



PEG Newsletter - No.2

The clinical team



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Many of us will remember a time when many GPs worked on their own from a surgery in their home. Other younger patients will remember queuing outside the GP's surgery in all weathers in order to see a GP, or trying to make an appointment by telephone at half past eight in the morning along with hundreds of others, or so it seemed. New technology and new ways of working are consigning those memories to the past. The team at Llys Meddyg and Gyffin Surgeries cares for about 7100 registered patients, making us slightly smaller than the 'average sized' practice in Wales. The average number of patients per GP in Wales is 2093 patients per GP whereas at Llys Meddyg and Gyffin that number is 2470. The surgery punches above its weight by working together as a clinical team: Dr Amit Singh, Dr Chris Dunne-Jones, Dr Katie Wynne and long term locum Dr Tobi, plus a full time advanced nurse practitioner, Sarah Hughes, and other health care professionals including a full time physiotherapist and pharmacy technician. The "clinical hub" is a novel way of working introduced by Dr Singh, is unique in North Wales, and allows the team of clinical staff to better manage our demands by directing our requests to the most appropriate clinician.

Get vaccinated now!



Your GP surgery is offering vaccination against pneumonia and shingles. Both diseases are serious and can be fatal but the vaccines are considered to be extremely safe.

Pneumonia vaccine

The pneumococcal vaccine protects against pneumonia and other potentially fatal pneumococcal infections caused by the bacterium *Streptococcus pneumoniae*: blood poisoning (sepsis) and meningitis, that at their worst can cause permanent brain damage or death. One pneumococcal vaccine is designed for babies under two and the other for everyone else. Babies need two doses whilst people aged 65 and over need only a single vaccination, although patients with long-term conditions may require re-vaccination every five years.

Shingles vaccine

Shingles (also known as herpes) is a reactivation of the virus that causes chickenpox. After a person has had chickenpox the virus lies dormant in their body's nervous system, but is kept in check by the person's immune system. Anyone who had chickenpox can develop shingles but it is most common in people over 50 and results in clusters of painful, itchy, fluid-filled blisters on the skin - extremely unpleasant. Shingles vaccination is routinely offered to everyone aged 70 to 79 years of age and most people will only need one dose of the live vaccine.

Make an appointment with the surgery

Both of these vaccines are available at the surgery - you just need to make an appointment by using the surgery app, going online or speaking to a member of the surgery team.

Park Run Practice



Stephanie Conway, our pharmacy technician, is a keen athlete and is training for the Iron Man challenge in September. Whilst not expecting anyone to join her in that challenge, Stephanie has registered the practice as a "Park Run Practice" to promote the benefits of "parkrun" and "parkwalk" to staff and patients.

Hay fever



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Hay fever is an allergy to tree, grass or weed pollen. It can be successfully treated using medication from your pharmacist that can be provided **FREE using the Common Ailment** Scheme, but also by being aware of when the pollen count is high and avoiding situations where you would otherwise come into contact with pollen.

The symptoms of hay fever include:

Sneezing

Coughing

Runny or blocked nose,

Itchy eyes

Itchy throat

Loss of smell

DO YOU USE INHALERS? - WHY NOT USE ECO-FRIENDLY INHALERS



Old inhalers- carbon footprint of 28Kg CO₂ per inhaler! The same as driving 175miles in a car

New inhalers - carbon footprint of <1Kg CO₂ per inhaler- the same as 4 miles in a car!

If you are interested in changing to an eco-friendly inhaler, speak to your GP/nurse

A new service development at Llys Meddyg and Gyffin Surgeries



The surgeries have developed two new pathways to optimize care for patients with Long Term Conditions so as to minimize the impact on their daily lives. These conditions include diabetes, asthma, high blood pressure, atrial fibrillation and chronic obstructive pulmonary disease (COPD).

The first pathway involves a graduated annual review. Firstly, patients will be asked to complete a questionnaire to find out how they are progressing and to provide a basis for a remote consultation. Following a remote consultation a visit to the surgery might be required for blood and other monitoring tests (such as weight measurement, ECGs and spirometry). If all the results are satisfactory and the patient is happy with the management of their condition, nothing further needs to be done and arrangements for a further review in a year's time are made. If the questionnaire highlights a problem which cannot be resolved at the remote consultation, further review and investigation will be needed with visits to the surgery and possible referral to a specialist.

The second pathway provides a clinic where patients with Long Term Conditions can book a review at any time in between their annual reviews if they are concerned that their condition is worsening or treatment is becoming unsuitable.

The new system is now available for diabetes patients and will be introduced shortly for the other four conditions. If you have one of the above conditions, the surgery will automatically put you on the most appropriate review pathway.

Problems with prescriptions



Many of us have experienced problems with prescriptions and wonder why they happen. The system where the surgery gives you a prescription, or sends it to the pharmacy, and the pharmacy provides the medication might seem simple, but, there are many things that can upset this apparently simple system.

Your medicine might not be in stock

There are over 1500 drugs available to the NHS and a pharmacy can't stock all of them. It will stock the drugs most widely used in general practice; however more specialist drugs and those drugs infrequently prescribed will have to be especially ordered.

Problems in the drug supply chain occur just as in any supermarket supply chain. There may be particularly heavy demand for one type of medicine resulting in the pharmacy simply running out;

delivery might be affected by a lack of drivers; drug manufacturers may have stopped making the drug; or they have run out of basic chemicals. This could mean a delay between presentation of your prescription and dispensing the medicine.

Your medicine needs review

Repeat prescriptions are an efficient and convenient way of providing medication for conditions that require life-long drug treatment, but, drugs and their long term drug use without supervision are dangerous. Although you may feel that a drug suits you and is controlling your disease, things change over time so that the drug may now not be working as well as it should, it may be building up to toxic levels or starting to interfere with another drug you are taking. That is why you need a repeat prescription review, so that the surgery can check that your medicine is still working at its best. The second page (or on the back) of your prescription will show the date when your medicines need review.

The surgery is responsible for making sure that your treatment is correct; the pharmacy is responsible for issuing safe medicines and we are fortunate in having one of only 63 GP pharmacy technicians in the whole of Wales in our team, Steph Conway, making sure that your medication is what you need.

Making sure you always have enough medicine; what you need to do

When you first receive your prescription, make a note of your review date. Put the date in your calendar. You can order repeat prescriptions up to that date. Repeat prescriptions are best ordered on the website or the My Surgery app. If you are unable to order your prescription electronically, the care navigators will help you do it over the telephone. Before your review date, you should contact the surgery so that the most appropriate action can be taken. The pharmacy will not be able to dispense any medicines without an in date valid prescription; it is simply against the law.

If you have medicines on repeat prescription, it is best to take action 7 to 10 days before you run out. This will allow enough time for the surgery to issue another prescription and the pharmacy to make sure they have your medicines in stock ready to dispense. The system cannot work within a 48 hour time frame - it is your responsibility to make sure that you allow enough time for it to work.