sit in on your consultation.

The partners at West Bar Surgery are proud and privileged to be an accredited training practice. This means that they are responsible for the training of new and existing doctors at both undergraduate and postgraduate levels.

Any doctors who are training at the Practice will work under the supervision of one of the GPs and will endeavour to work to the same high standards as the rest of the doctors.

The types of training doctors that you might encounter include:



#### **Medical students**

These are undergraduates who work with the Practice in order to experience General Practice before they qualify as doctors.

They are usually allocated appointments to talk to, and if appropriate examine patients before discussing any doubts with the supervising GP. If any treatment is issued, this will be by the supervising GP.

#### **FY2**

These are doctors who have already completed a minimum of 1 year of work as a qualified doctor under close supervision and during this time they will have had to satisfy their supervisor of their competence to progress further in their career. They are close to deciding which path to take in their career and work with the Practice to experience General Practice before making this decision.

#### **Registrars**

These are doctors who have completed a minimum of 2 years work as a doctor and have chosen to train as GPs. The training programme is 3 years long and you may therefore see registrars in their 1st (ST1), 2nd (ST2) or 3rd (ST3) year of training.

They are allocated between 10 and 20 minutes to consult with patients and will initially be closely supervised by a GP until they have demonstrated their competence. Before they qualify as GPs, they will have to undertake further examinations and demonstrate to the GP's that they are able to practice to an excellent standard.

### How can I help my Doctor or Nurse run on time

Doctors and Nurses don't always run late. Quite often patients are seen on time, and even seen early. Surgeries can however, run late, especially towards the end of the day, which can be a big inconvenience for patients and doctors.

All the doctors are in the building by 08.00am (or shortly after,) to be ready to take the first patient at that time; the doors are open for patients at 8:00am. If, for example, the first patient has an 08.00am appointment and is late and arrives say at 8:20, when the doctor is taking the 8:20 patient, then the doctor is already running at least 10 minutes late before he has hardly started.

#### How can I help?

Turn up on time. If there is a queue at reception, why not try the computerised check in system located in the lift area on the second floor and just to the right as you enter the reception area? This will only take 30 seconds to 1 minute.)

Before you see the Dr, think about your symptoms and what you will tell him/her; how long have you had the symptoms, how severe it is, does it come and go, what makes it worse or better. If the Dr (or nurse) is running late, please be patient and understanding as they may have been called out to a seriously ill patient. Thank you for your cooperation

### **Next Issue May 2012**

#### **Contact By Post**

Patient Participation Group  
C/O West Bar Surgery  
South Bar House  
6 Oxford Road  
Banbury, OX16 9AD,  
01295 256261

**To book appointments for West Bar Surgery Tel: 01295 256261**

#### **Contact**

**Newsletter Editor**  
**Brian Owen**  
Tel: **01295 263958**  
e-mail: **wbppg@baowen.co.uk**

**Janet Harral**  
Tel: **01295 263304**  
e-mail: **banburyhq@gmail.com**

#### **Contact**

**Hardwick Surgery**  
Ferriston, Banbury,  
Oxon, OX161XE  
01295 254749

**To book appointments for Hardwick Surgery**  
**Tel: 01295 254749**  
**Hardwick.surgery@nhs.net**