



Welcome to the latest edition of our Practice Newsletter.

Summer seems to have flown by and Autumn is upon us once again and our eligible patients will now start receiving their invitations for both the Flu Vaccination and the Autumn Covid-19 Booster. Please see pages 5-6 for more information about how to book your vaccinations this year as the process has changed.



Our key message for this newsletter is updating you on our decision to support the National Collective Action being taken by GP practices across the country.

For clarity, **we are NOT striking nor taking Industrial Action**. We can assure you this is a collective response to the increasing demands and pressures placed on primary care, combined with inadequate funding to meet those demands.

While we will continue to work within our GP contract, there will be some small changes to support this national collective action, such as capping the number of appointments each doctor sees per surgery and passing back to hospitals work that should be carried out by secondary care. Dr Paul Frisby, our Senior Partner, will talk you through what this collective action means for him and his colleagues and for our patients, please see pages 2-4.

Afternoon Surgery Closure - Wednesday 9th October

The practice will be closed for staff training and development for the afternoon on Wednesday 9th October 2024 between 12:30 - 18:30.

For medical attention during this closure, please call 01323 727531, our recorded message will give further information.

For non-urgent assistance with medication or minor illness, please contact your local pharmacist.

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Collective Action - Safer Working Guidance from the BMA by Dr Paul Frisby

In July, Family Doctors across England voted overwhelmingly to take Collective Action for the first time in 60 years, in our fight to save General Practice.

GPs and practice teams see nearly half the of the country's population every month. The great majority of our GP appointments are face-to-face and we regularly exceed our capacity to try and keep up with demand. The Cambridgeshire Demand and Capacity survey in 2021, revealed that even when capacity was full, GPs and practices continue to fit in extra work. This is not safe or sustainable, and does not enable us to deliver high quality care.

The British Medical Association says that 'General Practice is in crisis. GPs are faced with increasingly unsafe workloads coupled with a rapidly diminishing and exhausted workforce. Underinvestment and an ever-reducing share of the total NHS budget, coupled with hospital workload transfer and the ongoing impact of the Covid-19 pandemic, have generated a vast backlog of care. This is creating further pressure on a system that is already at breaking point'. Contractual changes imposed by NHS England over the past three years have repeatedly failed to recognise and act to support the needs of patients, practices, GPs and the wider staff team. The present crisis is so severe that 98.3% of GPs voted to take urgent action to preserve their ability to deliver safe, high quality patient care and to protect the wellbeing of their practice.

I've just been to Vancouver to visit my Dad. He told me that in BC a quarter of people can't find a GP *at all*, and that they are very short of doctors. In Canada a GP typically has about 1000 patients, and they decide when their list is full. In England *everyone* has a named GP, but we typically have 2,200 patients each and if we close our lists the NHS can just allocate us more. (If you were wondering, the pay over there is similar but I love being in Eastbourne).

Listening to You

All our team love getting the feedback that we get every month from our patients through the Friends & Family test. We know that we have to join our colleagues across England to support these measures to save General Practice, but we also know that you are our Family and you should always expect to receive explanation, empathy and understanding. We are working with our patients and staff on training, to address concerns, and to implement feedback.

We discussed, with your representatives at our Patient Participation Group, the BMA's guidance for Safe Working in General Practice and our plans for Collective Action and they gave us crucial advice about your needs and priorities. They suggested putting this article in our newsletter to explain what is happening, and giving some examples of changes that you might experience.

Safer working – capping surgery sessions to 25 patient contacts

To protect our patients and our practice we're following safe working guidance. All practices are moving away from trying to constantly meet uncapped demand, where GPs are routinely logging on in the evenings and through the weekends to try and keep everything going. There is wide consensus from many countries and systems that safety declines after 25 patient contacts in a day, and after 3 hours of continuous face to face consulting.

A daily offering of 25 appointments per doctor (mainly face-to-face at Arlington Road), each of 15 minutes (inclusive of administrative time), supports continuity of care and makes it more likely that we will complete the episode. Currently patient contacts are significantly above this level. On a bad day our Emergency Doctor might deal with 70 patient contacts (a combination of telephone and face to face), as well as checking and issuing around 200 repeat prescriptions and dealing with around 50 letters, which is exhausting and unsustainable.

Every practice is different, and each evolves to adapt to the needs of its population. What works well in a university practice, or in the middle of a city, won't necessarily work well in a seaside town. GP reception staff will ask questions to make sure patients see the right person.

This could be an appointment with your GP; but you might be directed to your local Pharmacy First; or be advised to call NHS111, or even to attend a walk-in centre. Of course, you have an option not to declare the reason for your call and we absolutely support that, but this makes it much harder to direct you to the most appropriate person. NHS111 should not routinely re-fer patients back to the practice, but they do have access to a small number of directly booked appointments every day when it is clearly an issue that only your GP can deal with.

What happens when we reach capacity?

We will prioritise those most in need: it remains an absolute priority to protect access to rapid assessment for babies and pre-school children, people on chemotherapy, and those people needing palliative care.

There are already a number of services that we sometimes direct our patients to as an alternative to seeing a GP at Arlington Road, such as Pharmacy First, First Contact Physio, Extended Access Appointments via SDHC, Emotional Wellbeing Service and Health in Mind. We often offer these services before we have reached capacity, to ensure we save our GP Appointments for problems that only a GP can address.

Please remember some of these services can also be accessed without contacting the Practice first, such as [Pharmacy First and Health in Mind](#).

If we have reached capacity on any given day and your problem is not something that can be signposted to one of the aforementioned services, but you feel you need advice today, then we may have to advise you to call NHS 111. If your problem is not urgent but you cannot wait until our next available pre-bookable appointment, you will be advised to call again another day.

Passing Back Un-Resourced Work

A key part of Collective Action is the passing back of un-resourced work which frees up time to deliver the services and care that we are contracted to do: called Core Services and Locally Commissioned Services. In the last year we have even had to fight with the NHS to get paid for the Locally Commissioned Services we have delivered in good faith, like our diabetes clinics, dermatology service, and for the care of people living in Care Homes.

In 2020, the GP Workload Capacity Audit found that an average practice with 10,000 patients spent the equivalent of a *whole day out of every week* dealing with additional work delegated by Hospital Trusts (Arlington Road has around 12,000 patients). That is certainly our experience. For some years there has been a mechanism called PQIT, to highlight and report un-resourced work passed on by the hospital, but despite using this we have not seen any reduction, and actually it's still a growing issue due to the record hospital waiting times that have built up.

Our Patient Group asked for some examples to explain this work that hospitals are contracted and paid to do, but which gets passed on to your GP and takes up many of your appointments:

- When I had heart surgery last year at Brighton Hospital the care was wonderful. Every day for a week the staff asked me if there was anything else I needed, and every day I said, 'Yes, just a sick note'. Still on the day I went home there was no certificate and they told me to contact my GP which would have taken up an appointment. I stood my ground, and my lovely colleague had to go back to the hospital to collect it a couple of days later! Issuing appropriate certificates to cover hospital admissions is the hospital's responsibility, and we might direct you back to them to get one.
- When I refer patients to the hospital for an outpatient appointment they may have a long wait before the hospital contacts them. If they have tests at the hospital they will be anxious and keen to learn the results quickly. They might try contacting the hospital, but may well be told to return to see me to ask when they will be seen or to get their results. Hospitals are obliged to have efficient arrangements for handling patient queries promptly, and should respond properly to the person themselves rather than passing this

job to practices to deal with. When you go to the hospital and have tests, it is the medico-legal responsibility of the clinician who has ordered the test to review and communicate the result and any actions needed directly to you.

- One of our patients had great difficulty getting a prescription *to complete a course* of eye drops following a hospital admission for cataract surgery. When you come out of hospital you should be given appropriate medication: that should be a complete course of any antibiotics or eye drops. The hospital should generally give you a couple of weeks of your regular medications, and the practice will then take over the repeat prescribing of these (unless its something that only the specialist has access to). If the hospital haven't got something that you need immediately, they should give you a prescription for it rather than directing you to the practice.

It may seem difficult and obstructive to you when someone at the practice asks you to contact the hospital yourself in these situations, but doing so has the potential to *free up another 20%* of our capacity and to get on with doing the services and care that *are* our responsibility.

Further information

You can find more information and examples of ways different practices might take Collective Action on the BMA website at <https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-in-general-practice/case-studies-for-safe-working-in-general-practice>

If you want a long read, and if you have ever felt frustrated at how hard it can be to get an appointment then there is an excellent book by Dr Ellen Welch called '*Why Can't I See My GP*', which explains it all!

Lord Darzi's report into the NHS gives an excellent, honest, open, on-track and brutally sad insight into the current state of the NHS. <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england>

We can anticipate that over the winter there will be periods of high demand, such as the flu season and other public health emergencies, and we are making plans to work flexibly, to prioritise those most in need, and to use online and telephone consultations. We are already piloting a platform for electronic consultations which we hope to roll out further. We might have to consider holding a waiting list for appointments. Whatever comes we will regularly audit workload, working hours and waiting times and share information about these.

Dr Paul Frisby. Senior Partner

An Announcement from Shirley Moth, Practice Manager



I'm delighted to announce that from 1st October 2024 Laura Woodgates, our Deputy Practice Manager, will be stepping up into my role as Practice Manager.

I will be reverting to my role as Deputy which I first took on in 1988! I will still be at the practice until full retirement beckons and will be reducing my hours next year.

Laura has been training for this role for the past two years and as a Practice Team we congratulate her on her promotion and support her in her new role.

Seasonal Flu and Autumn Covid-19 Vaccinations What's new for 2024...

We are pleased to announce that South Downs Health & Care (SDHC) will be giving our eligible patients both the flu vaccine and Covid-19 autumn booster vaccine this year. NHS England have advised that the vaccines should be given together and one appointment for both vaccinations makes this much simpler for you.



SDHC have been responsible for giving the Covid-19 vaccine to our patients since it was first available and we are grateful for their ongoing commitment, which allows us to focus on providing day-to-day medical care for patients. Please do not contact the surgery about your Flu or Covid vaccines.

Eligible patients will receive an invitation to book a vaccination appointment via SMS, with clinics being available after 3rd October, as directed by NHS England. Those unable to book an appointment via SMS will be able to phone SDHC from 23rd September to book their appointment on 01323 402530 (please do not call the surgery).

SDHC will be holding Flu/Covid clinics at various locations in Eastbourne, including:

- Shinewater Sports Centre, Milfoil Drive, Eastbourne, BN23 8ED
- Langney Shopping Centre, 64 Kingfisher Drive, Eastbourne BN23 7RT
- Hillbrow Health and Wellbeing Centre, 1 Denton Road, Eastbourne BN20 7SR

You will be able to select your location when you book your appointment

Fluencz vaccines for children

All children aged 2-3 years as at 31.8.24 (those born between 1.9.20 - 31.8.22) are all eligible for Fluencz nasal spray to protect against flu this autumn/winter.

We are holding a morning clinic for this at the surgery on Saturday 5th October 2024. All eligible children will have been invited by text message to their parents with a link in the text to book the appointment directly, but if you have not yet booked and your child is in this age group please contact the surgery to book a Fluencz appointment.

All school aged children (reception to year 11) will be offered the Fluencz at school. If your child is home schooled, please contact the Surgery to book an appointment.

Any under 18's outside of this cohort who are in a clinical risk group eg. asthmatic, diabetic etc. are also eligible to receive their vaccination at Arlington Road Medical Practice.

Frequently Asked Questions (FAQs):

Q: I only want either the Covid-19 vaccine or the Flu vaccine will this be possible?

A: Yes. Please inform your vaccinator when you arrive for your appointment. Please note we strongly encourage eligible patients to accept both vaccines, as per NHS England recommendations.

Q: Will I be able to get a Covid vaccination at the surgery?

A: No, Covid vaccinations are only available via SDHC at the locations stated above.

Q: Will I be able to get a Flu vaccination at the surgery?

A: No. Arlington Road Medical Practice is not running Flu clinics this year. Please book your appointment with SDHC.

Q: I do not want the Flu or Covid-19 vaccine, do I need to let you know?

A: It would help if you could let us know so that we can code your records and stop further invites being sent out to you – [please follow this link to a form to let us know if you do not want a Flu and/or Covid vaccinations this year.](#)

Q: Will all patients aged between 50 and 64 be offered a Flu jab again this year?

A: 50-64s are not covered this year unless they have an underlying eligible health condition. Eligibility information can be found here: [Flu vaccine - NHS \(www.nhs.uk\)](#)

Q: If I'm eligible for a flu vaccination am I automatically eligible for a Covid-19 Autumn Booster?

A: Not necessarily, the criteria for the two vaccinations differs slightly. Eligibility information can be found here: [Government Covid 19 Eligibility Criteria.](#) SDHC will also be able to advise you when you book your appointment.

Q: If I have an appointment at the surgery before the vaccine clinic, will I be given the Flu jab at the appointment instead?

A: No, we need to maintain Flu vaccination supplies for the planned clinics.

Q: Should I go to a Pharmacy for my Flu jab?

A: NHS England have recommended both Covid-19 and the Flu vaccine be given together at one appointment. Pharmacies are not able to offer Covid-19 vaccines in Eastbourne but can offer Flu vaccinations.

Q: I have already had the Flu jab this year at a pharmacist or other healthcare provider, do I need to let you know and can I still get the Covid-19 Vaccine?

A: If you have had the jab at a Pharmacy we will automatically be notified. [If you have had the jab at work, please follow this link to complete a simple form and we will update your records.](#)

If you have had the Flu vaccine and would like your Covid-19 vaccine you will need to book an appointment via your Accurx text with the link to book from SDHC, or via the national booking system

Q: If I've forgotten my Flu clinic appointment date and time, how can I find out the details?

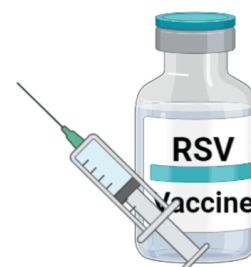
A: Patients can check their text messages and appointments will be confirmed to them via text. Patients can also email SDHC at the following address: sdhc.vaccinations@nhs.net

RSV Vaccination - New Programme

Respiratory syncytial virus (RSV) is an enveloped RNA virus, in the same family as the human parainfluenza viruses and mumps and measles viruses. RSV is one of the common viruses that cause coughs and colds in winter. RSV is transmitted by large droplets and by secretions from contact with an infected person.

Infants under one year of age and the elderly are at the greatest risk of developing severe disease. While most RSV infections usually cause mild illness, infants aged less than 6 months frequently develop the most severe disease such as bronchiolitis and pneumonia, which may result in hospitalisation. RSV is a virus that causes approximately 500 deaths each year and necessitates approximately 15,000 GP appointments each year.

From 1 September 2024, 2 new respiratory syncytial virus (RSV) vaccination programmes will be introduced:



Continued on next page

Programme for older adults aged 75 to 79 years old

All adults turning 75 years old on or after 1 September 2024 will be eligible for the routine programme and should be offered a single dose of the RSV vaccine. A one-off catch-up campaign for those already aged 75 to 79 years old on 1 September 2024 will be undertaken at the earliest opportunity.

- We will be inviting in all patients aged 75-79 years old and aim to vaccinate all of these patients within a year starting from 1.9.24.
 - Patients will also then be invited in as they turn 75 years old going forward.
 - This is a one off vaccination, so only needed once between the ages of 75-79 years old
- Patients are no longer eligible once they turn 80 years old

Programme for pregnant women to protect infants

All women who are at least 28 weeks pregnant (the eligible cohort) on 1 September 2024, will be offered a single dose of the RSV vaccine. After that, pregnant women will become eligible as they reach 28 weeks gestation and remain eligible up to birth.

- The majority of this cohort will be vaccinated by the Midwife team but this group can receive the vaccination at the Practice if necessary once they reach 28 weeks.

It is recommended that RSV vaccine **IS NOT** routinely given with Flu or Covid vaccines but is ok to give with Pneumonia or Shingles vaccine.

Pharmacy First - from a Pharmacist's Perspective

Since emerging from the pandemic we have without a doubt seen some of the biggest changes to community pharmacy the sector has ever experienced. For years it has been a source of frustration to us having patients attend the pharmacy, knowing the condition they are suffering with and the treatment they require, but still having the refer them to an already stretched GP service or A&E because it was the only way to access prescription medication.

In February 2024 the government launched Pharmacy First, a scheme that enables community pharmacies to deliver consultations and potentially provide prescription only medications for 7 common conditions following defined clinical pathways.

The new service allows more convenient access to safe and high quality healthcare, reduce the demand on GP surgeries and reduce delays in treatment.

Conditions we can treat	Age range
Acute otitis media (Ear infection)	1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over
Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infections	Women 16-64 years

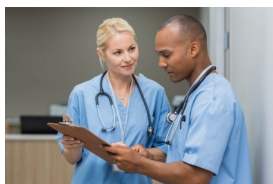
It is a new service and there are limitations to it but it's the first step on a road to recovery for primary care and has potential to be of huge benefit to patients both at the present time and in the future as well.

Daniel Melrose
Pharmacist Manager

 Day Lewis Pharmacy
Arlington Road

Trainee Doctor Rotation

The beginning of August saw three of our trainee doctors, Dr Emmanuel Salami, Dr Gigi Mary and Dr Bishoy Soliman complete their current rotation with us, we wish them well in their next placement.



Dr Sameer Pasha (Dr Sam) joined us at the beginning of August for the following four months, Dr Olawale Olaniyi (Dr Wale) for the following six months and Dr Ebrima Darboe for the following 12 months we welcome them to the team.

Dr Raquel Lightbourne-Regan continues her placement with us also.

Dr Grace Getty - Maternity Leave

Dr Grace Getty is now on Maternity Leave, her patients will be looked after by the surgery team collectively, including locum GP's. We wish her well.



Nurse Marion

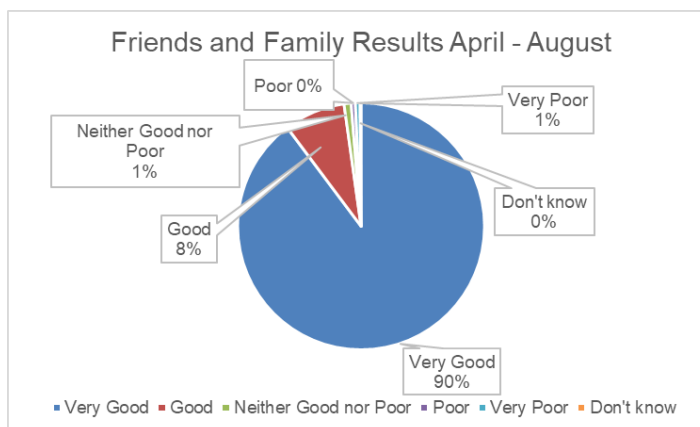
Practice Nurse, Marion Hughes, is moving on to pastures new. She will be greatly missed by patients and the team at Arlington Road.

We thank her for her loyalty and commitment and wish her well in the future.

Friends and Family Feedback

Thank you to everyone who has completed a Friends and Family Test (FFT) Survey recently. Patients who are signed up to receive appointment reminders will receive an SMS following their appointment giving them the opportunity to complete the survey. Alternatively, this can be completed online via our [website](#), or we have paper copies of the survey at reception which can be posted in our Friends and Family Box in Waiting Area A.

The FFT is a valuable tool to enable us to see when we are getting things right and equally highlights areas where improvement is needed. We read all of your comments every month and take your suggestions seriously. The high percentage of positive comments are greatly uplifting for the team.



To give you an idea of how representative the survey is, it was completed voluntarily by 1621 patients in 5 months. You can complete the survey at any time via our [website](#), patients who have opted for appointment reminders, will receive a text message after their appointment giving them the opportunity to complete the survey.



MACMILLAN
CANCER SUPPORT

Cake Sale



The surgery will be holding a **Cake Sale on Friday 27th September 2024** in the downstairs waiting area to raise money for Macmillan Cancer Support.

The cake sale will run from 08:30 – 13:00 and all cakes will be just 50p each. Please feel free to pop in and buy some cake to help us raise money for this very worthwhile cause. Boxes will be available to take cake away!

All money taken on the day from cake sales and any donations given will go directly to Macmillan Cancer Support.

Payment can be made by cash or by scanning a QR code on the day on your phone for payment.

Thanks to our PPG for helping us by manning the stall on the day and to the Hydro Hotel for donating the cake boxes.

Equipment Donation

We would like to express our heartfelt thanks to the family of the late Garth Crompton for their generous donation of equipment to our surgery. Garth was a valued member of our patient community, known for his kindness, humour and resilience throughout his long illness. His legacy will live on through the care his family's generosity enables. We are deeply grateful for their support during this time.

Job Vacancy - Primary Care Nurse

We currently have a job vacancy for a Primary Care Nurse.

For the full job specification and to apply please scan the QR code or visit:

<https://beta.jobs.nhs.uk/candidate/jobadvert/A4180-24-0002>.

The closing date for applications is 10th October 2024.



Elm Tree outside the Surgery

Tree-lovers will be mourning the loss of the large Elm tree that has been taken down outside the Surgery near the Arlington Road/Old Orchard Road Corner. Sadly the tree developed the deadly Dutch Elm Disease and had to be removed by a tree surgeon under the auspices of the council.

