



GETTING THE MOST OUT OF YOUR GP APPOINTMENT

Most of our GP appointments are 10 minutes long so it is important to organise your time with the doctor so you leave your appointment feeling reassured with the outcome. Here are some top tips to help you get the most out of your appointment:

1. The first thing to remember is that your doctor would like to give you more time. All of our doctors usually have booked up clinics and although they would like to give you more time, it is important for them to stick to the time limits to ensure all patients can be seen. If you know you are going to need more than a 10 minute appointment, ask reception if it is possible to book a longer slot.
2. Before you come to see your doctor, ensure you are clear in your own mind with what you want to say. For example, you can make notes of your symptoms. This will help the doctor to diagnose the issue quicker.
3. Your doctor wants the best for you. If your GP decides not to refer you on or prescribe anything, it is because they are acting in your best interests. They understand the risks associated with over referral, over treatment and over investigation. If you would like the doctor to explain their chosen outcome to you, just ask!
4. When speaking to reception staff, it is important to understand that although they are not medically trained, giving them a rough idea of the problem you have will help them to direct you to the most appropriate course of action (saving you time!) Do not forget that everyone who works within the surgery is covered by the same confidentiality clauses.
5. Make sure you leave the appointment clear on the next steps for your treatment plan, if you are not - ask again.

For further guidance/information please visit:

<https://drjongriffiths.wordpress.com/2018/01/30/10-insider-tips-i-bet-you-dont-know-about-your-gp/>

<https://www.healthwatch.co.uk/news/10-top-tips-get-most-out-your-gp-appointment>

Defibrillators

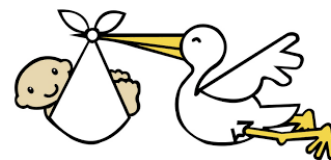
For over a year, Merley has had two Community Defibrillators situated outside The Lantern Church and outside The Community Lounge in Selkirk Close. Thank you to all involved in raising funds and for their annual maintenance. The models were selected with the advice of The Harvey Practice and have clear video and audio instructions for use. In addition, training has been given to key individuals at both sites, some members of Merley Neighbourhood Watch and the wider community. Facebook at

www.facebook.com/MerleyDefibProject.

Staff Updates

Fiona Pickering:

A huge congratulations to our Practice Manager who is expecting a baby in July 2018!



Dr Cartwright:

Dr Cartwright will be retiring at the end of June 2018, he has been at the Practice for 33 years. We all wish him well and are sure he will enjoy his retirement.



So far this year we have been welcomed 3 new reception staff at Merley. And a new reception member and prescribing clerk at Broadstone.

Lasting Power of Attorney (some of the legal jargon explained!)

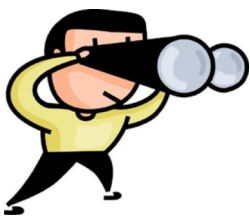
There is a legal hierarchy for decision making. Initially we need to know whether the person has a Lasting Power of Attorney (LPA) or a Court Appointed Deputy (CAD) in place. This must be for health and welfare and not just for finance. A copy of the form must be seen and it must be registered with the office of public guardian to be legally binding. In this case the LPA or CAD will be the decision maker. Having a Lasting Power of Attorney allows a person to put the right legal measures in place to ensure they are represented in a way they want, when their condition prevents them from making decisions themselves. These could be life limiting conditions with a specific trajectory such as some terminal cancers, or a more slowly progressive illness with an uncertain pathway such as vascular dementia. When an LPA or a CAD is making decisions on behalf of an incapacitated person they must still have regard for the 5 principles of the Mental Capacity Act in the same way that any professional would have.



Next to consider is whether the person has an Advanced Directive to Refuse Treatment (ADRT). This again needs to be written, signed and witnessed with a statement that indicates what specific treatment they are refusing and that they refuse this even if it is life sustaining. In this case this specific treatment can not be given.

Both a Lasting Power of Attorney and Advance Decisions to Refuse Treatment give people the opportunity to plan decisions in advance. Any discussion about their wishes, feelings and preferences is useful to feed into possible best interest decisions in the future. No discussion about future plans is ever wasted.

Having ruled out the above the decision maker then becomes the health professional making or recommending treatment for the person. It should be recognised that key decisions often come at a time of crisis so it is good practice to promote forward planning with people whilst they have capacity so that their views and wishes are understood in advance of any decisions being made on their behalf.



WORD SEARCH

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 Y B K E G Q Y A P T Y Y O W E C I G W F
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 V Z O L V U R E V P E U E W E S X Y C D
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APPOINTMENT
 COUGH
 HEARTBEAT
 MEDICINE
 PRESCRIPTION
 STETHOSCOPE
 VACCINE

BANDAGES
 DOCTOR
 INHALE
 NURSES
 PULSE
 STITCHES

CIRCULATION
 EXHALE
 MEDICAL
 PATIENTS
 SCALE
 SURGERY

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How likely are you to recommend us to your Friends and Family, please visit www.leavemyfeedback.com/4580 to cast your vote.



Why not visit our website for all up to date surgery information: www.theharveypractice.co.uk



The Pink Tablet

THE OFFICIAL HARVEY PRACTICE NEWSLETTER - MARCH 2018 ISSUE



Broadstone: 01202 697307
Merley: 01202 841288

EASTER OPENING TIMES

WE WILL BE **CLOSED** AT BOTH
BROADSTONE AND MERLEY
FRIDAY 30TH MARCH AND
MONDAY 2ND APRIL



PATIENT WIFI WILL SOON BE
AVAILABLE AT OUR SITES. LOOK
OUT FOR POSTERS FOR MORE
INFORMATION

Safeguarding Adults

People with care and support needs, such as older people or people with disabilities, are more likely to be abused or neglected. They may be seen as an easy target and may be less likely to identify abuse themselves or report it. People with communication difficulties can be particularly at risk because they may not even be aware that they are being abused, and this is especially likely if they have a cognitive impairment. Abusers may try to prevent access to the person they abuse.

Signs of abuse can often be difficult to detect. Many types of abuse are also criminal offences and should be treated as such. Types of abuse:

- Physical abuse
- Domestic violence or abuse
- Sexual abuse
- Psychological or emotional abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational or institutional abuse
- Neglect or acts of omission
- Self-neglect



Our responsibility as a practice is to provide a safe and caring service to all patients. We operate a supportive culture where all staff have a duty to raise any concerns and to ensure if any of our patients are experiencing any of the above these can be recognised and the patient helped as soon as possible.