

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.

2017: Self-Referral

We are seeking to make 2017 the year of helping yourself and self-referral – read our article for more.

Pharmacy First

We provide news on the new scheme to help patients get advice and treatment for minor ailments at local pharmacies.

Make the Most of your GP Part 12

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.

Minor Injuries Unit

We update you on issues regarding minor injuries and conditions better seen in a Minor Injuries Unit.

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

2017: The Year of 'Self-Referral' P.1

Pharmacy First / Make the Most P.2

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Happy 2017 – the 'Year of Self-Referral'

The New Year, for many people, brings with it renewed efforts to be healthier, to quit smoking, to cut down alcohol, to exercise more. It may mean determination to tackle other health issues that have dragged on from the previous year. You may find the need to ring the doctors' surgery for an appointment to make a start on getting better.

The fact that it is becoming more and more difficult to book appointments with us, will not have escaped the awareness of many patients. Why is this? In a nutshell, GP surgeries are swamped. The whole NHS is swamped. We are dealing with many patients who could actually self-care, or direct themselves to another NHS service which could help them more appropriately.

We do realise that it is only natural to think of the GP as the first port of call for most things that happen in life, and indeed, such an attitude has been instilled by politicians over many decades with a push towards increased access to doctors, longer opening hours and enhanced services that increase the scope of what your practice can now offer. However such actions are clearly overloading the GP service. This means that doctors have less time to spend with those who

genuinely need our help. Mistakes may be made or patients may feel rushed as doctors work under more and more pressure.

At Ivy Grove Surgery, we are seeking to make 2017, the 'Year of the 'Self-Referral'. This campaign is well in keeping with the NHS philosophy of empowering patients to manage their conditions and to seek appropriate help with the correct professional in a timely manner. We want to make 2017 the start of new era of looking after yourself, from the get go.

#selfrefer

Did you know that you can refer yourself to the most appropriate professional for literally hundreds of conditions, all without having to see a GP first? For example, you can see all these free NHS or allied services without seeing or speaking to a doctor first:

- Minor Injuries Unit
- Pharmacist
- Social Services
- Family Planning Clinic
- Continence Advisor
- Occupational therapist
- Drug Addiction Services
- Genito-Urinary Medicine
- And many more
- Carers Association
- Physiotherapist
- Dentist
- Counselling
- Mobility Services
- Citizens Advice
- Alcohol Services
- Podiatry

But how do you know whom to refer yourself to? Well, we are here to help guide you, so please see the leaflet called 'Get the Right Help' attached to this newsletter, or visit our help page at ivy.gs/help or check our symptom checker at ivy.gs/symptoms which will direct you to the best course of action for your condition.



**ivy grove
surgery**



Make the Most of Your GP part 12

Away from home?

We cannot visit nor provide medical advice to any of our patients who are out of our practice area, other than to advise that, if you are away from home but still in the UK and need a GP, you can contact any local GP surgery nearby. You can receive emergency treatment from a GP surgery for up to 14 days whilst away from home.

If you need medical advice or treatment but you don't need to see a GP, you can call NHS 111, see a pharmacist who provides advice and treatment for minor conditions, attend a minor injuries unit (MIU) which provides treatment for less serious injuries, or go to a walk-in centre for other medical conditions. These services do not require you to make an appointment or register as a patient.

Double Appointments

We always encourage patients to book double appointments if they have several problems to discuss. However, we would like to remind all patients, with such appointments, to ensure that they arrive on time and that they have checked in.

Arriving late for an appointment may cause you to miss your time slot, with the result that you may be asked to rebook, or the doctor may be unable to deal with your other issues within the shorter time frame. Arriving on time helps to reduce frustration to other patients who have arrived for their own appointments well in time. Thank you.

PHARMACY FIRST

Doctors' appointments aren't always necessary
...ask your pharmacist

People who are eligible for free prescriptions can get fast, effective advice and treatment for minor ailments from community pharmacies across southern Derbyshire.

The 'Pharmacy First' scheme is available at community pharmacies to provide advice and treatment so people get medical support from their pharmacist, without needing to visit their doctor.

Illnesses people can get help with include:

- temperature/fever
- sore throat
- diarrhoea
- teething
- bacterial conjunctivitis
- constipation
- dental pain
- earache
- haemorrhoids
- threadworm
- thrush
- head lice
- athlete's foot

Steve Hulme, Director of Medicines Management, Clinical Policies and Pharmacy for the CCG, said: "We're doing all we can to make it as easy as possible for people who have a common illness, or

are under the weather, to get fast, effective help and health advice, and if needed treatment from their participating community pharmacy.

"Rather than making an appointment at the GP practice they're registered to, eligible patients can visit any of the participating community pharmacies of their choice. No appointment is necessary.

"This helps them get well quickly and means people with more urgent or serious needs can see their GP sooner."

Most pharmacies are open throughout the day and there are some that are also open until midnight and at weekends. To find out about your local community pharmacy opening times visit the NHS Choices site at nhs.uk/service-search.

Patients who do not pay NHS prescription charges receive free treatment, if needed, and anyone who pays for prescriptions should find the cost of medicine is much less than a prescription charge.

Steve added: "If you don't

Pharmacy First

Get medical help for minor ailments

qualify for free prescriptions you can buy reasonably priced over-the-counter remedies.

To find out more about the Pharmacy First scheme please visit:

nhsstaywellderbyshire.co.uk/services/pharmacy.

In the spirit of self-care and seeking appropriate advice, which has been the theme for the newsletter this issue, we would kindly ask all patients to read our leaflet 'Get the right help for your condition' which is attached to this newsletter. We also have a page on our website at ivy.gs/help which can also direct you to the most appropriate service and a symptom checker at ivy.gs/symptoms which patients may find useful.

EASTER HOLIDAYS

We will be closed Good Friday April 14th 2017 and Easter Monday April 17th 2017.

Please remember to order your repeat prescriptions in time.

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 10)

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.

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 police/public health screener/financial advisor' (delete as applicable). This means no more stupid targets and stupid tasks and stupid Directed Enhanced Services (DESs), if the point isn't clear enough. Please leave us to provide real care as above. Real care.

6. Make a GP career an attractive prospect, with stability, a more pleasant working environment. You could start by stopping with the constant bashing via the media. Just stop. Our professional discomfiture has gone on far too long now. We get the message. The constant bashing is tiresome and does nothing to encourage care and promote quality work.

By the way, and I know there will always be some bad eggs, but being a Professional (capital 'P') means you don't need to be hit regularly with a stick to do what

you need to do, you just do it, without being told. Most people, like you, don't realise that to be a professional is an innate quality that lies within us. It's our minds which motivate us. Probably closely followed by money though, but nevertheless it's still our minds first and foremost. Most of us didn't leave school, then constantly study for the next 10-11 years, before even getting our first proper job, just for the sheer fun of it. We did it because we were motivated to do it. Leave us alone to do our jobs and we will do everything we can to do it well. Guaranteed.

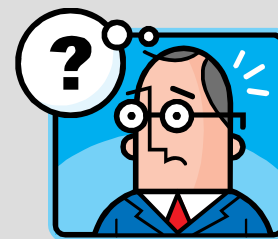
7. Increase overall funding in primary care, to match the shift in the work. I mean real investment, not this 'take away with one hand and re-earn it by doing more' rubbish. You can even offer worthwhile and suitable incentives to improve access - we're a pretty enterprising bunch you know, we all have our own businesses, we could come up with something great if we had the time, energy and resources. You would get the new recruits you need for the NHS and you would encourage those already in General Practice to stay. Our leaders might even be impressed too, though I am certain some of them really do want to invent a new model of General Practice and be at the top of the fairly flaky pyramid that results.

Hospitals might have a thing or two to say about this, but for too long now, the money has not followed the work. It just hasn't and it needs addressing. Even if funding didn't flow from elsewhere where would it come from? I'm sure that you could save a penny or two if you didn't constantly reorganise.

I know the money thing is

controversial, given that for ten years or more now, the media has reported the Big Lie that GPs earn £250K. And the last thing you want is to be seen to be giving those greedy fat cats even more money. It's true that if you repeat a lie for long enough, people start to believe. Well, it's also true that if you tell the truth for long enough, people won't just believe, they will have faith. Well, you know the truth. GPs don't earn £250K. Primary care is the key to the NHS. You properly invest in it and you will see results. Everyone, especially you guys, has slagged off the 2004 contract, but look, fewer strokes and heart attacks these days. Since then, you and your predecessors have used the 2004 contract as an excuse to cut our pay in real terms every single year for the last decade, but you did get to improve the Health of the Nation and Save Lives. You initially disbelieved our ability to work hard, thinking we were on the golf course most of the time, but you know we GPs will always do what we can to make it work. You thought exactly the same of our hospital colleagues too with the same results. Trying to do a good job is in our nature. It means, in conjunction with all the above, we could be more accessible, we could devote time to be seeing the truly sick, we could concentrate on appropriately referring those who need to be seen. And because we have time, we will be able to actually reflect, review and develop (all essential parts of our job) and do all we can to make the NHS work.

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



Did you know ?

...if you need any back-issues of our newsletter – you can visit ivy.gs/ign and download older issues, dating all the way back to 2009.

...you can use shortcuts to get to our website – don't worry if you forget our full Ivy Grove Surgery website address! You can always get to it easily by typing our ivy.gs shortcut directly into your web browser. Can't remember the shortcut? Here's how you can remember it:

**IVY dot Grove Surgery
IVY.GS**

...we do answer our phones even though it may not feel like it! In 2015 we had a total of **118,391 calls** in and out of the surgery, of which 81,593 were incoming calls. This averages as around 323 calls every day. One day in March 2015 we received 441 calls, of which 290 were made before 1pm.

your choose and book passwords are in your paperwork! We get many calls to our admin team from patients who cannot find the passwords to enable them to book their hospital appointments. Please note that the passwords are on the third or last page of your referral paperwork.



Regrettably like many other practices around the country, the practice is unable to provide any sort of minor injury service to patients.

Patients ringing us with a problem that would ordinarily be classed as a minor injury or with a condition which could be seen in a minor injuries unit (MIU) will be kindly asked to attend the local MIU. The nearest MIU is located just up the road at Ripley Hospital, Slack Lane.

Please see the inset box on this page for details of conditions which are more appropriately seen in an MIU. Please do not be offended if we ask you to attend there when you call us.

We are often asked by patients why we have to redirect

patients elsewhere. NHS services are at their most effective if patients see the most appropriate professional by the most appropriate means.

A significant number of our available appointments are taken up by patients who would be better helped by another more suitable service. This then means that other patients who are in need of our help will find it difficult to book an appointment with us. The MIU is designed with appropriate facilities and qualified staff to specifically cater for patients with the conditions shown.

We also get comments from patients that they feel their condition is not serious enough to be seen in an MIU and that they would not want to waste the hospital's time and that they would much prefer to see a GP instead. As you all know GP time is in very short supply,

and therefore in line with current NHS philosophy, we do advise all patients to seek the most appropriate help from the most appropriate service. This is not always going to be the GP by default.

We therefore ask that you bear with us whilst we adjust to this new situation. You can view an information poster which is available to download from our website at ivy.gs/miu.

CONDITIONS SEEN IN MIU

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



NEWS SNIPPETS

Appointment Times with the Duty Doctor

If we are full, and you feel you need to be seen urgently on the day, the receptionist will take your details and the duty doctor may ring you back. As mentioned in the last issue of the newsletter, the duty doctor's role here is to assess whether your condition needs a same day appointment with them. If it becomes clear that an appointment is necessary, the duty doctor will generally give you a set time to arrive at the surgery.

We appreciate that the given time slot may not always be convenient, however the duty doctor has to do this in order to be able to manage their workload effectively. Because the duty doctor is on-call for all emergencies and may have to drop everything at a moment's notice, they will generally book appointments with themselves at a time when they know they are available and around to see you.

GP places to be opened up to failed trainees and specialists

The Government seems unlikely to fulfil its promise of 5,000 more GPs by 2020, therefore, in a bid to boost GP numbers, a new initiative sees education bosses hoping to open up GP places to trainees who previously failed to pass the Royal College of GP's qualification exam and to specialists wishing to retrain as GPs.

Health Education England said it aimed to maintain existing standards of training and assessment to ensure that GPs continued to provide high quality and safe care to patients.

Please read the attached leaflets on the state of General Practice to find out why there is a significant shortage of GPs.

State of General Practice – Latest News on GP Vacancies



The latest survey on doctor vacancies confirms the state of the crisis in General Practice. About a third of GP practices run by partners in England have

vacancies for doctors that they have been unable to fill for at least a year, according to a survey published late last year.

The survey was published by the British Medical Association in December 2016 and is one of the latest to highlight the continuing crisis in general practice.

More than 3,500 GP partners took part in the survey, making it a representative population.

Just less than a third who responded said they had been unable to fill vacancies for a year while nearly a fifth said it took at least three months to fill vacancies.

The problems were again greatest across central England, with 35% of respondents reporting vacancies of 12 months or more in the East and West Midlands and in the East of England.

Again, just under a third of the total said they used locums to fill long-term vacancies or to ensure a full range of services were maintained for patients.

The survey also found that nearly half of GPs who reported having excessive workloads had struggled to fill vacancies.



CHASING APPOINTMENTS

We are often asked by patients to chase up appointments following a referral to the hospital by the GP, or to chase up follow-up appointments for patients.

We do not have the resources to chase up appointments and kindly ask that patients ring the hospital themselves and ask to speak to outpatient booking, in the case of new appointments, or the consultant's secretary, in the case of follow-ups.

We do not have any special hotline to the hospital that enables us to reach the required department or relevant person any quicker and it generally makes more sense that patients speak directly to the hospital.

What's in a 10 Minute Consultation?

And why we ask you to present with only one problem at a time

Have you ever wondered how your doctor works and what exactly he or she does within a 10 minute consultation? This is just a brief run-down of the consultation process.

The doctor first takes a history of your complaint, exploring your ideas, concerns and expectations. The questions they ask will vary according to how the history taking is progressing and what they may be thinking is wrong with you. They will then examine you as appropriate.



The doctor will then consider the possible causes or reasons for your condition, before considering other differential diagnoses. They will then arrive at the most likely diagnosis and explore with you the effects of this diagnosis on you, and discuss other problems with you and come to a shared understanding of the issue.

Tests or investigations may have to be ordered, forms may have to be completed. The doctor will then involve you in the management of your condition, discussing possible treatments, counsel you on the side effects and likely outcome. If a prescription is necessary, the doctor will consider potential interactions with other medications, and effects of the new medication on your existing conditions before printing it out.

For conditions that could persist or get worse, they will then advise on what symptoms to look out for, give a timeframe to expect and what you need to do if such symptoms appear.

Following your departure from the consultation room, the doctor has to then make comprehensive notes in order to provide a clear record of your consultation in order to help others who may need to treat you and in order to protect both you and the doctor.

And that is just for one problem only!

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 or serious conditions to be missed. In a climate where clinical risk and patient harm are 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.

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

ivy.gs/contact



**ivy grove
surgery**

Ivy Grove Surgery
Steeple Drive
Ripley
Derbyshire
DE5 3TH
01773 514130

ivygrove.org.uk
ivy.gs/contact

Ivy Grove News

This newsletter is also available online at ivy.gs/ign

FAST TRACK REFERRALS

During office hours, if your doctor needs to refer you under the fast track 2 week suspected cancer process, you may be asked to take a seat in the waiting room following your appointment with them.

The doctor will type up their records and then ask admin to come down and meet with you to finalise arrangements for your appointment. In order to reduce the chance of things being missed or mistakes being made, we need to inform you that this process may take up to 10-15 minutes.

We do realise that this may be an anxious or upsetting time for patients, but do ask that you bear with us whilst we make the necessary arrangements.

Keep Active and Stay Healthy



Physical activity keeps you healthy, improves sleep, helps you maintain a healthy weight, reduces stress and improves overall quality of life. In fact, the risk of conditions like diabetes, heart disease, depression, dementia and cancer are all reduced (by 20-40%) by keeping active.

For a healthy heart and mind, try vigorous activity like running, sport or climbing stairs, or moderate activity involves things like walking, cycling and swimming. Aim to do about 75 minutes of vigorous activity, or 150 minutes of moderate activity or a combination of both.

Spend less time sitting around, so watching TV, sitting on the sofa and in front of the computer should all be reduced, and make sure you have regular breaks from sitting too long.

Build muscle strength and keep bones and joints strong by going to a gym, practising yoga, or carrying bags and improve overall balance to reduce the risk of falls by dancing, going to bowls or doing tai chi. Try these things at least twice a week.

At the end of the day, something is better than nothing; start off small and build up gradually, and even 10 minutes at a time will provide some benefit. It's never too late to start, so start today!

Visit the government's Start Active, Stay Active site at bit.ly/startactive, or check out the poster on the next page.

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 visit our newsletter page ivy.gs/ign.

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.

Physical activity benefits for adults and older adults



BENEFITS HEALTH



IMPROVES SLEEP



MAINTAINS HEALTHY WEIGHT



MANAGES STRESS



IMPROVES QUALITY OF LIFE

REDUCES YOUR CHANCE OF

Type II Diabetes

-40%

Cardiovascular Disease

-35%

Falls, Depression and Dementia

-30%

Joint and Back Pain

-25%

Cancers (Colon and Breast)

-20%

What should you do?

For a healthy heart and mind

To keep your muscles, bones and joints strong

To reduce your chance of falls

Be Active

Sit Less

Build Strength

Improve Balance

VIGOROUS

MODERATE



RUN



WALK



SPORT



CYCLE



STAIRS



SWIM



TV



SOFA



COMPUTER



GYM



YOGA



CARRY BAGS



DANCE



TAI CHI



BOWLS

MINUTES PER WEEK

75 OR 150

VIGOROUS INTENSITY

(BREATHING FAST
DIFFICULTY TALKING)

MODERATE INTENSITY

(INCREASED BREATHING
ABLE TO TALK)

OR A COMBINATION OF BOTH

BREAK UP SITTING TIME



2 DAYS PER WEEK

Something is better than nothing.

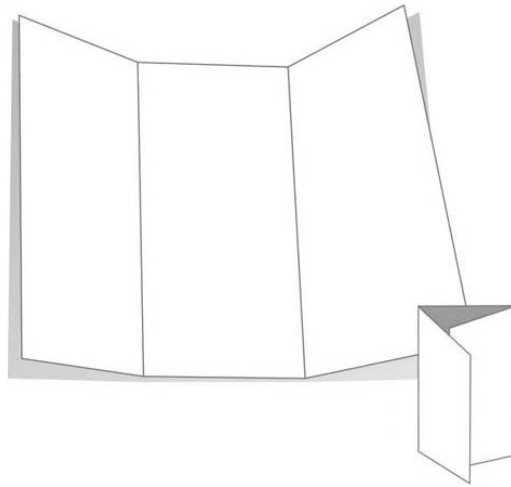
Start small and build up gradually:
just 10 minutes at a time provides benefit.

MAKE A START TODAY: it's never too late!

DO NOT THROW YOUR NEWSLETTER AWAY !

INFO LEAFLETS ARE INCLUDED INSIDE !

▶ Please detach this sheet and the sheets that follow and fold as shown below to make your own tri-fold information leaflets



▶ You will end up with four leaflets which you can keep for future reference and for advice and information:

“Get the right help for your condition”

“The State of General Practice”

“The Picture of UK General Practice”

“How can I tell if my child is poorly”

▶ Please note the reverse of this sheet is the insert sheet for the first leaflet called *“Get the right help for your condition”* and contains contact information for services you can refer yourself to, all without seeing a doctor first

▶ You can search for, and download more useful information leaflets from our website at ivy.gs/dl

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)

▲ **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 Advice Service 0845 308 4010
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
- Family planning
- Health checks
- Ring pessaries
- Smears and swabs
- Travel advice
- Vaccinations
- Weight monitoring

Who else can you contact directly?

► Care co-ordinator

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

► 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

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

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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

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

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 ivv.gs/help, get contact numbers at ivv.gs/contacts or check your symptoms at ivv.gs/symptoms.

Have you got a medical emergency?

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

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

Do you need the Minor Injuries Unit (MIU)?

These conditions are dealt with by ► MIU:

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

Do you need to see a pharmacist?

Your ► pharmacist can give you advice on:

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

Can you look after yourself?

These conditions respond to self-care:

- | | |
|--------------------|-------------|
| ● Coughs and colds | ● Diarrhoea |
| ● Earache | ● Flu |

- | | |
|---------------|-----------------|
| ● Hangover | ● Minor grazes |
| ● Sunburn | ● Viral illness |
| ● Sore throat | |

Do you need to see a district nurse?

► District nurses see the household for:

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

Do you need social services?

Contact ► social services directly for these issues:

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

Do you need to see a dentist?

You must see a ► dentist if you have:

- | | |
|------------------|-------------|
| ● Dental abscess | ● Toothache |
| ● Gum problems | |

Did you know you can refer yourself?

► Refer yourself without seeing doctor first:

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

Do you need a telephone appointment?

These can be dealt with by telephone:

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

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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 *Tesburys*. If *Tesburys* worked like General Practice, then the government would give *Tesburys* £3,000 a year (average spend on groceries in the Midlands); for this, not only could you get as much *Tesburys Supreme* quality food as you liked, but also go as many times as you wanted; we think *Tesburys* would be bust within a week; as it happens, General Practice works under this pressure every single day.

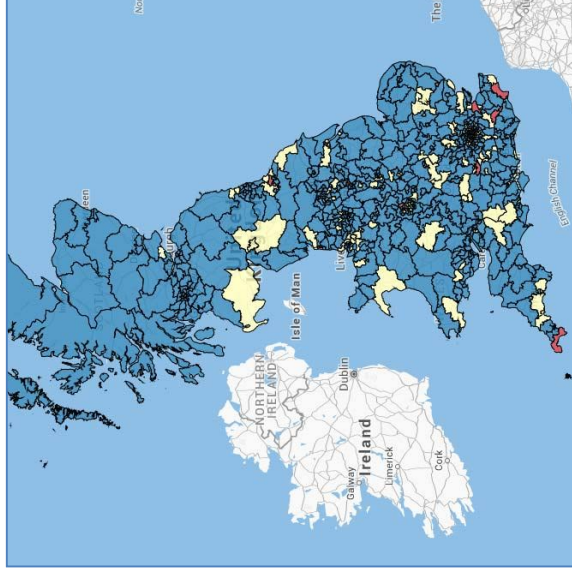
That's why you can't get in...

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?

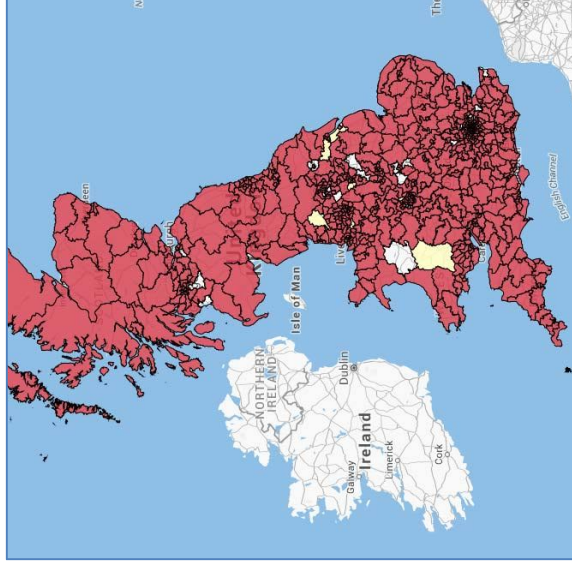
12-14 hour days are typical, with increased intensity and complexity; there is more admin, box-ticking, paperwork; more targets, scrutiny and inspections; this means less time to do the job well. Financial pressures mean businesses are more at risk. A typical day for a GP may involve: 35-60 face to face 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



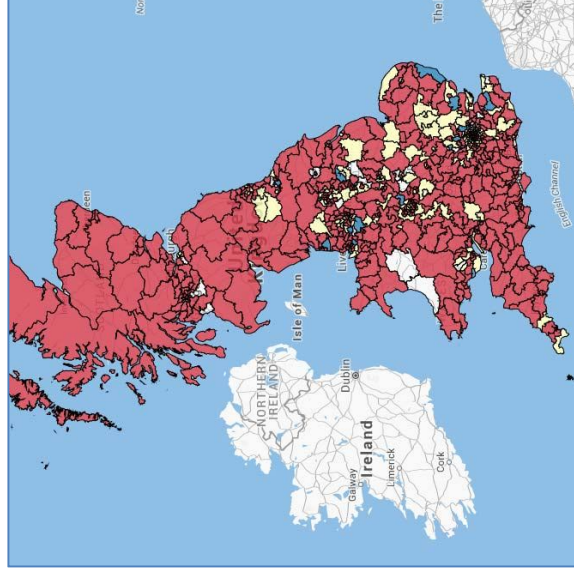
Blue = Low, Red = High

7. Level of Demand



Blue = Less, Red = More

6. Locum Cover Difficulty



Blue = Never, Red = Frequently

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

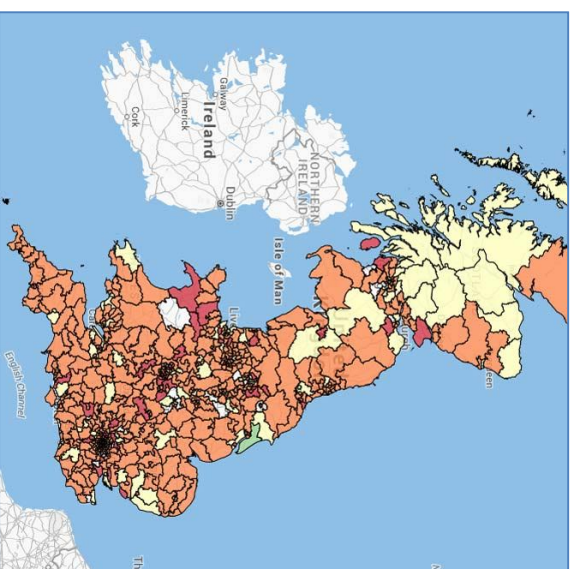
In one of the biggest surveys of General Practice, in December 2015, the BMA asked GP Practices all over the country some topical questions on their services. Over 3,000 practices responded. It's safe to say that the results are representative of what is happening in General Practice at the moment and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

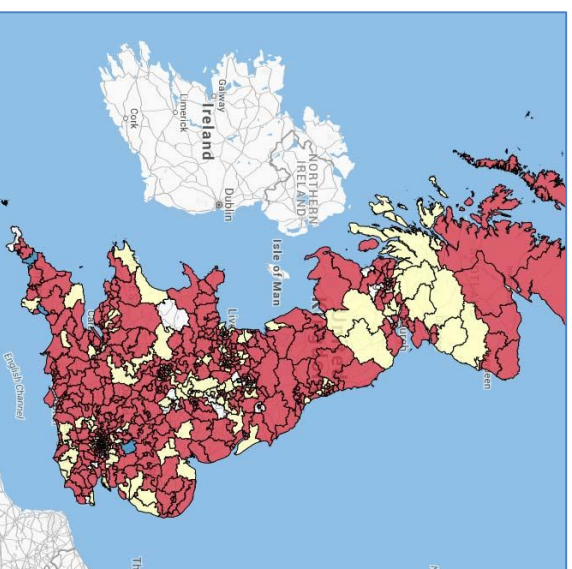
With permission, we reproduce the results of the survey here, with blue indicating a more positive response and red a negative one, along with what those colours actually mean for each image. The results are striking.

1. Current Workload



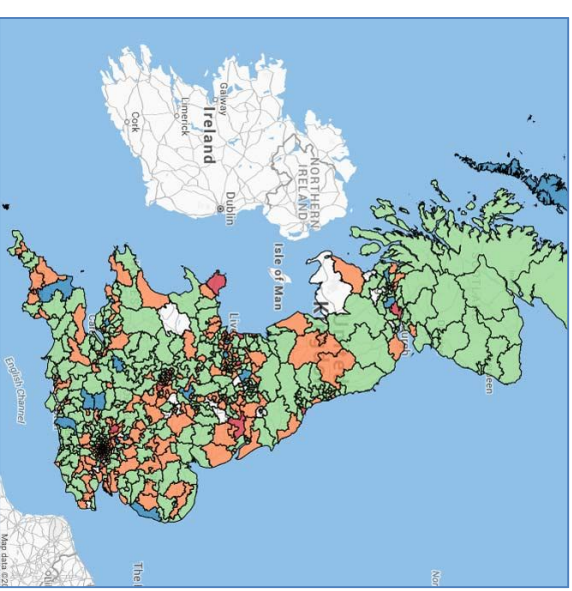
Blue = Low, Red = Unmanageable

2. Quality of Service



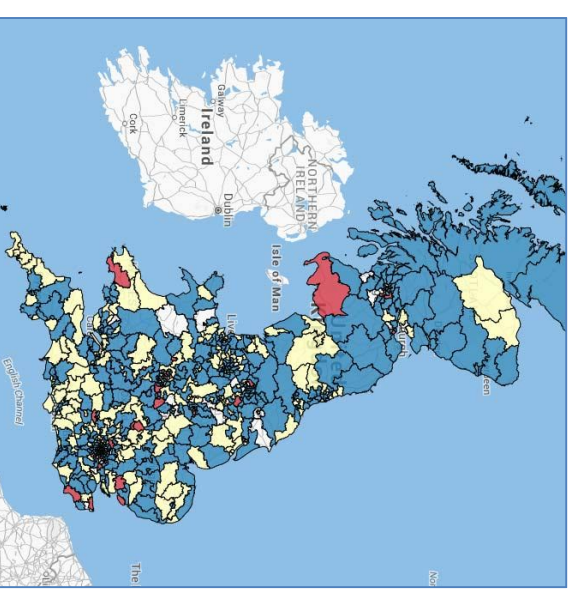
Blue = Improved, Red = Deteriorated

3. Financial Viability



Blue = Strong, Red = Unsustainable

4. GPs Leaving



Blue = No, Red = Leaving UK General Practice

What is this leaflet about?

Telling if your child is seriously ill can be really tricky, even for a doctor. As GPs we see large numbers of children every single day and luckily very serious illness in children is not that common, but as parents, we all naturally worry about our children if they are not their usual selves. This leaflet is to help you recognise if a child is poorly and what to do. Hopefully this will reduce undue worry when dealing with children, and also help parents to act quickly if there are signs of serious illness.

What conditions do children get?

Commonly, children suffer with the following conditions: chest related (e.g., coughs and colds, croup, bronchiolitis, chest infections, asthma), other infections (e.g., sore throats, earache, diarrhoea and vomiting, urine infections, conjunctivitis, threadworms, headlice), rashes (e.g., chickenpox, hand foot and mouth, fungal infections, allergies, eczema), constipation and hayfever. Many of these conditions get better by themselves, but sometimes they can worsen and cause more serious illness.

More serious conditions include pneumonia, meningitis and new onset diabetes. Not all of these conditions present with clear cut symptoms that tell you or the doctor what the diagnosis is. This leaflet therefore covers more general symptoms that you should look out for so that you can recognise when a condition may be becoming more serious and how urgently you need to seek help.

How do I self-care at home?

It is useful for parents to have remedies at home to manage common childhood illnesses. Useful items include liquid paracetamol and ibuprofen, for reducing pain or temperature, antihistamine (e.g., piriton) for allergies and hives, antiseptic cream to help prevent minor scrapes becoming infected, and a simple first aid kit with some plasters, basic dressings, scissors and tweezers.

Drinking plenty, steam inhalation for coughs and colds (use the shower in the bathroom, steam up kitchen with lid off kettle), ensuring room temperatures are not too hot or too cold, maintaining good hygiene and not smoking around children are all helpful in many childhood illnesses.

What is the tumbler or glass test?

You will see in the chart that the tumbler test is mentioned. This is where a rash does not fade when a clear glass is pressed firmly against the skin. It may be a sign of meningitis. If you suspect it, ring 999.

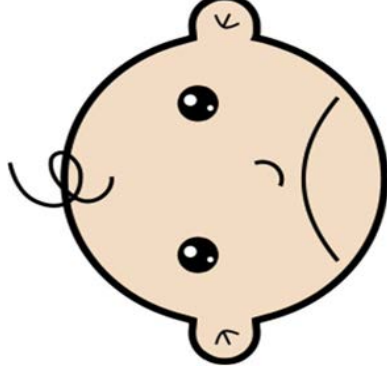
How do I get more advice or help?

When should I worry? booklet: bit.ly/1K0A5mk
How to tell if a child is seriously ill: bit.ly/1NSfsn8
Symptom checker: ivy.gs/symptoms
Help for your condition: ivy.gs/help
Medical advice: ivy.gs/advice
Ivy Grove: 01773 514130 or 111 if out of hours
For further advice ring NHS111: 111

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IVY GROVE SURGERY

How can I tell if
my child is poorly?



*An advice leaflet for
parents and carers*

Tel: 01773 514130

| PROBABLY WELL | MAY BE UNWELL | LIKELY UNWELL | LIKELY SERIOUSLY ILL |
|--|---|---|---|
| Your child looks a bit under the weather but overall seems all right | Your child looks unwell and you are starting to get concerned | Your instincts tell you your child is very poorly | You are extremely worried, or may have called health services several times already |
| May be less active, but still playing at times, or improves with paracetamol | Not playing at all | Marked slowdown in activity | Flat, unresponsive, floppy infant or baby |
| Still smiling, laughing, talkative, remains responsive to social cues | Clingy, crying more, less alert | No interest in anything at all, unresponsive to all social cues | Very listless, lethargic or drowsy child or becoming more agitated |
| No temperature or mild temperature (less than 38°C) | Temperature persistently more than 38°C, or doesn't drop with paracetamol | Temperature more than 40°C | High temperature (warm body) but cold or discoloured hands or feet |
| Eating and drinking pretty much as normal or slightly reduced appetite | Eating and drinking less than normal | Drinking less than half usual amount or no drinks for more than 8 hours | Having a seizure or fit for the very first time, even if fully recovers |
| Passing urine normally or wet nappies as usual | Not passing water as much or having fewer wet nappies | Not passed water or no wet nappies for 12 hours | Cannot swallow anything at all or is drooling excessively |
| No rashes and normal skin colour | Pinkish rash that blanches (disappears with tumbler test) | Colour change, going blue, pale, mottled or ashen | Blotchy, mottled, purple-red rash that does not go with tumbler test |
| No problems breathing | Cough for more than 3 weeks or family history of asthma | Breathless – fast breathing, panting, very wheezy, grunting or gasping | Really struggling to breathe (skin sucking in under ribcage or neck) |
| If you think your child has a simple cold or viral infection | Persistent temperature, but no other signs of possible infection | Repeated vomiting with or without bile-stained (green) vomit | Unconscious (won't wake up) and/or not breathing |
| Responds well to temperature control, fluids and general care | Losing weight and doesn't regain it within 2-4 weeks | Severe abdominal pain | If you think your child has meningitis |
| Maintains a steady improvement throughout condition/illness | Condition getting worse as time goes on, or seems to be lasting long time | Accidental poisoning with medication, chemicals, button batteries or plants | Uncontrollable shivering or shaking with high temperature |
| Does not appear to be in any distress | Appears to have ongoing pain, discomfort, or continued distress | High-pitched, weak or continual crying | Delirious, confused, vacant or disorientated child |



| | | | |
|--|---|---|-----------------------------|
| Try self-care or ring for advice if concerned | Ring GP same day for advice and/or appointment | Take child to Children's A+E at Royal Derby Hospital now | Ring 999 immediately |
|--|---|---|-----------------------------|

Remember, if your child is very young (e.g., a baby under 3 months old or premature), or has other medical problems, or is appearing absolutely exhausted, or you are not coping very well or you are unsure about any of the symptoms above, please do ring us or NHS111 for advice, stating your concerns