

ISSUE

12.3

NOVEMBER
2014

THE FREE
NEWSLETTER
FOR OUR
PATIENTS

Ivy Grove News

Wishing all our readers a Very Merry Christmas and a Happy New Year

VISIT US ONLINE AT IVY.GS



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.

Appointment News

Here we outline some of the issues around the crisis in General Practice that is being played out all over the country.

AAA screening

Mike Ingham, chair of the Patient Group tells us about his recent experience.

Make the Most of your GP Part 5

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 continue our series providing bite sized snippets of easily digestible information.

Two New Doctors...

We introduce Dr Francis and Dr Greer who have joined the surgery.

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.



in this bumper issue

- Can't Get An Appointment? P.1
- AAA Screening / Make the Most P.2
- Letter to P.M. / Did you know? P.3
- PG meeting change / Snippets P.4
- Two New Doctors / Prescribing P.5

Includes Christmas Supplement & Information Posters

Can't Get An Appointment? Here's Why...

It may not have escaped your notice, but it can sometimes be a bit difficult to get an appointment. Despite good results in our Patient Survey, some patients will still have difficulties getting an appointment with us.

Firstly, **there is a national shortage of GPs** – GPs are leaving the profession or retiring early. The government may well be promising more GP recruits, but there is no retention in the service. Years of underinvestment in General Practice with constant GP bashing in the media, along with no consideration for managing demand or increasing resources are now taking effect. Surgeries all around the country are not only struggling to recruit, but struggling to retain doctors. We ourselves have lost three partners over the last five years, with the net loss of nearly seven decades of General Practice experience. Despite advertising for over a year, we have not had any applicants to replace the last departure. This scenario is being played out all over the country. Luckily in our case, we have managed to take on two new doctors whom we introduce in this issue of the newsletter.

Secondly, we can assure you that the doctors are not on the golf course, but are working hard to see as many patients as they can in their surgeries, however **there is a limit to the number of patients that can be seen safely**. Medical care is intensive work and requires constant attention and concentration. GPs already work 11-12 hour days, and despite the government's political vote-winning promises to increase the working days of GPs even further, we hope you can agree that you would not wish to be a doctor's 60th or 70th patient of the day.

Working under such pressure is not good for patients, let alone the doctors. In order to try and help, we are looking at innovative ways to restructure our working day in order to be more effective, but as mentioned, we cannot increase capacity with fewer and fewer GPs. It is simply not possible.

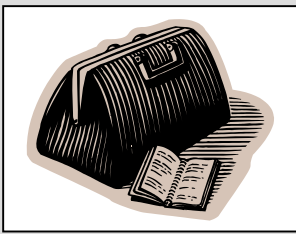
Thirdly, **we are getting busier and busier**. We have recently audited our appointment figures and have discovered the majority (80%) of our patients are visiting us on average nearly six times a year. This is nearly double what it was just 10 years ago. This is without any matching increase in funding to employ more staff (there has in fact been an overall funding cut during that time). Some patients visit us 50-60 or even more than 200 times a year. Many of these cases are extremely complex and time-consuming. Equally, **many consultations are for conditions that could safely have been managed elsewhere or at home**. Demand continues to increase without a corresponding increase in resources. No service in the world can withstand such pressures.

Fourthly, we are shocked to find that **nearly 6 weeks of doctors and nurse appointments have been wasted** in the last 12 months by people who simply did not turn up for their appointments and did not let us know beforehand so that we could then use their appointment for someone else in clinical need.

We are doing our best; help us to help you: if you want to improve your ability to get an appointment with us, **please do consider if you really need to see us and please turn up on time**, or at least tell us if you cannot.



ivy grove
surgery



Make the Most of Your GP part 5

Don't waste our time

A recent search showed that a staggering **677 patients** did not attend their appointment with the doctor and an equally shocking **492 patients** similarly did not attend their appointment with the nurse within the last 12 months. Each of these patients **did not let us know** that they could not come, meaning that their appointment could not be used by someone else, meaning that we lost six weeks of precious appointments! Such a scandalous waste makes it much more difficult for everyone else to book an appointment.

Tell us if you change your details

If you change your address or telephone number, please always take the time to let us know, just in case we may ever have to contact you.

Book with Citizens Advice

You can book directly with the Citizens Advice Bureau (CAB) who run a surgery on Friday mornings at Ivy Grove. CAB offer free, confidential, impartial and independent advice and helps people resolve their problems with debt, benefits, employment, housing, discrimination, and many more issues. It is available free to everyone.

Get help from our website

Don't know where to turn for help or who to ring if you have a problem? Visit the help page on our site at ivy.gs/help, or check the telephone numbers at ivy.gs/numbers.



BEEN THERE, GOT THE T-SHIRT

I was there last Friday, in the surgery waiting area, reading my paper, watching the 'bing bong's' waiting to be called to see the doctor and my peace was being disturbed by this smart, uniformed young lady who kept

emerging from a door, calling names, to which no-one ever responded, only to return behind her door. Well I ask you, what self-respecting, paid up nosy individual wouldn't be thinking after twelve such names had been called and produced no response, what's going on?

So the next time this lady appeared, once she'd called her names and was on the way back to her door, I caught her attention. I introduced myself and said, 'You don't seem to be doing very well with whatever you're doing'. No she said, actually we've had a very good morning, the names I'm calling out, about twelve, were those who haven't shown

up so far and don't look as though they will now.

And what was the mystery all about.....it concerned Abdominal Aortic Aneurysm (AAA) Screening. So what's that then?

Well I can speak from first-hand experience. The aorta is the main blood vessel that supplies blood to your body and runs through your chest and abdomen. In some people, as you get older the wall of the aorta can weaken. It can then expand and form what is called an abdominal aortic aneurysm. A small AAA is not serious however it is important to monitor its size in case it gets bigger. A large aneurysm can be very serious so if the chance comes along to be scanned it's important to accept and get checked out.

Once you reach age 65 you'll be invited to have an ultrasound scan from which can be determined what your risk level is and whether any further action or treatment is needed. The scan is a painless ultrasound procedure and they will tell you there and

Ivy Grove Patient Group

Mike Ingham,
Chair of the Patient Group writes about a recent experience

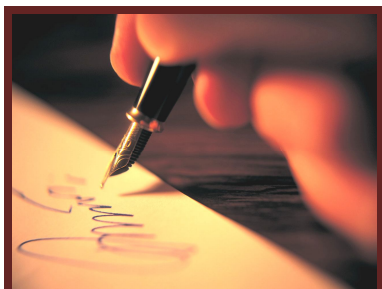
then whether you need to be seen again. After mine they said they would want to see me again when I am 93!!

But in all seriousness if you are offered the scan please take up the offer, don't pass it up which is what a dozen or so people had done that day I was in the surgery. I suppose it's one of the good things about reaching the age of 65, and in some cases 60, because you start to get invites to be checked for a number of conditions which might prove serious if ignored.

I'd like to think that when the AAA Screening lady is next in town everyone on her list accepts her invitation.

Email: ivgpatientgroup@gmail.com

The NHS Abdominal Aortic Aneurysm Screening Programme invites all men for screening during the year they turn 65. For more information on the service, please visit the NHS website at aaa.screening.nhs.uk



Letter to the Prime Minister (part 3)

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

In previous issues of the newsletter, we carried the first parts 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 3 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 what do you do? You need the infrastructure to support your Plan. First and foremost, that infrastructure is information. Forget people, staff, buildings and other tangible stuff, you need information, information to formulate, information to appoint, information to disseminate, information to hold.

You know, just as your predecessors did, that a good database is essential in order to control a service. A good database is also essential in order to provide a good service. We all hate it when we ring somewhere up and they say 'the computers are down'. It's frustrating and annoying and you end up getting a poor service. We are now all pretty hopeless without the IT that forms our extended notepads and memory banks aren't we? You know as well as I do that information is power. Just do a quick internet search, on, erm, what was that site again, ah

yes, Google, if you don't know if that's true. So you need a good database.

So forget continuity of care, one of the cornerstones of modern, safe medicine. Instead you need continuity of record for every person in the country, one of the requirements for modern, cheap medicine provided by the lowest bidder. With that information, which you control, you can then ask or allow anyone you choose to provide whatever service you need, at whatever price you decide.

Now, the longstanding tenants before you gave it a good try but couldn't see it through. Actually, though, I was too young to care about politics then, I think it was the longstanding tenants before the previous longstanding tenants who started with all this philosophy change but then they got voted out.

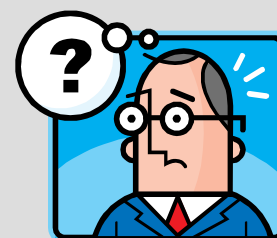
Anyway, back to the previous longstanding tenants, there included Patricia Hewitt, Ben Bradshaw and the like who all also tried, but for goodness sake, spending £20 billion on setting up a database to provide NHS care was just a bit too off the wall and a bit too ambitious even for Gordon's spending plan.

By the way, when I mean tenants, I don't just mean Tony and his merry band, but also your bunch of civil servants, all out to serve the same master at the end of the day. Give or

take some job reapplications, they all just circulate and do the same thing again and again. It's an important point to make, as there's continuity to this story.

So, back to the point, how are you going to get this information? Your advisors (or your predecessor's advisors) tell you that GPs were computerised well before hospitals, some having had computer systems in for more than 25 years. Can you imagine that? When kids were piddling about with their ZX Spectrums and Amstrads, GPs had computerised clinical data on machines that they paid for themselves out of their own pockets. Blood pressures (BPs), smoking habits, health conditions, alcohol, social history, the whole lot [the most complete and richest set of medical data on patients in the whole of the NHS, if not the most complete data set in the whole world]. All in there. You know this information is priceless and would make a fantastic database. But where is it? Oh dear, it's in our surgery buildings on our own computers. You can't get access to it can you? How can you (or your predecessors) fix this?

This very 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...?

...you are free to book a telephone appointment for conditions that do not require us to see you face to face. For example, sick note requests where we have seen you before, advice on minor illness, reviews of simple conditions, discussion of results. Simply ask reception when you ring to book.

...when your no-win no-fee solicitor requests a copy of your records with your consent we are obliged to send over the entire copy of your medical record for their advisors to review. You should be aware that this may include sensitive information about your own medical history, which you may or may not wish to reveal to others. Please bear this in mind when you next make a claim.

...you can now view certain aspects of your medical record online? You can view your current medications and drug allergies if you have a Patient Access account. With this account you can also order your repeat prescriptions and book a limited number of appointments online. Ask reception for registration details if you wish to register for this useful service.



**Wishing all our patients
a Very Merry Christmas
and a Healthy and Happy New Year**

MORE NEWS

QR code for Patient Access

Did you know you can now access the Patient Access website through a square black and white QR code that you will see on the left hand side of every page of our website?

To use this code, you first need a QR code scanner app on your mobile phone. Many free apps are readily available on all platforms for this purpose. Then scan the QR code with the app. You will then be taken to the Patient Access site directly with no need to type anything! If you don't have a mobile and/or QR code scanner, just click the QR code wherever you see it on the website.

If you have a mobile, try the QR code above now if you like!

Friends and Family Test

We are launching our Friends & Family Test this month. This is a satisfaction survey that is being used throughout the NHS. We have added a few questions that will help us to improve services. The survey is anonymous, very short and all registered patients are welcome to complete it, using postcards available in reception or by completing the matching online form at ivy.gs/fft.

Routine Cholesterol Testing

In line with many other practices, we are no longer carrying out routine cholesterol testing for many conditions, especially where patients are already taking a statin (cholesterol tablet). This is because too much emphasis is placed on the actual cholesterol value, when it is simply only one risk factor amongst many, which includes high blood pressure, smoking, poor diet, excessive alcohol and family history. You may notice this change in your next blood test form.

Janette, our deputy practice manager, shares an alternative recipe for a lighter Mincemeat Cake for those who may not like more heavily fruited cakes at Christmas.

Ingredients

- 150g soft butter
- 150g light muscovado sugar
- 2 large eggs
- 225g self-raising flour
- 225g mincemeat
- 100g currants
- 100g sultanas



50g blanched split almonds

Equipment

Two 450g loaf tins (top measurement 17cm x 11cm)

Method

Preheat the oven to 160°C/fan 140°C/gas 3. Grease the two loaf tins and line with baking parchment.

Measure all the ingredients, except for the almonds, into a large bowl and beat well until thoroughly blended. Turn into the prepared loaf tins and level out evenly. Arrange the almonds on top of each cake mixture.

Bake in the preheated oven for about 1¼ hours or until the

cakes are golden brown, firm to the touch and a skewer inserted into the centre comes out clean.

Allow the cakes to cool in the tins for a few minutes, then loosen the sides with a small palette knife, turn out on to a wire rack and leave to cool.

Makes two loaf cakes. Enjoy!

Need medical help over Christmas?

Please see our attached information posters which should help you to get the best care you need.

Please remember to order your repeat prescriptions on time, or alternatively use our online service.

Christmas and New Year Appointments

From Monday December 15th to Friday January 2nd inclusive, the number of appointments available to book in advance will be reduced, whilst the number of appointments available to book on the day will be increased. This is to cope with the expected surge in demand for same day emergency appointments throughout the festive period. Please bear with us during this extremely busy time.

We will be providing a strictly emergency service only from 4.30pm on Wednesday

December 24th (Christmas Eve) and Wednesday December 31st (New Year's Eve).

We will be closed all day on Thursday December 25th (Christmas Day), Friday December 26th (Boxing Day), and Thursday 1st January (New Year's Day). We are open as usual on all other weekdays. Please obtain your repeat prescriptions well in time or better still, order your prescriptions online at ivy.gs/online.



NEWS SNIPPETS

East Midlands Under-doctored

There was a report from Health Education England that was leaked recently, which showed a worrying 451 unfilled GP training posts nationwide, with serious shortages in certain regions. Shockingly, the East Midlands is the most under-doctored area with a staggering 38% of posts unoccupied.

'Put Patients First' Campaign

The Royal College of General Practitioners is running a campaign 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. Information is available on our news page, and you can also download information and the petition from our website at ivy.gs/more.

'Your GP Cares' Campaign

The BMA's General Practitioners Committee has launched a new campaign called 'Your GP cares' to highlight some of the pressing issues facing general practice. Your GP and practice team care about the current situation and want to work with patients and government to find solutions and provide a better service. You can find out more from our website at ivy.gs/more.

Name and Shame GPs

Some of you may recall that Mr Hunt, the Health Secretary proposed to name and shame GPs for 'missing' cancer diagnoses. The truth is that three quarters of patients who are found to have cancer are referred after only one or two GP consultations. Such simplistic government tactics run the risk of pushing more GPs to refer patients unnecessarily, thus swamping the hospitals and leading to unnecessary delays for those who actually have cancer.

TRIES HARD, BUT COULD DO BETTER

Go back more years than I care to remember and on more than one occasion you could have plucked those words from somewhere in one of my yearly school reports. The

Ivy Grove Patient Group is relatively new and whilst its meetings are well attended we 'could do better'.

From a standing start 18 months ago the Group has progressed quite well but to progress further it needs to attract some younger members. At the last meeting in May the Group spent a lot of time discussing how it might go about achieving that and some fairly radical suggestions were put forward. The end result amounts to a considerable

change in how and when the Group goes about its business but the Group's members felt brave enough to go with three main changes.

Since it formed the Group has held its meetings at 6.30pm on the last Wednesday of each month at the Surgery. The attendance at meetings has been very good but the members of the Group have discussed how we might change the age dynamic of the meetings and attract some new members who are, shall we say, a little younger than the average age of the majority of the current members who are close to or beyond retirement age.

The Group is well aware that the current time of meetings

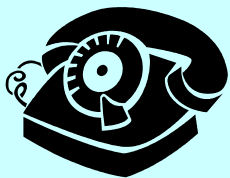
may make it difficult or impossible for some people to attend and so it has decided to make three changes to the times of meetings. For a short time meetings have been held bi-monthly but the first of the changes will see us revert to monthly meetings. In a really radical experimental change it has been decided to alternate between evening and morning meetings. And, finally, the start time of the evening meetings will go back to 7pm.

The result of all that is that the pattern of meetings will be as follows:

25 November - 10am - Tuesday
28 January - 7pm - Wednesday

Mike Ingham *Chair of PG*

Telephone appointments, by Jean Pass from the Patient Group



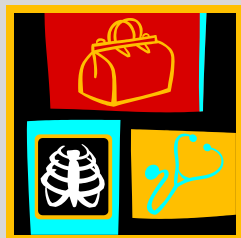
Dr Newport has been my GP for many years, and during that time has helped and supported me with amongst other things my long term condition of diabetes.

When Dr Newport cut her working hours at the surgery to one day a week this presented me with a problem, either a long wait for an appointment, or trying to ring up on the day, for an appointment.

Telephone appointments were introduced at the practice, so that seemed a solution to my problem. So whenever possible I ask for a telephone appointment, and this has worked really well for me. On occasions Dr Newport will

suggest I come into the surgery, but mainly most of my problems can be resolved during our telephone conversation, which is a bonus to me as well as I am a busy person.

Because I now usually ring for a telephone appointment, I have rung the surgery at different times in the day, and have found that if you ring after 9.30am you get straight through, also I found out that my husband was under the impression that the telephones were only answered during surgery hours, instead of being answered all day. This is something that he has found useful. So within a space of time, both of us have revised the way we contact the surgery, which has benefitted us both, so I thought perhaps other patients may find this information useful.



Dr Simon Francis

I have been working at Ivy Grove since August 2014. During the brief time I have been here I have met some lovely people including members of staff and patients and thoroughly enjoy my work at the surgery.

Before joining the surgery I was doing my GP training, which included working at Kingsmill Hospital and several GP surgeries in the Mansfield area. Prior to this I spent my first 2 years as a doctor doing my foundation training at Royal Derby Hospital and *(continues below)*

(from above)
Kingsmill hospital.

I studied at Leeds University and qualified in 2009. Following this I returned to my hometown of Belper; to my friends and family and the countryside, and shortly afterwards, married my childhood sweetheart.

Throughout my life I have always been a keen sportsman, dedicating a lot of my time to running and keeping fit, but now have a 3 month old daughter who is constantly on the go and doesn't like to be put down!

Join us as we welcome Simon to the team.

Dr Riva Greer

As some of you may already know I have been working at Ivy Grove Surgery since August 2014. I would like to thank all the staff and patients for making me feel so welcome!

I took up the post after finishing my GP speciality training in Mansfield. During my training I have worked in various GP practices and in several different hospital specialities including A+E, Psychiatry, ENT and Obstetrics and Gynaecology.

Prior to going to medical school I decided I wanted to do something completely different and so I moved to Japan! Whilst there I worked in a Red Cross Hospital and gained a good foundation of skills that have become very useful in General Practice. Upon my return I attended Guy's, King's and St Thomas' Medical school in South London where I gained my medical degree and then moved back to my home town of Nottingham to complete my foundation training. During this time I worked in several specialities in the QMC, Nottingham City Hospital and Royal Derby Hospital. Specialities I particularly enjoyed were oncology, paediatrics and infectious diseases.

Over the last few years I have settled more locally in Belper and enjoy living in a more rural setting. Outside of work my main interests include anything active and outdoors. I am also a bit of a movie buff!

I hold an additional qualification in family planning and sexual health and since joining Ivy Grove I have started a regular contraceptive coil clinic and I also fit contraceptive implants. One of my other particular areas of interest is minor surgery which I hope to continue doing whilst working at Ivy Grove. I look forward to working with the rest of the Ivy Grove team in looking after you and your families.

Join us as we welcome Riva to the team.

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



**ivy grove
surgery**

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Prescribing Update

Last issue we mentioned that we would soon be moving towards Electronic Prescription Service (EPS). We started this using this service on June 19th. Unfortunately, after a good three months perseverance, we have decided to discontinue using the service for the time being until it improves.

From the outset, EPS has been plagued with technical problems beyond our control. It was taking our GPs more than 4 to 5 times longer to sign electronically than by the usual signature method. Considering that we sign hundreds of prescriptions every day, this is valuable time that could be used for other important clinical work.

EPS needs a steady and reliable connection at all points in the communication system between the practice, the NHS Spine and pharmacies. Due to problems with this connection, again beyond our control, some patients have had to wait 4 to 5 days for their prescription, often requiring several trips to the chemist and/or phone calls to the practice. We feel that this is unacceptable to subject our patients to this.

Our busy receptionists have been tearing their hair out chasing up electronic prescriptions that have gone astray, again wasting valuable time that could be spent answering the phone to patients. Chemists are also having similar difficulties downloading online prescriptions to their own systems.

As a practice, we are not averse to advances in IT, however, because of all the problems with EPS, we decided that from a business perspective, it is not yet fit for purpose and we have stopped using it in the main. For those few patients who insist on using EPS, and for certain appliance items, we will try and continue using it, but for all other prescriptions, we will send your prescription to the chemist by the usual hand delivered method.

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@ivy.gs.

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.

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

WHERE TO GET HELP!

Examples only



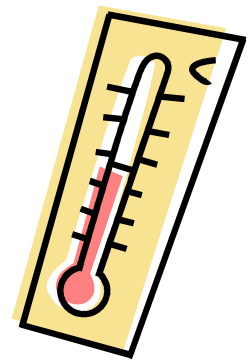
SELF-CARE

minor grazes, coughs and
colds, sore throat,
hangover



PHARMACIST

diarrhoea, runny nose,
headache



GP SURGERY

fever, earache, stomach
ache, vomiting



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



NHS 111

advice, medical help,
not sure who to call



DENTIST

toothache, abscess,
gum disease

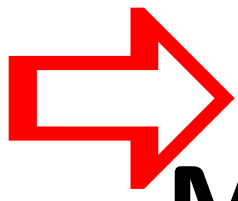
YOU CAN ALSO REFER YOURSELF DIRECTLY TO...

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

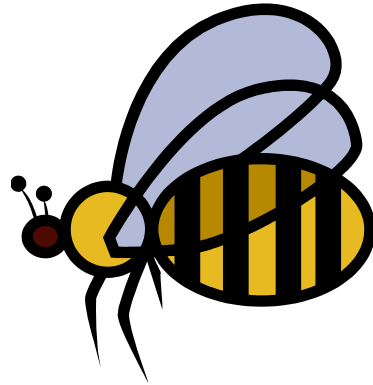
SEE ALSO our website at ivy.gs/numbers for contact details of other sources of direct help



DO YOU NEED THE MINOR INJURIES UNIT



SPRAINS & BREAKS



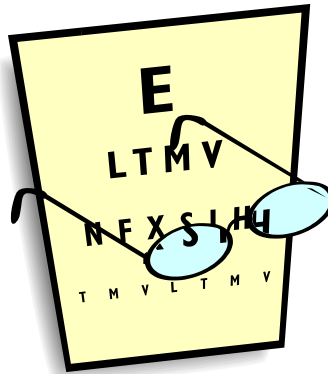
INSECT BITES & STINGS



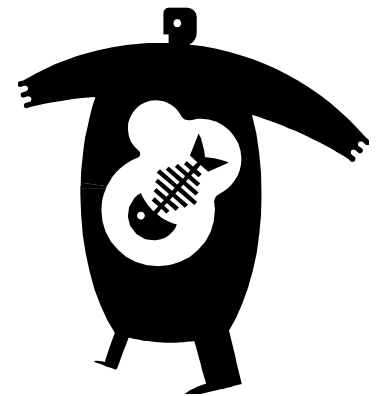
HEAD INJURIES



BURNS & SCALDS



EYE PROBLEMS



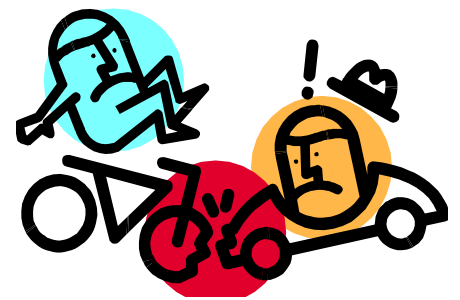
FOREIGN BODIES



**MINOR WOUND
INFECTIONS**



CUTS & GRAZES



ROAD ACCIDENTS

SURGERY WEBSITE



ORDER PRESCRIPTIONS
ONLINE

ivy.gs/online



JOIN OUR
PATIENT GROUP

ivy.gs/pg



BOOK APPOINTMENTS

ivy.gs/online



NEW AND
IMPROVED SITE

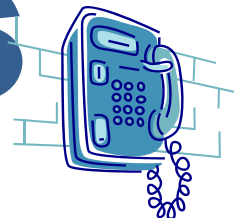
ivy.gs



MEDICAL ADVICE
ARTICLES

ivy.gs/medadv

ivy.gs



USEFUL CONTACTS

ivy.gs/numbers



DOWNLOAD FORMS

ivy.gs/dl



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ONLINE REGISTRATION,
VIEW MORE OF
YOUR MEDICAL RECORD,
MOBILE SITE

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