ISSUE

Grove Ne always aiming to provide high quality and friendly family health care

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.

THE FREE

NEWSLETTER FOR OUR PATIENTS

Patient Survey

Charmagne, our practice manager, writes about our Patient Survey Results for 2013/14.

Patient Group News

Our Patient Group is one year old. Mike Ingham, the Chair, shares his thoughts on the inaugural year and writes about missed appointments.

Make the Most of your GP Part 3

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

Letter to the PM

Dr Wong recently wrote to Mr Cameron about his concerns for the NHS. Read the serialised version here

Care Co-ordinator

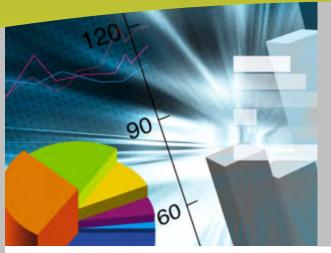
Our new Care Co-ordinator introduces herself

Prescribing Update

Read about the campaign to reduce prescription waste.

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

- Patient Survey Results P.1
- Patient Group First Year P.2
- Letter to the Prime Minister P.3
- Missed Appointments / Snippets P.4
- Care Co-ordinator / Prescribing P.5

PATIENT SURVEY RESULTS 2013/14

In September 2013 Ivy Grove undertook a Patient Survey. Over a period of approximately four weeks, 273 patients returned their completed anonymised surveys. The surveys were then sent to a company called InTime Data for analysis.

The results of the survey were discussed with the Patient Group. The Practice scored highly in most areas of the survey. On the 'recommend to others' question the practice scored 95% satisfaction. The Practice also scored over 90% on all the clinical questions.

The Practice and the Patient Group are proud of the survey results; however there were a few areas which we felt could be improved. A small working group (a subgroup of the Patient Group) met and agreed on the plan of action to address the key improvement areas.

It was agreed that some of the key improvement areas were possibly due to a lack of understanding by patients and that some areas may be improved by better communications channels within the practice.

AREAS FOR ACTION PLAN

- Getting through on the telephone
- Booking appointments ahead / in
- advance
- **Opening times**

Getting through on the telephone

A member of the working group suggested publishing details about times when the telephones are quieter as this may alleviate some of the difficulties patients have when calling the surgery. The group agreed to include an article in the next newsletter about the best times to call the surgery.

It was also suggested that the message on the telephone could be altered to highlight that the surgery offers booking of appointments on-line. This would help to alleviate the pressure on the telephones first thing in the morning.

Booking appointments ahead/in advance

The surgery already offers appointments with GPs and Nurse between 4 and 6 weeks ahead. It was agreed that the practice would use all available sources to highlight the options to patients including the newsletter, the electronic patient information screen and the notice boards in the waiting room.

It was also agreed that the practice would, in conjunction with the Patient Group, produce an information leaflet for patients.

Opening times

Although the practice scored 89.5% satisfaction with its opening times, it again highlighted that some patients were not aware of the opening times for the surgery. It was agreed that the practice would include this in the above information leaflet for patients.

More information can be found on our website at ivy.gs/results.

The Practice is looking forward to working with the Patient Group on the above plan during 2014.





Make the Most of Your GP part 3

Getting dressed and undressed

Your appointment with the GP is only 10 minutes long. It will help your GP if you wear clothing appropriate to the part of your body that might need to be examined. If you find that you need to spend 3 minutes getting dressed and undressed during your consultation, then nearly a third of your precious time with the doctor will have been taken up.

Urine samples

If you attend with a problem relating to your waterworks, it is always sensible to provide a fresh specimen of urine on arrival at the surgery. Please ask reception for a urine bottle.

Drink plenty of fluids

It is apparent from blood test results that many patients do not drink enough fluids in the day. Normal daily fluid intake for otherwise healthy people should be between 2 and 2.5 litres (6 to 8 cups). Drinking too little not only makes you feel under the weather, but also affects your blood results which gives the impression that things are not as well as they seem and which may lead to unnecessary retesting.

Self-help for your condition

Many of the patients that we see have conditions that could have been managed safely at home, with advice and medication from pharmacists. If you are not sure where you need to go to get help, please see our poster at <u>ivy.gs/go</u> or read the Choose Well article



I have to admit that at times I didn't think we would get there but in February the new Ivy Grove Patient Group saw its first birthday. At times it has been a bit of a struggle but the basis of a good working relationship between the Practice and the Group has slowly emerged and become firmly established. One thing that has become increasingly obvious as the year progressed was the real need that exists for a channel for dialogue between patients and the Practice. What the group now needs to do is further develop this working relationship and increase the dialogue for the benefit of all patients.

In many respects it has been a year of surprises for me with many of my quite natural preconceptions about how I expected a Practice like Ivy Grove to function being dispelled. I think that is probably true for every member of the Group to varying degrees and in many different ways. Perhaps the biggest surprise of all was being told just how hard the Practice was trying to recruit doctors throughout much of 2013 but with almost no success. One expects that to be relatively easy but it seems it isn't although the Practice

has had more success at the beginning of this year.

Similarly another myth was shattered in my mind concerning practice nurses. To me a nurse is a nurse plain and simple. But that isn't the case. Apparently a nurse trained for hospital work needs to undergo two years of retraining before they can become a fully trained practice nurse. I've learned a hundred and one things about the Practice and the NHS in general which have raised my level of understanding.

Running a practice is hugely complex which is why dialogue with its patients is vital

What has become clear to me is that running a practice as large as Ivy Grove is a hugely complex exercise, which is why dialogue with its customers, you and I, is so important. The Patient Group has a number of important roles one of which was evidenced during February when a team from the Group worked with the Practice to submit a report which will help secure important funding for the Practice. Had that not been done that funding would

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Ivy Grove Patient Group

Mike Ingham, the Chair of the Group gives an analysis of the first year

have been lost. So the role of the Group cannot be overstated and remember it is your Group.

And this is where you can come in. At present the Group has a core membership of people who attend our meetings regularly. What we really need is an injection of younger members prepared to give just a little time to help move the group forward giving what time they can. At its AGM in February the Group voted to change to bi-monthly meetings starting in March. At present we meet on the last Wednesday of every month but after March the next meeting will be in May. We meet at the surgery, usually for about an hour, at 6.30pm. Now I can see that this time may be impractical for people with young families so if that's the only barrier to you being able to spare some time please let me know and we'll change things around.

Please give it some thought and if you can join the Group you will be most welcome. If you can't but you have a comment, a praise or a grumble about anything to do with the service you receive from the Practice and we can help please get in touch.

Email: ivgpatientgroup@gmail.com

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Page 3



A form of this letter, which was written by me, was sent directly to the Prime Minister, and also to Jeremy Hunt, the Secretary of State for Health.

Whilst the contents of the letter are entirely my own opinion, I am aware that my views are shared by many in the profession. With kind permission from my partners, I am reproducing it here in order to inform patients of the government's agenda for the NHS.

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

Dear Prime Minister

I know your game. Ok, it's not completely your own doing, but it's a Plan that was hatched many years ago and you're rolling with it. But I do know your game.

I write this from the perspective of one of the nation's 40,000 GPs and one of the 34,000 GP partners in the country, from just over 10,000 GP practices. Just in our single practice we have collectively over a century of experience of the NHS and how primary care does and should work. You don't need to hide your game from us because we can work it out.

I've got to say I'm not a political person, and my language is not very technical

Letter to the Prime Minister (part 1)

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

so you will have to excuse this very long letter but I feel I do have to explain my thinking on this, because I'm pretty sure not everyone who works in the NHS even knows that you have a Plan, and certainly the public haven't got a clue. The naïve will think you don't actually have a Plan. that you're too disorganised, and the politically-minded or the aligned will deny that you have a Plan, but neither is true. At all. I think there is a Plan and you're sticking to it.

Another reason my letter is so long is because I've got a lot to mention, because one thing I've learnt during my life so far is that people's memories tend to be short. Very short. No disrespect to some, but the memories of politicians and journalists perhaps are the shortest of all. It helps to remind now and again. Despite this, I've probably missed out a load of stuff, but I'm sure pretty much all of what I am saving can be referenced and corroborated elsewhere by those willing to investigate.

In our jobs, formerly for life, though you can't be too sure now, we've now seen costly tail-chasing NHS reorganisations at least every 3 or 4 years. Just to recap, from the ones I can actually remember in a mere 20 years of practice, as there are so many, we've had fundholding, commissioning pilots, primary care trusts, practice based commissioning, clinical commissioning groups, devolvement of regional health authorities, development of

area teams and so on. I haven't really got the time, energy or enough acronyms to name them all.

We know the NHS is expensive. Extremely expensive. It's all these patients you know, each of the 63 million of them costing us money and they're not smoking as much as they did, and living far too long. Not only that, but then there's all these NHS workers, I think 1.4 million at the last count and because they're patients too, they're living too long as well. That's pensions to pay for. Lots of pensions. That's a lot of money for a country that's bankrupt.

Basically, we all know the NHS is not doable in its current form.

We know you can't tell people to drop dead either. It's not the done thing. It would look bad on the news. They wouldn't be able to vote for you for a start.

We know you can't tell people to stop using the NHS. It's their right to use the service they paid for. And anyway, when there's going to be an election, we know that you've got to make promises to the worried well, middle England, the Benefits Streets, the silver vote and so on, promises that the NHS can and will provide care for them, whenever they want, wherever they want.

This letter will be serialised in future editions of the patient newsletter. However, you can continue to read the full letter online at <u>ivy.gs/opinion</u>.



Choose the Right Care

Southern Derbyshire CCG has launched its Choose Well site, which aims to help patients get the best help that they need for their condition. Visitors to the site at: www.choosewellsouthern derbyshire.co.uk will be able to get information on the following topics:

Self-care - Look after yourself

Get advice on self-care, symptom checkers, details of NHS 111 services, leaflets and videos about what to do when you or someone you care for is ill.

NHS Health Services -In your area

Get details of all NHS local services including pharmacies, service chooser, GP practices and how to use your 24 hour GP service.

At Hospital - In an emergency

Get advice on when to go to the hospital, when to go to an Urgent Care Centre and when to use 999/A&E.

Ivy Grove Surgery already has its own poster detailing local services that can provide help to patients with a variety of conditions. To view the poster, please go to <u>ivy.gs/go</u>. Page 4

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MESSAGE FROM PATIENT GROUP

NEWS

NEWS SNIPPETS

Online Appointments

We are pleased to announce that with immediate effect, patients can now book appointments online. In order to use this service, you need to register for an account - this is the same account that you may already use for online prescriptions. If you already have an account, you can go ahead and book right now. For more details, please see our new online services page at <u>ivy.gs/online</u>.

Appointment Booking

On occasion when you ask for an appointment our receptionists may ask you what the reason might be. This is so that you can be given the most appropriate appointment, whether that be with the doctor or nurse, whether it needs to be a face to face appointment or if it can be dealt with on the telephone, or indeed whether you need to go somewhere else, for instance, casualty or ring 999. Please be assured that our receptionists are bound by the exact same confidentiality rules as any of the health professionals who may be treating you.

Bank Holidays

Please note that the surgery will be closed on Good Friday, April 18th, Easter Monday, April 21st, the two spring holidays, Monday May 5th and Monday May 26th and the summer holiday, Monday August 25th Please remember to hand in your repeat prescription early. If requesting duplicate or earlier medication for holidays, please write this on your repeat prescription. Alternatively, you can always register for our online prescription service and order your medications at your own convenience. For more details, please see our new online services page at ivy.gs/online.

MISSED APPOINTMENTS Off for two weeks in the sun

Sadly it's not me, well not yet anyway. But it's what all the staff at Ivy Grove Surgery could do if we put all the missed appointments in the year end to end. The cumulative effect of all the missed appointments is not widely understood but it does amount to a significant waste of resources. In fact the total of missed appointments is equivalent to the surgery being closed for two full weeks.

We all need to take responsibility within our family units to try to ensure that we don't account for any of this waste. It's a simple enough job just to ring the surgery and let them know that you can't make an appointment no matter how short the notice you can give. It gives the surgery the opportunity to reallocate at least some of those appointments. We all know that circumstances can arise at short notice where our busy schedules have to be adjusted, that's understandable, but the demands on doctors' time continues to increase so any wasted time needs to be avoided at any cost. Please do what you can to help both the surgery and the Patient Group achieve a reduction in the number of missed appointments.

Mike Ingham Chair of the Patient Group

Sponsor Dr Wordley on his Marathon Run

By the time you read this, Dr Wordley will have completed the London Marathon on April 13th, having done much training in the early mornings and at weekends. He is dividing sponsorship between Cancer Research and the National Osteoporosis Society.

If you wish to give your support please go to Dr Wordley's page on Virgin Money Giving at <u>bit.ly/supprtDrW</u>.



Introduction to our new team member, Michelle



To all the patients of Ivy Grove, I'd like to introduce myself. My name is Michelle Taylor the new

Health Care Assistant for the practice. I started my clinical life as a Medic in the Royal Navy.

I trained in hospitals such as Queens Alexander in Portsmouth and Derriford down in Plymouth. My job took me to Singapore, Sri Lanka, Africa and Diego Garcia and involved anything from vaccination clinics to emergencies at sea.

I loved my job but after starting a family I needed something a little stable and near home. I then worked for a GP surgery in Nottingham doing the same role as I am now. You can expect to see me for wound care, injections, ear irrigation, ECGs, blood pressure readings and lung function tests. I look forward to meeting you all and for those I have met already thank you for making me feel so welcome!

Page 5

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Dr Ross Leaving

Dear Patients, since I joined the practice as a partner in 2007 I have thoroughly enjoyed looking after the health and wellbeing of my patients. I will have very fond memories of the many characters I have met over the last seven years.

The job of a GP is a difficult one, particularly given the enormous political changes in primary care. However, providing care during both joyous and desperately sad moments in patients' lives has been a very rewarding experience for me.

Whilst I will be very sad to leave Ivy Grove Surgery at the end of June this year, I am also hugely excited by the prospect of the challenges my new career in medical law will bring. Farewell to you all!

Dr Ewen JM Ross

We wish Dr Ross all the best in his new career.

Welcome to our new Care Co-ordinator, Micheala

My name is Micheala Kirkman and I am one of the new Care Co-ordinators for the Amber Valley area. Care Co-ordinators are employed by Derbyshire Community Health Services (DCHS) however we are based in GP surgeries. I will be based at Ivy Grove Surgery, Wednesday, Thursday and Friday.

I joined the NHS in 2002 and worked for Green Lane Surgery in Belper as a Medical Administrator, moving to a Medical Secretary role the following year. I joined Babington Community Hospital in 2007 as a Medical Secretary as I wanted to experience NHS services in a secondary care setting. The role grew and I became more involved with supporting the Hospital Matron, who covered two Community Hospital sites. In 2009 I provided administration support and set up procedures to identify patients for the Home Oxygen Service based at the Royal Derby Hospital before resuming my role at Babington Community Hospital.

I have over several years' knowledge and experience of secondary care and inpatient services however realise that I now have a lot to learn on the community side...

I will be the key point of contact between • Services Users, • Careers and their families, • Mental Health, • Out of Hours, • Social Services, • Secondary Care, • Community Care, • and Voluntary Services

I will be arranging and facilitating fortnightly Multiple Disciplinary Team (MDT) meetings, initially with a GP and a Community Matron to discuss caseloads and provide proactive case management of patients with long term conditions in order to enable them to stay in their own home and avoid unplanned, unnecessary hospital admissions. Going forward with the meetings, other Health Professionals will be invited to attend to provide information and guidance on the future planned care of our patients.

The benefits of my role include: • Key point of contact for everyone, • Avoid unplanned, unnecessary hospital admissions, • Enable interventions before costly hospital admissions / personal costs to patients (unwanted admissions) – before health or social care status has declined, • Arrange proactive planned care, • Improve communication between all the services that we can offer our patients, • Support and safe care at home for patients with long term conditions, • Signposting patients to other services.

Ivy Grove News Issue 12.1 April 2014

Care.data Update

Some of you may have seen the leaflet drops around the New Year informing patients about Care.data. It was easy to miss the leaflet as it was delivered with your junk mail.

Nevertheless, due to growing concerns expressed from various parties, NHS England is postponing the upload of your personal identifiable information for six months.

A patient information telephone line has been set up so that members of the public can call with any queries they may have after reading the leaflet. The number you can ring is 0300 456 3531.

More information, including leaflet downloads, on Care.data is available on our website at <u>ivy.gs/cd</u>.

Health chiefs declare war on medicines waste

Reducing prescription waste campaign starts

The NHS in England spends a staggering £300m a year on medicines that are never used for various reasons. In the East Midlands alone, around £30m worth of medicines are wasted every year. That money could pay for approximately 900 community nurses, 6,000 hip replacements, 42,000 cataract operations or 5,400 knee replacements.

Now, Southern Derbyshire CCG is tackling the problem with a high-profile promotional campaign that started last month and will run to early June. The campaign urges patients who receive regular repeat medicines, carers, GPs and pharmacists to only order the medicines they need. Patients are being asked to tell their doctor or pharmacist if they are being prescribed a medicine they no longer use, and to say if they are experiencing side effects which have stopped them taking their medicine.

Medicines are wasted for various reasons such as patients experiencing side effects which require a change in prescription. Patients' medical conditions may get worse, requiring different medication. Other reasons include patients worrying about running out of medication and ordering too much, forgetting how much they have in the house or actually need, or not wishing to tell the doctor they have stopped taking their medicine.

Developed with the Local Pharmaceutical Committee, the campaign will use traditional and social media to share key messages with the public and health community. Other elements of the big push will include road shows; and posters and leaflets in GP surgeries, hospitals, community centres, libraries, leisure centres and care homes. Derby City Council and Derbyshire County Council will also support the effort in their print and online media.

Watch for more information shortly.

Should you have any comments, complaints or compliments about the service you have received from the practice please ask to speak to our practice manager, Mrs. Charmagne Stephenson or write to us at the address below.

Contributions and letters to the newsletter are very welcome. Please address correspondence to the address below.

Edited by Dr M. Wong Email: mail@ivy.gs



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www.ivygrove.org.uk mail@ivy.gs

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

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/online

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@ivy.gs

FEEDBACK PLEASE

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. All submissions for the newsletter are subject to our privacy policy.



Type ivy.gs into your browser address bar to get to our site

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



A+E or 999

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





diarrhoea, runny nose, headache



GP SURGERY

fever, earache, stomach ache, vomiting



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

TELEPHONE APPOINTMENTS



ADMIN FORMS AND SICK NOTES REVIEWS OF SOME LONG-TERM CONDITIONS *



REO 000

MEDICATION ADVICE



ADVICE ON VIRAL INFECTIONS

FOR CONSULTATIONS WHERE NO EXAMINATION IS NEEDED





BLOOD TEST AND X-RAY RESULTS *

THE SMALL PRINT

- FOR MEDICATION REVIEWS^{*} WHERE EXAMINATION IS REQUIRED AND FOR ABNORMAL TEST RESULTS^{*}, WE
 WILL INVITE YOU TO SEE US DIRECTLY
- THE ABOVE ARE ONLY SOME EXAMPLES OF CONDITIONS THAT MAY BE DEALT WITH BY TELEPHONE
- DOCTOR WILL RING AROUND THE SPECIFIED TIME, AND MAKE 2 ATTEMPTS TO CONTACT YOU
- IF YOU ARE CERTAIN YOU ONLY NEED ADVICE, PLEASE BOOK A TELEPHONE APPOINTMENT
- IF YOU ARE UNSURE IF YOU NEED TO BE SEEN FACE TO FACE, PLEASE BOOK A SURGERY APPOINTMENT
- IF, AFTER YOUR CALL, YOU NEED TO BE SEEN IN SURGERY, THE DOCTOR WILL BOOK IT FOR YOU