

ISSUE

13.1

MARCH
2015

THE FREE
NEWSLETTER
FOR OUR
PATIENTS

Ivy Grove News

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.

Home Visit Policy

We update you on our new home visiting policy that will help patients to use our services appropriately for the benefit of all patients.

Patient Group News

Mike Ingham updates us on latest Patient Group News.

Make the Most of your GP Part 6

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.

Diabetes Care

Tina, our receptionist gives us a delightful account of her diabetes care in days gone by...

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

Home Visiting P.1

Patient Group / Make the Most P.2

Letter to P.M. / Did you know? P.3

Home Visiting Summary / Snippets P.4

Diabetes Care in Days Gone By... P.5

A New Year – A New Home Visiting Policy

At the beginning of this year, in conjunction with our patient group, we introduced our new Home Visiting Policy. Home visits are out of control at Ivy Grove Surgery. Too many patients are requesting visits that are inappropriate and unnecessary. This is having a damaging impact upon other aspects of our service.

Whilst home visits may seem convenient, they actually provide an inferior standard of care. A doctor's ability to properly assess and to treat a patient seen in their own home is often impaired by lack of proper clinical records and the non-ideal clinical situation of poor lighting, absence of chaperones, less than hygienic conditions and such simple difficulties as soft beds, making it impossible to examine the patient thoroughly.

Home visiting is unique to the UK. No other country in the world has such a service, and the absence of such has not been shown to be harmful to patients.

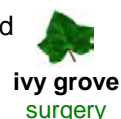
General practice workload has increased greatly over recent years. It seems that it is set to rise further and unless GPs are allowed to deliver care in the most efficient way possible the system seems likely to break down. If patients are seen at the

surgery, rather than their own homes, then quite simply more patients can be attended to by a given number of clinicians.

Calling the doctor (or nurse) out takes them away from patients who may be in more clinical need. Our experience shows that most people request a home visit because they think they are too poorly to come to surgery, or that they do not have transport. We find many of the patients in these situations are quite able to walk and could well have travelled to the surgery where consultations could have been easily and safely carried out.

Visiting patients who could actually be seen in the surgery is putting an unnecessary strain on our resources. Therefore, in discussion with our Patient Group, we have developed a new home visiting policy which should help you to request visits that are appropriate and necessary. We have devoted some of this issue to our new policy and have developed new pages on our website to provide further information and to help patients understand our policy. You can visit these pages at ivy.gs/visits or you can ask for a leaflet on our new policy at the reception desk.

As a practice, we must always ensure that our services are used appropriately for the benefit of all our patients.





Make the Most of Your GP part 6

10 minutes is not very long

Many patients do not realise that their allocated appointment time is only 10 minutes. 10 minutes is not a long time, when you consider that this will include time spent with history taking and examination, dealing with any pressing problems you might have, and time spent completing forms, prescriptions and making an entry on the computer.

Whilst we will always aim to give patients the time that they need, we do need to try and run on time in order not to unduly inconvenience other patients who will be waiting. If you have multiple problems that need dealing with, we would always ask that you book a double appointment as necessary.

Go to MIU for injuries

Changes in our contract mean that GPs are no longer paid to provide care for any patients with minor injuries. If you have an accident, injury, strain, sprain, or have any other conditions which can easily and safely be managed by the Minor Injuries Unit at Ripley Hospital, we would encourage you to attend there promptly. In order to help patients, we have developed a simple information poster which is available at ivy.gs/miu.

Request visits before 11am

Please see the rest of this newsletter for our new home visiting policy, but if you feel you qualify for a home visit, please always ring us early so that we can assess your request and plan our day effectively.



It hasn't always been an easy ride but the Ivy Grove Patient Group has begun its third year of operation and does so in a very strong position. It has established a dialogue primarily with Dr Wong and with Charmagne Stephenson and Janette Cavanagh, the Practice Manager and her deputy. The voice of patients is now proving influential in shaping how the Practice adjusts to meeting the many demands placed upon it by patients and NHS England.

The Patient Group is now a dedicated and committed group aimed at putting the views of patients across to the Practice. Most recently this has been demonstrated by the Group carrying out a survey of patients using a questionnaire developed by

the Group which has been available throughout February in the surgery for patients to complete. This is an exercise entirely independent of the Practice and the results will be passed to the CCG (South Derbyshire Clinical Commissioning Group) Area Team. Members of the Patient Group were in the surgery every day during the week commencing 16 February to speak to patients about the survey and help with the questionnaire.

The response from patients has been most encouraging with almost three hundred questionnaires returned. The results will be collated and will be available in surgery on the Patient Group Noticeboard for patients to see and read. There will be details there about how you can obtain a personal copy should you want one.

Remember the Group is

Ivy Grove Patient Group

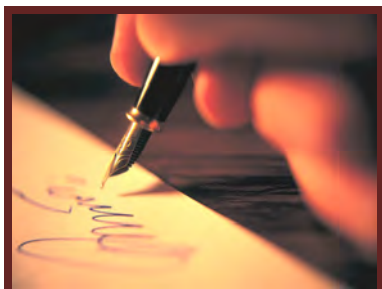
Latest update from Mike Ingham
Chair of the Patient Group

there to represent you and liaise with the Practice on all aspects of the services they provide to you. If you have a point you want to put across you can do so making contact via the Practice, via our email address which is ivgpatientgroup@gmail.com.

Alternatively, you are most welcome to along to one of our meetings which have now moved to the last Thursday of every month and are held at the surgery starting at 7.00 p.m.

EASTER OPENING HOURS

We will be closed on the bank holidays of Good Friday, April 3rd 2015 and Easter Monday, April 6th 2015. If you need medical attention or advice when we are closed, please ring NHS 111 on 111, or see our website. Please remember to hand in your repeat prescription requests well in time, or use our online service.



Letter to the Prime Minister (part 4)

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 4 here.

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

I'm now going to fast forward through all of this IT stuff, but you will get my drift: you offer to take the expensive cost of IT off GPs hands, so subsume IT costs into Primary Care Trusts (PCTs), and since you now own the hardware, because you paid for it, you make the hardware and its data part of the NHS spine. Move towards [remotely] hosted systems, making it a mandatory part of the National Programme for Information Technology (NPfIT), because of course, you need this data out of individual GP surgery buildings by whichever legal way. Oops, now you yourself take up the tenancy and say NPfIT is just not what you want, too damn expensive, you have got to be seen to putting a stop on that, but because you already worked out where things were headed, you need to come up with another way to maintain continuity (see, I told you it was important) in order to get your hands on this data.

I know, you already get

anonymous data from GP practices as part of Quality and Outcomes Framework (QOF), Primis and other schemes [eg, CQRS, GPES], what about a change in the law to make it compulsory for GPs to release identifiable data too? Now why didn't your predecessors do that instead of looking to spend £20 billion? The nutters. Instead, just change the law. Disguise it all in an all-encompassing Act that will Improve the Health and Social state of the Nation. I

understand that grabbing all this confidential data was your very own personal idea, and I must say, that was a master stroke and like a community nurse seeing a constipated toddler, I must congratulate you on passing that motion.

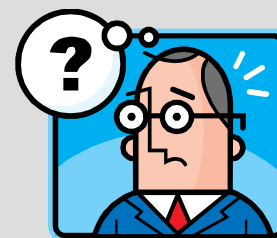
Now you can just steal the data. All legit. Forget data protection. Forget patient confidentiality. Make it illegal for any GP, currently custodians of the data, to try and protect their patients' data.

You know, over the years, GPs have become the quintessential patient advocate, though admittedly that role is fading of late. A shoulder to cry on when your mother died, a non-judgemental ear when you committed adultery, a sympathetic counselling when you needed another termination, a font of advice for when your son started abusing drugs. GPs made notes in their records (longstanding computer systems remember).

You can't blame GPs for wanting to protect the details that their patients have given in complete and utter confidence; information that has been shared in all good faith to help support a close personal relationship and to help provide a longstanding family health service. Darzi-style, you need to 'remove the doctor from that relationship', and ignore him or her, because you can't be having GPs stop this blatant data mining can you? It's not part of the Plan.

So you don't let anyone know about it. Keep it hush hush. Oh no, you've been rumbled, the Information Commissioner got wind and is not happy. So you try and keep everyone happy with a junk mail flyer sent along with that Indian takeaway menu, the solar heating card, Zumba classes at the local community hall and the ironing lady advert. And then you get your friends to say everyone needs to give you their confidential and identifiable information in order to Save Lives and Conduct Life-Altering Research of Massive Importance. Really. That is pathetic. Admit it, you need this confidential and identifiable information in order to bypass GPs and set you up ready for when you can provide your own service.

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 can self-refer to the Stop Smoking Service without seeing a doctor? If one of your resolutions was to stop smoking, then well done! You can ring **0800 0852299** or **01246 515153** and access the free service run by Derbyshire Community Health Services.

...about a million people see their GP every single day? And the NHS employs 1.3 million people making it one of the largest employers in the world.

...you can now check your symptoms on our website? Not sure where to go or who to turn to for advice and help for your condition or symptom? We have now launched our symptom checker online, where you can look up your symptom on our website. Please note this page is simply a guide to the most appropriate first port of call. Please visit ivy.gs/symptoms.

...you can download a range of patient information leaflets from our website? We have a range of leaflets and also links to other sites, where you can download information for your condition. For more details, please visit ivy.gs/dl.



NEWS SNIPPETS

Friends and Family Test

We launched our Friends & Family Test in December last year. 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.

Mobile Website Launched

We are pleased to announce that we have now developed a new mobile website. If you have a smartphone, you should be directed to the new site automatically. If not, you may visit the mobile site directly at the address m.ivy.gs. The mobile version is an optimised site which has all the essential information from the main desktop site, but in an easy to browse format. We welcome feedback on our mobile site as we continue to develop it.

Staff Training

Like many other businesses, in order to function effectively and efficiently, we need to have dedicated time to train and update our staff. Once a month we close the surgery on a Wednesday afternoon for this purpose. These dates are advertised in advance on the news page of our website. Please visit ivy.gs/news. In cases of emergency, please ring the normal surgery number on 01773 514130, or visit our website for more information.

Patient Group News

Visit our patient group pages for details of latest minutes of meetings and decisions and links to the latest patient survey. Please visit ivy.gs/pg.

Home Visiting Policy Summary

Please see additional information at the end of this newsletter for more details, but here we provide a quick summary of our home visiting policy.

As doctors we are responsible for assessing requests for visits on the basis of **clinical need only**. Social reasons, or lack of transport or money are not appropriate reasons to request a home visit.

We find that many patients, even those with poor mobility and poor health, or those who are classed as housebound, are able to attend outpatients and other appointments as necessary. There is therefore no clinical reason why such patients cannot also attend the GP surgery.

In order to help patients use precious resources as effectively as possible for the benefit of all patients, we should be grateful if every patient would ask themselves three questions before requesting a visit.

Are you truly bedbound?

For those patients who are confined to bed, and completely unable to move about in their own homes.

Are you terminally ill? We

have no problems with visiting those patients who are truly in greatest clinical need.

Are you so poorly you would come to serious harm if you were moved?

In this situation we will assess your clinical condition on the telephone first before agreeing to visit. Those who are seriously ill may be advised to ring 999.

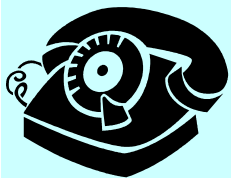
If you answered yes to one or more of the above questions, please ring and we will assess your individual case.

Frailty, poor mobility, advanced age, pre-existing illness, and living in a care home are not automatic reasons for a home visit.

Where a home visit is not appropriate, but the doctor has decided that a face to face assessment is still required for the condition presented, we will always accommodate patients within a surgery appointment at a mutually convenient and agreed time, and we can always assist patients once they are on our premises.

Please help us to continue to provide a high quality service for the benefit of all our registered patients.

Telephone appointments – what are they for?



Our new telephone appointments have now been in place for two years and many patients are finding them to be a convenient and useful

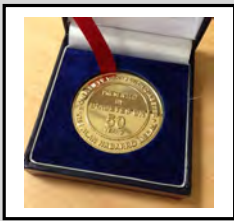
alternative to face to face surgery appointments.

You can use telephone appointments for administrative reasons, such as requesting repeat sick notes. We are also happy to provide advice on minor illness, viruses, bugs and self-help information. They can also be used to review certain conditions,

such as underactive thyroid, and the doctor may ask you to book a telephone appointment for discussing results.

Please book telephone appointments only if you are certain that the doctor does not need to examine you face to face and if you are certain that your issue can be resolved there and then. If you are not sure you need seeing, we would always encourage you to book a normal face to face appointment.

The doctor may issue medication as a result of a telephone appointment if it is considered appropriate. See our poster at ivy.gs/tel



Alan Nabarro medal for Tina

In recognition of the courage and perseverance of living with diabetes, *Diabetes UK* awards people who have lived with the condition for over fifty, sixty and seventy years with medals.

This medal is awarded to people who have lived with diabetes for fifty years. Alan Nabarro waged a lifelong battle against discrimination against people with diabetes. In 1968 he was awarded the OBE for his work with young people in London.

Many congratulations to Tina on her remarkable achievement! Read her delightful article on this page for more on her diabetes.

Diabetes Care in Days Gone By... by Tina, our receptionist

I was diagnosed with Type 1 diabetes in 1964. Back then it was very different, here are a few things I remember.

Injections

To start with I had to have three injections a day. In those days there were no syringes that you used once and then threw away. I had a glass syringe that you had to attach a needle to; this was quite heavy and not as easy to hold as they are now. The needles were quite long and thick and after the needles and syringe had been boiled in a saucepan to sterilise them, they were kept in a cylindrical device that was full of surgical spirit. There would be three needles in this device and these would be used in rotation using each needle at least five times.

Testing for sugar

Nowadays I have to prick my finger for this before I eat and before driving or if feeling unwell. In 1964 there were no home testing blood sugars; this was only done at my three monthly checks at the hospital - they would prick my earlobe and keep squeezing blood out of it into a test tube, once they had enough it would be sent to the lab to be analysed.

I did have to test for sugar though and this was done by urine testing. It was like a chemistry lesson. I had to collect my urine, then using a pipette, I would have to put five drops of urine and 10 drops of water into a test tube. A Clinitest tablet would be put into the tube, this would fizz up and get very hot. It would then start to change colour - it ranged from blue, through green, brown and could go to orange. Blue was the best reading, nil of sugar, orange was high at 2%.

this article continues immediately below...

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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mail@ivy.gs

Children's Bloods

We have been given updated times for sessions for paediatric phlebotomy:

Royal Derby Hospital

children aged 0-12 years by appointment, **01332 785 821**

Derby NHS Walk-In

Centre London Rd

Community Hospital,
entrance children from 2
years upwards by
appointment, Mondays 2-
7pm, & Tuesdays 8.00-
11.30am, **01332 224 700**

Ilkeston Hospital

children aged 5-12 years, ring **0115 930 552, ext 231** for an appointment.

Ripley Hospital will no longer perform children's blood tests.

Diabetes Care in Days Gone By... (continued)

Diet

Eating sweets, chocolate, anything sugary was not allowed and to a six year old child this was quite drastic. In those days there was not a lot of sugar-free anything! We take diet Coke for granted now but back then you could only get sugar free drinks and food from *Boots* in Derby but this was very limited.

All carbohydrates have to be counted (as they are now). I had to make sure I had the correct amount of carbs each day to match my insulin dose that had been worked out by the hospital. If I do not eat enough carbs or do too much exercise or get stressed, I can go hypoglycaemic (hypo). I get confused, sweaty and can get a bit sharp. I apologise to any of you that may have come across me like this; I do get warning signs of this, but sometimes I am a bit late in dealing with it. It is a bit like being drunk really (not as I know!) but not in a nice way. Sugar is needed at this time and a very small can of full sugar coke will put me back on track in 15 minutes.

DAFNE

Dose Adjustment For Normal Eating came next. I had to do a week's course for this and it was amazing. There were ten of us on the course and it was very intense; our insulin dose had been advised for that morning.

For lunch there was lots of healthy foods and also food that was not allowed in a diabetic diet. We were encouraged to eat whatever we wanted so long as we worked out the carbs and dosed accordingly it was fine....

...this article continues on the website at ivy.gs/web

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



Would come to serious harm if moved

UNSUITABLE



No transport or money



Children, young people & anyone who is mobile



Social reasons or for convenience



Other help more 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 11.00am**
- All visit **requests will be medically assessed** to check if appropriate

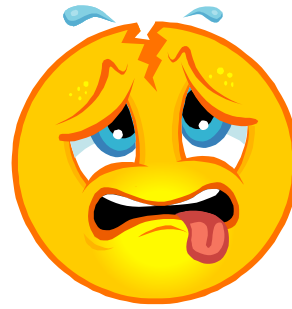
WHERE TO GET HELP!

Examples only



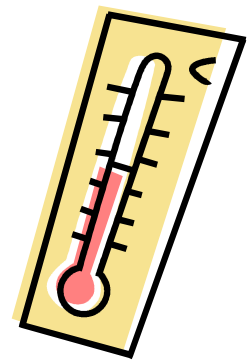
SELF-CARE

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

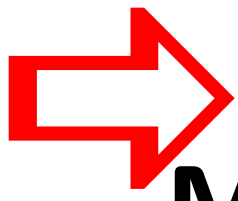
YOU CAN ALSO REFER YOURSELF DIRECTLY TO...

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

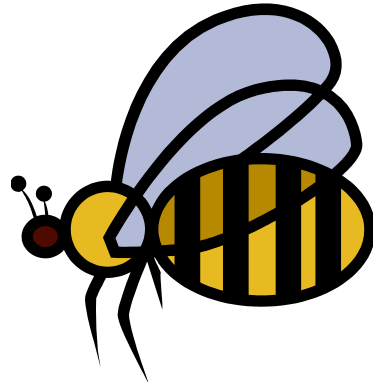
SEE ALSO our website at ivy.gs/numbers for contact details of other sources of direct help



DO YOU NEED THE MINOR INJURIES UNIT



SPRAINS & BREAKS



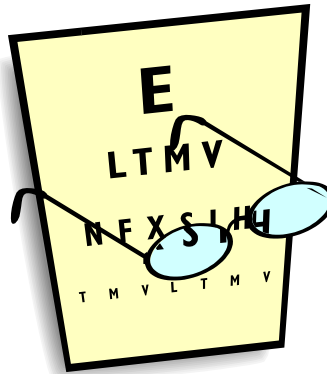
INSECT BITES & STINGS



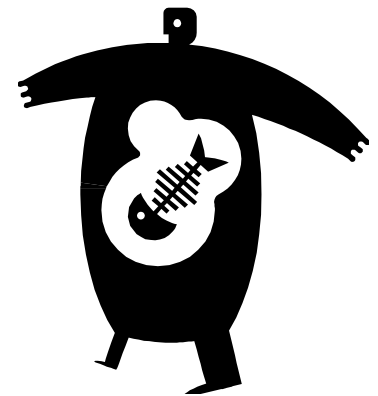
HEAD INJURIES



BURNS & SCALDS



EYE PROBLEMS



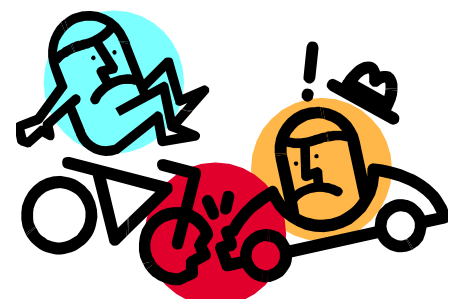
FOREIGN BODIES



**MINOR WOUND
INFECTIONS**

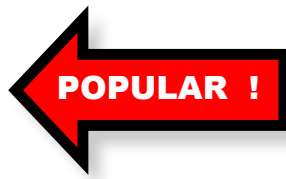


CUTS & GRAZES



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

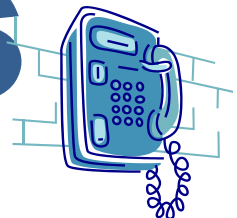
ivy.gs



MEDICAL ADVICE
ARTICLES

ivy.gs/medadv

ivy.gs



USEFUL CONTACTS

ivy.gs/numbers



DOWNLOAD FORMS

ivy.gs/dl



READ NEWSLETTERS

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

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

IVY GROVE SURGERY

WHAT DO OUR NURSES DO?



Family planning



Blood pressure



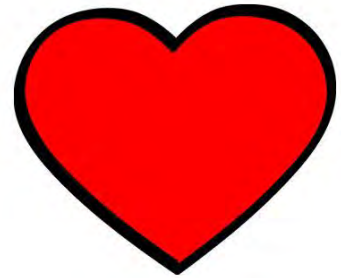
Blocked ears/wax



Dressings & stitch removal



Health and well person checks



Cardiovascular disease reviews



Diet and weight monitoring



Asthma & chronic bronchitis care



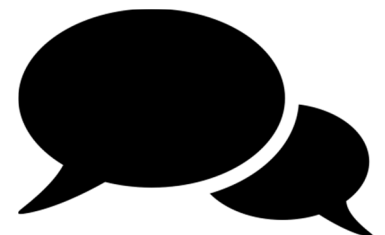
Travel advice and injections



Vaccinations (excluding TB)



Ring pessary fittings & smears



**And more...
...please ask!**