

ISSUE

13.2

AUGUST  
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.

## Symptom Checker

We tell you news about our symptom checker for General Practice, in order that you can access the correct service for your condition the first time.

## Patient Group News

Liz Parkes, Committee Member updates us on latest Patient Group News.

## Make the Most of your GP Part 7

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.

## Home Visiting

Just a small update on our new home visiting policy.

## 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](http://IVY.GS)

## in this bumper issue

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

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## Got a Problem? Use Our Symptom Checker!

**Not sure where to go or whom to turn to for advice and help for your condition or symptom? We now have a symptom checker online, where you can look up your symptom on our website.**

We are pleased to announce that we have launched on our website a symptom checker page in order to help patients direct themselves to the most appropriate source of help. Whilst it may be considered routine to pick up the phone and ring for a doctor's appointment whenever you have a problem, this does not always lead to you receiving the best and most timely care as possible.

For instance, if you book an appointment with the GP thinking you may have had a heart attack or a stroke instead of correctly ringing 999, your hospital treatment would be unnecessarily delayed, potentially leading to serious harm. In another example, you may need to see someone due to a foreign body in your eye; that should not be your GP - attendance at the minor injuries unit or Accident & Emergency is more appropriate here.

Other conditions may not require a doctor's appointment at all, such as colds, coughs and sore throats and all that is needed is some advice, perhaps from a pharmacist and some over the counter remedies. As doctors, we have a duty to empower

patients and encourage self-care wherever possible, leading to benefits for both you and your families.

Some treatments do not even require a doctor's appointment in order to get seen. Examples like counselling, podiatry (foot care), physiotherapy, continence advice, family planning, treatment for sexually transmitted conditions, alcohol services can all be accessed through self-referral without the need to see a doctor first.

VISIT OUR SYMPTOM  
CHECKER BY TYPING  
**IVY.GS/SYMPTOMS**  
IN YOUR BROWSER

Of course, many conditions do require a doctor's appointment, and our symptom page will let you know, as well as informing you of more serious conditions which may require a more prompt appointment.

Overall, the aim is not to replace professional medical advice, but simply to direct patients to the correct service in the first place, in order to best treat their condition. Please note however, on presenting yourself to a particular service, if it becomes apparent that you require another service, due to the nature of your condition or combination of symptoms, you will always be directed to the most appropriate service.



ivy grove  
surgery



## Make the Most of Your GP part 7

### Learn to self-care

A large part of what we see in General Practice constitutes 'minor illness, such as sore throats, sickness and diarrhoea, coughs and colds. It is not always necessary to ring and book for a doctor's appointment as many of these conditions will get better with appropriate self-care and advice. For help, please see our symptom checker at

[ivy.gs/symptoms](http://ivy.gs/symptoms).

### Request home visits appropriately

Just a reminder that we will only carry out home visits to those patients who are **bedbound** or **terminally ill**. Housebound patients do not automatically qualify for a home visit as transport can often be arranged with friends, family and other services. We have a duty to use our resources for the benefit of all our patients. Please read our policy at [ivy.gs/visits](http://ivy.gs/visits).

### Self-refer where possible

Patients with many different conditions can self-refer to the most appropriate service **without** needing to see a GP first. Examples are those with back, neck or joint pains (Physio Direct), incontinence (continence advisory service), mild to moderate anxiety or depression (counselling services), foot care advice and treatment (podiatry at Ripley Hospital), alcohol and drug misuse (various addiction services), social services help (social services). For more information, visit our symptom checker page at [ivy.gs/symptoms](http://ivy.gs/symptoms).



## Your Patient group continues to meet on the last Thursday in the month at the surgery at 7pm.

On July 1st, a representative from Derbyshire Carers Association was available to speak to anyone who is, or knows of a carer. She was able to signpost and advise on all aspects of care and support.

Did you know that there are over six million carers in Britain and approximately 110,000 live in Derbyshire. Many carers are not aware of what is available and how to access help. Many people caring for a loved one don't see themselves as carers, feeling that it is part of their duty as a wife, husband, son or daughter.

There are plans for a representative from the Derbyshire Carers

Association who will visit the surgery on a regular basis to answer carers' questions. Please ask at reception or look on the notice board for details.

On July 24th, Nigel Mills MP met with the Patient Group at the surgery and was asked what he thought the role of the patient group should be. He felt that we should be there to respond to the needs of patients, so we need to know what your needs are.

He was asked about government resources for 7 day opening of surgeries, (a hot topic for all surgeries). Overall he appeared to listen and be aware of many NHS issues, and was pleased to hear about the work of patient groups.

Results of the February patient questionnaire are available on the patient group notice board situated on the back wall of the

waiting area.

Don't forget the group is there to represent you and liaise with the practice on your behalf, we would be pleased to see you at one of our meetings or hear your comments. The date of our next meeting is Thursday 24th September at 7pm at the surgery.

You can contact us by emailing [ivgpatientgroup@gmail.com](mailto:ivgpatientgroup@gmail.com) or by contacting the practice.

## AUGUST HOLIDAY

We will be closed on Summer Bank Holiday, Monday August 31st. 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 5)

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 5 here.*

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

But of course, that's only one prong of this Plan. Where was I? Yes, primary care. By primary care, we do really mean the hubs that are providing care in the community, where the community teams are based. OK, do I have to spell it out, it's GP practices. What are GP practices made up of? Essentially GP partnerships or single-handers running small businesses.

Any plan for the NHS will always involve the key part of the NHS, and as I've said, that is primary care, which is, as I've said, GP partnerships. GP partnerships are in the way of your Plan. You cannot have independent free-thinking small businessmen and women derailing what you want to do. You've got to get rid of them.

So you need to dismantle General Practice bit by bit, but obviously, Duracell-battery style, you've got to keep the ball rolling up until that final

point of collapse, as you cannot be seen to be the guy pulling the trigger, and you don't want the crisis to be out in the open. It would not look good on the news. Or for your votes.

So, the second prong of your Plan, how on earth do you dismantle GP partnerships? Well, OK, some would argue, they've done a pretty good job breaking it up themselves what with some salaried doctor models, but then, hey, some of those models really do work don't they, for the directors that is. Sorry, got distracted there. Back to how to break GP partnerships? Really easy. Just make work life so intolerable, that GPs leave their partnerships, retire or emigrate. Make General Practice so unattractive that the workforce diminishes. Pressure increases. Targets fail to be met. Make life completely untenable for single-handers, because aren't they all just unregulated mavericks in disguise anyway?

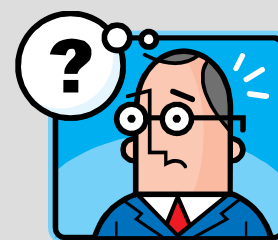
What are the ways in which you can make life intolerable? Easy. Ramp up demand. Fuel expectation. Make General Practice available and responsible 12 hours a day, 7 days a week (initially that is, until you make your move to shift back to full 24 hour responsibility). Encourage early attendance because you can never be too sure (chest X-rays and fingers up bottoms have never been so popular thanks to your public health

media campaigns). Put more at the door of General Practice: surgical reviews, A+E attenders, Dr Finlay social visiting, evidence-free health checks. Did I mention gambling?

Recognising some of the pitfalls of the target driven culture (well you could hardly ignore it could you?), which has resulted in patient care becoming a secondary issue, you reassure the public on the one hand that this will change, yet enforce more targets and regulation on the workers at the other end; Care Quality Commission (CQC), Chief Inspector of General Practice, ratings, satisfaction surveys, QOF inspections, locality team 'friendly visits' and Area Team policing.

Your good work here is already bearing fruit, with the GMC issuing record numbers of certificates of good standing [required for emigrating doctors in order to work abroad], fewer recruits are entering General Practice, over 50 year old GPs are retiring in droves. Numerous studies by Local Medical Committees (LMCs) all around the country on workload and GP stress, and even your own national GP work-life study confirm all of this. But do you take notice? No, because it's all part of your Plan.

***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](http://ivy.gs/opinion).***



**Did you know ?**

**that you can carry resistant bacteria for up to one year after taking an antibiotic** – that means the bacteria will not be killed off if you are given the same antibiotics again. This is why it's best to use antibiotics only when you really need them, in case you get something really serious and need life-saving antibiotics to work for you.

**...that you can visit our mobile website simply by using your smartphone** and going to our desktop website [ivy.gs](http://ivy.gs). You will be redirected to our mobile site which has been optimised to display the same essential information as the main site, but in an easy to browse format. You can always leave the mobile site and visit our desktop site by clicking the link at the bottom of each page.

**...that if you are going on holiday and need more medications to cover it**, we can issue an extended supply before you go away. Simply indicate that you are going away on your next repeat prescription request. Please note that we are not permitted to issue more than three month's supply of any medication to take out of the country.





## NEWS SNIPPETS

### Slip-Slop-Slap this summer

**Slip** on sun protective clothing that covers as much of your body as possible. **Slop** on SPF 30 or higher, broad-spectrum, water-resistant sun cream at least 20 minutes before sun exposure and reapply every two hours when outdoors or more often if you are swimming or sweaty. **Slap** on a hat that provides cover for your face, neck and ears. You should also **slide** on sunglasses to protect your eyes and **shade** from the sun wherever possible.

Doing these things helps prevent skin cancer. Almost all skin cancers are caused by over-exposure to ultraviolet radiation from the sun and/or sunbeds. Everyone is equally vulnerable to the harmful effects of the sun's rays, which cause burning, wrinkling and premature ageing.

### Steps2Change Counselling

Steps2Change IAPT (counselling) service has decided not to extend its contract beyond September 2015, and with immediate effect will no longer be accepting new referrals. Any patient wishing to self-refer for counselling should ask at reception for details of other providers, or visit our website at [ivy.gs/dl](http://ivy.gs/dl).

### Acute Kidney Injury Info

There has been a recent focus within hospitals on patients attending with acute kidney injury (AKI) due to their medical condition causing dehydration. When combined with medication called ACE inhibitors, there is a potential risk of the kidneys not working as they should. If you are taking such medication, please try not to be unduly alarmed, simply ask for an information leaflet on AKI from your doctor or nurse.

## Home Visiting Policy News

**Last issue, we carried news on our new Home Visiting Policy. This article is just to provide an update to what has been achieved so far.**

As some of you may know, we will now only visit certain vulnerable patients at home now. We introduced this policy because visiting patients who could actually be seen in the surgery was putting an unnecessary strain on our resources and damaging other aspects of the care that we provided. Working with our Patient Group, we developed a comprehensive policy which can be reviewed on our home visiting pages at [ivy.gs/visits](http://ivy.gs/visits).

As a reminder to anyone thinking of requesting a home visit, we

would request that every patient ask themselves three questions before ringing for a visit:

**Am I confined to bed?**

**Am I terminally ill?**

**Am I so poorly that I would come to serious harm if I were moved?**

**FRAILITY, POOR MOBILITY, ADVANCED AGE, PRE-EXISTING ILLNESS, AND LIVING IN A CARE HOME ARE NOT AUTOMATIC REASONS FOR A HOME VISIT**

If you answered yes to any of these questions, please ring and we will assess your individual case.

If you answered no to all questions, we would always ask

that you book an appointment here at the surgery instead.

We introduced our policy at the beginning of the year. To date, home visiting has reduced by about 45%, however we do feel that there is still a long way to go yet, when considering the extremely low visiting rates of some local comparable practices.

By following our simple three question guide, you should be able to request home visits appropriately. Please do not be offended if the GP questions you closely about your request – we do need to assess your suitability for a home visit as we have a duty to ensure that our services are used appropriately for the benefit of all our patients.

## Your Named GP



From April 1st, as part of GP contract changes, all patients are required to have a named GP.

In this practice, all patients have already been allocated a named GP. This will be the same as your usual GP, most likely the same GP as on your original medical card, if you have one. Patients will be informed who their named GP is at a subsequent interaction with the practice, whether that be by telephone or face to face appointment. The named GP will take lead

responsibility for ensuring that all appropriate services are delivered to the patient.

This is largely about formalising responsibilities as we already do this work. Please 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. As a reminder, for continuity of care, we would always ask you to keep to the same GP for an ongoing problem.

If you have any questions regarding your named GP, please ask us.



## Michelle Taylor

### **A message from Michelle, our former health care assistant:**

Although I haven't been here long unfortunately I will be leaving to join East Midlands Ambulance Service as an ambulance technician. I have felt very happy in my work here and would not have left if it wasn't for the fantastic opportunity that has come my way. I just want to say what a lovely bunch of people you all are in Ripley, staff and patients alike. I have met some real characters! I will miss you all and just wanted to say goodbye to the people I haven't managed to see before I leave. Thank you all for being so nice and making the last year and half one of the best.

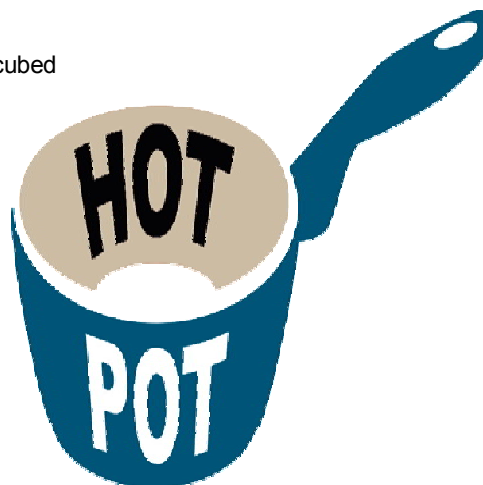
**Michelle**

## Home Made Hot Pot Recipe... by D.O.

We publish a recipe kindly shared by one of our patients. We hope you enjoy it. Similar submissions from any patient are most welcome!

### Ingredients

½ lb stewing beef or chicken, cubed  
1 medium onion, chopped  
1 or 2 medium chilli, chopped  
400g tin chopped tomatoes  
Mixed vegetables  
1 oxo cube  
¼ tsp black pepper  
2 cloves garlic  
¼ tsp ground chilli powder  
¼ tsp dried garlic granules  
¼ cup brown rice  
¼ tsp mixed herbs  
2 tsp onion gravy granules  
½ cup pearl barley  
Water to cover ingredients



### Method

Mix all ingredients together in a casserole dish and cook on middle shelf gas mark 1 (140°C conventional, 120°C fan assisted) for five hours. Serves 3

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. Charnagne 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.

Written by Dr M. Wong  
Email: [mail@ivy.gs](mailto:mail@ivy.gs)



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surgery**

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[mail@ivy.gs](mailto:mail@ivy.gs)

## School letters

We are often asked by pupils, parents and teachers to write medical certificates or notes for pupils who have missed examinations through illness or for pupils who wish their illness to be taken into consideration in their performance. In some extreme cases, students have been sent home by school after falling ill in exams and told to see their GP to get a note for the school in order to prove that they have been poorly! This somewhat ridiculous situation wastes precious appointment time for something that is not really necessary. There is no obligation on GPs to provide supporting evidence for examination purposes and information from parents and sometimes the school itself should suffice. Schools should be aware of the current guidance and should not be encouraging children to attend purely for paperwork reasons. The above information has been confirmed by the British Medical Association and Derbyshire Local Medical Committee.

## The Perils of 'Oh, and Another Thing, Doctor...'

### Why we ask patients to present with one problem per appointment

We know that all round the country, it is difficult to get an appointment with the GP these days. There are fewer GPs around, and demand continues to increase. People are living longer; cases more complex. You may have a lot to discuss with your GP when you finally get to see them. But many patients do not realise that 10 minutes is not very much time to discuss multiple problems. In any consultation, a doctor must take a brief directed history, ask relevant questions, perform necessary examination, complete request forms, and type everything up on computer as well as carry out essential work related to the GP contract. Once you consider all this, 10 minutes is barely enough time for one problem, let alone several.

It has been shown in studies that presenting multiple problems to the doctor increases the risk that mistakes will be made. The stress of not completing one task, before having to move on to the next, risks distracting the doctor and may cause important things to be missed. For instance, referral letters may be forgotten to be dictated, prescriptions may be left on the printer, a potentially serious problem may not be given the full attention it merits because the doctor is rushed or already running late.

In a climate where clinical risk and patient harm are now at the forefront of everyone's minds, we would therefore kindly ask that all patients only present with one problem per appointment. This should always be the problem causing the most concern. The doctor will always aim to deal with urgent, life-threatening or emergency issues as they present; this means that everything else could possibly wait until the next available appointment. This policy is put in place for the safety of both patients and doctors, therefore please do not be upset if the doctor asks you to rebook.

## 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](http://ivy.gs/rx).

## NEXT ISSUE

Details of our next issue will be posted on the surgery website at [ivy.gs](http://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](mailto: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**

### 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



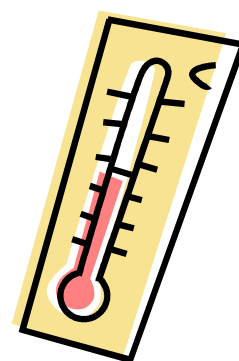
## MINOR INJURIES UNIT

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



## GP SURGERY

fever, earache, stomach  
ache, vomiting



## DENTIST

toothache, abscess,  
gum disease



## NHS 111

advice, medical help,  
not sure who to call

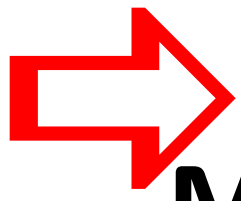
## YOU CAN ALSO REFER YOURSELF DIRECTLY TO...

**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

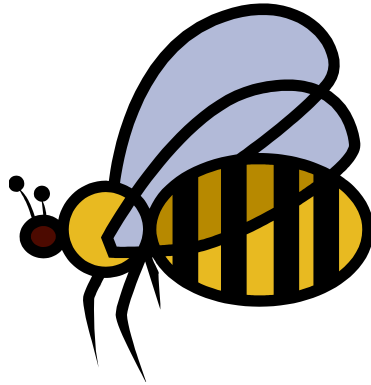
**SEE ALSO** our website at [ivy.gs/numbers](http://ivy.gs/numbers) for contact details of other sources of direct help



# DO YOU NEED THE MINOR INJURIES UNIT?



**SPRAINS & BREAKS**



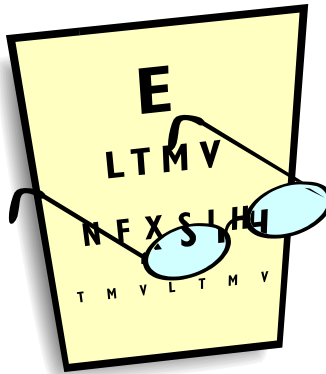
**INSECT BITES & STINGS**



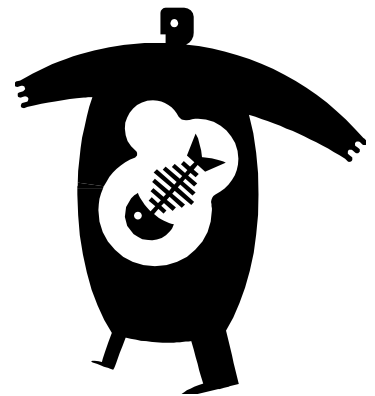
**HEAD INJURIES**



**BURNS & SCALDS**



**EYE PROBLEMS**



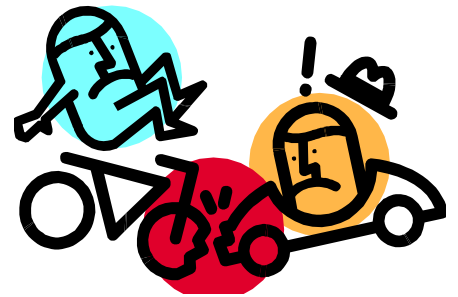
**FOREIGN BODIES**



**MINOR WOUND  
INFECTIONS**



**CUTS & GRAZES**



**ROAD ACCIDENTS**



# SURGERY WEBSITE



**POPULAR !**

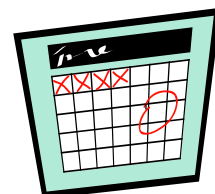
ORDER PRESCRIPTIONS  
ONLINE

[ivy.gs/online](http://ivy.gs/online)



JOIN OUR  
PATIENT GROUP

[ivy.gs/pg](http://ivy.gs/pg)



BOOK APPOINTMENTS

[ivy.gs/online](http://ivy.gs/online)



SYMPTOM CHECKER

[ivy.gs/symptoms](http://ivy.gs/symptoms)



MEDICAL ADVICE  
ARTICLES

[ivy.gs/advice](http://ivy.gs/advice)

**ivy.gs**



USEFUL CONTACTS

[ivy.gs/numbers](http://ivy.gs/numbers)



DOWNLOAD FORMS

[ivy.gs/dl](http://ivy.gs/dl)



READ NEWSLETTERS

[ivy.gs/ign](http://ivy.gs/ign)



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

**Type [ivy.gs](http://ivy.gs) into your browser address bar to get to our site**

# WHAT DO OUR NURSES DO?



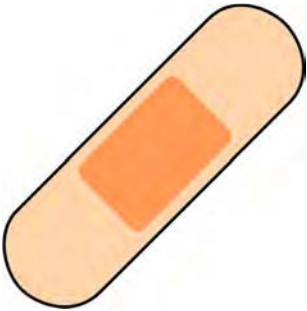
**Family planning**



**Blood pressure**



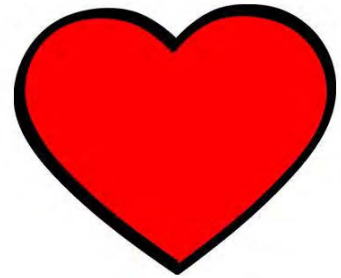
**Blocked ears/wax**



**Dressings & stitch removal**



**Health and well person checks**



**Cardiovascular disease reviews**



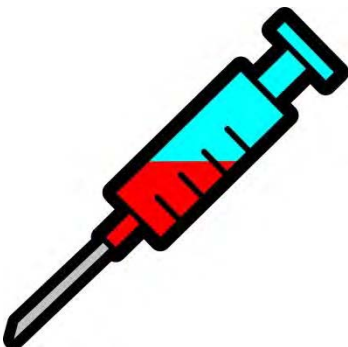
**Diet and weight monitoring**



**Asthma & chronic bronchitis care**



**Travel advice and injections**



**Vaccinations (excluding TB)**



**Ring pessary fittings & smears**



**And more please ask!**