ISSUE

15.3
SEPTEMBER

THE FREE
NEWSLETTER
FOR OUR
PATIENTS

### Ivy Grove News

always aiming to provide high quality and friendly family health care

### NHS

### This Issue

We continue our aim to keep you informed of the services at Ivy Grove and to give you important insights into General Practice.

### **Uncomfortable Truths**

It appears we've been in a spot of bother for trying to tell the truth about General Practice. Our information videos went viral on social media, and were featured on the local TV and radio news recently. Find out more about them.

### **Outstanding Care**

Dr Justine Horton recounts receiving her award for outstanding care.

### Make the Most of your GP Part 14

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

### Flu Jab Season

Don't forget – it's flu jab time again, so please check our article for the latest information.

### **News Snippets**

We continue our series providing bite sized snippets of easily digestible news about General Practice.

### 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 issue

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### Some Uncomfortable Truths about General Practice

You may have seen recent footage about Ivy Grove regarding the videos we have on our website. You may even have been one of over half a million viewers of our videos on social media, comprising extremely supportive patients and practices from all over the country. If you haven't seen the videos yet, please head over to our website at ivy.gs. Our videos do speak for themselves; however we feel we must respond to some of the rather more ill-informed comments made.

Just to clarify, our videos are not endorsed by or connected to the CCG or any official NHS or government organisation. Even though we are your GPs, we are entitled to relay an honest account of what is happening in the NHS, because we are all patients at the end of the day. We do feel we need to let people know what is happening behind the scenes of general practice, even though telling the truth is sometimes uncomfortable and potentially embarrassing.

Ivy Grove Surgery has always aimed to provide high quality and friendly family health care with its hardworking and dedicated team of doctors, nurses, reception and admin staff - accordingly we feel we have a duty to inform patients if we consider there is anything that could put this at risk. The videos were therefore borne out of this need to make our patients aware about the perilous state of General Practice all around the country.

The facts and figures within our videos are not simply 'our own opinion'. Although some may claim such information to be 'misleading' or 'inaccurate', all data is in fact derived from verifiable sources which are freely available in

the public domain to anyone wishing to do their own research.

The issues mentioned are faced not only by Ivy Grove Surgery, the Ripley locality or indeed wider Derbyshire but also by thousands of GP surgeries all over the country, on very much a daily basis – see leaflet attached to this newsletter to view the national UK picture.

IF OUR VIDEOS CAN HELP TO OPEN UP AN HONEST DEBATE ABOUT GENERAL PRACTICE THEN THIS WOULD SURELY BE WELCOME

The focus of the videos (which appears to have been lost in the furore) is not only to explain the situation to our patients, but also to offer some real and practical solutions to them in terms of self-help, symptom-checking and self-referral, all of which are in line with current NHS philosophy and future plans to empower patients to self-care.

We would like to reassure our patients that we remain a strong and viable practice, however, we are well aware there are a significant number of practices nationwide that are in a precarious state. If General Practice collapses, then with absolute certainty, the rest of the NHS will quickly follow. Ultimately, if these videos can help to open up an honest and much-needed debate about General Practice and the politics behind it all, then this would surely be welcome.

If you wish to view or share our videos or just want to see what all the fuss is about, please head over to ivy.gs/movie1 and ivy.gs/movie2.





### Make the Most of Your GP part 14

### Don't poke cotton buds in your ear!

Yes, we know cotton buds are almost too perfectly shaped to be inserted into the ear, however, as they say, you should never put anything smaller than your elbow into your ear! The skin within the ear is very sensitive and fragile, and can be easily damaged by literally anything that it gets into contact with, including water, shampoo and cotton buds. We would always advise that you seek the help of a pharmacist in the first instance if you think you have problems with ear wax.

### Make sure we have an upto-date contact number

As mentioned later in this newsletter, we have a new text messaging service. If you want to take part in this service, please let us have your correct mobile number. In the future, we may be able to send messages to landline phones.

### **Urgent Medication Issues**

Like many other surgeries, repeat prescriptions need two working days for us to process. This gives us time to perform checks and maintain safety. We are getting increasing numbers of requests for repeat medication to be issued urgently due to a lack of simple forward planning from patients. Such requests delay other patients' prescriptions and increase the risk of mistakes. We will now only issue urgent medications if they are on a list of medications that are considered essential to continue without a break.

### Page 2

Award for Best Care by a GP

Dr Justine Horton recounts receiving her award

I was most surprised to receive a phone call from an organisation called

NASS (National Ankylosing Spondylosis Society) last September inviting me to attend an awards ceremony in early November at the Palace of Westminster. One of my patients had kindly nominated me for this.

The day itself came around very quickly and my guest (my 16 year old son, Wilf) and I boarded the train at our village station and headed off to London where we soon found ourselves at Parliament. It felt a little like going through airport security with X ray machines and lots of uniforms and CCTV but soon we found ourselves within the beautiful building with access to The Houses of Lords and Commons which we visited and had the opportunity to witness some debates about community pharmacies and social care reforms which was fascinating and very relevant. We even saw Jeremy Hunt!

At 4pm we headed out to the terrace where we enjoyed afternoon tea on the banks of the Thames, watching the London Eye gently revolving in the evening sky. We met other clinicians, researchers and the patients. I felt like a minor celebrity with people introducing me to MPs, scientists and other doctors and physiotherapists.

When I was presented with my award, a plaque with my name and the title, "Best care by a GP", a short extract of the nomination from the patient was read out and I had to fight back tears. It was so touching to feel that somebody had

taken the time to write about the care they had received from me and to learn that they felt I'd made a difference to their life.



"Dr Justine Horton is an amazing lady who will go above and beyond to help and support me in anyway, this lady in my opinion certainly 'changes my life', not on a one off basis but on a daily, weekly, monthly and yearly basis.

No matter what I go to my doctor regarding (normally due to the medication or AS) she is eager to listen with compassion and understanding, she goes above and beyond and I believe truly cares about her patients. No problem is too small, no visit is too long, no conversation is too silly she makes me feel comfortable, safe and trusting. She does everything in her power to help, to investigate on ways to help and to follow up not just 'treat you and leave you to it'

I just wish that everyone was lucky enough to have a 'Dr Horton' in their surgery to 'change their life'. In times of hardship with the NHS this doctor is fully committed to her patients and I cannot praise her enough".

I have wanted to be a GP since I was 11 years old and consider myself very fortunate to have had the opportunity to realise my dream. Family medicine is

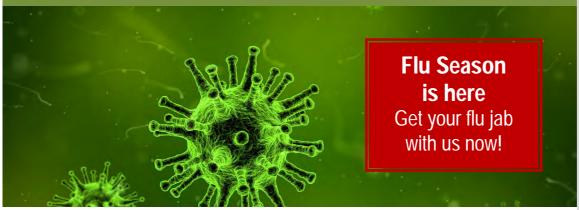
fascinating and rewarding. I thoroughly enjoy the continuity of care it brings and the privileged position of being able to care for patients and their families throughout their lives. I worked as a locum for a year after my 3 year GP training to ensure I chose the right practice for me. I quickly realised that my heart lay in Ripley and I pride myself on striving to offer good safe clinical care with commitment and empathy and try to treat my patients with the same care as I would want for my own family.

General practice has changed considerably since I qualified and every day brings its stresses and pressures but I strive to make a difference. I had actually considered giving up on general practice the very week I received my award as I had received my first complaint and was feeling utterly demoralised. This award helped me see things in some better perspective and I resolved to keep doing my best in a career that I love

I have been overwhelmed by the words (and tweets) of my colleagues and patients regarding this award. I don't do my job in order to receive thanks and appreciation, but it was so very timely and I felt so moved that a patient felt they wanted to nominate me.

Whatever the future of General practice may bring, I would like my patients to know that I remain committed to giving the very best care that I can.

And it must be said that, here at Ivy Grove Surgery, we have a fabulous team of committed staff and this award would not have been possible without all of their efforts which deserve recognition too. So, in the current climate of under-funding and dissatisfaction, please remember, team. We can and do make a difference. So let's keep it up!



Well, flu season is now officially here! We are inviting our eligible patients to have their flu jab at the surgery. Eligible patients will receive either a text to their mobile, a phone message or a letter. Every patient who has a repeat prescription will also receive a reminder message on the right hand side of their prescription.

The following patients are eligible for a flu jab here at the surgery:

- Those with long-term heart, lung, kidney, liver and nervous system disease
- Diabetics
- Those with poor immunity
- Over 65s
- Pregnant women
- Grossly obese patients
- Preschoolers aged 2 and 3

If you are in one of the above eligible groups, please simply turn up at the flu clinic on Saturday, September 30th, between 8.30am and 12.00pm and your doctor or nurse will happily give you a flu jab. We will check your eligibility for a flu jab when you arrive.

FLU CLINIC IS ON
SATURDAY
SEPTEMBER 30TH
BETWEEN
8.30AM AND 12.00PM

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 reduced funding available for your local surgery. This puts the GP surgery at risk. At a time when GP services are already struggling, we appreciate your support in continuing to have your flu jab with us. Thank you.

## NEWS SNIPPETS

### **Recruitment scheme woes**

July 2017: Following promises to create an extra 5000 additional doctors working in general practice by 2020, a 'major new international recruitment campaign' to attract as many as 500 extra GPs from overseas was established. NHS England reports that the scheme has so far recruited only 38 doctors - 28 GPs to Lincolnshire and 10 GPs to Essex

### 400 GPs quitting every month

Official figures show that GPs are leaving the NHS at a rate of about 1 every two hours.

Although more GPs joined than left, the total figure is less that what it was 3 years ago, meaning the government's promise of 5,000 new GPs is even more unlikely to be realised. Rising workload and falling income are to blame. In a bid to find more GPs, £100m of NHS money will be paid to recruitment agencies to find GPs from overseas.

### Help your GP surgery by first helping yourself

The above represents some frankly bewildering solutions to the problem when obviously GP surgeries everywhere are suffering due to years of chronic underfunding, escalating workloads and endless admin, compounded by over-regulation and unrealistic political promises.

Since the obvious solution does not seem to be coming, we do need your help and support.

Before you pick up the phone, please visit our website help page (ivv. gs/help), our symptom checker (ivv. gs/symptoms) or read our leaflet on getting the right help for your condition (attached to this newsletter). By doing so, you are helping us to keep our appointments available for those who do really need to see us.

### £580,000 spent on Management Consultants to draw up NHS plans



Patients may not know that plans, called Sustainability and Transformation Plans (or STPs) for short, have been drawn up by health bodies all over the

country. The actual (and expressed) purpose of these plans is to help make £22 billion of 'efficiency savings' by 2020/21.

Patients may also not realise that throughout England, teams of management consultants have been paid £21 million to draw up these plans, and that £8.5 million has been spent on new jobs created within these STPs.

It may further surprise Derbyshire patients to

know that the area came 6th in a league table of areas spending the most on STPs, handing out an incredible £579,700 to management consultants.

At a time when General Practice and other areas of the health service are suffering from years of chronic underfunding and struggling to maintain services for patients, it seems incredible that such a vast amount of money is being spent in this way.

At a time when the aims of STPs are to increase community-based care, it is sad to report that such plans are being designed by teams of management consultants from international firms, and not by the very people on the ground who will be involved in and be providing such care.

Want to know more about STPs? Let us know.



### **WE♥TXT MESSGNG SRVCE**

We have invested in a new text messaging service, which will now enable us to quickly send messages to any of our patients with a mobile phone number on their systems. In subsequent months, our staff will validate your number so that we know your number is accurate.

We can provide reminders about your appointment, ask you book with us following a test result, remind you about flu jabs if eligible or warn you if your appointment has had to be cancelled at short notice.

If you wish to take part in this service, please let us have your mobile number - we hope you will find the service useful

### A Blast from the Past – a look at previous newsletters

We look at some old issues.

Page 4









December 2010

Reflection is the latest in-thing, and since Ivy Grove News will 15 years old next year, let's take a look at old issues from the archives.

First off, we have Spring 2002, where we had an article on the perennial subject of antibiotic prescribing, and overuse leading to increasing bacterial resistance. In the same issue there was a description on how to use our triage system for appointments.

In 2008, we toyed briefly with folded A3 newsletters, which, whilst looking rather neat, were otherwise a bit cumbersome, so we moved back to double sided A4 printouts. In the April edition that year, we informed patients about our Wednesday afternoon closing and why it was important for staff training and doctor's continuing professional education. Unfortunately, we lost that valuable time due to contract changes.

In the September 2009 issue, Dr Jones appeared on the front page, set to retire after an amazing 37 years of service to the NHS, whilst on the December 2010 issue, we were very sorry to publish a tribute to our other senior partner, Dr Aspinall, who had sadly passed away in September of that year.

We'll have a look at more back issues next time, but in the meantime, please remember the newsletter is yours, please let us know if there's anything you'd like to see in it, and feel free to contribute towards it by sending us any articles that might interest others.

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.

Visit us online at ivy.gs

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 Ripley Derbyshire DE5 3TH 01773 514130

ivygrove.org.uk ivy.gs/contact

### **Ivy Grove News**

### HOSPITAL APPOINTMENTS

Appointment times in hospitals are lengthening as with everywhere else in the NHS. We are often approached by patients who have rung the hospital, and been told to 'ring the GP and ask for a letter' to expedite their appointment. This is in fact incorrect advice.

The hospital should, according to its contract, liaise directly with a patient about their appointment. As GPs, we have no influence upon hospital schedules, especially when the hospital already has all relevant clinical information to guide when an appointment should be. Therefore we cannot write any letters unless there has been a significant deterioration in clinical symptoms that would merit an earlier appointment.

### Smoking - the Stick

Some facts on how smoking harms the body

Heart Lungs and Circulation: Smoking doubles the risk of a heart attack. It causes 4 out of 5 deaths from lung cancer and chronic bronchitis. It increases your blood pressure and your heart rate. Brain: Smoking increases the risk of you having a stroke by at least 50%. Bones: Smoking can cause the bones to become brittle and weak, and in women increases the risk of osteoporosis, thinning of the bones. Fertility: In men, smoking can cause impotence. In women, it makes it harder for you to conceive. Cancer: We know about lung cancer, but did you know smoking also increases the risk of cancers of the lips, tongue, throat, voice box, gullet and stomach? Ulcers and indigestion: Smoking increases the risk of stomach ulcers and getting indigestion. Skin: Smoking ages your skin by at least 10 years and even up to 20 years.

### **Quitting - the Carrot**

Some facts on how stopping smoking gives you instant benefits

8 hours after quitting: Nicotine and carbon monoxide levels in the blood reduce by more than half 48 hours: Your lungs start to clear our smoking debris (like tar and mucus). 72 hours: Breathing starts to become easier. 2-12 weeks: Circulation starts to improve. 3-9 months: Coughing and wheezing is reduced. 1 year: The risk of heart disease reduces by about a half. 10 years: The risk of lung cancer falls to half that of a smoker. 15 years: The risk of a heart attack falls to the same level as that of someone who has never smoked.

### It really is never too late to guit

Take the step now to make things better for you and your family

If you're interested in stopping smoking, refer yourself to the Live Life Better Derbyshire service, at livelifebetterderbyshire.org.uk/stop-smoking or ring them up on Freephone 0800 0852299 or 01246 515550 (local rate).

### **MEDICATION**

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

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.

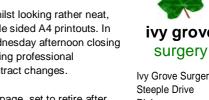
### **GET HELP**

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.

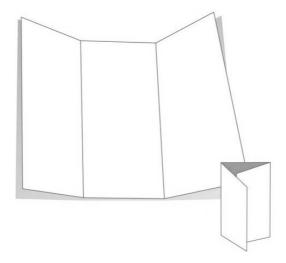
We would love to hear your comments about our newsletter and also any articles you could contribute, so feel free to write at any time. Our address is above.



### 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 three leaflets which you can keep for future reference and for advice and information:
  - Get the right help for your condition
  - 2 The Picture of UK General Practice
  - **1** 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  Main switchboard	01332 783111 01332 340131
	01332 340131

Minor Injuries Unit	(also for District Nurses/Health Visitors)	Ripley Hospital
01773 571403	alth Visitors)	01773 743456

## Local Pharmacies

017000000000000000000000000000000000000	lanibelat harmaey
01773 608/05	Tamhers Pharmacy
01773 744900	Manor Pharmacy
01773 744333	Hurst Chemist
01773 742376	Holmfield Chemist
01773 742376	300ts the Chemist, Ripley
01773 743170	Boots the Chemist, Surgery

### Local Dentists District Nurse Liaison 01332 258200

Not registered with one?	Amber Valley Dental	Nottingham Road Dental	Ripley Family Dental
1111	01773 540648	01773 742578	01773 743263

### 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

<ul><li>Social Services</li></ul>	Citizens Advice
01629 533190	01773 514130

## **More Contact Numbers**

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

## Alcohol and Drug Addiction

Alcohol Team	Derbyshire Community	and substance misuse)	Unity Mill, Belper (Alcohol	Advice Service	Derbyshire Alcohol	Alcoholics Anonymous	Addaction
01332 547900		01773 829966		0845 308 4010		0845 769 7555	01773 744594

## Derbyshire Carers Association

Derby Mobility Services 01773 513235

Surgery appointment	Direct contact
01773 514130	01773 743355

## Family Planning Clinics

Ilkeston	Heanor	Alfreton
0800 328 3383	0800 328 3383	0800 328 3383

## Genito-Urinary Medicine

William Donald clinic)	(Sexual Health,
01332 254681	

### NHS111 (advice)

Physio clinic, private)	Physio (Amber Valley
01773 514147	

# Podiatry (Ripley Hospital) 01773 743456

•
Stop
Smoking
Service
000
0800 085 2299

### Walk-in centres

st Thomas Road, Derby	Osmaston Road, Derby
01332 275610	01332 224700

## **More Contact Numbers**

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

### Benefit Advice Line

and their carers)	(for people with disabilities
0800 882200	

ChildLine
0800 1111

Derby Rape Crisis	Cruse Bereavement Care
01332 372545	0844 477 9400

Domestic Abuse Helpline	
08000 198 668	

## Focusline (Rethink)

(for people with mental

illness and their carers)

0800 027 2127

01773 743355 01773 514130	01 tment 01

Parent Line	
0808 800 2222	

Liaison Service)	PALS (Patient Advice &
0800 783 7279	

Police (	
(non-urgent)	
101	

Relate (r
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:

Contact numbers ivy or /contacts
----------------------------------

## Do you need a home visit?

# Ring before 10.30am and we will assess if:

- Bedbound Terminally ill
- Would come to harm if moved

# Can you find out more info on our website?

# Our website contains useful information:

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

# Where else can you go for some help?

- You can get help from these sources:
  - Our website
- Citizens advice NHS 111
  - Patient group

## Do you need to see a nurse?

- Blood pressure Our nurses deal with a range of conditions: Asthma
- Cardiovascular reviews Blocked ears and wax
  - Dressings Chronic bronchitis care
- Smears and swabs Health checks Family planning
  - Ring pessaries
    - Travel advice

Vaccinations

Weight monitoring

# Who else can you contact directly?

### Care co-ordinator

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

## Citizens Advice Bureau

- Benefits advice
  - Discrimination

Employment advice

Housing

Debt information

- Financial worries
- Work issues

Law and rights

## Community matron

- Health education
- Physical assessments Improve quality care

Manage long-term cases

Home visits

Reduce admissions

- Complex patients

### ► Counsellor

Anger issues

Anxiety

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

### Health visitor

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

## Occupational therapist

- Assessing function
- Maintain independence Identifying goals
- Improving daily activity

Aids & equipment

Rehabilitation

### Physiotherapist

- Back pain
- Exercise advice

Gait problems

Education

- Joint problems
- Poor mobility

Posture advice

Neck pain

Shoulder pain

- Rehabilitation
- Soft tissue problems

Sports injuries

### School nurse

- Bedwetting Bullying
- Drug advice

Developmental screening

 General support Immunisations

Behaviour issues

- Health education
- Safeguarding
- Safe sex education Signposting

### Stop smoking advice Written by Dr M. Wong © Sept 2017 v1.01 Not to be reproduced without permission

### **VY GROVE** SURGERY

### for your condition Get the right help



Things to consider before you pick up the phone

## ivy.gs/help

Tel: 01773 514130

## What is this leaflet is about?

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

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

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

# Is your life potentially in danger?

# Ring ► 999 if you have these conditions:

- Severe breathlessness Anaphylactic shock Severe burns Severe bleeding
- Suspected heart attack Choking
- Drowning incident
- Uncontrollable fits
- Deep lacerations Hypo (low sugar)
  - Hypothermia

Suspected meningitis

- Suspected stroke
- Unconscious
- Looking very poorly or condition significantly deteriorating

# Where is the contact information?

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

ivy.gs/contacts or check your symptoms at ivy.gs/symptoms

### Go straight to a major ► A+E if you have: Have you got a medical emergency?

- 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
- Eye problems
- Foreign bodies in skin Cuts and grazes 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
- Emergency contraception
- Headaches

Hayfever

Headlice

- Indigestion
- Irritable bowel Mouth ulcers
- Nasal congestion Piles
- Runny nose Scables
- Sinus problems Sore throat Styes Sleep problems
- Teething troubles Urine infections Threadworms
- Viral infections

Verrucas

Thrush

Can you look after yourself?

# These conditions respond to self-care:

 Coughs and colds Łarache • Fu Diarrhoea

- Hangover Minor grazes
- Viral illness
- Sore throat

Sunburn

# Do you need to see a district nurse?

# District nurses see the housebound 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:
- Benefits help Abuse concerns Aids for the home 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:

- Back, neck & joint pain Alcohol abuse Citizens advice Mild to moderate anxiety
- Continence issues Counselling
- Mild-moderate depression Genito-urinary (GUM/STD)

 Family planning Drug abuse

Mobility aids

Physio/OT

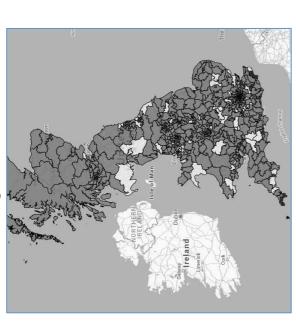
- Podiatry (foot) care
- Social services

Stop smoking advice

# Do you need a telephone appointment?

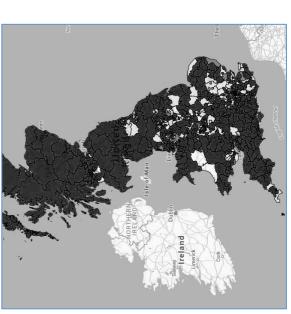
- These can be dealt with by telephone:
- Simple urine infections Conjunctivitis
- Medication advice Discussing results Ungoing sick notes Viral illnesses
- Minor illness Certain reviews

# 5. Number of Long-Term Vacancies



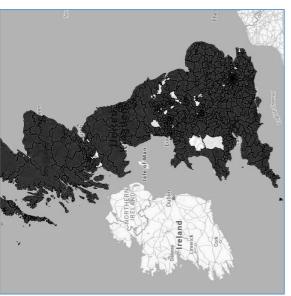
Darker colours indicate high long-term vacancy rate

## 6. Locum Cover Difficulty



Darker colours indicate frequent locum cover problems

## 7. Level of Demand



Darker colours indicate more demand

# 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 <a href="mailto:bma.org.uk">bma.org.uk</a> and see the picture for yourself at <a href="mailto:heatmaps.bma.org.uk">heatmaps.bma.org.uk</a>. To get the right help for your condition, visit our single landing page at: <a href="mailto:ivy.gs/help">ivy.gs/help</a>.

Written by Dr M. Wong - March 2017 v1.02 B+W

### 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**

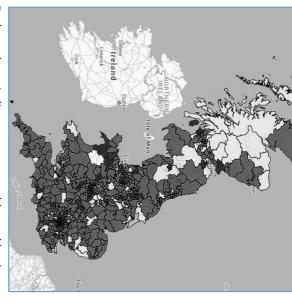
In one of the biggest surveys of General Practice, in December 2015, the BMA asked GP Practices all over the country some topical questions on their services. Over 3,000 practices responded. It's safe to say that the results are representative of what is happening in General Practice at the moment and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

# Practices were asked on Key Issues...

- 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?

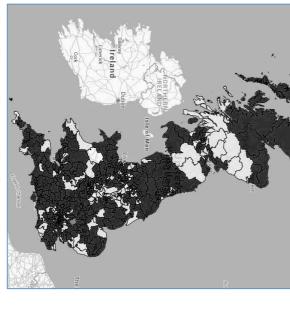
With permission, we reproduce the results of the survey here, with blue indicating a more positive response and red a negative one, along with what those colours actually mean for each image. The results are striking.

## 1. Current Workload



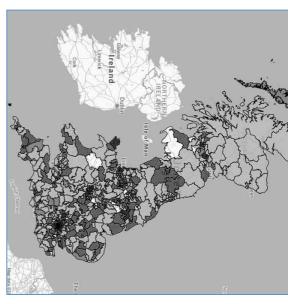
Darker colours indicate unmanageable workload

## 2. Quality of Service



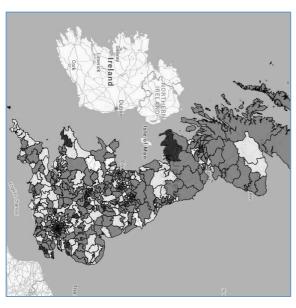
Darker colours indicate quality of service deteriorated

## 3. Financial Viability



Darker colours indicate financially unsustainable areas

### GPs Leaving



Darker colours indicate more GPs leaving UK 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.

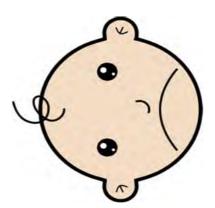
# How do I get more advice or help?

When should I worry? booklet: bit.ly/lK0A5mk
How to tell if a child is seriously ill: bit.ly/lNsfsn8
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

King /// Illinediately	Royal Derby Hospital now	and/or appointment	for advice if concerned
Ring 000 immediately	Take child to Children's A+E at	Ring GP same day for advice	Try self-care or ring
<b>←</b>	<del>(</del>	<del>(</del>	<del>(</del>
Delirious, confused, vacant or disorientated child	High-pitched, weak or continual crying	Appears to have ongoing pain, discomfort, or continued distress	Does not appear to be in any distress
Uncontrollable shivering or shaking with high temperature	Accidental poisoning with medication, chemicals, button batteries or plants	Condition getting worse as time goes on, or seems to be lasting long time	Maintains a steady improvement throughout condition/illness
If you think your child has meningitis	Severe abdominal pain	Losing weight and doesn't regain it within 2-4 weeks	Responds well to temperature control, fluids and general care
Unconscious (won't wake up) and/or not breathing	Repeated vomiting with or without bile-stained (green) vomit	Persistent temperature, but no other signs of possible infection	If you think your child has a simple cold or viral infection
Really struggling to breathe (skin sucking in under ribcage or neck)	Breathless – fast breathing, panting, very wheezy, grunting or gasping	Cough for more than 3 weeks or family history of asthma	No problems breathing
Blotchy, mottled, purple-red rash that does not go with tumbler test	Colour change, going blue, pale, mottled or ashen	Pinkish rash that blanches (disappears with tumbler test)	No rashes and normal skin colour
Cannot swallow anything at all or is drooling excessively	Not passed water or no wet nappies for 12 hours	Not passing water as much or having fewer wet nappies	Passing urine normally or wet nappies as usual
Having a seizure or fit for the very first time, even if fully recovers	Drinking less than half usual amount or no drinks for more than 8 hours	Eating and drinking less than normal	Eating and drinking pretty much as normal or slightly reduced appetite
High temperature (warm body) but cold or discoloured hands or feet	Temperature more than 40°C	Temperature persistently more than 38°C, or doesn't drop with paracetamol	No temperature or mild temperature (less than 38°C)
Very listless, lethargic or drowsy child or becoming more agitated	No interest in anything at all, unresponsive to all social cues	Clingy, crying more, less alert	Still smiling, laughing, talkative, remains responsive to social cues
Flat, unresponsive, floppy infant or baby	Marked slowdown in activity	Not playing at all	May be less active, but still playing at times, or improves with paracetamol
You are extremely worried, or may have called health services several times already	Your instincts tell you your child is very poorly	Your child looks unwell and you are starting to get concerned	Your child looks a bit under the weather but overall seems all right
LIKELY SERIOUSLY ILL	LIKELY UNWELL	MAY BE UNWELL	PROBABLY WELL

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