

Newsletter

May 2019



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May News

Flu Season

Wow. We have never experienced a start to the flu season like we have had this year. All practices had a problem initially getting supplies of the vaccine and we were no exception. We have been trying to fit people in for vaccination and at the same time as we have been treating people who have already been infected. It has been a very busy few weeks and we are only just seeing the start of the cold weather.

If you haven't had your flu vaccine, it would be wise to make an appointment to arrange to have it done.

APPOINTMENT NON ARRIVALS

During this really busy time where we haven't been able to fit everyone into our appointment schedule, we had 27 people who made appointments in April but didn't arrive. In the first eight days of May we have had 22 non arrivals. You can imagine how frustrating it is for us when we are so pushed for appointment allocation. Surely we don't have that many forgetful people in our community.

These appointments sitting unused could have been allocated to people who had to wait for the next day or two to be seen. For the first time in the history of the practice we have had a waiting list of people trying to get in on the day. It is too late to ring them once people haven't arrived at their allocated time.

There is also a significant financial cost to the practice as well so we will need to consider a non arrival fee for people who don't bother to ring and cancel their appointments .



Recalls and Reminders

Our struggling health system relies on General practice to have strong focus on preventive care. As well as treating people for their day to day health problems, our GP's also need to focus on the future health of our patients. Their role is to diagnose and arrange early treatment of any problems to keep people well and out of the hospital system. Our recall and reminder system is a very important part of that preventive care process.

When you have a consultation with the doctor, they will often put a reminder into your medical record. This will be for something they think is important for you to have done or reviewed further down the track. Our lives are all very busy and time goes by so quickly. It is so easy to put aside our health checks and it is so important that we don't. The recalls and reminders the doctors put in are sent out on a regular basis. If you receive one please don't just ignore it, pick up the phone and make that appointment. At the moment it will be allocated in a few weeks time when we get through this initial busy flu season.



An excerpt from an article which was written by a GP in Sydney. It is a description of half of her day and is very typical of what any GP's morning is like.

I thought you might find it interesting.

8.00am The builder chatted while I checked his blood pressure, waist circumference, cholesterol, fasting glucose and urine protein. We discussed bowel and prostate cancer screening in detail and I gave him written information as we were out of time. As I signed his script for blood pressure medication he winked. "that was easy money for you Doc"

8.45 am Young homeless girl slouches while I explain why she needs the daily medication which keeps her out of hospital. After nine minutes her body language changes. "Oh if someone had just told me that I would've taken it. Can I get a Chlamydia check while I am here?"

8.50am Eleven minutes assessing a feverish toddler. Rule out meningococcal and other equally serious problems and diagnose a simple cold. This is a consult I know I will repeat several more times throughout the day with other children.

9.00am Stoic man vaguely requests a "check up". After ten minutes, he mutters that he has a funny feeling in his shoulder, "probably nothing" Ask the nurse to do an ECG.

9.15am Fifteen minutes with a young man who has recently lost his leg. We make a list of the things he will think about when he can't take his mind off the gun in his uncle's garage.

9.32am Check stoic man's ECG and send him to hospital. He is admitted and subsequently requires heart surgery.

9.40am Three minutes silence with a woman with finger marks on her neck. Does she want to talk today? Nope. Talk about migraines instead. Maybe next week.

9.53am Insert contraceptive implant into giggling eighteen year old.

10.04am Attend to the eighteen year old who has now fainted.

Call from the nursing home.—Three new urinary tract infections, someone is delirious and Bert's family are here from Perth and want to talk. Can I come by?

10.10am Determine whether 89 year old is fit to drive.

10.27am Explain to a young man that men as well as women can carry sexually transmitted infections and he should be treated for that discharge. Screen him for depression. Not depressed yet, but he is injecting Testosterone and has a secret abscess he'll let me see.

10.45am Explain to a woman with nine years of symptoms that she probably has coeliac disease.

10.56am Reassure first time mum with post-natal depression that she is not evil. Organise support for her.

11.15am Shout at 92 year old that she has gained four kilograms of fluid. Receive beatific smile in return. Stop four least useful of her fifteen medications and arrange to review tomorrow.

11.30am Another child with fever.

11.48am Another child with fever. Note that he has stopped growing. Rebook to investigate.

12.03pm Advise local butcher she should invest in Hepatitis A vaccine prior to Thailand trip.

12.12pm Phone call from lab - blood count from yesterday's patient with night sweats is abnormal. Suggestive of cancer. Call haematologist. He is busy.

12.18pm Another child with a fever.

12.30pm Notice suspicious lesion on bricklayer's arm while taking his blood pressure. A notorious no-show so I probably won't see him for another six months. Biopsy today.

12.54pm Lunch. Call the haematologist again. Call the patient with the abnormal blood result to request he come in today. Paperwork. Off to nursing home.

The morning is done and by the time I return from the nursing home it will be time to start the afternoon.