

ISSUE

14.2

JULY
2016

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 to give you important insights into General Practice.

Medicine and GP

Dr Wong writes about the nature of Medicine and the risk inherent in everyday decisions in General Practice.

Patient Group News

Mike Ingham updates us on latest Patient Group News.

Make the Most of your GP Part 10

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.

Disruptive Patients

An interesting study on the effects of disruptive patients on GPs ability to diagnose correctly

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

Medicine & General Practice **P.1**

Safe Speak / Make the Most **P.2**

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

Under Pressure / Statistics **P.4**

Business / Disruptive Patients **P.5**

Medicine and General Practice

The human body, along with those of higher evolved species, is an amazingly complex system. We cannot even begin to understand everything that happens or goes wrong within it. Contrary to what you see in TV shows, doctors do not always make a spot diagnosis of an extremely rare disease as soon as someone walks in, collapsed patients do not always spring back to life after a few chest compressions and not everything wrong with your health can be completely fixed in an instant.

As well as being a science-based discipline, Medicine is also an imprecise art. It is an art that requires intuition, listening, patience and the ability to care and comfort.

General Practice itself (otherwise also known as Primary Care), also has some other characteristics. As GPs, we are tasked with seeing those who are ill, or who perceive themselves to be ill. And one of the most important purposes of Primary Care is to detect serious disease early.

Patients present themselves to us in many different ways; some come very early on in their disease, when clear symptoms and signs have not yet become established; some present very late when it is obvious what is wrong; some present with symptoms of a physical condition when the cause is psychological, and vice versa. Many patients have multiple and complex medical

conditions which complicate the picture. Given the body's capacity for healing, equally, many patients have conditions that get better by themselves, regardless of what the doctor does.

Patients attend many times a year, with multiple conditions of various degrees, some serious, some less so. Add to this other aspects within the 10 minute consultation that also need addressing, such as government targets, condition and medication reviews, and reading detailed medical notes. In Primary Care, unlike in hospitals, we often do not have the backup of instant tests and a whole medical team behind us, and so it can sometimes be very difficult for us to find those serious 'needles in a haystack'.

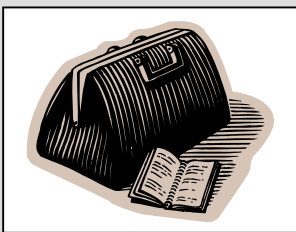
Sometimes we just do not know what is wrong, or we may treat you and see, or ask you to come back to check progress, or we may tell you to look out for worrying symptoms.

Every one of the hundreds of decisions that your GP makes every day in reviewing your results, coming to a diagnosis or treating you, is in fact a delicate balance between using their knowledge, skills and limited resources to determine the exact problem on the one hand and on the other, shouldering a degree of risk and uncertainty where things are not so clear. If GPs did not do this, they would be sending everyone into hospital, which would cause the entire health system to collapse very quickly.

GPs all around the country do this for a little over one million patients every single day. We know we don't get always get things right, but please know we are always trying to do our very best to provide safe and high quality care for you and your family.



**ivy grove
surgery**



Make the Most of Your GP part 10

Drink more water

It is apparent that most people don't drink enough; we have busy lifestyles and we forget, we don't want to go to the toilet that often, or we may not have access to regular drinks. Drinking too little can cause headaches, makes us feel unwell and puts a strain on our kidneys.

No need to ring for results

Several years ago we changed our system so that we will actively inform patients if results are abnormal. Therefore if you don't hear from us, you can assume that your test result was either normal or requiring no action from the doctor. Doing so will make it easier for others to get through on the telephone.

We are not an emergency service

Unlike Police, Ambulance and Fire Services, General Practice is most definitely not an emergency service! We have fully booked surgeries and planned visiting sessions. If you have an acute emergency, for their own safety, we would kindly ask that patients try not to present to the front desk to be seen.

We would advise that patients with conditions such as suspected heart attack, suspected stroke, severe bleeding, should always ring 999 for an emergency ambulance. In cases where a visit may be required or has already been agreed with the doctor, again we would advise a 999 ambulance if the patient becomes seriously ill or deteriorates.

relate

the relationship people



Relate provide information on their new service at the surgery for younger people.

Relate's Derby and Southern Derbyshire's children and young people's counselling service, Safe Speak, is available for children from the age of 5 years upwards at Ivy Grove Surgery.

We have various services, funded by Amber Valley Public Health and Southern Derbyshire CCG available in various locations for face to face counselling, plus LiveChat, which is an online service for young people aged 12 years and above.

Counselling gives people a chance to talk about what is bothering them to someone who is not connected with their family, friends or school. A Safe Speak counsellor will help the client to make their own decisions and understand things better.

When children and young people are worried, this can have an impact on home life, friendships and time at school or work. Problems which seem unimportant to someone else can seem overwhelming to a child or young person. Being able to talk to someone outside of the situation can help to reduce stress and improve relationships.

Counsellors are trained to listen without judging and to help people sort out troubling thoughts and feelings. Relate Safe Speak counsellors work with a wide range of issues covering self-esteem and emotional difficulties, for example, bereavement and loss, self-identity, sexuality, feeling low, unusual feelings, abuse, relationship breakdown or difficulty, domestic violence, self-harm, mild to moderate depression, not coping, stress, academic stress and friendships.

Counsellors are trained to listen without judging and to help people sort out troubling thoughts and feelings

There are times when we may be unable to provide counselling this can be due to an impending or ongoing court case for example or because the young person requires a different type of service (e.g. available via CAMHS). If you are unsure whether your counselling is appropriate you can always give us a call (01332 349301) and we shall be happy to discuss it with you.

Because of the importance of developing trust between child and counsellor, it is important that the content of sessions remains private, unless we believe that someone is being harmed or at risk of being harmed. If a child

appeared to be at risk of harm, we may need to seek help from parents, the school, GP or other agencies to help keep them safe. We do not provide updates on the counselling however, if required, we can advise referrers when people start and end their counselling.

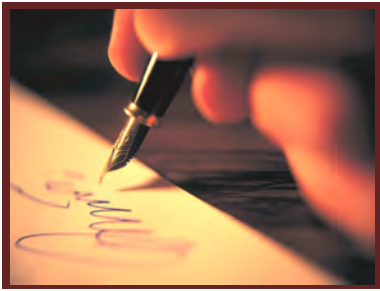
Each appointment lasts about 45 minutes and is for just the young person and the counsellor.

Referrals can be made in various ways either by telephone with the Safe Speak office on 0800 0935264 / 01332 349301, or using a referral form available from info@safespeak.org.uk.

Patients or their parents can self-refer to the service without seeing the doctor if this makes things easier, or the referral can be made by a health professional.

AUGUST HOLIDAY

We will be closed on Summer Bank Holiday, Monday August 29th. If you need medical attention or advice when we are closed, please ring NHS 111 on 111, or see our website at ivy.gs. Please remember to hand in your repeat prescription requests well in time, or use our online service.



Letter to the Prime Minister (part 8)

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

In previous issues of the newsletter, we carried the first parts of a letter that was sent directly to the then Prime Minister, and also to Jeremy Hunt, the Secretary of State for Health. We continue the next part here.

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

With the shameful collusion of our leaders and professional bodies, this gift brought the opportunity of tightened control of the profession, through the evidence-free process of Revalidation and all the nonsense that entails. But don't forget, we've had to contend with other extremely dodgy processes along with way, like Modernising Medical Careers (MMC), Medical Training Application Service (MTAS), Referral Diversion, Choose and Book. All aimed at some form of control and splitting the profession. And don't forget the Choice Agenda, Hotel Style Ratings, NHS Tripadvisor, Patient Satisfaction, QOF Nonsense, to which we must all conform.

Sadly for our patients, our profession has been reduced from one where clinician talked to clinician with the best interests of the patient at heart to one where box-ticking numbness with 'have a good

day' customer care trumps 'every day' patient care. Add further disempowerment through blatant robbing of hard-earned pensions and you have an easily controllable and submissive workforce.

Anyway, back to the point, time for a quick summary, you have your stolen data, so you can pick and choose who provides the care and, rather importantly, they in turn can choose whom they provide the care to, you have your friends steering everybody towards your 'vision' for the NHS, you have your private providers ready to take over the best bits, you have dismantled NHS General Practice, you have control over the professions, and not only that, you have the fall guys ready to take the blame when the NHS falls apart. Your votes are safe. It wasn't your fault. It was mismanaged by those CCGs. And who runs CCGs? Who are all part of CCGs, because it's a membership organisation? Yes, all those GP practices. Sorted.

So when the NHS falls apart, it is then no longer your problem. It's the country's problem. You did your best. You promised a high quality, convenient, open all hours service. You gave those responsible the money to manage the NHS. Those greedy doctors messed it up big style. Luckily you can provide some sort of service, but funding issues mean only

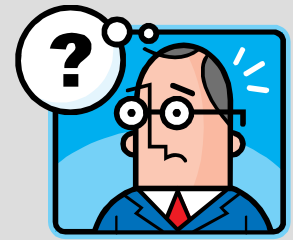
to those who are truly needy. The rest of you can take your chances with the private providers, but then again, they now know how much you smoke, that you beat your wife up, that you miss all your diabetes clinic appointments, and you're now being treated for your third sexually transmitted disease this year. Good luck with that.

Don't tell me, you categorically deny that this is not the Plan? You tell me that the entire direction we have been heading for three decades or more is not that? Hmm. I challenge you to come outright and say that this is not your Plan.

Look, it needn't be this way. There is a way to fix this. Also a way in which our leaders can keep their treasured NHS too. Here are some ideas for a get-out clause.

I think that the 60-odd year old model of GP partnerships in their own practices, with or without salaried doctors, it's their choice after all, would be more than capable of carrying forward your future vision of universal high quality and convenient NHS care if:...

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...?

...we have a zero tolerance policy to abuse – our job is difficult enough as it is without having to deal with verbal or physical abuse or threats of abuse. We aim to treat our patients courteously at all times and expect our patients to treat our staff in a similar respectful way. Patients who abuse us will be removed from our panel.

...cholesterol is only one risk factor in heart disease and stroke – there remains a lot of emphasis on the actual cholesterol value these days but it really is only one risk factor in a whole sea of others, such as age, sex, ethnic origin, family history, smoking, alcohol intake, weight, diet, exercise, blood pressure and diabetes. We urge all patients not to concentrate purely on cholesterol values and instead to do all they can to address other treatable risk factors within their lifestyle.

...we are getting a new check-in system soon thank you to all staff who have endured the lack of a checking-in screen and display for some time. We have now received funding approval and we will soon be having a new system installed. Please bear with us whilst this happens.



NEWS SNIPPETS

APPOINTMENT SITUATION

The appointment situation remains critical. Demand for appointments is far exceeding our full and overstretched capacity. We are doing all we can to address the situation but we do ask our patients to bear with us in what are very difficult times for the General Practice and the NHS in general. **Please pick up a leaflet from the desk if you wish to find out more.**

CQC INSPECTION

We have been rated 'Good' by the CQC following an inspection in January. Full details can be found on our website at ivygrove.org.uk/cqc.html.

We at Ivy Grove Surgery feel that consistency in CQC reports is an issue and we wrote to the CQC in an attempt to address this and to challenge our overall rating. Our Patient Group also made a formal submission. However, we were not successful in this. Nevertheless we sincerely hope that the CQC will follow proper processes, and ensure that such processes are free from undue external or political interference, that they are not flawed, that they are consistent, honest and transparent and that the overall aims of such processes are to achieve fair and positive outcomes for all concerned.

MEDICAL RECORDS

From April 1, 2016, you will be able to view other information in your medical record, such as consultations, results, immunisations and problems on request. We are committed to implementing access to records, however please bear with us as we put in place robust procedures to deal with such requests and train our staff on them. More information may be found on our online services page at ivy.gs/online.

"Under Pressure" by the Patient Group



Under Pressure... and this time it's not Queen!!

So if it's not Queen who is it? The answer is *Ivy Grove Surgery* and it's because the demand for appointments is unprecedented, unrelenting and rising.

Have you found that when you ring up at 8 o'clock you can't get through and by the time you do all appointments are taken and wondered why? The facts below may help to explain.

- Very many appointments are being taken by patients who don't need to see a doctor and

could self-treat with medication which doesn't require a prescription or by seeing a pharmacist and by applying a little common sense and using the diagnostic information on the Practice website.

- The average number of visits a patient made to see a doctor in a year was about three; that figure has now doubled to six and continues to rise.

- The practice website has aids to help you gauge whether you really need to see a doctor.

Despite continually trying to recruit more doctors and other staff with limited success, only a real and significant reduction in demand will bring about

change and see an improvement in the service the Practice can give you. Please do whatever you can to start that process of change.

Mike Ingham
Chair of the Patient Group

GET THE RIGHT HELP!

A doctor's appointment is not always the best option and may even lead to a delay in care. Please visit our new landing page for all help about your condition and to see if you can self-refer, self-care or seek help from other more appropriate health professionals. The address of the page is ivy.gs/help.

No, It's Not Just Us! Official Statistics Confirm National Problems



In April, the Health and Social Care Information Centre published GP workforce statistics that show some dramatic changes in general practice over the past year.

In a blow to the government's pledge to recruit 5,000 more GPs by 2020, there were in fact 500 fewer GPs in 2015. In addition the number of GP practices fell by 200. This figure includes practices closing altogether, as well as practices consolidating via mergers with other existing practices.

The Midlands has the lowest number of GPs per 100,000 population (59.2 GPs compared to 65.5

elsewhere and 75.4 in the South), and also one of the highest rates of unfilled GP trainee posts (up to 65% of positions unfilled in April 2015).

This is against a background of diminishing resources and a massive 23% increase in the number of consultations over the last 5 years, now up to 370 million consultations annually.

At Ivy Grove, we are working hard to maintain capacity in the face of often overwhelming demand, and we understand the problems that patients are experiencing in trying to see us, but the reality is that there is a genuine crisis in General Practice throughout the whole of the UK and we feel it only fair to let our patients know why we are so busy and why things are so difficult.



Forms and Letters

The doctors at Ivy Grove Surgery have agreed a uniform policy when dealing with forms, documents and letter requests. There are often times when an employer or other agency suggests that patients 'get a note from your doctor'. Such notes are not always possible, but if we do complete them, a fee will be charged as they are not covered by the NHS.

Our policy specifies what we do and do not do in relation to such notes and gives explanations of our decision, and also an indication of the level of fees that some forms and examinations attract. More details can be found in our policy at bit.ly/formspolicy

How the Business of General Practice 'Works'

Or 'why is it becoming so difficult to get an appointment with you these days?'

GPs, although widely considered to be public servants, are actually independent contractors to the NHS. Like other practices, we work to a contract set by the government and we are paid a set fee for providing all services to patients.

Publicly available figures show that *Ivy Grove Surgery* receives about £143 of funding to care for one of our patients for an entire year. For this, any patient can see us as many times as they need, including face to face, telephone or home visit encounters. From this £143 figure, as with other GP practices, we pay our heating, lighting, cleaning and maintenance bills, our staff wages, buy all our equipment and anything else that is required for providing care and running a practice. What is then left over is shared between the partners who own the business.

**£143 per year equates to just 56½p funding
per patient per working day, or £2.75 per week**

Realistically £143 would only fund two consultations a year if paid at normal market rates yet patients see us, on average, about six times a year, with some vulnerable patients each seeing us 15 or more times a year. We even have some patients seeing us more than 200 times in one year.

Even with this level of funding, GPs do not aim to simply provide basic low rate care. The vast majority of GPs provide not only high quality care and but also safe care, whilst working towards difficult and often irrational government targets and meeting strict regulatory requirements.

Overall the number of consultations that GPs provide has increased 15-25% within the last five years alone. There has also been an increase in the number of complex cases. Unfortunately, this has not been matched by a corresponding increase in time and resources and in fact levels of funding have now fallen to below what they were in 2004. The increased demand and intense workload has caused medical students to shun General Practice as a career and has led to established doctors leaving the service, worsening the problem. The crisis affecting General Practice echoes what is happening elsewhere in the NHS. We feel it is important to highlight this, as it affects all of us, both as patients, and as part of the 1.4 million workers in the NHS and that this is happening all around the country, not just with our practice. Pick up a leaflet for more info.

Looking at the above, you can very quickly see why it is difficult to get an appointment with a GP these days. Please be assured we are trying to do our best with limited resources and staff.

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.

Written by Dr M. Wong
unless otherwise stated
Email: mail@ivy.gs



**ivy grove
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NHS111

We get many calls from patients who have rung NHS111 for advice and been told to ring the GP to be seen or visited 'within x number of hours'. Patients then ring the practice with this expectation, and are frequently disappointed when this is not met by the practice. As you all know we run a full appointment system and also assess all visit requests.

We would also like to stress that the NHS111 service is manned by non-medically trained staff who ask prompts generated by a computer. Any patient ringing the practice requesting such an appointment will be always be triaged by a clinical member of staff and offered an appropriate assessment, which may or may not be within the time frames specified by NHS111.

'Disruptive' patients more likely to cause GP misdiagnosis

Recent study shows 'difficult' behaviour increases risk of mistakes

Doctors were 42% more likely to misdiagnose a 'difficult' patient than a 'neutral' one in a complex case. The study, by researchers in Rotterdam, Netherlands and published in *BMJ Quality & Safety*, found that a GP's decision making becomes impaired because they dedicate so much mental resources to their patients' emotional behaviour. It concluded that disruptive behaviours by patients seem to induce doctors to make diagnostic errors.

The *Medical Protection Society* (MPS), which insures doctors, said: "In this 'information era', patients are better informed about their health and what modern medicine can achieve. Engaged patients are valuable for GPs; however these high expectations can cause conflict between what the patient wants and what the GP can deliver, leading to difficult discussions. Dealing with challenging patients, particularly when they are abusive, understandably impacts on GPs' stress levels, morale and fear of litigation – which in turn can negatively affect patient care."

A recent MPS survey suggested that over half of GPs face a challenging consultation with a patient on a weekly basis. The GPs surveyed blamed unrealistic expectations and almost all of them (93%) believed that patient expectations are higher than five years ago. Nearly three quarters of GP surveyed had experienced verbal abuse, the same proportion had faced aggressive demands for treatment or drugs and about half had witnessed violent or aggressive behaviour.

These challenging encounters leave a negative impact: 94% reported stress and anxiety, 77% believed their workload increased from dealing with the repercussions, and 66% said it caused delays in appointments. We kindly ask all patients to help us to help you by avoiding disruptive behaviour.

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.

SURGERY WEBSITE



POPULAR !

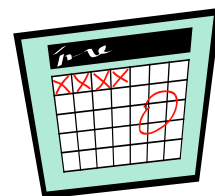
**ORDER PRESCRIPTIONS
ONLINE**

ivy.gs/online



**JOIN OUR
PATIENT GROUP**

ivy.gs/pg



BOOK APPOINTMENTS

ivy.gs/online



SYMPTOM CHECKER

ivy.gs/symptoms



**MEDICAL ADVICE
ARTICLES**

ivy.gs/advice

ivy.gs



USEFUL CONTACTS

ivy.gs/numbers



DOWNLOAD FORMS

ivy.gs/dl



READ NEWSLETTERS

ivy.gs/ign



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

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



TOO MANY PROBLEMS
DISTRACT THE DOCTOR



DOCTOR MAY BE
MORE LIKELY TO RUSH



TEN MINUTES IS
NOT LONG AT ALL



OTHER PATIENTS WILL
BE KEPT WAITING

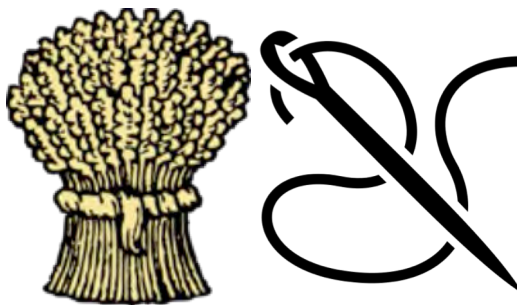
ONE PROBLEM PER CONSULTATION PLEASE



SERIOUS ILLNESS
MIGHT GET MISSED



DOCTOR NEEDS TIME
TO WRITE UP NOTES



DOCTOR NEEDS TO FOCUS TO
DETECT SERIOUS DISEASE EARLY



A LIMITED RESOURCE SHOULD
BE USED WITH CARE

REASONS FOR A HOME VISIT

APPROPRIATE



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
- Under their terms of working, doctors are required to consider home visits 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

WHERE TO GET HELP!

Examples only



SELF-CARE

minor grazes, coughs and
colds, sore throat,
hangover



PHARMACIST

diarrhoea, runny nose,
headache



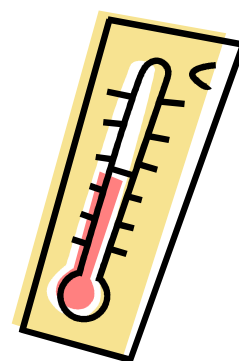
MINOR INJURIES UNIT

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

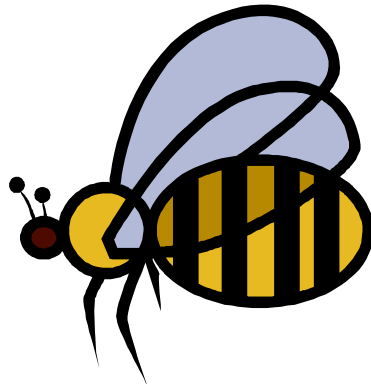
SEE ALSO our website at ivy.gs/numbers for contact details of other sources of direct help

IVY GROVE SURGERY

? DO YOU NEED THE MINOR INJURIES UNIT ?



SPRAINS & BREAKS



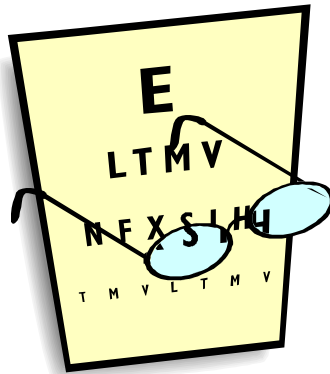
INSECT BITES & STINGS



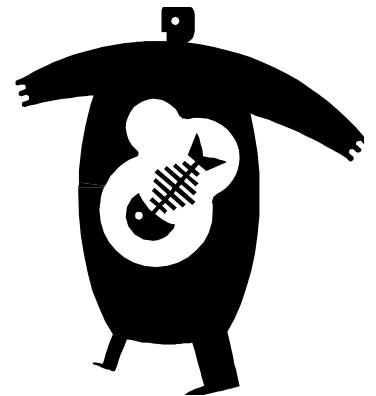
HEAD INJURIES



BURNS & SCALDS



EYE PROBLEMS



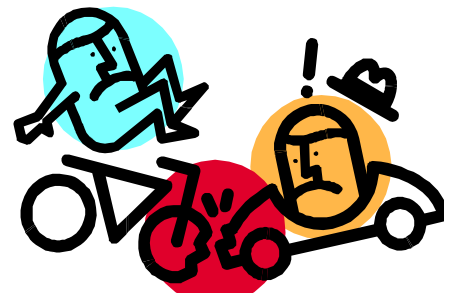
FOREIGN BODIES



MINOR WOUND
INFECTIONS



CUTS AND
GRAZES



ROAD TRAFFIC
ACCIDENTS