I am delighted to be able to introduce the second annual summary report for publication on Danetre Medical Practice website in partnership with our Patient Relationship Group (PRG).

The PRG has had a very successful year becoming increasingly important and influential in how the practice is run, ably by Jane Franklin who has shown herself to be a superb Chairperson. Jane, and the rest of the PRG, are forging a close working relationship with Jo Gilford, our new Practice Manager, who has made big changes internally here at DMP over the past year to make us more prepared for the tough times ahead.

Our patient questionnaire proved a great success. An ambitious set of questions delved deep into many varied matters about the Practice, and I was astounded by the response rate of over 700 patients. The results showed a very satisfying high degree of respect for the practice, the staff, the service and the Doctors. Whilst this was very flattering we know there’s always room for improvement.

The survey has also broadened our horizons with another 274 patients who want to be involved in the practice in either the actual or virtual group.

A big thank you to our PRG for being so passionate about improving services here at DMP, and giving up their free time to share their views to improve services. However, the next year is going to be a very tough one, for both NHS workers and customers as Government funding reduces. We will be looking at our PRG to be at the forefront in helping us continue to try to put our patients first and carry on delivering the best care we can to obtain high levels of customer satisfaction.

Gareth James
Lead Partner for PRG
PRG Chairperson’s Executive Summary

Welcome to this my second Patient Relationship Annual Report. Firstly, I extend my sincere thanks to Patients, Practice Staff both Clinical and Administrative from Danetre Medical Practice, because the Patient Relationship Group has been a project with much teamwork, mutual respect and co-operation. I very much appreciate all the support I have received.

I hoped when taking on the role of Chairperson my relatively recent experiences (up to 2007) within the Health Service would be beneficial to the role. It certainly has been, however it has also been a large learning curve too.

On a personal level I feel more able to use the meeting processes to engage in discussion, inform a group through change and as a member of this and other groups make decisions based around objectivity rather than subjectively. I certainly have not become an expert, but I have found the experience educational. I was also surprised to discover how quickly the NHS changes in so short a time.

The PRG group has grown a little during the year to between 8-10 patients coming to regular meetings with encouragement and help from Jo Gilford, Practice Manager and Dr James Lead Partner for PRG. Support comes from a Virtual Group too, which is much larger contributing via internet. Thanks to you all.

We have had an interesting year 200+ patients have expressed an interest in the PRG and its work (we hope to contact interested parties soon). As a group we all soon realised that the significant changes in the NHS as at April 2013 were probably the biggest to come to the NHS since its inception in 1948. We realised too that as a group we needed to get our heads around these changes and more importantly understand how they would affect us individually and collectively as patients at Danetre Medical Practice. We therefore concentrated our efforts to ensure that we fully understood the changes attending: meetings, forums, workshops and public involvement days which gave us up to date information on the changes.

All of us have been influential in some of the contributions we have made. As a group we are also aware that we represent YOU. Thank you therefore for taking time to read this report and please either join us or let us have your views. It was great to get so many questionnaires returned 700+ so we have some views to work with to inform our future meetings, discussions and workshops. I make no promises, other than to try to keep those of you that are interested to know what is happening at Danetre Medical Practice and in the wider NHS informed. We will endeavour as the Danetre Medical Practice Relationship Group to represent the views of patients or in the absence of patients expressing their own views we will attempt to choose options that are in what we believe to be in the best interests of patients.

The Patient Relationship Group (PRG) has a place on the Danetre Medical Practice website where you can leave a comment or address a note to the meeting or myself and leave at reception at Danetre Medical Practice and I will see that I respond to you.
We conducted a Workshop of our own too. We invited representatives from all the other Practices within the Daventry North Locality and were very surprised that they felt more in the dark than we did and enjoyed the time allowed for discussion. We have consequently been asked to facilitate a similar workshop. Thank you to Danetre Medical Practice for the use of their facilities in the evening.

So to the changes!!!
I will now just attempt to describe very briefly by way of an introduction the changes and why they and we are all so important. Here goes: April 2013 sees the arrival of Clinical Commissioning Groups (there are two in Northamptonshire). The group which includes us is Nene Clinical Commissioning Group the other is Corby Clinical Commissioning Group. The Nene Commissioning Group has a population of 629,000 people and 320 GP’s as well as 2 Acute Hospitals (Northampton and Kettering). There are also the services of the Combined Mental Health and Community Trust as well as Northamptonshire Healthcare Foundation Trust. Each of these have their own web addresses so feel free to explore them if you wish. Nene Clinical Commissioning Group (NCCG) has responsibility for commissioning health services for the area it serves and has a budget to do this. NCCG is divided up into eight localities. Daventry North Locality is the group that Danetre Medical Practice is placed in, along with: Abbey Surgery, Monksfield, Bugbrooke, Long Buckby and Saxon Spires Surgeries/Medical Centres. Each has a Patient Participation Group which represents the views, concerns and opinions of the particular practice it serves. With consultation with each of these groups, clinicians and other representative groups NCCG are able to obtain a broad view of local need and commission services accordingly within budget constraints. So without the patients and active members of a Patient Relationship Group then there is a risk that the views of Danetre Medical Practice won’t be heard let alone acted upon.

As a group we have discussed a number of concerns, some to complete satisfaction but in all cases the Practice has been very supportive in attempting to provide a workable solution. We have attempted to increase the number of appointments for those patients who need them. We suggested that a text facility was set up to remind patients of their pending appointments. This has worked well, with failed attendance dropping dramatically.

The PRG group were also involved with the production of the Practice policy whereby if patients regularly fail to attend appointments without cancelling that appointment (3 occasions in a year) then they will be removed from the Practice Register and will be required to find a new G.P. Interestingly, this policy is the one that generates the most complaints to the Practice despite it having been supported by the Patient Relationship Group. The only people who feel aggrieved about failure to attend appointments are other patients. Please can we help ourselves to avoid this type of problem causing such a waste of: time, energy and money? If the group is missing some of difficulties experienced by others, please let us know so that we can address them.

As I prepare this, a problem that has rumbled for a while at the practice despite vigorous attempts to resolve it has been addressed. A new telephone system has been installed whilst keeping the same easy to remember number. I regret that some would not wish to take a variety of routes as with most modern systems but hopefully it will be quick and efficient. Please let us know how it is doing? Whilst on the topic of telephones there is a roll out of a new national number 111 which can be contacted for advice, look out for the launch date and publicity around that number too.
You may have mixed feelings about the reception desk with its new computers. The staff from the reception area, continue to remain very busy making appointments and other such things. They are however, located at the rear of the Practice so they can proceed with those tasks uninterrupted to speed up allocation of appointments at busy times. This also serves to afford greater confidentiality to those patients on the survey who felt this was a problem for them. The Patient Relationship Group asked for Gel to be provided at the side of the computer monitors to prevent cross infection. I know for some of you moving into the realm of computer technology may create concern and difficulty. Please ask for help if you need it.

In conclusion, I would ask you all to remember that it is YOUR Health Service not yours personally but collectively so we are equally responsible for its use and abuse.

The next meeting of the Patient Participation Group will be held in April in the Meeting Room at Danetre Medical Practice. It is scheduled to be the Annual General Meeting so if you would like to come along or stand up for nomination as one of the officers please feel free to join us. Goodbye for now.

Jane Franklyn
Chairperson
Danetre Medical Practice Patient Relationship Group

If there is anything you would like to bring to our attention please email us on danetrepatientgroup@nhs.net.
The Patient Relationship Group (PRG)

The table below lists the key achievements that the PRG Group have achieved this year (2012/13).

<table>
<thead>
<tr>
<th>STEP</th>
<th>DETAIL</th>
<th>ACTION</th>
<th>STATUS</th>
</tr>
</thead>
</table>
| (1)  | Further developed a structure that:  
• gains the views of patients  
• is fit for purpose to enable robust decision making  
• enables the practice to obtain feedback directly from the practice population | • Constitution adopted  
• Vice Chair elected  
• Bi-monthly meetings held  
• Membership of Group increased  
• Awareness sessions held | ✓ |
| (2)  | Agree areas of priority with the PRG | • Patient Survey workshop held  
• Patient Survey undertaken | ✓ |
| (3)  | Collate patient views through the use of survey | | ✓ |
| (4)  | Provide PRG with opportunity to discuss survey findings and reach agreement with the PRG on changes to services | • Meeting held January 2013 to discuss findings from Patient Survey | ✓ |
| (5)  | Agree action plan with the PRG and seek PRG agreement to implementing Changes | • Meeting held in January 2013 to agree Action Plan for 2013/14 | ✓ |
| (6)  | Publicise actions taken and subsequent achievement. | Summary report published on web site February 2013 | ✓ |
Raising the profile of the PRG

Significant progress was made last year in establishing a PRG group. This year we have built on that and developed an infrastructure to enable us to become actively involved within the Practice and become part of the decision making process. During the year we have:

- Elected a Vice Chairman to support the Chairman and reviewed the Constitution
- Held bi-monthly meetings as opposed to quarterly meetings
- Created a Declaration of Interest register and ensured all members have signed a confidentiality statement
- Taken the lead and hosted a networking event to enable the six other PRG groups within our Locality to meet
- Facilitated a development session by way of a presentation from Nene Commissioning to learn more about the changes happening within the NHS
- Become actively involved in the commissioning arena through appointing representatives to stakeholder groups
- Increased our membership
- Monitored and managed both the Action & Work Plans for 2012/13
- Undertaken a Patient Survey
- Approved an Action & Work Plan for 2013/14

A significant success of the year has been the use of the Patient Survey to ascertain who would like to be more involved in the practice. In total a further 274 patients have put their names forward to become more involved within the Practice (Table 1). This means that 2% of the Practice’s total list is part of the decision making process.

We were also actively involved in the:

- installation of the new self-service screens in reception
- flu clinics
- introduction of a Freepost address so that patients can get in touch with the Practice easily

The table below details our new membership demographics and three levels of involvement:

1. **Virtual Group** – Patients who want to be involved in the decision making process but do not have time to commit to the Practice. Whenever we are looking/reviewing an idea we email a questionnaire out to ask their opinions.
2. **Actual Group** – Patients who attend a quarterly meeting and effectively manage/drive patient involvement in the Practice.
3. **Involved Group** – Patients who want to be more involved in the Practice

<table>
<thead>
<tr>
<th>PRG Members - 2012/13</th>
<th>Group (1) &amp; (2)</th>
<th>Group (3)</th>
<th>Practice demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-25</td>
<td>35%</td>
<td>43%</td>
<td>63%</td>
</tr>
<tr>
<td>26 - 35</td>
<td>30%</td>
<td>26%</td>
<td>16%</td>
</tr>
<tr>
<td>36 - 55</td>
<td></td>
<td>31%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Table 2 - Membership of PRG Group
# PRG Action & Work Plans – 2011/12

<table>
<thead>
<tr>
<th>Action</th>
<th>Status</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publicise the minor illness clinic and services that are available</td>
<td>Completed</td>
<td>• Patient Survey results confirmed there has been an Increased take up in the use of the minor illness clinic</td>
</tr>
<tr>
<td>Undertake an education exercise to disseminate the benefits of online booking</td>
<td>Completed</td>
<td>• On-line usage has increased</td>
</tr>
<tr>
<td>Retain current DNA policy</td>
<td>Completed</td>
<td>• There has been a reduction in the amount of patients who miss appointments</td>
</tr>
<tr>
<td>Introduce a text reminder service</td>
<td>Completed</td>
<td></td>
</tr>
<tr>
<td>Have a dedicated cancellation telephone line</td>
<td>Completed</td>
<td></td>
</tr>
</tbody>
</table>

### Have your say initiative

- **Install an antiseptic jel near the touch screen**
  - Completed
  - Improved cleanliness
- **Rota staff to ensure cover at all times for the prescription service**
  - Completed
  - The prescription service is now manned at all times.

### Short term objectives 2011/12

<table>
<thead>
<tr>
<th>Objective</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Define purpose and objectives of group</td>
<td>✓</td>
</tr>
<tr>
<td>2 Agree constitution</td>
<td>✓</td>
</tr>
<tr>
<td>3 Define main areas of work</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Medium term objectives 2012/13

<table>
<thead>
<tr>
<th>Objective</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Improve representation of group so that it reflects the diversity of the practice population</td>
<td>✓</td>
</tr>
<tr>
<td>2 Undertake a patient survey</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Long term objectives 2013/14

<table>
<thead>
<tr>
<th>Objective</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Produce a practice leaflet with up-to-date information</td>
<td></td>
</tr>
<tr>
<td>2 Take over responsibility for Patient Newsletter &amp; Have your say initiative</td>
<td></td>
</tr>
</tbody>
</table>
Patient Survey

Methodology
There is a mandatory requirement to undertake an annual patient survey. It was hoped that by the PRG Group and the Practice working together this year’s survey would produce meaningful results that could assist to determine whether the Practice were performing well and identify where improvements could be made. Various discussions were held and it was decided:

- 1260 hard copy patient surveys would be sent out (10% of the Practice population)
- The surveys would be available in reception, given out at clinics, and sent out with any correspondence leaving the practice to ensure a diverse group of respondents
- The survey would be reproduced electronically so it could go on the Practice web site.
- There would be a ten week consultation period.
- A target was set to get 500 returned questionnaires thereby achieving a 40% response rate.
- The resources of both the PRG and the practice would be utilised to collate the results
- Inputting of data would be undertaken in pairs so that a quality control exercise could be undertaken along with the PRG verifying the results
- The group would attend clinics and promote the completion of the questionnaire.
- There would be a £50 draw to encourage more patients to return their questionnaire
- Posters would be put up around the surgery to publicise the survey

Priority areas agreed to be covered by the questionnaire

- Availability of appointments
- Waiting times
- Use of services
- Service Satisfaction rates
- GP performance

It was also felt that:

- in order to increase patient participation a question be asked if they would like to be involved more in the Practice so that the group could contact them with a view to them either joining the group or becoming a virtual member.

- the group would be pro-active in the care of patients and a no smoking question would be added whereby patients could be canvassed as to if they would like support to give with a view to them being referred to a smoking cessation clinic.

- to support the Practice now that it was a research facility a question be added to enable a research database to be created listing those patients who would volunteer for a relevant trial. The collection of this data would also verify if patients were happy that the Practice was taking a higher profile in research activities.
Patient Survey Results

Quality
78% of paper respondents and 71% of virtual respondents indicated they had used the practice within the last three months thereby verifying the data was a reflection of current performance.

Availability of appointments
- 76% of paper respondents and 71% of virtual respondents said they were able to see a GP urgently or get an appointment the same day
- 90% of respondents confirmed they were either very or fairly satisfied with the opening hours of the surgery.

Waiting times
- 75% of respondents confirmed they could get an appointment either the same day or within a week.
- 57% of respondents confirmed they were seen within ten minutes
- 30% of respondents confirmed they were seen within ten to fifteen minutes
- 12% of respondents had to wait more than fifteen minutes
- 01% of respondents could not remember

Use of services and satisfaction rates

<table>
<thead>
<tr>
<th>Clinic</th>
<th>% of Respondents who had used the service</th>
<th>% of Respondents who found it very or fairly easy to get an appointment</th>
<th>% of respondents who were either very or fairly satisfied with the service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minor Illness</td>
<td>55%</td>
<td>82%</td>
<td>72%</td>
</tr>
<tr>
<td>Treatment Room</td>
<td>30%</td>
<td>91%</td>
<td>95%</td>
</tr>
<tr>
<td>Blood Test</td>
<td>72%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Diabetic Clinic</td>
<td>15%</td>
<td>81%</td>
<td>91%</td>
</tr>
<tr>
<td>Blood pressure Clinic</td>
<td>17%</td>
<td>86%</td>
<td>89%</td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
<td>78%</td>
</tr>
<tr>
<td>COPD</td>
<td></td>
<td></td>
<td>68%</td>
</tr>
<tr>
<td>GP Services</td>
<td></td>
<td></td>
<td>98%</td>
</tr>
</tbody>
</table>

Reception Area

A question as to whether patients were happy with the current layout of reception indicated 82% were as they did not mind that other patients could overhear their conversation or felt that other patients could not hear.
## Patient Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>Very of fairly satisfied</th>
<th>Neither satisfied or dissatisfied</th>
<th>Quite or very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>How helpful do you find the receptionists?</td>
<td>95%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>How satisfied are you with your care at the surgery?</td>
<td>96%</td>
<td>3%</td>
<td>1%</td>
</tr>
</tbody>
</table>

## GP performance

<table>
<thead>
<tr>
<th>The last time you saw a doctor at the surgery how good was he at:</th>
<th>Good or Very Good</th>
<th>Neither Good or Poor</th>
<th>Poor or Very Poor</th>
<th>Can’t remember</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving enough time</td>
<td>94%</td>
<td>4%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Asking about your symptoms</td>
<td>91%</td>
<td>6%</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Listening</td>
<td>91%</td>
<td>7%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Explaining tests and treatments</td>
<td>87%</td>
<td>7%</td>
<td>2%</td>
<td>13%</td>
</tr>
<tr>
<td>Involving you in decisions about your care</td>
<td>91%</td>
<td>7%</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>Treating you with care and concern</td>
<td>91%</td>
<td>6%</td>
<td>1%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Overall **99%** had confidence and trust in the doctor they saw.
Have your say campaign

The following are a sample of comments that have been received as part of the ‘Have your say’ campaign 2012/13:

“All of the above positive comments have been passed onto staff and the suggestion to amend the letter followed through. Other comments received have been reviewed as they have been received and either implemented or a reason given to the patient as to why not.

Unfortunately although we acknowledge this is an issue during 2011/12 it has not been possible to re-locate the equipment.

It is hoped for 2013/14 once building works have been completed on our self-service area then the equipment can be re-located.
Discussion of findings and agreed service changes

Actions for 2013/14 as a direct result of the patient survey and ‘Have your say campaign’ adopted by the PRG are

PRG Action Plan – 2013/14

<table>
<thead>
<tr>
<th>Action</th>
<th>Status</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create an Information Directory at Reception</td>
<td>To start 2013/14</td>
<td>• Improved patient Satisfaction</td>
</tr>
<tr>
<td>Assist DMP in re-vamping website</td>
<td>To start 2013/14</td>
<td>• To improve access to information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• To ensure site becomes an education tool for patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Enables DMP to become branded</td>
</tr>
<tr>
<td>Assist DMP to review their polices</td>
<td>To start 2013/14</td>
<td>• To enable patients to be part of the decision making process in the running of the Practice</td>
</tr>
<tr>
<td>Assist and produce 4 x News Letters: Spring, Summer, Autumn and Winter.</td>
<td>To start 2013/14</td>
<td>• To aid communication with patients</td>
</tr>
</tbody>
</table>

PRG Action Plan – 2013/14

Short term objectives 2013/14

1. Produce a practice leaflet with up-to-date information
2. Undertake a virtual patient survey

Medium term objectives 2014/15

1. Take over responsibility for Patient Newsletter & Have your say initiative
2. Ensure make up of PRG Group reflects the demographics of the Practice

Long term objectives 2015/16

1. To be determined – it was felt in light of the fundamental changes happening within the NHS during 2013/14 now was not the time to set long term objectives until the landscape became more clearer.
Practice Managers Summary

2012: A Year of PRG leadership - The Practice through supporting and working alongside its Patient Representative Group has successfully mentored the group to become a leader in its field with the Group being quoted at the Locality Meeting as being an example of Best Practice.

This report is not meant to be meticulous of the involvement of the PRG in the practice but instead highlight some of the activities we are allintensely proud of. As a consultation group the PRG knowledge base has increased significantly during the year, ensuring that their decision making process is robust and fit for purpose. Within the report itself we have published information in connection with the:

- profile of the PRG
- PRG involvement in the patient survey
- results of the patient survey
- subsequent agreed action plan
- details of where this Report has been published
- details of the Practices opening hours and how patients can access services

I am very proud of our PRG group this year as they have ‘re-launched themselves’ with fresh vigour. The importance of having a robust infrastructure at this point in time during all the NHS changes is absolutely essential. We know for certain that in the years ahead in order to ‘balance the budget’ we have no choice but to continue to work with our patients in a way that can innovate and transform service delivery. The PRG Group have a huge role to play in the success of the Practice especially in indentifying new opportunities.

I firmly believe they have proved their competence during the year and that they have the capacity and knowledge to assist in large scale projects the Practice may take on. Do you have ideas that we, as a practice group could benefit from? If so, please contact us by asking Reception for a ‘Have your say’ form or email us on danetrepatientsgroup@nhs.net

Jo Gilford
Practice Manager

The Practice confirms that the above report is a true and accurate reflection of the work undertaken as part of the Relationship DES 2012/13. A copy of this report has also been supplied to the PCT and published on the Practice website on behalf of the Patient Relationship Group
Useful information

Danetre Medical Practice   01327 703333 (All enquiries)
London Road   01327 708549 (Fax Number)
Daventry   01327 708537 (Appointment Cancellation Line)
Northants   03336 664 664 (Out of hours emergencies)
NN11 4DY   0845 4647 (NHS Direct)

We are open for telephone calls between 8am to 6:00pm Monday to Friday.

We have a Contact Centre in place which means you can ring with any enquiry between 8:00am and 6:00pm and hopefully it will be answered.

You can also make or cancel appointments online too.

To speak with a Drs secretary ring 01327 703333 and select option (1).

Useful Websites

• www.danetremedicalpractice.co.uk
• www.carers.org/help-directory/
• www.northamptonshire-carers.org
• www.nhs.uk/lifecheck
• www.daventry-and-district.diabetesukgroup.org

SERVICES AVAILABLE

Results
If you are waiting for results of tests our Contact Centre can be contacted on 01327 703333 between 10.00am and 6:00pm Monday to Wednesday. Routine blood and urine test results are usually back within a week but x ray results, smear results and specialised blood tests can take 8 - 12 weeks.

Diabetic Clinic
The practice runs a diabetic clinic every week. There is a local support group for patients with diabetes, please follow this link: www.daventry-and-district.diabetesukgroup.org

Baby Clinics
The health visitors run a clinic every Monday between 1.30 – 3.30. No appointment is necessary and you are welcome to come for advice on anything to do with childcare or to have your baby weighed. Parents can seek advice about behaviour, sleep, minor illnesses or family health issues. Baby milks and vitamins are on sale here at the health centre. Clinics are also held for regular check-ups of babies and young children.

Childhood Immunisations
Your child will normally be called for routine immunisations by the local authority. The immunisations take place at the practice on a Thursday between 1.30 and 3.30. If you cannot keep the appointment sent to you, you should contact your health visitor to advise the reason, and then another appointment can be arranged.
Adult Immunisations
Adults who have received five doses of tetanus do not now require any further doses unless they have an injury, or when travelling abroad to certain countries.

Travel Immunisations
If you are going abroad please contact the Travel Clinic secretary at least **eight weeks before departure** so an appointment can be made. In some cases travel immunisations are free.

- [www.fitfortravel.scot.nhs.uk](http://www.fitfortravel.scot.nhs.uk)
- [www.masta.org](http://www.masta.org)

Flu Vaccinations
We offer annual free ‘flu’ vaccinations, commencing in October, to all our patients aged 65+ and those at particular risk from heart, chest, diabetic and age-related conditions. Appointments are taken from September.

Pneumococcal Vaccinations
More than 3,400 people in the UK over the age of 65 die each year from pneumonia. We offer free pneumococcal vaccinations to all our patients aged 65+, who have not been previously immunised. It is available all year round.

Family Planning
Our nurses offer a comprehensive family planning service. Vasectomies are performed by one of the Doctors on the premises.

Smear Tests
Smear tests start at the age of 25 and women will be sent for a further test every 3 years until they reach the age of 49 and then every 5 years up to and including the age of 64. When your next smear test is due you will receive a reminder by post. Please make an appointment with the nurse and tell the appointments clerk what you are coming for so adequate time allotted.

Medical Certificates
It is not necessary to see the Doctor specifically for a certificate in the first week of illness. Self-certification forms for the first six days of absence are available from reception, from your employer or the post office. If a signed certificate is required to cover this period, then a private certificate is issued and a charge made.

After the first week, sickness certificates may be obtained as part of the consultation with the Doctor. Remember that if you have been in hospital, a certificate to cover any in-patient period must be issued before you are discharged.

Medical Examinations
We undertake specific medical examinations for insurance, employment, driving and sporting reasons. A fee is payable for these medicals.

Minor Operations
Many minor surgical problems can be dealt with at the surgery. Please make a routine appointment with the Doctor for assessment and advice.