Aboyne Medical Practice

Summer Newsletter 2026 – Updates from the GP Partners

A message from the GP Partners

Thank you for your patience and understanding during our move from the EMIS clinical system to Vision. This has changed many of the day-to-day processes that sit behind appointments, prescriptions, recalls, results, letters and patient communication. The practice team is continuing to work through the transition carefully so that records, medication lists, monitoring reminders and long-term condition recalls remain safe and accurate. We know that some patients have experienced delays or extra queries during this period, and we are grateful for the kindness and patience shown to reception, nursing and clinical staff.

1. Our move from EMIS to Vision – what it means for patients

The move to Vision is not simply a change in how the screen looks to staff. A GP clinical system holds the core medical record and supports many safety processes, including medication authorisation, allergies, results handling, long-term condition registers, recalls, chronic disease templates, coding, letters, and communication with other NHS systems. When a practice changes system, staff need to learn new workflows while also checking that information has transferred correctly and is being used consistently.
In the first few months after a system change, some processes can feel slower. Staff may need to double-check information that was previously familiar, and some searches or recall lists may need to be rebuilt or validated. This is expected after a major system migration and is part of making sure the new system is safe and reliable for ongoing care.

- We are continuing to review chronic disease registers and recall searches so that patients with conditions such as diabetes, asthma, COPD, heart disease, kidney disease and high blood pressure are invited for appropriate monitoring.
- Medication review processes are being checked so that repeat prescriptions, monitoring requirements and safety alerts are managed consistently.
- Results, letters and clinical coding are being reviewed as staff become familiar with the new system.
- Patients may occasionally be asked to confirm details such as current medicines, mobile number or preferred contact details. This helps us keep records accurate.

How you can help

Please tell us if your contact details have changed, order repeat prescriptions in good time, and respond to review invitations when you receive them. If you think you are overdue a long-term condition review, please contact the practice so we can check your record.

2. Keeping in touch – mobile numbers and SMS messages

Good communication depends on accurate details. If you are happy for us to contact you by text message, having your current mobile number recorded can help the practice communicate more efficiently. Text messages may be used over time for appointment reminders, review invitations, links to information, and short administrative updates. This can reduce avoidable phone calls and letters, and can help patients receive information more quickly.
Text messaging is not suitable for every situation and it is not a replacement for urgent medical advice. The practice will continue to use telephone calls, letters and face-to-face appointments when these are more appropriate. Please do not rely on text messages for urgent problems or emergency care.

- Please update us if your mobile number changes.
- Let us know if you do not want to receive SMS messages from the practice.

- If more than one family member uses the same phone number, please consider whether confidential health messages could be seen by someone else.
- If you receive a text asking you to book a review or provide information, please respond promptly where possible.

3. Reception self check-in and front desk delays

Our previous self check-in screen was not compatible with the new clinical system and we now have a replacement. This means more patients currently do not need to check in at reception. At busy times checking in at the reception can create queues, especially when staff are also answering calls, dealing with prescription queries, scanning documents and supporting clinicians.
We are aware that this can be frustrating for patients and for the team. Reception staff are often managing several time-sensitive tasks at once, including urgent clinical messages and queries from hospitals, pharmacies and community services. The new self check-in should reduce delays.

4. Repeat prescriptions – update after the switchover

Repeat prescribing was one of the areas most affected immediately after the system change. Repeat medication lists, authorisation dates, review dates, pharmacy links and ordering processes all depend on the clinical system. Some patients experienced problems while these processes were stabilised. We believe the main issues have now largely been resolved, but we continue to monitor prescription queries carefully.

- Please order medication before you run out, especially ahead of weekends, public holidays or travel.
- Only order items you actually need. This helps reduce waste and allows medication records to remain clearer.
- If a repeat item has disappeared, looks different, or you are unsure why it has changed, please contact the practice or your usual community pharmacy so this can be checked.
- Some medicines require monitoring blood tests, blood pressure checks or review before further prescribing is issued. This is for safety rather than inconvenience.

Community pharmacists are also a valuable source of advice about medicines, side effects, interactions and how to take medication safely.

5. Moving away for university, college, apprenticeship or work

Many school leavers and young adults move out of the practice area during the summer. If you will be living elsewhere for most of the year, we strongly encourage you to register with a GP practice close to where you will normally live. This is particularly important if you have asthma, diabetes, epilepsy, mental health needs, ADHD medication monitoring, contraception needs, regular prescriptions, or any condition that may require review while away.

Registering locally does not mean you cannot seek urgent help while visiting home, but your routine and ongoing care is usually safest when provided by a practice near your usual address. A local GP can assess you in person, arrange local investigations, refer to local services and receive results directly.

- Register early rather than waiting until you become unwell.
- Make sure you have enough regular medication before moving, but do not leave prescription arrangements until the last minute.
- If you are moving within Scotland, use NHS Inform / Scotland's Service Directory to find local GP practices, pharmacies, opticians and other services.
- If you are moving outside Scotland, check the registration arrangements for the area where you will live.

6. Care closer to home and Primary Care Redesign

Across NHS Grampian, primary care services are being redesigned because the needs of the population are changing. NHS Grampian describes the main challenges as a growing elderly population, increasing long-term conditions such as diabetes and asthma, more activity shifting from hospital to community settings, workforce and training needs, premises limitations and the need to deliver care closer to home where possible.

For patients, this means that the GP practice is increasingly part of a wider primary care team rather than a service delivered only by GPs. Depending on the problem, the most appropriate professional may be a GP, advanced nurse practitioner, practice nurse, pharmacist, physiotherapist, mental health professional, dentist, optometrist, community nurse or another member of the wider team.

- GPs remain expert medical generalists and continue to manage complex, uncertain and ongoing medical problems.
- Practice nurses support long-term condition monitoring, cervical screening, injections, wound care and other planned care.
- Pharmacists provide specialist medication advice and can help with medication reviews, repeat prescription queries and safe prescribing.
- Advanced nurse practitioners can assess, diagnose and treat many acute problems independently.
- Other professionals may be better placed for specific issues, such as dental pain, eye problems, musculoskeletal injuries or mental health support.

Why triage matters

Triage is not a barrier to care. It is a way of matching your problem to the person or service most likely to help. This helps GP appointments remain available for problems that genuinely need GP input, while allowing many patients to receive faster and more appropriate advice elsewhere.

7. Digital services – practical changes without replacing personal care

Digital work across NHS Grampian is intended to improve reliability, information sharing, safety and communication. For the practice, the move to Vision is part of this wider direction of travel. Digital systems can support safer prescribing, clearer recall processes, more reliable coding, more efficient messaging and better sharing of information between NHS services.

Digital systems do not remove the need for good clinical judgement, continuity or personal contact. Many patients will still need telephone advice, face-to-face assessment, examination, home visits where clinically appropriate, or longer planned reviews. The aim is not to make healthcare impersonal, but to reduce avoidable administrative work and help staff find the right information at the right time.

- Accurate mobile numbers may allow more efficient SMS communication in future.
- Improved clinical coding helps recall patients for long-term condition reviews and monitoring.
- Electronic prescribing and medication records support safer repeat prescribing, but they still require careful review by staff.
- NHS Inform and Scotland's Service Directory can help patients find reliable advice and local health services.

8. Accessing the right care in NHS Grampian and Aberdeenshire

Choosing the right service can help you get help sooner and keeps urgent and emergency services available for those who need them most. NHS Grampian's "Know Who to Turn To" information highlights different options including self-care, support for long-term conditions, mental health support, community pharmacy, GP, dentist, optician or optometrist, out-of-hours care, minor injuries and emergency services.

Need	Best first contact	Examples / notes
Minor illness	Community pharmacy / NHS Pharmacy First Scotland	Coughs, colds, allergies, constipation, diarrhoea, sore throat, hay fever, mouth ulcers, threadworms, thrush, warts and other common conditions may often be assessed by a pharmacist.
Ongoing medical problems	GP practice	New or ongoing symptoms, medication reviews, long-term condition care, complex or uncertain problems, and concerns needing continuity.
Dental pain or dental infection	Dentist / dental urgent care route	GP practices are not equipped to provide definitive dental treatment.
Eye problems	Optician / optometrist	Sudden visual changes, painful red eye, blurred vision or eye injury may need urgent optometry assessment.
Minor injuries	NHS 24 / local minor injury pathway	Cuts, minor burns, sprains, suspected minor fractures or minor head injury should be directed through local urgent care pathways.
Urgent problem when practice closed	NHS 24 on 111	For problems too urgent to wait until the practice reopens but not life-threatening.
Life-threatening emergency	999	Chest pain suggestive of heart attack, stroke symptoms, severe breathlessness, collapse, major trauma or severe bleeding.

NHS Pharmacy First Scotland is available through community pharmacies in Scotland that dispense NHS prescriptions. You usually do not need an appointment, and the pharmacy team can give advice, provide treatment if appropriate, and refer you to another healthcare professional if needed.

9. Medicines “sick day rules” – when dehydration makes medicines riskier

Some regular medicines are very helpful when you are well but can become riskier during dehydrating illness. Dehydration can happen with vomiting, diarrhoea, fever, sweats, shaking or being unable to drink normally. Healthcare Improvement Scotland updated the Medicine Sick Day Guidance resources in June 2026 to support safer use of medicines during dehydrating illness.

The guidance is not a rule to stop all medicines. It is about temporarily withholding specific medicines that have previously been identified as relevant for you, usually until you are eating and drinking normally again. If you are unsure, ask your pharmacist, nurse or GP.

- ACE inhibitors – medicines ending in “pril”, such as lisinopril, ramipril or perindopril – may affect kidney function during dehydration.
- ARBs – medicines ending in “sartan”, such as losartan, candesartan or valsartan – may affect kidney function during dehydration.
- Diuretics or “water tablets”, such as furosemide, bendroflumethiazide, indapamide or spironolactone, can worsen dehydration.
- Metformin can become riskier during dehydration because of the rare but serious risk of lactic acidosis.
- SGLT2 inhibitors – medicines ending in “flozin”, such as dapagliflozin, empagliflozin or canagliflozin – can increase the risk of diabetic ketoacidosis during dehydration.
- NSAID anti-inflammatory painkillers, such as ibuprofen, naproxen or diclofenac, can affect kidney function during dehydration.

When to seek urgent advice

Seek urgent help if you cannot keep fluids down, are becoming drowsy or confused, feel very faint, pass very little urine, have severe abdominal pain, have symptoms of diabetic ketoacidosis, or your illness is not improving. People with diabetes, kidney disease, heart failure, frailty or complex medication lists should ask for advice early.

The Right Decision Service provides a tool that can create a personalised medicine sick day guidance card, and Healthcare Improvement Scotland provides patient leaflets and cards.

10. Summer health reminders

Summer is a good time to check practical health arrangements, especially before holidays, travel or moving away from home.

- Order repeat prescriptions early if you are travelling, but avoid stockpiling medication unnecessarily.
- Check whether travel vaccinations or malaria advice are needed well before travel. Travel health advice is available from Fit for Travel and local travel vaccination services.
- For hay fever, sun reactions, insect bites and minor skin irritation, your community pharmacist can often advise on suitable treatment and when further review is needed.
- Use sunscreen, seek shade during strong sun, keep hydrated and take extra care with babies, older adults and people with long-term conditions during hot weather.
- If you have borrowed practice equipment such as a blood pressure monitor, please return it when no longer needed so it can be used by other patients.

Useful links and contacts

- **NHS Inform:** https://www.nhsinform.scot/
- **Scotland's Service Directory:** https://www.nhsinform.scot/scotlands-service-directory
- **NHS Pharmacy First Scotland:** https://www.nhsinform.scot/care-support-and-rights/nhs-services/pharmacy/nhs-pharmacy-first-scotland
- **Know Who to Turn To – NHS Grampian:** https://www.know-who-to-turn-to.com/
- **Medicine Sick Day Guidance – Right Decisions:** https://www.rightdecisions.scot.nhs.uk/polypharmacy-guidance-appropriate-prescribing-making-medicines-safe-effective-and-sustainable-2026-2029/medicines-sick-day-guidance/
- **Healthcare Improvement Scotland Sick Day Cards 2026:** https://www.healthcareimprovementscotland.scot/publications/medicines-sick-day-cards-june-2026/

Thank you

Thank you for your continued support and understanding during a period of major change for the practice. We remain committed to providing safe, high-quality care for our community while adapting to changing healthcare needs and new digital systems.

The GP Partners and Team at Aboyne Medical Practice