

ISSUE

15.4

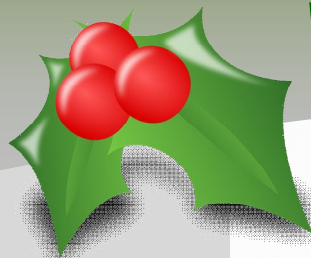
DECEMBER
2017

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.

Get the Right Help for your condition

We advise all patients to get the right help for their condition by following official NHS guidance.

AAA screening

We provide news on the Abdominal Aortic Aneurysm screening programmes.

Make the Most of your GP

Part 15 of our series of articles on making the most of GP services.

GP Referrals

A news snippet on plans to cut GP referrals to hospitals in order to save money.

Coffee Morning

We introduce you to a hopefully regular event at the surgery building to support local people.

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

NHS Guidance: Get the Right Help P.1

AAA screening / Make the Most P.2

GP Referrals / News Snippets P.3

Past Newsletters / Coffee Morning P.4

Official NHS guidance: Please Get the Right Help!

Hopefully you will have seen some of the information that we have been distributing about seeking appropriate NHS care. At our flu clinic recently, we handed out thousands of our 'Get the right help for your condition' leaflets and our waiting room display shows a matching information video.

It will be apparent to many of our patients that there is a wait for an appointment at the practice. You may or may not know, but this is a national problem affecting thousands of practices all around the country. Years of chronic underfunding, increasing workload and demand and burdensome over-regulation have decimated the General Practice service, as doctors retire early, quit medicine altogether or emigrate. Despite national schemes to improve recruitment, these doctors are not being replaced by fresh new GPs joining the service.

After years of promoting open and unrestricted access to reducing numbers of GPs, and thereby worsening the problem, the government and NHS leaders have finally recognised that there is a crisis, and are now eventually coming round to offering solutions. A significant part of these changes involve a brand new emphasis on patient education. This is official NHS guidance, to empower patients to see the right person at the right time for their condition and to encourage self-care and self-help wherever possible.

At Ivy Grove Surgery, we have always encouraged and supported patient education, through our longstanding newsletter, our comprehensive website with symptom checker and help pages, and our extensive range of patient information leaflets, all developed and written in-house by the clinicians here.

We understand the very natural reaction for most problems is to pick up the phone and book an appointment with the GP, however, every inappropriate consultation with us may be causing a person with genuine need to suffer. We are not putting you off from seeing us when appropriate, but we must support you to seek the right help. We do this to maintain safe care, not only for you but for other patients too.

**WE ARE FOLLOWING OFFICIAL
NHS GUIDANCE BY ASKING
YOU TO SEE THE RIGHT
PERSON AT THE RIGHT TIME**

For example, if you think you are having a heart attack or a stroke, booking an appointment with the doctor instead of ringing for a 999 ambulance would introduce unnecessary delays into your care, and increase the risk of harm to you. On the other hand, if you booked with us for a simple cold and sniffles, that would easily get better with self-care, you will have used up an appointment that may have been more appropriately taken by someone with say, pneumonia, who really does need our help.

You can self-care or self-refer for literally hundreds of conditions, *all without seeing a GP first*. In the coming months, we will be making changes to our systems to ensure that we continue to provide the best care for our patients, and this will now include encouraging self-care or advising you to see other more appropriate professionals where required.

Those interested in looking into the official guidance should search for *GP Forward View*, *10 High Impact Actions* and *Active Signposting*.



**ivy grove
surgery**



Make the Most of Your GP part 15

Ringling for results

If you are waiting for results of any recent tests, please telephone the surgery after 2.00pm.

Please bear in mind that reception staff are not medically qualified and are not allowed to give out specific information regarding test results, and they will only be able to inform you whether the doctor has seen the result, if it has been filed as 'normal' or 'no action', or if the doctor wishes to see you further to discuss your condition.

For confidentiality reasons, staff are not allowed to give results to anyone other than the patient.

Carers Clinics

We run a Carers Clinic at Ivy Grove Surgery on the second Wednesday of each month.

This service is there to support carers with their physical, mental and emotional wellbeing as well as obtain practical advice and information that may assist with your caring role.

The service is available to all who care for anyone over the age of 18 years. No referral form is required; if you think you would benefit from support just contact one of our receptionists to make an appointment.

This service is provided in conjunction with the Derbyshire Carers Association. For further information, please visit derbyshirecarers.co.uk.

Men urged to avoid 'Silent Killer'

Aortic Aneurysm Screening Programme

David Miller, AAA Screening Manager

Men are being urged to attend one of the newest NHS screening programmes. The Abdominal Aortic Aneurysm (AAA) Screening Programme is aimed solely at men who are aged 65 years and over.

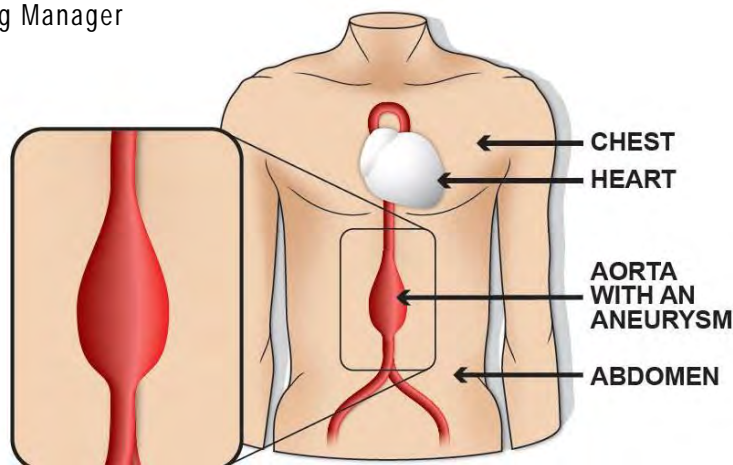
Men who are in their 65th year will automatically be invited to a screening clinic near to them, but those who are aged 66 and over can self-refer onto the Programme.

All that is involved is a free one-off, painless ten minute ultrasound scan of the abdomen with the results given at the end of the scan.

The aorta is the main blood vessel that supplies blood to your body. It runs from your heart down through your chest and abdomen.

In some people, as they get older, the wall of the aorta in the abdomen can become weak. It can then start to expand and form an abdominal aortic aneurysm (AAA). Large aneurysms can be serious. As the wall of the aorta stretches it becomes weaker and can burst (rupture) which can lead to death.

The condition is most common in men aged 65 and over, with around 1 in



70 men who are screened having an AAA.

Research has demonstrated that offering men ultrasound screening in their 65th year could reduce the rate of premature death from ruptured AAAs by up to half.

The programme is based at the Royal Derby Hospital but all clinics are community-based and we hold clinics at 31 locations throughout the whole of Derbyshire, mainly at GP practices, including Ivy Grove Surgery and other health centres.

Last year we invited 5,900 men in their 65th year of which on average 87% attended.

Men who are born prior to the 1st April 1947 and wishing to be screened can contact us **01332 789859** or email us at dhft.AAAScreening@nhs.net

This programme is commissioned by NHS

England and is delivered by Derby Teaching Hospitals NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust.

Clinical Director:
Mr John Quarmby;
Programme Manager:
David Miller



CHRISTMAS HOLIDAYS

We will be closed on Monday December 25th (Christmas Day), Tuesday December 26th (Boxing Day) and Monday January 1st (New Year's Day).

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

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

Check our website for latest news and updates or to order your prescription online (ivy.gs/online).

Follow our guide on
How to Get the Right Help

You should be hearing more about our push towards getting the right help for your condition, whether that means an appointment with us, asking you to self-care, advising you to self-refer to another professional or informing you to attend hospital. So how do you go about getting the right help for your condition? Well, you have several choices.

The best way to make sure you get the right help is to look on our website. The address of our website is ivy.gs.

On the front page of our website, you will find prominent orange links to our symptom checker and also our help page.

Check your symptoms



Using our symptom checker is really easy. Just enter your postcode to unlock the page, read the important information, then scroll down to your symptom. Next to the symptom is a link, click on it and you will get contact details, or information on what you can do, including links to patient information leaflets.

Get yourself the right help



Our help page is easy to navigate. Simply work through each question section until you find out who you need to see.

For your convenience, to save you manually having to scroll through looking for

what you need, both the symptom checker and help pages have a search function.

OUR PATIENT EDUCATION MATERIALS ARE HERE TO HELP YOU GET THE RIGHT CARE – PLEASE DON'T IGNORE

To help you reach our website pages easily, they all have simple web addresses, for example:
ivy.gs/symptoms
ivy.gs/help
ivy.gs/downloads
ivy.gs/numbers

Even if you don't have internet access, you can still get the right help you need by picking up our information leaflet from the reception desk.



NEWS SNIPPETS

Doctor Foster is not a real GP!

So you may have seen BBC's popular drama *Doctor Foster*, where the glamorous protagonist goes about trying to get her out of control life back on track, mostly without doing much actual work in her own surgery.

Of course, GPs are only human, and like others, they do go through divorces, have difficult relationships with their children, and get drunk, but, in general, GPs don't go about having sexual relationships with patients, conduct consultations in car parks or pressurise colleagues into breaching medical confidentiality, otherwise they might find themselves in front of the GMC. Needless to say, the show does not truly reflect the GP profession in general.

Surgery redecorated

You will have noticed that the surgery has been redecorated. We will continue our efforts in making the surgery a pleasant place for staff and patients.

GP funding still reducing

Despite news headlines of politicians proclaiming 'record funding for the NHS', a recent BMA report, analysing the NHS' own figures, shows that the government has fallen short of funding targets for General Practice by £3.7 billion, with the proportion of NHS funds spent on GP services falling from 9.6% a decade ago, down to 7.9% now. The research shows that funding is well short of the widely announced 11% target spend.

Practices are already having to cope with decades of under investment, and consequently are struggling to meet demand and to maintain high quality services. If you are worried about this, please write to your MP.

BMA thwarts NHS England plans to cut GP referrals to hospital



This year, NHS England requested that CCGs work with practices to implement GP Peer Review for Referrals.

This mandatory but unproven scheme was

intended to cut the number of GP referrals to hospitals in a bid to save money.

Despite intense workload pressures, GPs try to manage most problems within practice, but when they are unable to, they must refer for specialist advice and treatment. The decision to refer is part of a complex process of management, which includes regard for the patient as a whole, and NHS England's suggestion that all referrals be reviewed is an attack on the education,

competence, and professionalism of GPs, whilst also placing greater barriers between GPs and local specialist colleagues. Furthermore, there is only very limited evidence that such time-consuming schemes are of any benefit.

Due to overwhelming concern expressed by GPs, the BMA GPs committee issued a statement making it clear that practices are not contractually obliged to do this and called on NHS England to think again about its plans.

Following discussions, NHS England has confirmed that it has listened to doctors' concerns and therefore changed its position. It has made it clear that it is not expecting clinical peer review to apply to all practices or referrals nor will these plans be mandatory for all CCGs.



HOME VISITS REMINDER

Home visiting is an old-fashioned form of healthcare that provides a poorer quality of service overall when compared to surgery appointments. We offer better lighting, equipment and higher levels of hygiene in the surgery and would therefore encourage everybody to attend the surgery.

We can only visit the most vulnerable patients at home. This means those who are **terminally ill**, those who are **bedbound**, and **those who cannot be moved**.

Please note that being **housebound** does not prevent the use of transport, and any patient attending hospital appointments should always come to surgery.

A Blast from the Past – a look at previous newsletters

We look at some old issues of our longstanding newsletter – now 16 years old!



December 2011



July 2012



December 2013



April 2016

In our December 2011 issue, we covered the new Clinical Commissioning Groups (CCGs) that were being set up all round the country and the potential impact of the changes. In the same issue, the Citizens Advice Bureau wrote about Social Policy in their then regular article.

July 2012 saw some fundamental appointment system changes with increased capacity as well as the introduction of a new telephone appointment slot. This has been one of our most successful improvements in the appointments system, with patients appreciating the convenience and ease of being able to speak to their doctor for advice or information without having to come on or wait for a face-to-face appointment.

December 2013 saw us develop our new home visiting policy, which came about because the numbers of inappropriate home visits that we were doing on a daily basis were having a negative impact upon our other services. The system has worked well, and allowed the surgery to focus on education, training and improving services. We do however still need to remind patients that the home visiting service is only for the most vulnerable patients in genuine clinical need (please see information on immediate left).

April 2016 issue saw us mention our over 65s Open Day held at the surgery, where we invited many different agencies and companies to introduce themselves to our patients. This was an enjoyable event and leads us nicely to our new coffee morning sessions.

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**

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DE5 3TH
01773 514130

ivygrove.org.uk
ivy.gs/contact

Ivy Grove News

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

BIRTHDAY MONTH REVIEW

With immediate effect, we are implementing the first stage in our process of ensuring that patients with long term conditions only have to visit the surgery once a year, to have all their conditions reviewed at the same time. Not only will this be more convenient, but it will have the added bonus of freeing up some valuable appointment time for others.

Patients will now receive a single annual review date which will be the date of their birthday in the next year. Please book your long term condition review at some point during your birthday month – these are routine reviews, so you might need to wait for your appointment – as long as we do see you around then, the exact date of the review will not matter too much.

Church Farm Coffee Morning – December 14th 2017

Micheala, our care co-ordinator gives details of a social event at the surgery

The first Church Farm Coffee Morning will be held on Thursday 14th December between 10-12pm in Room 24 (Health Promotion Room) at Church Farm in Ripley.

Patients and carers are welcome to attend these drop-in sessions where tea, coffee and biscuits will be served.

Moving forward we are hoping to host the Coffee Morning on the second Thursday of each month and we are planning to arrange representatives from different services e.g. Amber Valley Community Voluntary Services, Derbyshire Carers association, Fire Service, Sight Support to name but a few.

We hope that this will become a "hub" for patients to come and find out information about the local area and the services and organisations that are available for them.

We are really excited and feel that this could be a brilliant opportunity to bring people together. Please do drop in if you can – we look forward to seeing you there.

A very Merry Christmas to all our Patients

We wish all our patients the very best for the festive season and all good wishes and health for the New Year. We hope that 2018 brings better news for General Practice. Keep well and enjoy yourselves!



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/online.

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/newsletter.

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.

SEPSIS

IS A RARE BUT SERIOUS COMPLICATION
OF AN INFECTION

**If your child has any of these symptoms
you should take immediate action:**

- Looks mottled, bluish or pale
- Is very lethargic or difficult to wake
- Feels abnormally cold to touch
- Is breathing very fast
- Has a rash that does not fade when you press it
- Has a fit or convulsion

Acting quickly could save your child's life. If your child has any of these symptoms, don't be afraid to go to [A&E immediately](#) or [call 999](#).

For more information visit nhs.uk/sepsis
or sepsistrust.org



THE UK
SEPSIS
TRUST



Public Health
England

SMOKEFREE

.....
86%
of children would
like adults to stop
smoking in the car
.....
But only
31%
feel like they can
ask them to stop
.....

3 million
children are exposed
to secondhand smoke
in the family car

Tobacco smoke
contains more than
4,000
chemicals, including
many toxins

Secondhand
smoke leads to
300,000
GP visits and approximately
9,500
hospital admissions
by children each year

80%
of secondhand
smoke is invisible

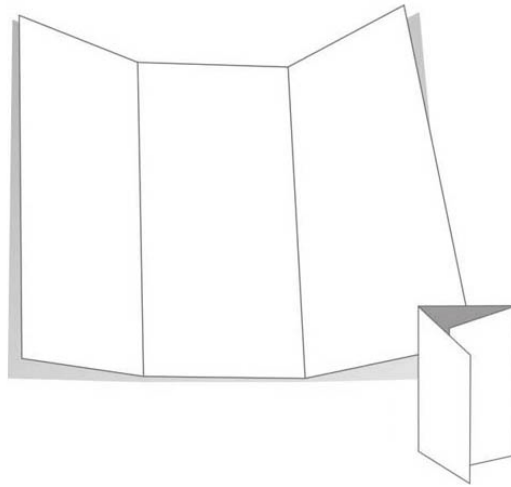
There is **NO**
safe level of
secondhand
smoke

Children are more vulnerable to secondhand smoke because they breathe more rapidly and have less developed airways, lungs and immune systems. Breathing in secondhand smoke can increase the risk of many serious conditions, including bronchitis, pneumonia and meningitis.

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 some 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 01 332 783111
Main switchboard 01 332 340131

Ripley Hospital

01 773 743456
(also for District Nurses/Health Visitors)

Minor Injuries Unit

01 773 571403

Local Pharmacies

Boots the Chemist, Surgery 01 773 743170
Boots the Chemist, Ripley 01 773 742376
Holmfild Chemist 01 773 742376
Hurst Chemist 01 773 744333
Manor Pharmacy 01 773 744900
Tambers Pharmacy 01 773 608405

District Nurse Liaison

01 332 258200

Local Dentists

Ripley Family Dental 01 773 743263
Nottingham Road Dental 01 773 742578
Amber Valley Dental 01 773 540648
Not registered with one? 111

Counselling Services

Let's Talk Wellbeing 01 15 956 0888
Insight Healthcare 0300 555 5582
Talking Mental Health 0300 1230542
Trent Psychological Therapy 01 332 265659

Physio Direct/OT (NHS)

01 335 230079

Citizens Advice

01 773 514130

Social Services

01 629 533190

More Contact Numbers

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

Alcohol and Drug Addiction

Addaction 01 773 744594
Alcoholics Anonymous 0845 769 7555
Derbyshire Alcohol Advice Service 0845 308 4010
Unity Mill, Belper (Alcohol and substance misuse) 01 773 829966
Derbyshire Community Alcohol Team 01 332 547900

Derby Mobility Services

01 773 513235

Derbyshire Carers Association

Direct contact 01 773 743355
Surgery appointment 01 773 514130

Family Planning Clinics

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

Genito-Urinary Medicine

(Sexual Health, William Donald clinic) 01 332 254681

NHS111 (advice)

111

Physio (Amber Valley)

Physio clinic, private) 01 773 514147

Podiatry (Ripley Hospital)

01 773 743456

Stop Smoking Service

0800 085 2299

Walk-in centres

Osmaston Road, Derby 01 332 224700
St Thomas Road, Derby 01 332 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

01 332 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)

01 332 345678

Safe Speak (counselling for 5 to 18 year olds) 0800 0935264

Samaritans

01 332 364444

Remember, you can find more help and contacts here:

Ivy Grove Surgery website ivy.gs
Our telephone number 01 773 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
- Top tips
- Download leaflets
- Online services

Where else can you go for some help?

► You can get help from these sources:

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

Do you need to see a nurse?

Our nurses deal with a range of conditions:

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

Who else can you contact directly?

► Care co-ordinator

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

► Citizens Advice Bureau

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

► Community matron

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

► Counsellor

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

► Health visitor

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

► Occupational therapist

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

► Physiotherapist

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

► School nurse

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

Written by Dr M. Wong © Sept 2017 v1.02

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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 up to 40% of consultations with the doctor are unnecessary. This may be because the doctor was not the best person to see, or the patient may have been able to self-care or even refer themselves to the right person without seeing the doctor first.

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

Given the current crisis in General Practice, appointments are in very short supply. Our other leaflets give a full explanation, but in summary, there are issues with fewer GPs, lack of resources and rising workload. Our limited appointments should only be used for those who truly need to us. Please help us to help you by first asking yourself, you do actually need to see us or can you get the right help elsewhere?

PLEASE NOTE: In this leaflet ► means you can get in touch directly without going through the 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 ivy.gs/help, get contact numbers at ivy.gs/contacts or check your symptoms at ivy.gs/symptoms.

Have you got a medical emergency?

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

- Severe abdominal pain
- 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

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.

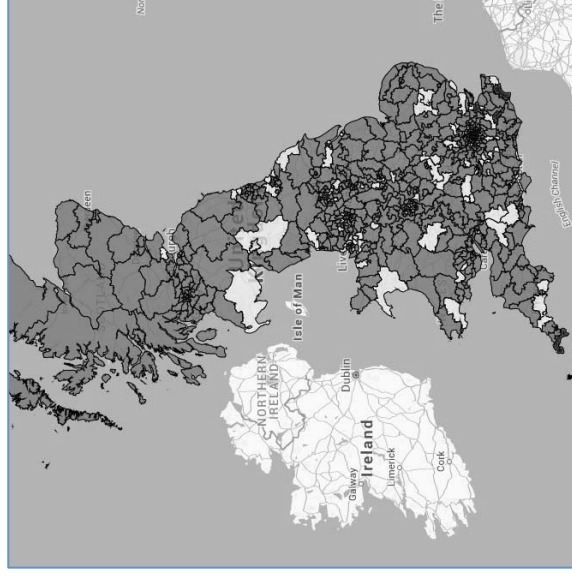
That's why you can't get in...

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?

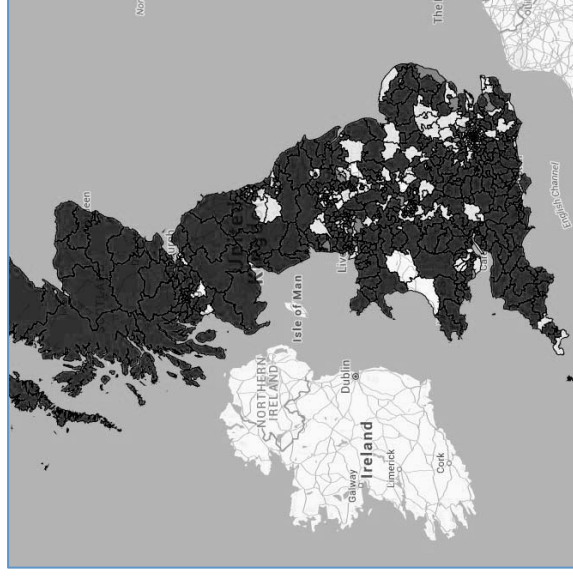
12-14 hour days are typical, with increased intensity and complexity; there is more admin, box-ticking, paperwork; more targets, scrutiny and inspections; this means less time to do the job well. Financial pressures mean businesses are more at risk. A typical day for a GP may involve: 35-60 face to face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



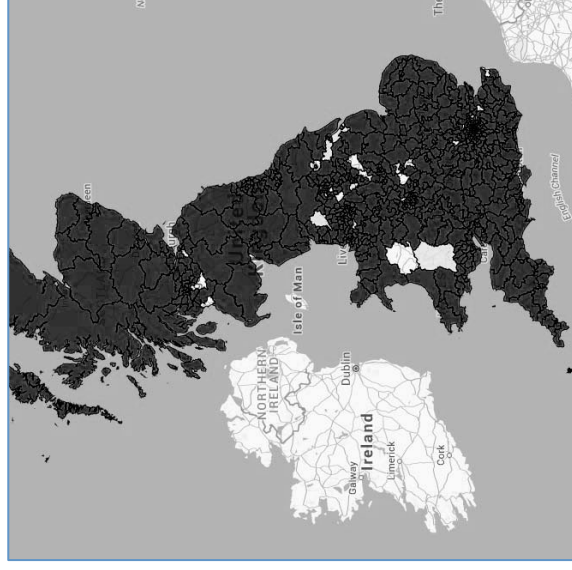
Darker colours indicate high long-term vacancy rate

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 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 - 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

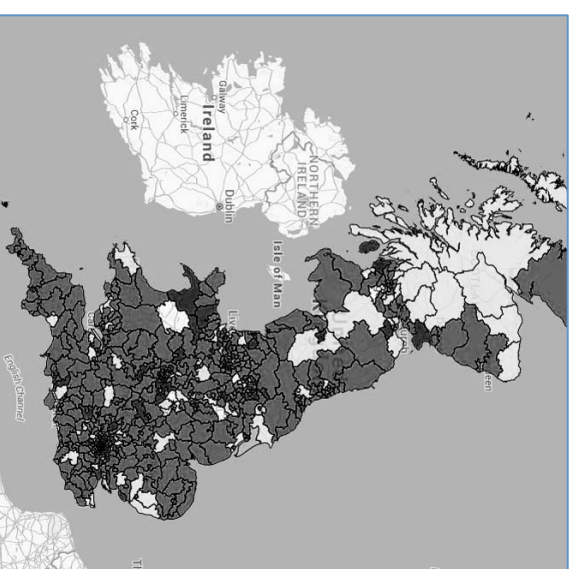
In one of the biggest surveys of General Practice, in December 2015, the BMA asked GP Practices all over the country some topical questions on their services. Over 3,000 practices responded. It's safe to say that the results are representative of what is happening in General Practice at the moment and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

Practices were asked on Key Issues...

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?

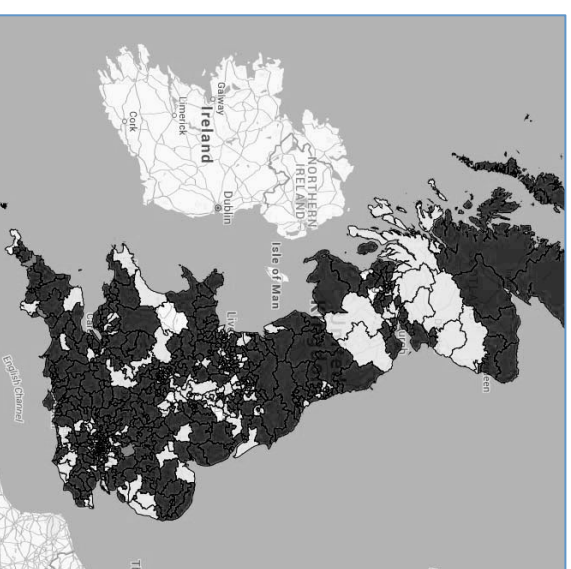
With permission, we reproduce the results of the survey here, with blue indicating a more positive response and red a negative one, along with what those colours actually mean for each image. The results are striking.

1. Current Workload



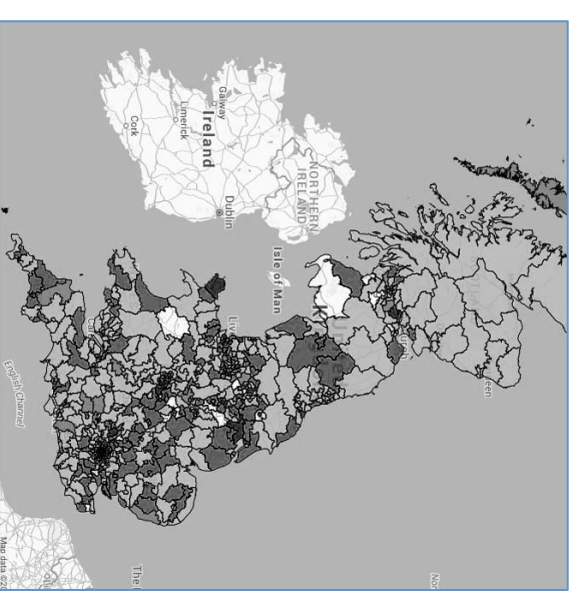
Darker colours indicate unmanageable workload

2. Quality of Service



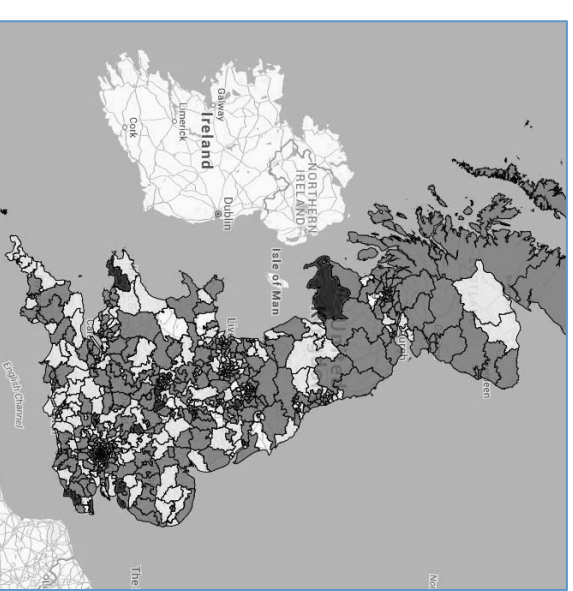
Darker colours indicate quality of service deteriorated

3. Financial Viability



Darker colours indicate financially unsustainable areas

4. 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.

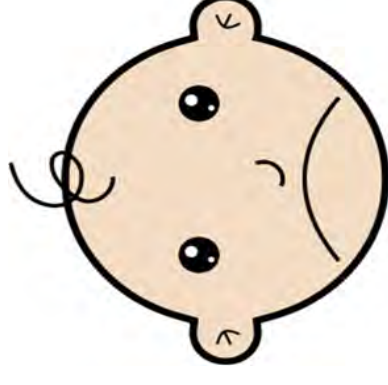
How do I get more advice or help?

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

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IVY GROVE SURGERY

How can I tell if my child is poorly?



An advice leaflet for
parents and carers

Tel: 01773 514130

PROBABLY WELL	MAY BE UNWELL	LIKELY UNWELL	LIKELY SERIOUSLY ILL
Your child looks a bit under the weather but overall seems all right	Your child looks unwell and you are starting to get concerned	Your instincts tell you your child is very poorly	You are extremely worried, or may have called health services several times already
May be less active, but still playing at times, or improves with paracetamol	Not playing at all	Marked slowdown in activity	Flat, unresponsive, floppy infant or baby
Still smiling, laughing, talkative, remains responsive to social cues	Clingy, crying more, less alert	No interest in anything at all, unresponsive to all social cues	Very listless, lethargic or drowsy child or becoming more agitated
No temperature or mild temperature (less than 38°C)	Temperature persistently more than 38°C, or doesn't drop with paracetamol	Temperature more than 40°C	High temperature (warm body) but cold or discoloured hands or feet
Eating and drinking pretty much as normal or slightly reduced appetite	Eating and drinking less than normal	Drinking less than half usual amount or no drinks for more than 8 hours	Having a seizure or fit for the very first time, even if fully recovers
Passing urine normally or wet nappies as usual	Not passing water as much or having fewer wet nappies	Not passed water or no wet nappies for 12 hours	Cannot swallow anything at all or is drooling excessively
No rashes and normal skin colour	Pinkish rash that blanches (disappears with tumbler test)	Colour change, going blue, pale, mottled or ashen	Blotchy, mottled, purple-red rash that does not go with tumbler test
No problems breathing	Cough for more than 3 weeks or family history of asthma	Breathless – fast breathing, panting, very wheezy, grunting or gasping	Really struggling to breathe (skin sucking in under ribcage or neck)
If you think your child has a simple cold or viral infection	Persistent temperature, but no other signs of possible infection	Repeated vomiting with or without bile-stained (green) vomit	Unconscious (won't wake up) and/or not breathing
Responds well to temperature control, fluids and general care	Losing weight and doesn't regain it within 2-4 weeks	Severe abdominal pain	If you think your child has meningitis
Maintains a steady improvement throughout condition/illness	Condition getting worse as time goes on, or seems to be lasting long time	Accidental poisoning with medication, chemicals, button batteries or plants	Uncontrollable shivering or shaking with high temperature
Does not appear to be in any distress	Appears to have ongoing pain, discomfort, or continued distress	High-pitched, weak or continual crying	Delirious, confused, vacant or disorientated child
<div> <div>↓</div> <div>↓</div> <div>↓</div> <div>↓</div> </div>			
Try self-care or ring for advice if concerned	Ring GP same day for advice and/or appointment	Take child to Children's A+E at Royal Derby Hospital now	Ring 999 immediately

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