



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.

Hospital Contract

We report changes to the hospital contract that should help to improve the patient experience.

Your Questions

An article on some frequently asked questions. This time we cover private fees and letters to hospital.

Make the Most of your GP Part 13

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

Letter to the PM

Dr Wong finally finishes 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.

Examination time

With exam time upon us, we remind parents about letters for sickness absence.

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

Changes to the Hospital Contract **P.1**

Questions / Make the Most **P.2**

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

Flu jabs / State of GP **P.4**

Exam time / Info leaflets **P.5**

Changes to Hospital Contract 2017/18

General Practice is at breaking point. A large part of the burden has been due to hospitals dumping work inappropriately on GPs. This has finally been recognised by government and action is being taken. National negotiations have secured changes to the hospital contract which should improve patient care as a result. In summary:

► Results and treatments requested by hospital doctors must be communicated by the hospital directly to patients.

► Hospitals must liaise directly with patients should they miss an outpatient appointment rather than tell patients to see their GPs for another referral.

► Hospitals must make direct internal referrals to another department or doctor for a related medical problem rather than send the patient back to the GP for a new referral.

► Hospitals must issue fit notes, covering the full period that the patient needs to recover.

► Hospitals must respond to patient queries for matters relating to their care rather than asking the patient to contact their GP. So for test queries, results,

treatment questions, admin, appointment delays or changes, please speak to the hospital.

**You should no longer accept:
'You need to see your GP...'**

► Hospitals must not ask GPs to prescribe specialist medications without agreement, unless the GP feels competent to do so.

► Hospitals must ensure clinic letters are received by the GP within 10 days of the patient's appointment from this year, and within 7 days from next year, so that GP appointments are not wasted when patients specifically see the GP to discuss a letter when no letter has been received.

► Hospitals must issue medication following outpatient attendance at least sufficient to meet the patient's immediate clinical needs until their GP receives the relevant clinic letter and can prescribe accordingly.

Remember, these changes are not recommendations but **contractual requirements**, and therefore if hospitals do not abide by these standards they are in breach of their contract.

Any patient experiencing difficulty with the hospital should contact PALS on 01332 623751 or 0800 027 2128.



ivy grove
surgery



Make the Most of Your GP part 13

We are not an emergency round-the-clock service!

General Practice is by definition not an emergency service. Emergency services for health include 999, out of hours services, Accident and Emergency, Minor Injuries Units and Walk-in Centres. For GPs, urgent is actually within 48 hours, but is usually later the same day.

GPs are contracted to provide services from 8.00am to 6.30pm weekdays. In this surgery we hold routine appointments till 6.00pm. We are not paid to provide any services outside of these times, nor are we paid to treat any patient with minor injuries. This is not our choice, but rather a decision made by those who pay for health services.

Please bear the above in mind when using our services.

Self-refer, Self-refer, Self-refer, Self-refer, Self-refer

We might not like the self-service tills at the checkout, and would much prefer a human being to scan our groceries for us, but the self-service tills are very much here to stay. With this in mind, we ask that patients familiarise themselves with all the different agencies that they can all self-refer to, all without having to see a GP first. For instance, counselling, drug and alcohol services, continence services, physio, STD clinic, social services, stop smoking, family planning clinic, citizens advice, podiatry, the list is endless. See our page at ivy.gs/help.



Why do you charge fees?

The NHS provides health care to most people free of charge, but some fees have existed since the early days of the NHS, e.g. prescription charges. GPs are self-employed and are contracted by the government to provide medical care and this is free at the point of contact.

Work which is not part of NHS work is not covered in this contract. Examples include insurance reports, pre-employment medicals, reports for fitness to work or travel and holiday cancellation reports.

With certain exceptions, GPs are not legally obliged to carry out non-NHS work for patients, but being in a position of trust in the community, we are frequently asked to complete such non-NHS work. In order to help our patients with completion of their forms, we may agree to do such work, but it will be charged for.

Please check our waiting room noticeboard or our website for details of our private fees.

Who sets the fees?

As an organisation, it is up to each individual practice to set

its own fees. In our practice, our private fees for all non-NHS work are in line with the BMA suggested hourly rate for GPs and help towards our costs of running a small business.

Why don't you just sign forms for free?

You may feel GPs should not charge if your form, especially if it only requires a signature. Our private fees, like those of any other professional, such as an accountant or a solicitor, are a reflection not only on the complexity of any form or work required, but also on the degree of responsibility and accountability we accept when we sign a form.

Why can't the doctor write a letter to speed up my hospital appointment?

You may all be noticing that waiting times are increasing throughout the NHS, as years of chronic underfunding and lack of investment in staff and resources are finally coming home to roost. As a result of this, we are often asked by patients to write letters to speed up their appointments.

We can confirm that all letters are looked at directly by

Your Questions Answered

consultants in charge and triaged according to clinical need.

In our experience, because all patients are now having to wait, writing letters to the hospital simply because your wait appears too long, generally does not achieve the desired outcome. We therefore have decided that we will only write such letters if it is clear that your condition is worsening, and that an earlier review is clinically indicated.

There is nothing to stop patients ringing the hospital themselves to find out when their appointment or operation might be. Sometimes asking to be put onto a cancellation list may help you to get an earlier appointment. We regret that we cannot ring on behalf of patients.



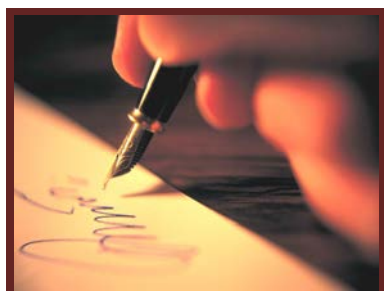
SUMMER HOLIDAYS

We will be closed on Summer Bank Holiday Monday August 28th 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 (Final part)

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 conclude with the final 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.

At the moment, we are just fire-fighting with a rapidly diminishing and demoralised workforce, holding back the hordes of inappropriateness you have sent our way, whilst jumping through all those ridiculous hoops you've set us just to make a living. What this means at the end of the day is that we don't feel we're doing a good job. And that's not good for our patients. You can only fire-fight for so long before you have had enough. It's not going to last.

It's a tall ask, I know. It involves a complete sea change in your current thinking and direction. You might need to speak to some advisors about this, but I think it is just about doable. And enacting this would be much quicker than the last decade of slow death of General Practice [which is accelerating as we speak], the slow death of the NHS that we're going through now and also would be much quicker to enact than the consequent rebirth of NHS Plc and Collaborative Primary Care or whatever you're going to call it. You might even get some results before the election. Mustn't forget the votes.

Back to faith and what I believe. What I strongly believe. I believe that, at the end of the day, when I am a patient, and we all become one sooner or later, when I am sick and vulnerable, I would rather see a satisfied, happy, fresh GP who has great job satisfaction and an equally great family life, and whom

I know is going to care enough to do the very best for me, whilst keeping my utmost confidence, than see some overworked, tired, burnt out, unhappy, protocol-following, clock-watching factory healthcare worker ticking computer checkboxes into my remotely monitored health insurance record.

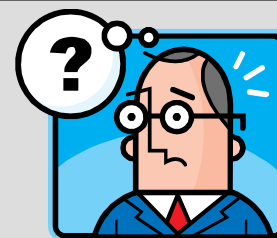
I daresay you might believe it too. I know that my patients believe it. Anyway, have a think about it and get back to us via the usual channels.

Kind regards

Yours faithfully

Michael Wong
GP in Ripley, Derbyshire
Ever your servant

This very long letter can be read or downloaded online at ivy.gs/opinion.



Did you know ?

...you can now self-refer to Audiology without seeing a GP first? If you are aged over 55 and struggling with your hearing, you can contact the following providers directly: Specsavers 01159 441401, Scrivens 0800 0275102, MediScan 0161 8201123, The Outside Clinic 0800 9549101, Chesterfield Hospital 01246 514403, Burton Hospital 01283 566333. Simply call the number of your chosen provider.

...you can get free Wi-Fi whilst in the surgery? Simply connect to the open network NHS-CSN-Public, no password is required.

...if you are being referred privately it is better to wait until your referral letter is in hand before booking your appointment, in order to avoid disappointment. Referral letters can take a working week to be processed.

...that writing anything on your repeat slip may cause a delay in the processing of your prescription as medication requests, comments and other remarks all have to be looked at and addressed by the relevant doctor. Remember you can always book telephone appointments with your doctor.

Summer's coming! Be SunSmart at home and abroad



Follow Cancer Research UK's advice this summer and 'Be SunSmart' at home and abroad.

Don't let sunburn catch you or your family out. Sunburn does not have to be raw, peeling or blistering. If your skin has

gone red or pink in the sun, it is sunburnt. Sunburn is a clear sign that the DNA in your skin cells has been damaged by too much UV radiation. Over time this damage can build up and lead to skin cancer.

Spend time in the shade

The summer sun is strongest around the middle of the day (11am-3pm in the UK). Find shade under umbrellas, trees, canopies or indoors.

Cover up with a T-shirt, hat and sunglasses

A long-sleeved top or T-shirt helps protect your skin. Choose a hat with a brim that shades your face and the back of your neck. Wraparound style

sunglasses offer better protection.

Use sunscreen with at least SPF15 and 4 stars on the parts you can't cover

Put lots on and reapply often to help get the level of protection on the label. Sunscreen does not give 100% protection and should be used along with shade and clothing.

Never use sunscreen as an excuse to stay out in the sun for longer, for example to sunbathe.

Visit Cancer Research UK at www.cruk.org for more information.



NEWS SNIPPETS

Government blames GPs for the Crisis in the NHS (again)

In January, the Prime Minister blamed the national crisis in Accident & Emergency departments on General Practice. She said that practices should start to provide services seven days a week, from 8am to 8pm or face funding cuts.

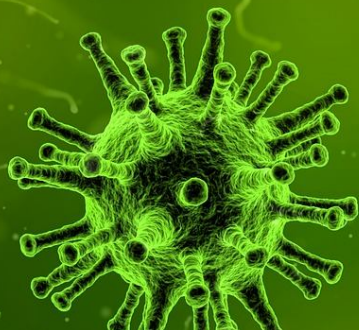
Some facts might now be in order. Nationally, nearly 14,000 beds have been cut since 2010, losing 5 million bed days. Three quarters of all mental health beds have been lost in the last 30 years. Social care funding has been cut by 40%. The UK languishes near the bottom of the chart for number of beds (273 beds per 100,000 people compared to Germany's 823 and Japan's 1,320).

So, do you think that if your GP offered you routine appointments every single day, as the Prime Minister has indicated, that this would help to fix the problems in the NHS? Or is it actually that genuinely poorly patients are dying in hospital corridors because they have been let down by years of deliberate and chronic underfunding, wilful ignorance and blame shifting? What do you think?

DVLA regulation changes

Latest guidance on confidentiality has declared that GPs have a duty to inform the DVLA when we learn that a patient is driving with a medical condition that makes them unfit to do so and in spite of our medical advice to stop.

We will always try to contact patients before making such a disclosure, and explain that it is our duty to contact the medical adviser at the DVLA where we believe public safety to be at risk.



Flu Season nearly here Get your flu jab with us this year

Summer's not even here, but it is already time to start thinking ahead to flu season. We will soon be inviting our eligible patients to have their flu jab at the surgery. Please ensure we have an up-to-date contact number for you.

Eligible groups for flu jabs include:

- Those with long-term heart, lung, kidney, liver and nervous system disease
- Diabetics
- Those with a poor immune system
- Over 65s
- Pregnant women
- Grossly obese patients

The government continues to extend the vaccination programme to children, in order to protect this vulnerable group and also reduce spread of flu from children to others. This year, those aged 2 to 8

years old will be eligible and vaccination will be carried out by the school. A leaflet regarding this programme is available from the download section of our website at ivy.gs/dl.

WE STRONGLY ENCOURAGE ALL ELIGIBLE PATIENTS TO HAVE A FLU JAB WITH US

As with previous years, we would strongly encourage any eligible patient to have a seasonal flu jab as they will be at risk of developing serious complications from catching flu, such as pneumonia.

Most people are absolutely fine after a flu jab, but you can sometimes get a sore arm, mild fever or chills. These symptoms usually settle after a few days. The injection does not contain any live virus and therefore, contrary to popular belief, cannot give you flu!

More information will be available on our website at ivy.gs/flu.

We would encourage all our eligible patients to have their flu jab with us this year. You may think that by going elsewhere you are helping to ease the pressure on our services. In fact, the surgery is more than capable of organising an efficient and effective flu campaign, covering literally thousands of patients all in one go.

Last year, hundreds of our patients had their flu jab elsewhere, at local chemists and supermarkets, meaning fewer resources available for your local surgery. Please support us by having your flu jab with us. Thank you.

In the coming months, please look out for your invite text, letter, or message on your repeat prescription about when the clinic is.

Where did Mr. Hunt leave his DeLorean (and his 5,000 GPs)?



You can never find a time machine when you need one. We think the Secretary of State for Health, Mr.

Hunt needs one to get all the way back to 2000. Let's analyse his government's continued promise of 5,000 more GPs by the year 2020.

Well, GP training for newly qualified doctors takes 3 years minimum, so you needed to have had more qualified doctors into GP training by 2017. That's this year [it didn't happen].

To become a qualified doctor, medical students need to do a minimum of 5 years studying at university and 2 years of postgraduate hospital

training posts, so that 7 years of education means you need to have had more students enrolling at medical schools back in 2010.

In order to get those medical students into university in the first place, you need to entice college pupils and fresh-faced school children to a rewarding life in medicine. So, you first need to make General Practice an attractive career option and let the word spread. Say that takes a decade, so you're already way back to the year 2000.

So, in order to get those 5,000 extra GPs you're promising for 2020, you needed to have started work about 20 years ago. And that's all assuming you don't lose more existing GPs along the way.

Now, where did he park that DeLorean again ?



State of General Practice

Just some brief facts to keep you all in the loop:

- Last year, in England, 259,000 patients had to move practice due to practice closures or mergers.
- Official government figures reveal that in the last three months of 2016, the number of GPs fell by 445.
- A study published in *BMJ Open* in April revealed that two in five GPs are planning to quit within five years and seven out of 10 GPs in the South West intend to change their working pattern to reduce patient contact.
- The government continues to push GPs to open 12 hours a day, 7 days a week at a spiralling cost of £1.5billion. In 2017/18, £138million will be spent pushing something that isn't necessary.

Exam season and letters and certificates for schools

Official guidance on sick notes for schools – they are not required

There has been an increase in the number of requests for GPs to provide sick notes for school children who are suffering from minor illnesses or ailments. Such appointments are not necessary and take up valuable time and resources better utilised for seeing patients with genuine medical need.

In normal circumstances when a child has been absent from school, the parent, guardian or carer should give the child a note to take into school when he/she returns explaining the reason for absence. If schools do not accept notes from parents, parents should seek early advice from the school nurse. We appreciate that school governors may try to make the requirement to obtain a doctor's note as a part of their school's internal procedures but parents should recognise that such a requirement cannot be enforced, and that regardless of school policy, there is no obligation for GPs to provide such notes.

With regard to missing exams, or poor performance at exams due to illness, students can apply for special consideration, but again there is no requirement for a medical certificate or letter from a GP. Examination boards make no requirement for a medical certificate in support of a pupil's application for special consideration. Boards do require information, however this can be in the form of a statement from the school and especially so where school is aware of the situation and is supportive of the student being absent. Contrary to what parents may be told, examination boards DO NOT insist that medical proof is required.

This information is consistent with advice from Local Medical Committees, Local Authorities and the Joint Council for Qualifications. More information can be found at www.icq.org.uk under Access Arrangements, Reasonable Adjustments and Special Consideration.

We remind all patients that any letters, certificates and reports provided outside of our NHS contract are chargeable at our professional rates. These rates are available on notices in the waiting room and upon request.

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

Vandalism in Toilets

Unfortunately due to repeated vandalism of our patient toilets we have had to install locks on the toilets. Patients needing to use the toilets must sign for and collect a key from reception. We are very sorry of the inconvenience that this may cause, but feel this is a necessary step to protect the safety of the rest of our patients and prevent further damage to our property.

We kindly ask that any patient finding the toilets in a less than satisfactory condition, that they please report this immediately to our reception staff so that we can correct the issue and investigate. We view the behaviour as criminal damage and the police have been informed. Any patient caught damaging our toilets will be removed from our panel.

#selfrefer: download info leaflets to help you manage

Visit our website for useful information and resources

In the spirit of the last newsletter and in line with current NHS philosophy, we continue promoting #selfrefer and self-care. We have recently added new leaflets and information to our website that you can easily download, view on your computer or print out for future reference.

Here is a list of just some of the many leaflets available:

- *Continence Advisory Service (self-referral)*
- *Counselling Services in Derbyshire (self-referral)*
- *Derbyshire Medicines Management Patient Information leaflets*
- *Diabetes and Hypos*
- *Diabetes Foot Care*
- *Genito-Urinary Medicine (GUM) leaflet*
- *Sore Throat*
- *Earache*
- *Urinary Tract Infection (UTI)*
- *Thrush*
- *Coughs and Colds*
- *Diarrhoea and Vomiting*
- *Conjunctivitis*
- *Minor Injuries and Conditions*
- *Physio Direct Service (self-referral)*
- *Podiatry assessment form (self-referral)*
- *When Should I Worry? - guide for parents of children with common infections*



We hope that by helping you to manage your condition yourself, or by giving you the necessary information for you to self-refer to the right health professional, you will benefit from improved health, quicker recovery, and be armed with the knowledge on when you should seek extra medical help from us.

Leaflets are available from our website at ivy.gs/dl.

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.

THERE ARE AROUND

10 MILLION



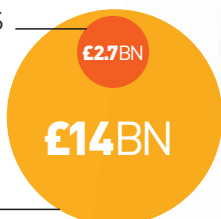
ADULTS WHO SMOKE CIGARETTES IN GREAT BRITAIN.

THAT'S ALMOST **17%** OF THE ENTIRE UK POPULATION.

ABOUT **HALF OF ALL REGULAR SMOKERS** WILL EVENTUALLY BE KILLED BY THEIR ADDICTION.

SMOKING COSTS THE NHS APPROX **£2.7BN** A YEAR FOR TREATING DISEASES CAUSED BY SMOKING.

IN 2013, UK SMOKERS SPENT AROUND **£14BN** ON TOBACCO.



TOBACCO SMOKE CONTAINS OVER **4,000** **CHEMICAL COMPOUNDS.**

CIGARETTES ARE THE MAIN CAUSE OF FATAL ACCIDENTAL FIRES IN THE HOME.

IN 2008, SMOKERS' MATERIALS ACCOUNTED FOR

113 DEATHS & **932** NON-FATAL CASUALTIES FROM FIRES IN THE HOME.



PERCENTAGE OF **ADULT SMOKERS.**



PERCENTAGE OF **EX-SMOKERS.**



ABOUT **TWO-THIRDS** OF

CURRENT SMOKERS WOULD LIKE TO **STOP SMOKING.**



THE IMPACT OF SMOKING

ON AVERAGE, CIGARETTE SMOKERS DIE **10 YEARS YOUNGER** THAN NON-SMOKERS.



SMOKING AFFECTS YOUR **SENSE OF TASTE AND SMELL.** SMOKERS ARE MORE LIKELY TO DEVELOP **WRINKLES** YOUNGER AND HAVE **DENTAL PROBLEMS.**



A 20-A-DAY SMOKER WILL SPEND AROUND

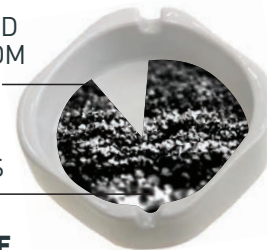


SMOKERS UNDER THE AGE OF 40 HAVE A **FIVE TIMES GREATER RISK** OF A HEART ATTACK THAN NON-SMOKERS.



ONE YEAR AFTER STOPPING, THE RISK OF A HEART ATTACK FALLS TO ABOUT **HALF THAT OF A SMOKER.**

SMOKING CAUSES AROUND **80%** OF DEATHS FROM LUNG CANCER AND AROUND **80%** OF DEATHS FROM BRONCHITIS AND EMPHYSEMA.



EVERY YEAR, OVER **100,000** SMOKERS IN THE UK DIE FROM SMOKING RELATED CAUSES.

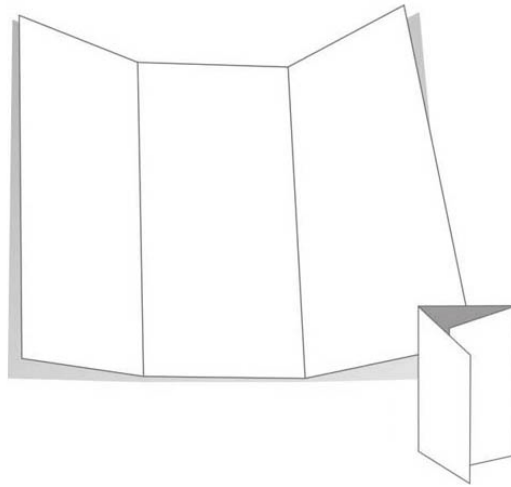
IF SMOKERS QUIT **BEFORE THE AGE OF 30**, THEY CAN AVOID ALMOST ALL OF THE RISK OF LUNG CANCER ATTRIBUTABLE TO SMOKING.



DO NOT THROW YOUR NEWSLETTER AWAY !

IMPORTANT INFO LEAFLETS ARE 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:

- ① Get the right help for your condition**
- ② The State of General Practice**
- ③ The Picture of UK General Practice**
- ④ How can I tell if my child is poorly**

▶ Don't throw away this sheet! The back of it is part of the first leaflet and contains the 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.

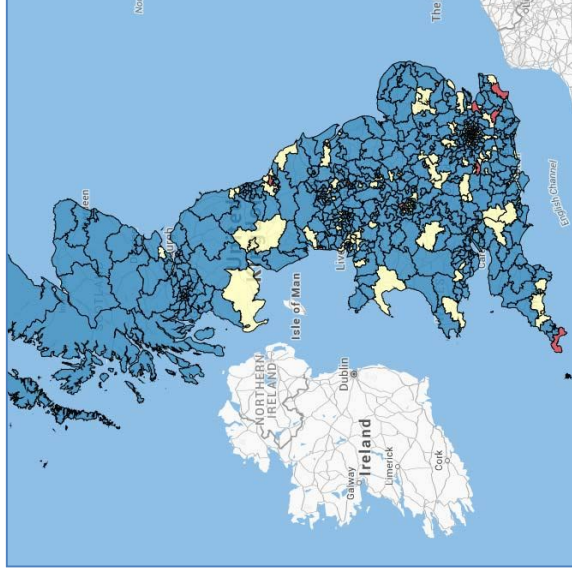
That's why you can't get in...

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?

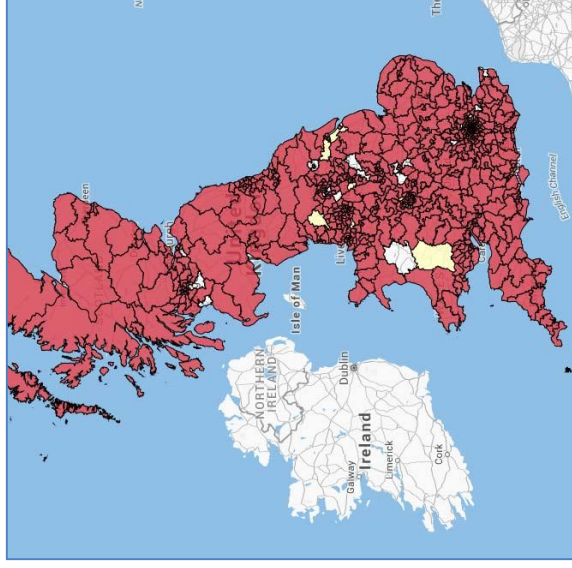
12-14 hour days are typical, with increased intensity and complexity; there is more admin, box-ticking, paperwork; more targets, scrutiny and inspections; this means less time to do the job well. Financial pressures mean businesses are more at risk. A typical day for a GP may involve: 35-60 face to face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



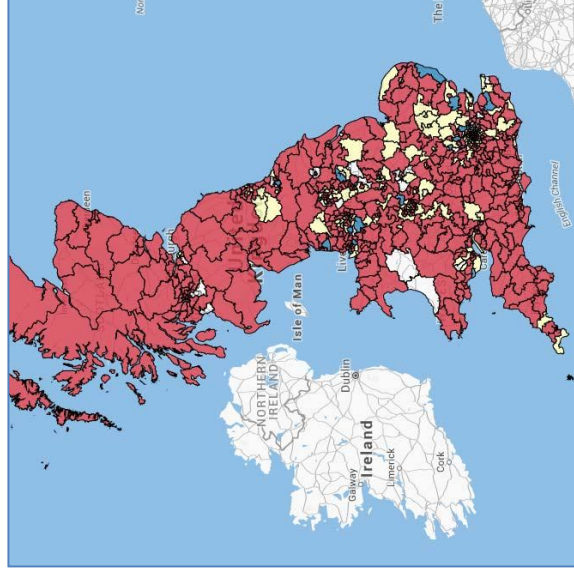
Blue = Low, Red = High

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

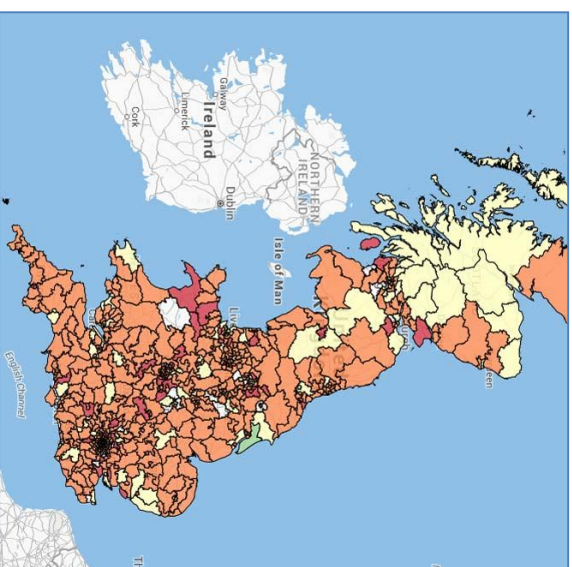
In one of the biggest surveys of General Practice, in December 2015, the BMA asked GP Practices all over the country some topical questions on their services. Over 3,000 practices responded. It's safe to say that the results are representative of what is happening in General Practice at the moment and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

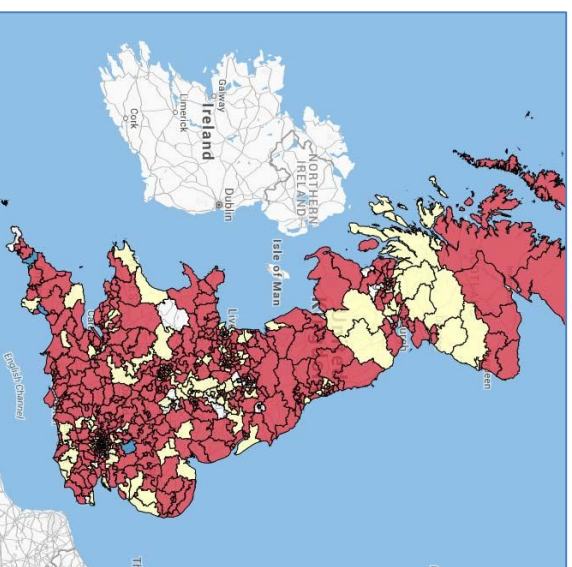
With permission, we reproduce the results of the survey here, with blue indicating a more positive response and red a negative one, along with what those colours actually mean for each image. The results are striking.

1. Current Workload



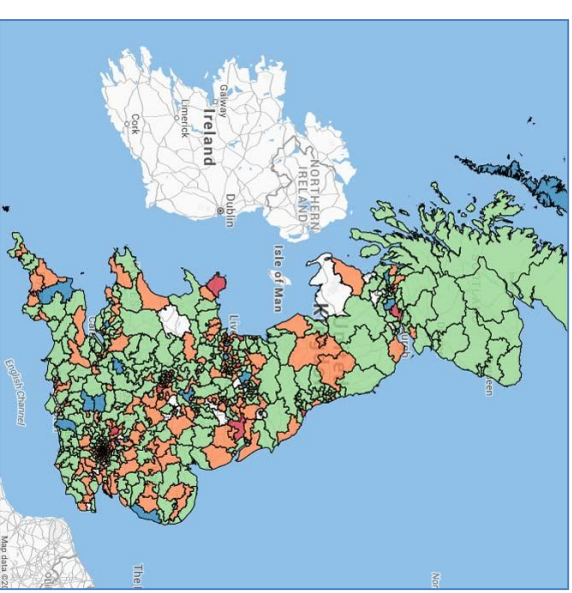
Blue = Low, Red = Unmanageable

2. Quality of Service



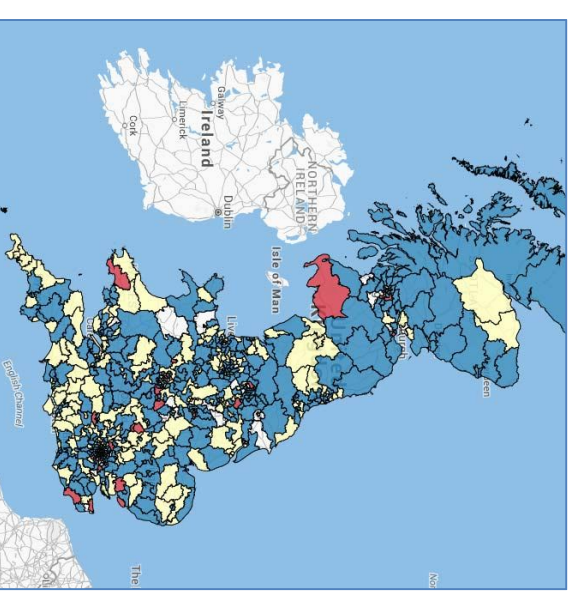
Blue = Improved, Red = Deteriorated

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.

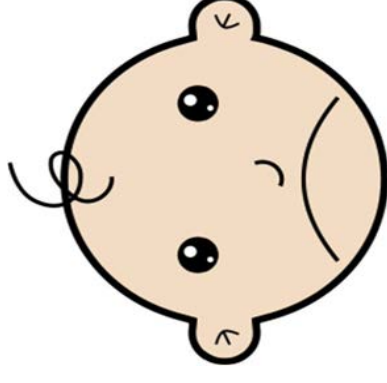
How do I get more advice or help?

When should I worry? booklet: bit.ly/1K0A5mk
How to tell if a child is seriously ill: bit.ly/1NSf5n8
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
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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