

ISSUE
14.3
CHRISTMAS
2016

THE FREE
NEWSLETTER
FOR OUR
PATIENTS

Ivy Grove News

always aiming to provide high quality and friendly family health care
wishing all our readers a Merry Christmas and a Happy New Year

NHS



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.

The Duty Doctor

We give you information on what to expect if you have to get in touch with the Emergency Duty Doctor.

Where to Get Help

We show you where you can get help from the NHS.

Make the Most of your GP Part 11

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

Letter to the PM

Dr Wong continues with his letter to the former Prime Minister about his concerns for the NHS.

Did You Know?

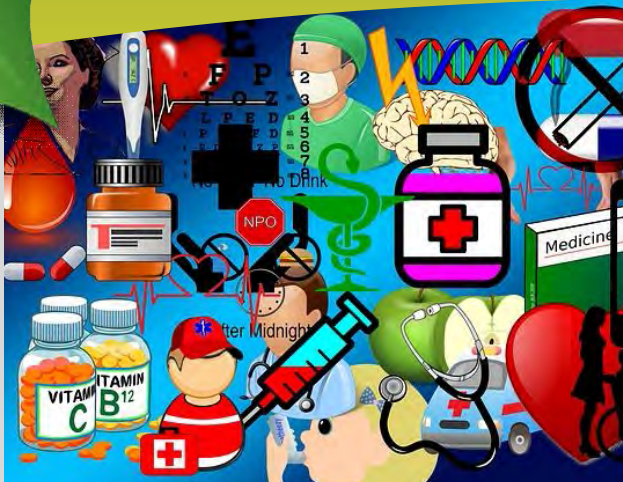
We continue our series providing bite sized snippets of easily digestible information.

Christmas Past

Dr Wong gives a reflection on Christmas Past.

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

- The Role of the Duty Doctor P.1
- How to Find Help / Make the Most P.2
- Letter to P.M. / Did you know? P.3
- Nosey Receptionists? / Statistics P.4
- Reflections on Christmas Past P.5

The Role of the Emergency Duty Doctor

Like many surgeries, we have a duty doctor for the day who is on-call for emergencies. Here we explain the role of that doctor and what to expect if you feel you need to contact him or her. As you all know, as a service with limited resources, we cannot offer an endless supply of appointments, and sure enough, these appointments do quickly run out. If you then ring us feeling you need an appointment for that same day, you may find that the receptionist will take your details, so that the duty doctor can ring you back.

In our surgery, the role of the duty doctor is for medical emergencies only. We class an emergency as a medical issue that cannot possibly wait until we are next open. The duty doctor will assess your individual case and determine if you do need to be seen that day according to your symptoms and medical condition or they may advise you on where else you can get help.

There are clinical reasons why we consider our duty doctor to be on for emergencies only, and not to act as an overspill for mopping up routine work.

The duty doctor in our practice has additional safety roles in terms of reviewing all discharge letters following emergency admissions, and ensuring medication following discharge from hospital is kept up to date. The duty doctor is also on hand for

any of the surgery staff to call upon should they need urgent advice or wish a patient to be assessed urgently there and then. They also deal with seriously abnormal test results that have been rung through from the laboratory that may mean patients needing immediate treatment or admission. Importantly, the duty doctor must also attend patients who have collapsed in surgery with acute medical problems.

The duty doctor must prioritise all the urgent work that comes their way, from paperwork, results, admin, telephone calls and face to face consultations, so that patients are dealt with in order of medical need, and not according to the time of their call. This triaging process is necessary so that those who are seriously unwell do not come to harm. You may therefore find that there are delays before the duty doctor gets to you, or that you may be subject to time constraints. Be assured that the duty doctor will always deal with any medical issues that need to be dealt with urgently, but they may also ask you to rebook routinely for other issues that are not as clinically urgent. Again, this is necessary to ensure that we continue to provide a high quality but above all, safe service.

We do appreciate the difficulties in getting an appointment and the frustration that this causes, however, whilst most people think they have a genuine medical emergency that needs to be dealt with as soon as possible, we do find that most patients have conditions that either can wait, or that they can see another more appropriate professional, or that they can be given advice on self-care and managing their condition. Our duty doctor will assess your call and be able to advise you accordingly.


ivy grove
surgery



Make the Most of Your GP part 11

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.

Coming for an injection?

Please help us to be as efficient as possible by being appropriately dressed in attire that will easily expose the area of your body that requires the injection. This will help to avoid undue delays. We also advise that following an injection, all patients sit in the waiting room for a short while, to ensure that they are well and ready to leave the surgery.

Plan your repeat requests

We advise all patients to ensure that they request their repeat prescriptions well in advance. Prescriptions take up to 48 hours to be turned around. Whilst this may seem like a long time, it is actually a rather tight time-frame, as time is required for the receptionist to check the thousands of items being issued in several hundred prescriptions every day; then each prescription must be checked and signed by a doctor. We find that urgent requests take time out of this process and delay the prescriptions of other patients. Please also note that anything written on your repeat slip may delay your entire script whilst we investigate your request.



The NHS aims to encourage all patients to Choose Well. Health services are more effective if patients themselves can choose the right care that they need, whether that be looking after themselves, using local NHS services or referring themselves urgently to hospital.

By choosing well, you may access quicker and safer service, as a doctor's appointment is not always necessary. In this article we tell you where you can get help for your condition.

Many resources are available online on our website but if you don't have internet access, please pick up our information leaflet on getting the right help for your condition. For your convenience, this is attached to the end of this newsletter.

First and foremost, have you got an emergency condition that needs hospital treatment? Heart attacks and strokes should be dealt with in hospital and not in a doctor's appointment.

Have you got an injury, a burn or had an accident? You will need a Minor Injuries Unit.

Can your pharmacist help you with over the counter treatment or self-care advice?

Do you need another professional, such as a physio, district nurse, podiatrist (chiroprody), incontinence nurse, counsellor, citizens advice, health visitor or school nurse? Do you need the help of an addiction service or genito-urinary medicine clinic? You can refer yourself to all of these services *without* needing to see a doctor first.

Dental problems? You must see a dentist as your doctor cannot treat dental problems for you. If you are not registered with a dentist, ring 111 for advice.

HEALTH SERVICES ARE MORE EFFECTIVE IF PATIENTS CHOOSE THE RIGHT CARE

Have you checked your symptoms? Please use our symptom checker online, which can tell you which health professional you need to see first.

Do you just need advice for something that will not need a face to face examination – why not book a telephone appointment with us?

The above are only just some examples of ways to get help.

You may think we are only trying to put you off ringing us, but by simply considering the most appropriate point of contact before picking up the phone and calling us for an appointment, you will be

helping NHS services to be used as effectively as possible, and you will be helping us to provide safe, high quality care.

SOURCES OF HELP

Our website

Help page – ivy.gs/help

Symptom checker – ivy.gs/s

Contacts page – ivy.gs/contacts

Other websites

NHS Choices – nhs.uk

Self-care forum – selfcareforum.org

Leaflets

ivy.gs/helpleaflet (attached to newsletter)

selfcareforum.org/fact-sheets

Ring for help

Telephone appointments 01773 514130

NHS111 - 111

Citizens Advice Bureau 01773 514130

Physio Direct 01335 230079

District Nurse 01332 258200

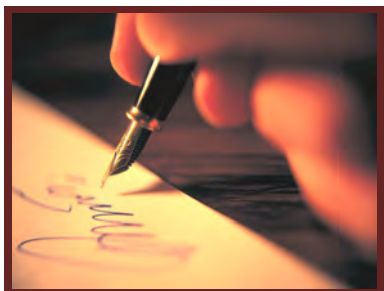
CHRISTMAS HOLIDAYS

We will be closed on Monday December 26th (Boxing Day), Tuesday December 27th and Monday January 2nd.

Throughout the two week festive period, the number of appointments available to book routinely will be reduced as we expect more patients require same day appointments.

If you need medical attention or advice when we are closed, please ring NHS 111 on 111, or see our website.

Check our website for latest news and updates or to order your prescription online.



Letter to the Prime Minister (part 9)

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.

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:

1. You come and say outright that you are reversing the direction of travel towards NHS Plc. I know it really would seem a bit disingenuous of you say that, given that it's been what you want and where you've been heading for quite some time now, but hey, the Great British Public love their NHS, and you saying you're keeping it public, as well as completing the rest of this get-out clause – well, your votes are assured.

2. You tell the public that, even though they paid for it, the NHS is a finite resource, with no analogies whatsoever to retail, banking or travel (so forget *Tripadvisor*), and you tell people that they need to look after themselves and that you do this consistently and pervasively from a national and

public health level. Health is not a commodity that can be treated like some sort of convenience, it's actually a privilege that you nurture through looking after yourself with appropriate and timely help. You need to promote need, not want.

You can tell the people that the NHS and its workers are swamped with unstoppable demand and to get back to the 'Good Old Days' people must start to use the NHS wisely. You can always reassure them that the NHS will always see people who are truly sick. In other words, you need to cut this insane and irresponsible demand that has been fuelled by decades of political promises and allow existing capacity to meet those who need to be seen. I believe there is more than enough capacity in the NHS to meet genuine need.

Rather than keep having the profession do it for you at each individual consultation, you finally and openly admit to the need to ration a finite resource for the good of the people. But you can also tell the people that if they actually do want an open all hours, convenient, see anything, do anything NHS, that, yes, they can have this (and indeed you could promise it) but that that will actually cost far, far more than what they are willing to pay for it. Remember the 'Good, Fast, Cheap – you can pick two' idiom. It's a cliché, but it's true.

I know this is not a vote winner for you, but look, I understand you're all about society and family values and it's time for people to take back some responsibility for their own health.

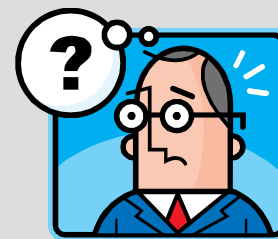
3. You stop immediately with this underhand daylight robbery of GP

patient data [UPDATE: care.data upload has been scrapped]. For the art of medicine to work, and it is an art, you know, we need all our patients to continue to trust us explicitly with their lives and their stories. This is not going to happen if they think some spotty nerd is going to sell their medical history to some suited geek on some USB stick somewhere on a train under the Channel Tunnel. Wait, that could be a great idea for a movie...

4. You stop playing political games with primary care – no more perverse incentives to chase that £1 coin under the bus, and scrap all the QOF points recycling into hare-brained and time-consuming schemes intent on making us chase our tails. The millions you recycle into this or the millions you expect us to save in primary care in this way is peanuts compared to the whole NHS. It's perverse and completely unnecessary game-playing and distracts from the provision of real patient care. Real care.

5. I know we see nearly all the population at some point, and I know the temptation to abuse us in this way is strong (heck I might abuse us in this way if I was in power) but would you please stop playing social engineering games with primary care – in the words of one famous physician, 'I'm a doctor, not a gambling monitor/immigration screener/financial advisor' (delete as applicable)...

This very long letter will conclude soon in future editions of the patient newsletter. However, you can read or download the full letter online at ivy.gs/opinion.



Did you know...?

...when you get a flu jab at your chemist – you are depriving your local surgery of a small bit of funding for providing the flu jab? GP surgeries all around the country rely on these small items of work to generate extra income and to keep their business afloat. We ask that you support your local surgery and get your flu jab with us. The surgery is very experienced with the flu jab programme and we will be only too pleased to help you.

...we have a Patient Group? – our patient group consists of interested patients who are representative of our practice population at large, and it meets regularly to discuss issues and ways of improving services for the benefit of all patients. If you are a registered patient at the surgery you are more than welcome to join! Please see our website at ivy.gs/pg.

...that you can book your appointment online? – we have now made more of our appointments available to book online. Hopefully you will find this service a convenient alternative to struggling with the telephone every morning. Find out more information on online services at ivy.gs/online.



“Why does the receptionist need to ask what’s wrong with me?”

It is not a case of the receptionists being nosy! Our receptionists are valued members of the practice team and the doctors here, as with many other practices, have requested that they should ask patients ‘why they need to be seen’.

Reception staff are trained to ask certain questions in order to ensure that you receive the most appropriate medical care, from the most appropriate health professional and at the most appropriate time.

Receptionists are asked to collect brief information from patients in order to:

- Help doctors prioritise house visits and phone calls

- Ensure that all patients receive the appropriate level of care
- Direct patients to see the nurse or other health professional rather than a doctor where appropriate

Reception staff, like all members of the team, are bound by confidentiality rules.

- Any information given by you is treated with the strictest confidence
- The practice would take any breach of confidentiality very seriously and deal with it accordingly
- You can ask to speak to a receptionist in private away from the reception desk if you are in the waiting room

Therefore please do not be offended when our receptionists ask for brief information before booking you an appointment with us.

If, however, you feel your issue is very private and you do not wish to say what this is then this will be respected.

Thank you for your support.

Nosey Receptionists? No, not at all...

GET THE RIGHT CARE

In the past, we have had patients book an appointment, often some days in advance, for conditions that require an emergency ambulance. Examples of such conditions are heart attacks, strokes and bleeding.

Providing the reason will help us to direct you to the most appropriate care, such as minor injuries unit or casualty, or to another professional, such as a physio, or district nurse, or allow us to give appropriate advice. We also need to know reasons so that any equipment or paperwork can be prepared in advance.

We therefore appreciate your co-operation in helping us to provide safe and effective care from the moment you contact us.



NEWS SNIPPETS

State of General Practice

We are aware that patients are experiencing difficulties in booking timely appointments to see us. Ivy Grove Surgery is not alone in this regard, as surgeries all over the country are facing escalating demand for appointments with fewer resources and doctors available.

We urge all patients to read the two leaflets attached to this newsletter, called *The State of General Practice* and *The Picture of UK General Practice* in order to gain a wider view on what is happening to family medicine in the UK. These leaflets were written by Dr Wong but have been officially endorsed by *Derby and Derbyshire Local Medical Committee* and will be shared amongst all Derbyshire practices.

Get the Right Help

It is estimated that 25-40% of consultations with the doctor are unnecessary. This may be because the doctor was not the most appropriate health professional to see, or that the condition did not require medical input. This extra demand puts undue strain on GP services all across the country and makes booking appointments even more difficult for those in genuine clinical need.

In order to get the best help for your condition, we would advise all patients to read the leaflet called ‘Get the Right Help for your condition’ attached to this newsletter. It is designed to help patients decide on approaching the most appropriate NHS service. If you have internet access, you can also visit our single landing page for all help at ivy.gs/help or visit our contact numbers page at ivy.gs/contacts.

State of General Practice – Latest Official Figures



In a further blow to the government’s aim of adding 5,000 extra GPs by 2020, official figures from NHS Digital showed that the number of GPs actually went

down by 8 from 30 September 2015 to 31 March 2016. If GP trainees, retainers and locums are included in total figures, only 100 extra GPs were added to the workforce in the last six months of 2015/16 in England.

Further figures show that another 61 GP practices closed in the last 6 months. This figure echoes the 2015 figures where 200,000 patients lost their GP surgery after closures.

Meanwhile, the much publicised ‘new deal’ for General Practice which included £10m to help vulnerable practices, has not materialised into direct financial support for practices. In fact, barely any of the fund, which was promised 15 months ago, has been spent, leading to some practices closing due to funding problems and struggles to recruit GPs.

It seems that the amount of red tape, paperwork and hoops to jump through to access the funding has led to significant delays in practices getting the help that they need.

We kindly ask all our patients to please keep themselves informed of what is happening to their local service and to use it responsibly.



LATE VISIT REQUESTS

We kindly ask that any patient who feels they qualify for a home visit, to please ring us before 10.30am as this will help the visiting doctor triage their request appropriately and help them plan their day effectively. As you know, we run a full appointments system, and GPs are not in a position to abandon surgeries and visit urgently on demand. By ringing earlier in the day, you will help us to maintain safe and effective service.

We remind all patients that home visits are only for those patients who are **terminally ill, bedbound or those who are so poorly that they would come to harm if moved**. Please see ivy.gs/visits to read our policy.

Reflections on Christmas Past

Dr Wong writes about surgery experiences in times gone by



Work has never been busier, and consequently we now have less time to spend with each other, which is not always best for the team, or consequently, for our patients. Reflecting on how we used to spend past Christmases, we did have some good times.

In the run-up to Christmas, we would prepare for our Christmas Party, trying to sort out a date that was good for everyone, as all staff as well as their spouses would be invited. If we weren't having a formal organised party, we would have a lower key affair where everyone going would make a small donation towards raffle prizes and drink, and they would bring an item of food for the buffet. There would be a disco, or barn dance or similar. Some years, we would hold a 'Secret Santa' where one of the partners would dress up and dish out presents. Photos still record the then senior partner having a whale of a time whilst one receptionist after another took turns to sit on his knee!

In days well before the internet and being able to google instant answers, we had a Christmas Quiz. I can remember researching questions like *'for humans, which makes the best eating? Fox, lynx, beaver or wolf'* and *'for what question is the answer '29, but extremely rare?'* The staff had plenty of fun debating the questions and trying to find out the answers, and no, the answer to the latter question is definitely not 'what is the oldest age at which one is still a virgin?' as one of the contestants put it! We gave out prizes from the many gifts galore we used to get from our kind patients and other workplaces. Such gifts were common place, and we would find that we would still be tucking into shortbread and chocolates well into the first few months of the New Year. Sometimes we had so many bottles of drink that we would raffle them off with proceeds to charity. One can well tell the credit crunch is here by the reduction in gifts nowadays!

Most years we would also have a 'fuddle' in the back of reception, where food and drink would be laid on by the partners for all the staff that were working. Sometimes this would spill over into the waiting room, and with some seasonal music playing (and the doors closed of course), an impromptu disco would develop. We did find demand used to slacken off before Christmas, giving us these opportunities for team building, but nowadays it seems full on all the time, with only one day being the exception.

Article continues 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.

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



ivy grove
surgery

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AUDIOLOGY REFERRALS

We are getting an increasing number of patients booking appointments with us requesting an audiology (formal hearing test) referral even though they do not feel they have any problems hearing. This is often because they have been advised to see us after an impromptu hearing screen at a high street store.

Please note that you only need an audiology referral if you yourself have experienced difficulties with hearing (gradual deafness both ears) and if you would consider hearing aids if such difficulties were confirmed by formal testing. If you feel you have a wax issue causing hearing difficulties, please book an appointment with one of our nurses who can check for you.

Christmas Eve, as it is now, tends to be very quiet. People would be busy going about their last minute shopping needs, or seeing family. The last thing they would want would be to sit in a doctor's surgery waiting room. As a rule, things would settle down by around 1 or 2 o'clock, and most staff would be allowed home after a good hug and expression of best wishes. Any skeleton crew remaining would take in the last ounces of camaraderie and perhaps share a small tippie of sherry before leaving the reins (see what I did there?) with the on-call doctor, who would formally hand over at 6.30pm.

Well before the time of the GP on-call co-operative (where doctors would band together and cover much larger areas), the partners used to do all their own on-calls, and we would take it in turns to work over the Christmas holiday. Christmas Day itself could be fairly quiet, but each of us can all recall a few Boxing Days where we were inundated with calls from people who could not wait any longer. I remember struggling with my car and trudging through thick snow (we actually had colder Christmases then, rather than the damp affair we get now) visiting 20-odd people, because there was no venue where they could travel to come to see me. Not very pleasant, but most patients seemed to be appreciative of the doctor visiting them at Christmas and were very thankful.

In some ways, it would be nice to return to those golden times, but given the intensity of the work nowadays, most of us would not be able to cope. To those patients who do continue to send us cards or gifts, we are very thankful and do really appreciate your recognition of the help we have provided over the past year.

Merry Christmas to all our Patients

We wish all our patients the very best for the festive season and all good wishes and health for the New Year. We hope that 2017 brings real investment and genuine support for General Practice. Keep well and enjoy yourselves!



By the way, the answers to the quiz questions from the article above are: 'beaver' (because it is a herbivore) and 'how many points are there in the highest possible cribbage hand?'

MEDICATION

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.

GET HELP

If you need medical help, go to our website help landing page at ivy.gs/help.

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.

Contact Numbers

▲ means you can self-refer without a doctor's appointment

- ▲ **A+E (Royal Derby Hospital)**
A+E Department 01332 783111
Main switchboard 01332 340131
- Ripley Hospital**
(also for District Nurses/Health Visitors) 01773 743456
- ▲ **Minor Injuries Unit** 01773 571403
- ▲ **Local Pharmacies**
Boots the Chemist, Surgery 01773 743170
Boots the Chemist, Ripley 01773 742376
Holmfield Chemist 01773 742376
Hurst Chemist 01773 744333
Manor Pharmacy 01773 744900
Tambers Pharmacy 01773 608405
- ▲ **District Nurse Liaison** 01332 258200
- ▲ **Local Dentists**
Ripley Family Dental 01773 743263
Nottingham Road Dental 01773 742578
Amber Valley Dental 01773 540648
Not registered with one? 111
- ▲ **Counselling Services**
Let's Talk Wellbeing 0115 956 0888
Insight Healthcare 0300 555 5582
Talking Mental Health 0300 1230542
Trent Psychological Therapy 01332 265659
- ▲ **Physio Direct/OT (NHS)** 01335 230079
- ▲ **Citizens Advice** 01773 514130
- ▲ **Social Services** 01629 533190

More Contact Numbers

▲ means you can self-refer without a doctor's appointment

- ▲ **Alcohol and Drug Addiction**
Addaction 01773 744594
Alcoholics Anonymous 0845 769 7555
Derbyshire Alcohol 0845 308 4010
Advice Service 01773 829966
Unity Mill, Belper (Alcohol and substance misuse) 01773 829966
Derbyshire Community Alcohol Team 01332 547900
- ▲ **Derby Mobility Services** 01773 513235
- ▲ **Derbyshire Carers Association**
Direct contact 01773 743355
Surgery appointment 01773 514130
- ▲ **Family Planning Clinics**
Alfreton 01773 833219
Heanor 01773 713149
Ilkeston 0115 930 5599
- ▲ **Genito-Urinary Medicine**
(Sexual Health, William Donald clinic) 01332 254681
- ▲ **NHS111 (advice)** 111
- ▲ **Physio (Amber Valley)**
Physio clinic, private) 01773 514147
- ▲ **Podiatry (Ripley Hospital)** 01773 743456
- ▲ **Stop Smoking Service** 0800 085 2299
- ▲ **Walk-in centres**
Osmaston Road, Derby 01332 224700
St Thomas Road, Derby 01332 275610

More Contact Numbers

▲ means you can self-refer without a doctor's appointment

- ▲ **Benefit Advice Line**
(for people with disabilities and their carers) 0800 882200
- ▲ **ChildLine** 0800 1111
- ▲ **Cruse Bereavement Care** 0844 477 9400
- ▲ **Derby Rape Crisis** 01332 372545
- ▲ **Domestic Abuse Helpline** 08000 198 668
- ▲ **Focusline (Rethink)**
(for people with mental illness and their carers) 0800 027 2127
- ▲ **Parent Line** 0808 800 2222
- ▲ **PALS (Patient Advice & Liaison Service)** 0800 783 7279
- ▲ **Police (non-urgent)** 101
- ▲ **Relate (marital guidance)** 01332 345678
- ▲ **Safe Speak (counselling for 9 to 19 year olds)** 0800 0935264
- ▲ **Samaritans** 01332 364444

Remember, you can find more help and contacts here:

- Ivy Grove Surgery website ivy.gs
- Our telephone number 01773 514130
- Help page ivy.gs/help
- Contact numbers ivy.gs/contacts
- Symptom checker ivy.gs/symptoms

Do you need a home visit?

Ring before 10.30am and we will assess if:

- Terminally ill
- Bedbound
- Would come to harm if moved

Can you find out more info on our website?

Our website contains useful information:

- Symptom checker
- Useful contacts
- Medical advice
- Top tips
- Download leaflets
- Online services

Where else can you go for some help?

▲ You can get help from these sources:

- Our website
- Citizens advice
- Patient group
- NHS 111

Do you need to see a nurse?

Our nurses deal with a range of conditions:

- Asthma
- Blood pressure
- Blocked ears and wax
- Cardiovascular reviews
- Chronic bronchitis care
- Dressings
- Health checks
- Family planning
- Ring pessaries
- Smears and swabs
- Travel advice
- Vaccinations
- Weight monitoring

Who else can you contact directly?

▲ Care co-ordinator

- Aids in the home
- Co-ordinating care
- Discharge review
- Liaising with social care
- Referring for help

▲ Citizens Advice Bureau

- Benefits advice
- Debt information
- Discrimination
- Employment advice
- Financial worries
- Housing
- Law and rights
- Tax
- Work issues

▲ Community matron

- Health education
- Home visits
- Improve quality care
- Manage long-term cases
- Physical assessments
- Reduce admissions
- Complex patients

▲ Counsellor

- Anger issues
- Anxiety
- Depression
- Mood problems
- OCD (obsessive-compulsive disorders)
- Panic
- Phobias
- Stress
- Trauma

▲ Health visitor

- Abuse concerns
- Healthy eating
- Postnatal blues
- Preschool issues
- Support at home

▲ Occupational therapist

- Assessing function
- Aids & equipment
- Identifying goals
- Improving daily activity
- Maintain independence
- Rehabilitation

▲ Physiotherapist

- Back pain
- Education
- Exercise advice
- Gait problems
- Joint problems
- Neck pain
- Poor mobility
- Posture advice
- Rehabilitation
- Shoulder pain
- Soft tissue problems
- Sports injuries

▲ School nurse

- Bedwetting
- Behaviour issues
- Bullying
- Developmental screening
- Drug advice
- General support
- Health education
- Immunisations
- Safeguarding
- Safe sex education
- Signposting
- Stop smoking advice

IVY GROVE SURGERY

Get the right help for your condition



Things to consider before
you pick up the phone

ivy.gs/help

Tel: 01773 514130

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What is this leaflet is about?

The NHS aims to empower all patients to not only self-care, but also to seek the most appropriate source of help for their condition. A GP appointment is not always the best option and may even lead to delays in treatment or a poorer standard of care. Studies show that 25-40% of consultations with the doctor are unnecessary. This may be because the doctor was not the best person to consult, or the patient may have been able to self-care or refer themselves to the right person without seeing the doctor.

Why can't I just book an appointment with you?

Given the current crisis in General Practice, appointments are in very short supply. Please see other leaflets for a full explanation, but in short, there are issues with fewer GPs, lack of resources and rising workload. Our limited appointments should be used for those who truly need to see a doctor. We therefore ask you to help us to help you by first asking yourself, you do actually need to see us? (In this leaflet ► means you can contact these directly without needing to see a doctor first)

Is your life potentially in danger?

Ring ► 999 if you have these conditions:

- Anaphylactic shock
- Severe breathlessness
- Suspected heart attack
- Drowning incident
- Hypo (low sugar)
- Deep lacerations
- Suspected stroke
- Looking very poorly or condition significantly deteriorating
- Severe bleeding
- Severe burns
- Choking
- Uncontrollable fits
- Hypothermia
- Suspected meningitis
- Unconscious

Where is the contact information?

Given limited space, this leaflet can only ever be a guide to what help is available to patients besides seeing the doctor. If you need contact details please see the enclosed insert, or visit our help page at ivy.gs/help, get contact numbers at ivy.gs/contacts or check your symptoms at ivy.gs/symptoms.

Have you got a medical emergency?

Go straight to a major ► A+E if you have:

- Severe abdominal pain
- Breathless, can't speak
- Floppy unresponsive baby
- Lethargic/drowsy child
- Drug overdose
- Sudden blindness
- Suspected fractures
- Severe head injury
- Persistent nose bleed
- Swallowed foreign body

Do you need the Minor Injuries Unit (MIU)?

These conditions are dealt with by ► MIU:

- Bites and stings
- Cuts and grazes
- Foreign bodies in skin
- Sprains and strains
- Minor wound infections
- Burns and scalds
- Eye problems
- Minor head injuries
- Road traffic accidents

Do you need to see a pharmacist?

Your ► pharmacist can give you advice on:

- Athlete's foot
- Bloating and wind
- Conjunctivitis
- Coughs and colds
- Dermatitis and eczema
- Ear wax
- Hayfever
- Headlice
- Irritable bowel
- Nasal congestion
- Runny nose
- Sinus problems
- Sore throat
- Teething troubles
- Thrush
- Verrucas
- Warts
- Minor allergies
- Cold sores
- Constipation
- Cystitis
- Diarrhoea
- Emergency contraception
- Headaches
- Indigestion
- Mouth ulcers
- Piles
- Scabies
- Sleep problems
- Styes
- Threadworms
- Urine infections
- Viral infections
- Verrucas

Can you look after yourself?

These conditions respond to self-care:

- Coughs and colds
- Earache
- Diarrhoea
- Flu

- Hangover
- Sunburn
- Sore throat

Do you need to see a district nurse?

► District nurses see the household for:

- Catheter problems
- End of life care
- Hospital discharge care
- Dressings
- Heparin injections
- Wound and ulcer care

Do you need social services?

Contact ► social services directly for these issues:

- Abuse concerns
- Benefits help
- Respite care
- Social issues
- Aids for the home
- Domestic violence
- Safeguarding issues
- Welfare rights

Do you need to see a dentist?

You must see a ► dentist if you have:

- Dental abscess
- Gum problems
- Toothache

Did you know you can refer yourself?

► Refer yourself without seeing doctor first:

- Alcohol abuse
- Back, neck & joint pain
- Continence issues
- Drug abuse
- Family planning
- Mobility aids
- Physio/OT
- Mild to moderate anxiety
- Citizens advice
- Counselling
- Mild-moderate depression
- Genito-urinary (GUM/STD)
- Podiatry (foot) care
- Social services
- Stop smoking advice

Do you need a telephone appointment?

These can be dealt with by telephone:

- Simple urine infections
- Discussing results
- Medication advice
- Minor illness
- Conjunctivitis
- Ongoing sick notes
- Viral illnesses
- Certain reviews

A simple mistake with any one of these could have

drastic consequences. And all the above does not include time needed for running the business, essential meetings, preparing for compulsory GP assessments, training and keeping up to date, having lunch or even going for a toilet break! Not surprisingly, no-one wants to be a GP any more. This is not just a feeling, it's actually the reality.

The stark reality of General Practice

There were 500 fewer GPs in 2015 (in drastic contrast to the government's promise of 5,000 new GPs by 2020); 200 practices closed in 2015; another 900 (1 in 10) practices are at risk of closure due to weak financial position, over half of GPs over 50 likely to quit in 5 years, and over 25% of GPs are looking to cut down from full-time. Locally, the Midlands is the most under-doctored area in England, with 65% of GP trainee positions vacant, and only 59 GPs per 100,000 population (compared to over 75 down South). That is why we ourselves cannot find locums or doctors for more permanent posts.

What does this mean for you as a patient?

It means difficulties getting an appointment, reduced satisfaction and more complaints. GPs are constantly firefighting rather than innovating. Quality and safety of care becomes at risk and there will be stressed, overworked and tired GPs who make mistakes, and burnt out, demoralised staff who get sick.

What's being done about it?

Having finally admitted problems, the government has promised funding, but none of it is new money and there is no direct help for practices with what is happening on the ground right now. There is a continued push for 7 day services when there are still not enough staff and resources for 5 day working. No-one is helping still.

What will happen in the future?

More practices will go bust, with the loss of the family GP, where long-term relationships are built on trust and caring. There will be large areas of the country without a GP, and there will be larger outfits run by non-doctor staff following money-saving protocols, meaning private providers could step in looking to make a quick profit.

Please know that we are doing our best

We know you're struggling to get in to see us, but we are not being difficult; we are working as best we can to provide a quality service in a broken system. **Practices all around the UK face the same struggles.** Just to confirm, we are not simply moaning or scaremongering, and we are not going bust, but we provide this leaflet because we feel we owe a duty to all our patients to tell the truth and explain the wider picture with General Practice.

What can you do to help?

Studies show that 25-40% of consultations with the doctor are unnecessary. Please try and self-care where appropriate, check our website at ivy.gs/help to get the right help for your condition, and please only book with us if you really need to. Do make yourself aware of what is happening in the NHS and General Practice in particular, speak to the Patient Group and above all, write to your MP and get some answers to your concerns.

More resources online

Get the right help for your condition: ivy.gs/help
Symptom Checker: ivy.gs/symptoms NHS Choices: nhs.uk
National Problems in General Practice: heatmaps.bma.org.uk
Contact your MP: theworkforyou.com/mps
Contact the Patient Group: ivy.gs/pg

IVY GROVE SURGERY

The State of General Practice



An information leaflet
for our patients (#1 of 2)

ivy.gs/help

Tel: 01773 514130

Let's be honest here...

Things are difficult in General Practice and we cannot hide it any longer, and no, it is not just us at Ivy Grove Surgery, it is a national issue affecting practices all over the UK. You will have seen the Prime Minister's manifesto push towards 7 day working; Junior Doctors fighting for safe working practices; GP surgeries closing and finally an admission from politicians that there is a crisis in General Practice, and promises of 'funding'.

Why is there a crisis?

General Practice has seen an increase of 70 million consultations over the last 5 years, meaning GPs seeing over 1 million patients every day. This represents the largest increase in work in any part of the NHS which has not been matched by any increase in staff and resources to cope – in fact less of the NHS budget is being spent on General Practice and the proportion of doctors in the NHS who are GPs has dropped as GPs actively leave or retire early.

Society factors play their part: people have less tolerance for things going wrong; they want instant results; there is reduced ability to self-care and wait for natural recovery and society has lost the large caring family groups which used to support each other.

Politicians continually use the NHS to make promises for votes, but do not match these promises with additional resources: 7 day services represents a 40% increase in opening hours, but there is no additional funding to support this; constant reorganisation of the NHS means doctors have to take precious time out from looking after patients; all in all, a resulting poor working environment affects recruitment and retention, meaning fewer GPs are available overall.

How does General Practice work?

We know it's difficult to get in, but in order to explain why, we need to first tell you more about how General Practice works. Each practice gets a set amount of money to provide care for each of its patients per year. From this amount, the practice pays for all heating, lighting, staff wages, equipment and anything to do with patient care. Any money left over is shared between the partners who own the business.

Ivy Grove Surgery receives £143 per patient per year equating to just 56½p funding per patient per working day (or £2.75 per week)

For this fixed amount, patients see us as many times as they need, including home visits and telephone calls. And, for this, we don't just aim to provide a low-rate service, we aim to provide high quality and safe care.

How does this level of funding compare?

- £143 is the cost of medical care for you for one year
- £150 is the price of the cheapest 4G phone contract
- £170 is a trip to the cinema every fortnight
- £240 is the cost of a basic Sky TV package
- £339 is the average cost to insure your dog

56½p per day doesn't actually go very far

Realistically, this fixed amount of funding only pays enough for patients to see us twice a year, but on average everyone sees us at least six times a year, with some elderly and vulnerable patients seeing us 10-15 times or more a year. The more we see you, the less effective we are as a business. We are not like a shop, where the more customers or 'business' we get, the more successful we become, or where we have 'spare' staff in the back whom we can bring out to serve more

customers on the checkouts if it gets busy – everyone in General Practice is already working at full stretch.

Shall we talk shop?

The government often compares 'poor' GP services to the retail sector, so let's take this analogy further. Say you have a shop called Tesbury's. If Tesbury's worked like General Practice, then the government would give Tesbury's £3,000 a year (average spend on groceries in the Midlands); for this, not only could you get as much Tesbury's Supreme quality food as you liked, but also go as many times as you wanted; we think Tesbury's would be bust within a week; as it happens, General Practice works under this pressure every single day.

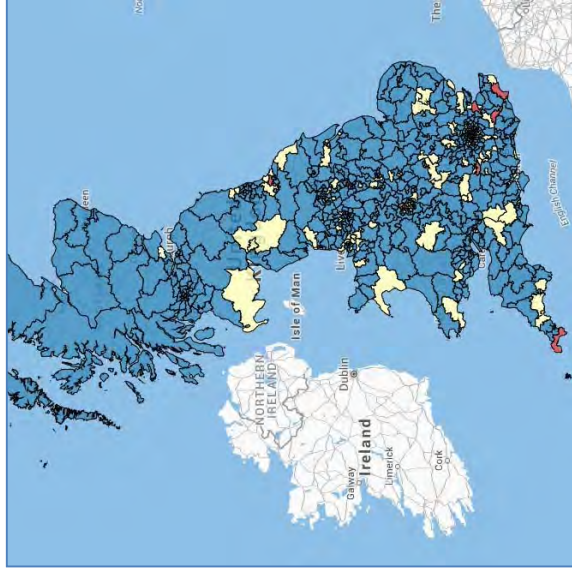
That's why you can't get in...

Now, that is why you cannot get an appointment: demand is not being matched by resources, funding or staffing: appointments are being used up more quickly than we can provide them, despite working flat out; our time is taken up with complex cases requiring repeated review and we also have lots of patients attending with conditions that would get better with self-care.

What's a typical day for a GP?

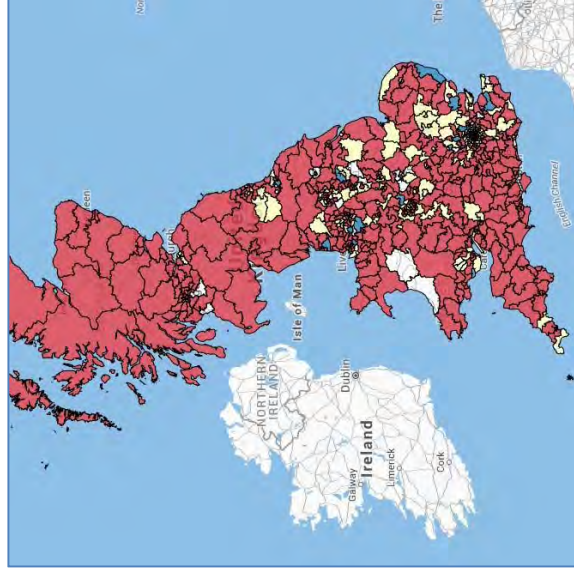
12-14 hour days are typical, with increased intensity and complexity: there is more admin, box-ticking, paperwork; more targets, scrutiny and inspections; this means less time to do the job well. Financial pressures mean businesses are more at risk. A typical day for a GP may involve: 35-60 face to face appointments; 10-30 phone calls; 50 clinic letters to read and action; 60 lab results to review; 25 tasks (review medication, phone patients, complete forms, sick notes); 1-2 admin forms (insurances, travel forms) to complete; 80-250 prescriptions to check and sign; 1-2 home visits.

5. Number of Long-Term Vacancies



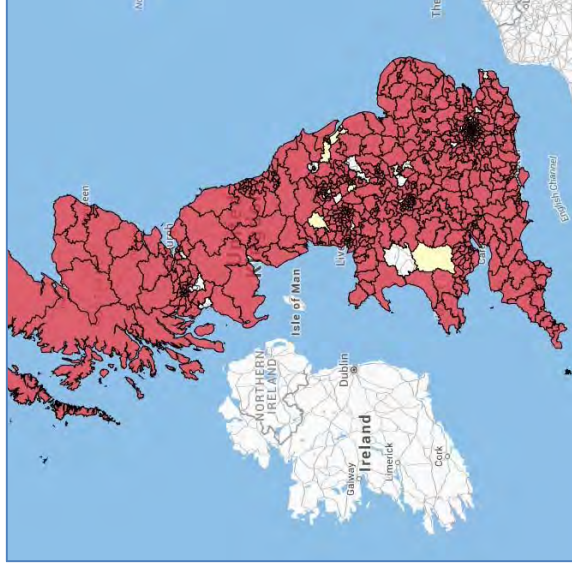
Blue = Low, Red = High

6. Locum Cover Difficulty



Blue = Never, Red = Frequently

7. Level of Demand



Blue = Less, Red = More

What's the picture in Amber Valley?

Whilst individual experience may be different, the average responses for practices in Amber Valley were:

1. Current Workload – “Often unmanageable”
2. Quality of Service – “No change”
3. Financial Viability – “Weak”
4. GPs Leaving – “Retire”
5. Number of Long-Term Vacancies – “Medium”
6. Locum Cover Difficulty – “Frequently”
7. Level of Demand – “More”

Find out more yourself and get the right help

Information in this leaflet was compiled from BMA's Urgent Prescription for General Practice campaign. Visit BMA's site at bma.org.uk and see the picture for yourself at heatmaps.bma.org.uk. To get the right help for your condition, visit our single landing page at: ivy.gs/help.

Written by Dr M. Wong - August 2016 v1.01

IVY GROVE SURGERY

The Picture of UK General Practice



An information leaflet
for our patients (#2 of 2)

heatmaps.bma.org.uk
ivy.gs/help

Tel: 01773 514130

No, it's definitely not just us!

Given our explanations of issues with General Practice, you may think we're just overstating things and it's just us having problems. You may even think we're lying!

National Crisis in General Practice Confirmed

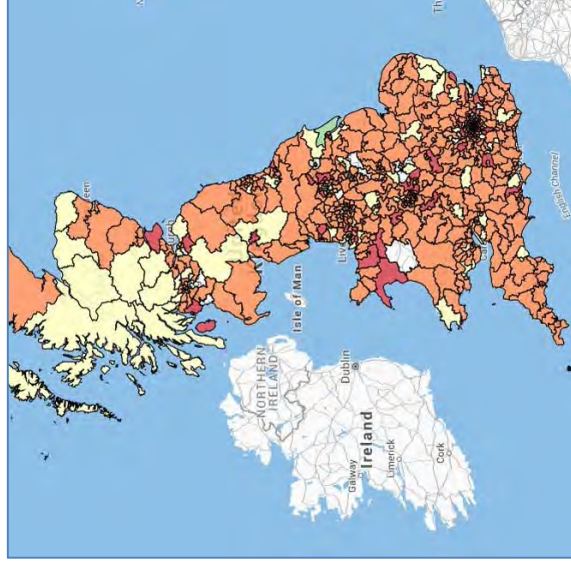
In one of the biggest surveys of General Practice, in December 2015, the BMA asked GP Practices all over the country some topical questions on their services. Over 3,000 practices responded. It's safe to say that the results are representative of what is happening in General Practice at the moment and the findings mirror the results of other surveys that have been carried out.

Practices were asked on Key Issues...

1. How would you describe the current workload within your practice?
2. How has the quality of service that your practice is able to deliver to patients changed over the last 12 months?
3. How would you describe the financial viability of your practice over the next 12 months?
4. Do any GPs in your practice have firm plans to retire or leave General Practice within the next 12 months?
5. How many long term vacancies does your practice currently have, that you have not been able to fill for 3 or more months?
6. Over the last 12 months, how often has your practice had difficulty finding locum cover?
7. How has the demand for appointments changed over the last 12 months?

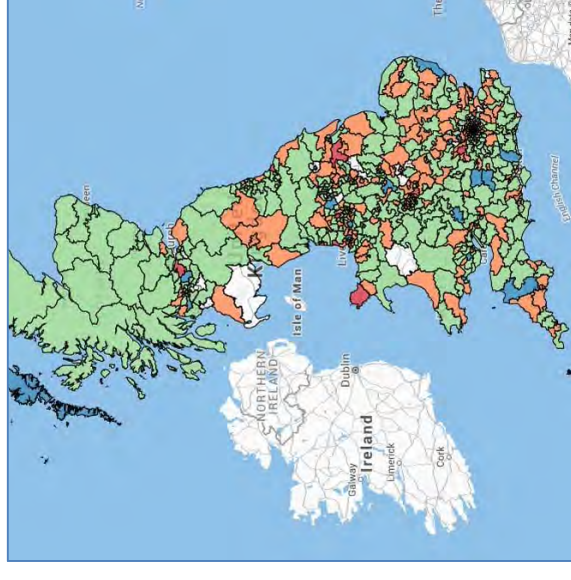
With permission, we reproduce the results of the survey here, with blue indicating a more positive response and red a negative one, along with what those colours actually mean for each image. The results are striking.

1. Current Workload



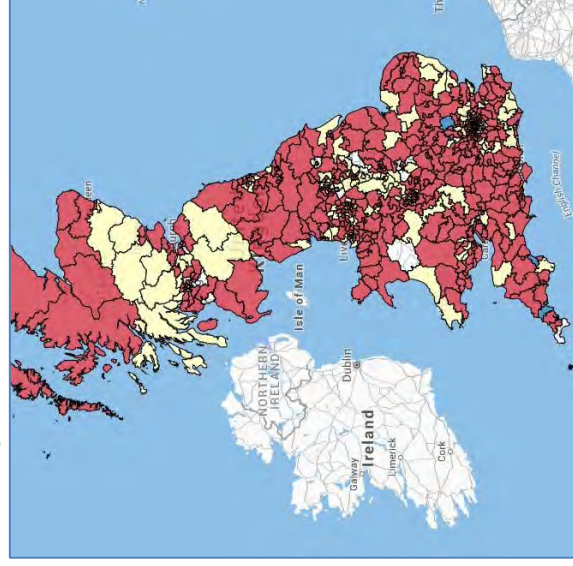
Blue = Low, Red = Unmanageable

3. Financial Viability



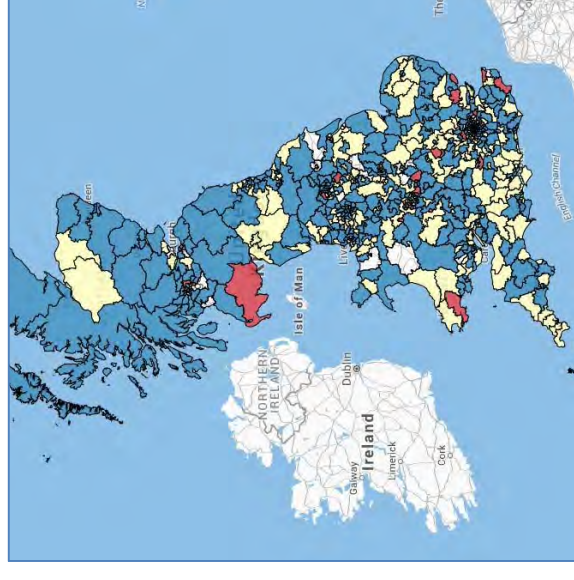
Blue = Strong, Red = Unsustainable

2. Quality of Service



Blue = Improved, Red = Deteriorated

4. GPs Leaving



Blue = No, Red = Leaving UK General Practice