

This Issue

We continue our aim to keep you informed of the services at Ivy Grove and also let you know about the latest medical developments.

Staying Healthy

Dr Wong shares some top tips for staying healthy.

Patient Group

Our patient group writes about their typical meeting structure.

Make the Most of your GP Part 4

Our series of articles on making the most of your GP continues.

Letter to the PM

Dr Wong continues with his letter to Mr Cameron about his concerns for the NHS.

Did you know?

We start a new series providing bite sized snippets of easily digestible information.

Prescribing Update

Our practice manager writes with an update on electronic prescribing.

Day in the Life of...

Our series continues with an article from our hardworking admin team.

Your Feedback

Your feedback is very important to us – feel free to write to us with your comments or questions. Our address is shown on the back page of this newsletter.



VISIT US ONLINE AT IVY.GS

in this bumper issue

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Top Ten Tips for Staying Healthy *by Dr Michael Wong*

Your health is not something that just happens to you whilst you are a passive onlooker. It requires active involvement from each of us every single day in order to be healthy and stay healthy.

We can all take some easy steps to ensure that we are as healthy as we can possibly be. By doing so, you might find that you can stay away from the doctor for longer. Here we give you some simple top ten tips for staying healthy.

1. Eat Better

This means eating not just the right type of foods in the correct balance, but also not too much or too little. A good diet will be low in fats and refined sugars and have plenty of fruit and vegetables with a moderate amount of lean meat.

2. Get Enough Sleep

Going to bed on time will help to ensure you get enough sleep to manage the day ahead. Avoid distractions in bed like watching TV or eating.

3. Drink Plenty of Fluids

Our busy lifestyles often mean we don't drink enough water. Drinking 6 to 8 cups daily will make you feel better and keeps our body systems hydrated and working well.

4. Don't Smoke or Abuse Drugs

Each and every cigarette you smoke poisons your system and increases the chance that you might be the one in two who will die from smoking related diseases. Illicit drug taking is equally harmful.

5. Avoid Excessive Alcohol

Alcohol in moderation is part of a healthy lifestyle and a pleasure, however, too much is harmful

and acts as a depressant.

6. Start Exercising

Again, we might be too busy or too tired to exercise the recommended amount, but even short brisk walks in the fresh air will help and are a start towards a healthier lifestyle.

7. Play More and Enjoy the Outdoors

Play is not just for children. We could all play more and take part in activities that interest us and keep our minds stimulated. Doing so improves our wellbeing. Even injecting play into mundane activities like household chores and daily routines may help.

8. Lifelong Learning

Evidence shows lifelong learning is good for health. Keep your curiosity alive with books, learn new interests and hobbies, take active steps to experience the world around us. All these can help to improve mental health and protect against age-related decline.

9. Social Support

We are social animals and all of us need support at times. Connecting with others, sharing our troubles, love and intimacy, being involved with family, community groups and owning pets all play a part in improving our physical, mental, emotional and spiritual health.

10. Deal with Stress

Recognise stress when you have it. Stress often means you forget to look after yourself as well. By following all the steps above, along with stress relieving measures like breathing exercises, relaxation, yoga, massage, complementary treatments, you can start to restore your physical and mental health.

Hopefully this brief checklist will help you to take your own steps towards looking after yourself and becoming a healthier person.



Make the Most of Your GP part 4

Book appointments online
You can now help to reduce demand on the phones by booking your own appointment online. Please visit ivy.gs/online for more details.

Listen to our receptionists
When you call for an appointment with us, our receptionists are trained to pick up on verbal clues that might indicate a more serious problem, like a heart attack or stroke. In such situations, they have been authorised by the doctors to advise you to ring 999 or attend a major Accident and Emergency department. Please listen to our receptionists so that the appropriate care you need is not unnecessarily delayed.

Join your Patient Group
Ivy Grove Surgery has its own patient group, which has been set up to help improve services for all patients. Please see the dedicated noticeboard in the waiting room or view the patient group pages on the surgery website at ivy.gs/pg.

Sick notes from hospital
Following your hospital stay or outpatient clinic appointment, your hospital doctor is *legally obliged* to issue you with a fit note (sick note) should you need it. Such a note should be for the full duration of time that they have advised you to be off work. **We strongly urge all patients NOT to leave the hospital until they have received their sick note!**

More details at
ivy.gs/med3.



Visit us online at ivy.gs

Ivy Grove Patient Group

Mike Ganly,
Vice Chairman and Secretary writes about the group's meetings

As Vice Chairman and Secretary of the Ivy Grove Surgery Patient Group I would like to give you a flavour of a typical Patient Group Meeting. The last meeting was held at the surgery on Wednesday 28th May. We have historically met on the last Wednesday of every month at 6.30pm in the evening but we have decided to change this in the future to 10am one month and then 7pm the next month, to make sure we can attract a wide spectrum of our community. Group member Wendy Hardy has provided more detailed information in the inset box.

In May we were joined by Micheala Kirkman and Sue Dundon who are both based at Ivy Grove Surgery. Micheala is the Care Co-ordinator and amongst other responsibilities she deals with patients who have long term conditions and those who make high use of NHS services. Sue is the Community Matron, she predominantly visits patients with long term conditions and those recently discharged from hospital, much of her work is spent with the patients at their home. Micheala and Sue work closely together and they presented us with an interesting perspective of their work at the surgery.

We regularly invite guest speakers from other areas of the NHS to provide details of their roles and responsibilities. In September or October we are hoping to have a representative from Healthwatch to explain how they operate within the

framework of the NHS. The role of Healthwatch includes championing the needs of children, young people and adults; their work also covers health and care.

The Patient Group is trying some new meeting times to see which is the best.

**Tuesday 23rd Sept 10am
Wednesday 29th Oct 7pm
Tuesday 25th Nov 10am
Wednesday 28th Jan 7pm**

The meetings are informal and often with a short talk with time to ask questions and gain insight into how the surgery works, the services on offer, and how improvements can be made for the benefit of patients and the practice.

I joined the group in January and we have discussed the appointment system, support for patients within the community, and what to do about the carpets. It is good to be at the Doctors without being ill and to meet the people who keep the place running day-to-day as well as the medical staff. Come along and see for yourself. There will be a cup of tea or coffee waiting for you.

Other items discussed at the May meeting included signage to the Patient Group Meeting Room, the appointment of an interim locum, the formation of working groups within the Patient Group relating to the Patient Participation Report and the Patient Group Patient Survey. There was also a brief discussion about the on-line appointment booking system and the general consensus was that this was working well. If you would like more

information about this system please visit the Ivy Grove Surgery web site at ivy.gs/pg.

Most meetings are attended by one of the Doctors, the Practice Manager and the Assistant Practice Manager who keep us up to date with any new developments occurring at the surgery.

The purpose of the group is to give a voice to all patients of the Ivy Grove Surgery and we are aware that our group consists predominantly of the older generation. We would therefore welcome any new members, especially younger patients. Please look for information on the notice board or contact Reception at the surgery for details of the next and future meetings.

Email: ivgpatientgroup@gmail.com

General Practice in crisis!

Despite continued denials from NHS England and the government, General Practice all around the country is in a deepening crisis.

Lack of resources and funding, immense workload pressures along with constant hateful media coverage of GPs means fewer new recruits are entering General Practice and many GPs are retiring early or leaving the profession altogether with no-one to replace them. Some surgeries are closing.

Shockingly, the East Midlands area is the poorest doctored area in the country, with a staggering 38% of GP trainee posts unfilled. Find out more at ivy.gs/more and sign the national petition at our front desk.

See our notice on page 4 regarding our current appointment problems. The replacement for Dr Ross has not yet been found.



Letter to the Prime Minister (part 2)

Dr Wong shares the letter about the NHS which he sent to Mr Cameron recently

In the last issue of the newsletter, we carried the first part of a letter that was sent directly to the Prime Minister, and also to Jeremy Hunt, the Secretary of State for Health. We continue with part 2 here.

The tone of language and intentional humour, which has been left intact, should not detract you from what are real and genuine concerns.

So, here you are, making those vote-winning promises; promoting seeing your doctor all hours whenever you want, getting a visit whenever you want or when you've reached some senior milestone, ringing a helpline for computer generated medical advice, coming in early for every minor ailment, registering with any doctor you want from anywhere you want, have your operation after Sunday lunch, being screened for all and sundry. And at the same time, you are promoting the need for the NHS to change. You are promoting the need for high quality NHS care to be delivered at all times, all in the name of convenience, but more importantly for you I think, all in the name of votes.

But you also know the NHS cannot cope with this. You know we GPs cannot cope with this. I think your advisors do know the vast majority of GPs do not earn £250K a year doing a 9-5 job with a healthy dose of golf in between sleeping with patients, bumping them off or injecting

themselves with controlled drugs. I think your advisors also know that the vast majority of GPs are overstretched, working much harder, 12-13 hour days being not unusual, to deliver your agenda for you, for much less take home pay.

You know that General Practice is on the point of collapse. You do know this. I know you know this because we know with absolute certainty that Clinical Commissioning Groups (CCGs) pass this information to Area Teams, who pass it to NHS England, who pass it to your advisors, who pass it to you. But you still come up with these wild initiatives to flood our waiting rooms with the unnecessary and fill our consultations with the inappropriate. Why do you do this? It's part of your Plan of course.

It is a widely accepted fact that primary care is the key to the NHS, what with its 300 million plus [UPDATE: 340 million is the current figure] patient contacts every year. Despite some recent lazy reporting, it does a fairly good job at stopping the hospitals and A+Es being swamped. In comparison, NHS 111, the successor to the previous 'exemplar' NHS Direct service, much like its predecessor, is complete and utter pants. It must be the bane of every A+E consultant's life when some non-medically trained telephonist reading some computer blurb sends every 20 year old with chest pain to the

emergency department in a blue light ambulance. Primary care doesn't do that. If you want to find the answer to why hospital emergency rooms are full, perhaps look to shifting the mess off your own doorstep first?

Back to the point, primary care is key. Nearly everyone in the country sees a GP. Without us, your political agenda for the NHS cannot be achieved. Being good souls, we try to please and try to do all that you ask of us. But because of all your unrealistic promises, which I understand you are forced to make to keep yourself in a job, you know that all it does is pile the pressure on us in primary care.

You promise, but you know full well we cannot deliver.

We know your game. We also know you have friends in high places. In the British Medical Association (BMA), Department of Health (DH), the General Medical Council (GMC), NHS England, the Royal College of General Practitioners (RCGP), the other professional Royal Colleges. You need to have a long term Plan to fix the NHS, to get it off your hands, because it's just not doable. You need this Plan and you need your friends to help you do this. And you don't want to be the leader left holding the baby either.

This long letter will continue in many future editions of the patient newsletter. However, you can read or download the full letter online at ivy.gs/opinion.



Did you know...?

...patients who do not attend or cancel their appointments cost the NHS over £700m in lost revenue annually. That is enough to run two hospitals! Recent data shows that the total number of missed appointments last year at Ivy Grove is equivalent to the loss of 6 weeks of GP and nurse time!

...hospitals should not tell patients to bring their hospital outpatient prescriptions to their GP surgery. GPs are not supposed to convert hospital prescriptions to GP prescriptions as this means the NHS pays for this twice!

...you can now book GP appointments on-line. Ask at reception or go to ivy.gs/online.

...the hospital should give you a fit note (if you need one) following your inpatient episode or outpatient appointment. See ivy.gs/med3 or page 2 for more info.

...you can self-refer for physio treatment. Just call Physio Direct on 01335 230079.

...it can take up to 6 weeks for your GP to receive a letter from the consultant following your hospital appointment.

SHINGLES VACC FOR OLDER PEOPLE

Shingles Vaccination

New Programme

Shingles (also known as herpes zoster) is a condition that is caused by the reactivation of the chickenpox virus. Once you have had chickenpox, the virus stays inactive in your nervous system and later in life can reactivate causing shingles.

The symptoms of shingles can vary from mild to severe and can be unpleasant for some. They usually affect one side of the body, often the trunk, the head, the neck or the eye. Shingles usually starts with a headache and tiredness, and you are likely to feel unwell. It's very common to feel a tingling or burning pain in the area of the skin before a red rash

appears, which then turns into painful fluid-filled blisters. After a few days the blisters dry out and scabs form. It can take between 2 and 4 weeks for the rash to heal completely.

As older people are more likely to get shingles, a new national immunisation programme has been introduced by the Department of Health for people aged 70 and 79.

From September 2013 people aged 70 and 79 are eligible for vaccination. People will be offered the vaccination when they turn 70. People aged 80 and over are not part of the national programme.

If you were aged 70 or 79 on September 1 2013 but become 71 or 80 before being called or attending for vaccination, you

will still be able to have the shingles vaccine.

If you are aged 71 to 78 on September 1 2013, your next opportunity to have the shingles vaccine will be when you have reached the age of 79.

At the beginning of the national vaccination campaign we had great difficulty obtaining the vaccine but that has now been resolved and Ivy Grove Surgery will be calling eligible patients in on a monthly basis from the end of April 2014. If you fall into the above age range and have not yet been invited to attend, please call the surgery to book your appointment.

Charmagne Stephenson
Practice Manager



NEWS SNIPPETS

Prebookable Appointments

Please note that due to unprecedented demand for appointments after the weekend, we have had to reduce the number of prebookable (book in advance) appointments available on a Monday. This is to ensure that patients needing urgent or same day appointments will have a better chance of booking one on the day.

Named GPs

From April 1st, as part of GP contract changes, we will be notifying all over 75s of their named GP. The named GP will take lead responsibility for ensuring that all appropriate services are delivered to the patient, work with relevant associated health and social care professionals to deliver a multidisciplinary care package and ensure that the physical and psychological needs of the patient are recognised and responded to. This is largely about formalising responsibilities as we already do this work; note that the named GP will not be the only doctor that ever sees the patient, as of course, as a group practice, patients are free to see whichever doctor they wish.

Duty doctor appointments

On occasion, we may have to book your appointment with the doctor who is also on-call for emergency duties. Whilst we will always aim to see our booked patients on time, seeing the duty doctor means that your appointment may be subject to severe delays and/or time constraints as that doctor may have been dealing with other patients, called away on emergencies or have to deal with other urgent cases. We therefore ask you to bear with us should this situation arise. Our receptionists will always inform you if your appointment has been booked with the duty doctor and advise you accordingly.

Severe Appointment Shortage in July and August



Due to a national shortage of GPs and increased demand we have reluctantly had to adjust our appointment

system for the above two months.

We have been working tirelessly to try and appoint an additional GP for over a year and also to find locum GP cover for holiday periods without success. Therefore, from Monday 30th June to the end of August all GP appointments will only be available to book on the day. This is

to enable us to cope with same day demand. We apologise in advance for any inconvenience this may cause.

The BMA and the Royal College of General Practitioners are both running campaigns to highlight the problems of recruitment and retention within General Practice and we would urge you all to sign the national petition available at the front desk. See our news page at ivy.gs/more or download the petition pack at bit.ly/rccgpetition.



Dr Wordley's Run

We are pleased to report that Dr Wordley completed the London Marathon in April with a time of just over 5 hours. At the time of writing he has raised £1,181.22 for Cancer Research and the National Osteoporosis Society. If you wish to donate, please visit bit.ly/supprtDrW.

Two New Doctors

We would like to inform all patients that we have two new doctors joining us from August. They are Dr Riva Greer (female) and Dr Simon Francis (male) and they will have just completed their training post. We hope that you will welcome them as part of our team. Introductions to follow.

Ivy Grove News Issue 12.2 July 2014



Day in the Life of the Admin Department - part 5

We are the secretaries and administrative staff for the surgery and are based in a busy department hidden away at the top of the building, in an office just down the corridor from the management team. Our day starts at around 8.30am, the first job of the day in the summer is to throw all of the windows open as we have the warmest room in the building. The surgery receives correspondence which comes in a variety of mediums from traditional paper to high tech electronic versions of letters from consultants which are received via an electronic link with the Derby Hospitals. This all has to be sorted and processed and directed to the relevant GP or Nurse.

When patients see the GP at the surgery the GP might refer patients to specialist departments at the hospital or write to consultants to seek advice as to how to manage or treat a patient's condition. This involves the Doctor dictating a letter which the secretaries in the team type up and either create the paperwork needed to arrange a hospital appointment via the Choose and Book system or send letters direct to the consultants. The consultants then provide advice back to the surgery or write to patients to offer appointments.

The GPs receive numerous requests for information from individual patient's medical records which can be anything from filling out a holiday cancellation medical certificate, to producing a report based on the patient's entire record usually requested by insurance companies. All of this information can only be shared with the patient's consent. The admin department deals with the chasing of consent, agreement of fees and typing up the completed reports...

read the rest of this article at ivy.gs/web



**ivy grove
surgery**

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mail@ivyg.s

This newsletter is also available online at ivy.gs/ign

Counselling

Any patient can self-refer themselves to the counselling service for treatment of anxiety and depression, without the need to see a doctor. Please ask for a leaflet from reception on services available or download the leaflet from bit.ly/derbyapt. Patients are free to choose whichever provider they wish.

Label Your Pots!

We have been notified by Derby Pathology that from April 1st, they will not process any samples unless full ID is included with the sample. Therefore, to avoid unnecessary repetition of tests, please label all specimen pots with your name and date of birth and place in the bag provided, along with your form.

Prescribing Update – A New Way to Get Your Medications

The Electronic Prescription Service (EPS) is an NHS service which allows your GP to electronically send your prescription for medication or appliances directly to a place of your choice.

What does this mean for you?

If you usually collect your repeat prescription from your GP, in future you will not have to visit the GP surgery to pick up your paper prescription. Instead, your GP will send it electronically to the place you choose, saving you time. You will have more choice about where you get your medicines from as they can be collected from any place near where you live, work or shop.

Is this service right for you?

Yes	Possibly not
If you don't want to go to your GP surgery every time to collect your repeat prescription	If you don't get prescriptions very often
If you collect your prescription from the same place most of the time or use a prescription collection service already	If you pick up your medicines from different places

How can you use EPS?

You need to choose a place for your GP surgery to electronically send you prescription to. This is called your nomination. You can choose a pharmacy or a dispensing appliance contractor (if you use one). Ask your pharmacy or dispensing appliance contractor to add your nomination for you. Please note that at the moment not all pharmacies or appliance contractors are linked for EPS.

EPS is reliable, secure and confidential. Your electronic prescription will be seen by the same people in the GP practice, pharmacy, NHS prescription payment and fraud agencies that currently see your paper prescription now.

For more info visit www.hscic.gov.uk/epspatients.

REMINDER

Please remember to hand in your repeat prescriptions well in time. Patients are welcome to use our online service, details available at ivy.gs/rx.

NEXT ISSUE

Details of our next issue will be posted on the surgery website at ivy.gs.

MAILING LIST

If you want to join our mailing list and get this newsletter sent out to you electronically in PDF format whenever it is published, please send us an email to mail@ivyg.s.

We would love to hear your comments about our newsletter and also any articles you could contribute, so feel free to write at any time. Our address is above.

SURGERY WEBSITE



ORDER PRESCRIPTIONS
ONLINE

ivy.gs/online

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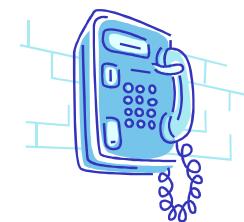


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YOUR RECORDS
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WHERE TO GET HELP!

Examples only



SELF-CARE

minor grazes, coughs and colds, sore throat, hangover



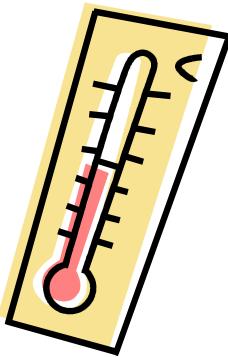
MINOR INJURIES UNIT

sprains and strains, cuts, rashes, stings and bites



PHARMACIST

diarrhoea, runny nose, headache



A+E or 999

chest pain, head injuries, stroke, severe bleeding, deep wounds, severe shortness of breath, broken bones



GP SURGERY

fever, earache, stomach ache, vomiting



DENTIST

toothache, abscess, gum disease

NHS 111

advice, medical help, not sure who to call

YOU CAN ALSO REFER YOURSELF DIRECTLY TO...

PODIATRY (01773 743456) at Ripley Hospital for foot and nail care

PHYSIO DIRECT (01335 230079) Physiotherapy for back, neck and joint problems

COUNSELLING (various providers) for anxiety or depression available – ask for a leaflet

SEE ALSO our website at ivy.gs/numbers for contact details of other sources of direct help

REASONS FOR A HOME VISIT

SUITABLE



Bedbound



Terminally ill



**Doctor agrees it is
medically appropriate**

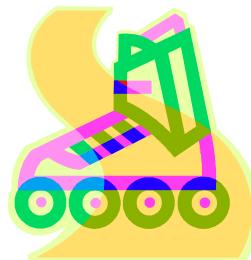
THE SMALL PRINT

- Patients do not have an automatic right to a home visit
- Doctors are required to consider a home visit for **medical reasons only**
- If you think you qualify for a home visit, please **ring before 10.30am**
- All visit requests will be medically assessed to check if appropriate

UNSUITABLE



No transport or money



**Children, young people &
anyone who is mobile**



**Social reasons or
for convenience**



**Other help more
appropriate**