



Welcome to our spring newsletter.

The NHS has continued to make national headlines during the winter months, some of which have affected us, but we have continued to respond locally to your needs, providing the appropriate service, at the appropriate time, in the appropriate way.

This edition of our newsletter sees the launch of our campaign to collect details of patients who are carers and support Norfolk County Council's aim to develop their register of local carers. We reflect on some challenges since the turn of the year and look forward to spring and summer with advice on the self-management of hay fever. We explain a little more about a medical term, sepsis, that is sadly heard more often now, and Dr Palframan talks about PPI's (and there is no mention of insurance). Enjoy the read!

Calling all Carers

Are you a carer looking after a relative, friend or a neighbour?

If so, then we would like to know. This is valuable information that we would like to hold in your medical record. It is useful to know this for several reasons. For example, if you become unwell and we have recorded that you are a carer, we would look to see how your own illness may affect the care and support you provide to someone else.



Caring for someone can also have an effect on a carer's own health and again knowing that you care for someone allows us to consider this when supporting you with your own well-being.

Any of our doctors, nurses or reception team can add a simple reference to your medical record that allows us to see at a glance whether you are a carer, so when you are next in touch, please let us know. You could E Mail this information to mail.heathgate@nhs.net

Norfolk County Council is also collecting information about the County's carers. They are encouraging carers to register their details and hold a Carer's Emergency Card. The card, held by the carer, provides details about the person for whom they care in case the carer is themselves caught up in an emergency. Having this information would mean that a call to the Norfolk County Council emergency care plan telephone number (which is on the card), would alert them that the person cared for may need additional help because of their regular carer's incapacity.

More details about the Carer's Emergency Card are available on the Norfolk County Council website or by calling 0344 800 8011. We have a link on our website too.

Reflections on the first few months of the year

For lots of reasons, the first four months of the year were a busy time in Practice. The NHS always sees an increased pressure during the winter months and whilst, again, we have seen TV and newspaper headlines about extended waits at hospitals and ambulance queues at accident and emergency departments, there has also been an unprecedented demand on our services this year, which we feel we have managed and responded to well.

Despite a high uptake of influenza vaccine in the autumn last year, we saw a number of patients who presented with flu like symptoms and many with long term respiratory conditions such as asthma and COPD, who were experiencing a deterioration in their condition.

During these busy months, to help increasing patient demand and expectation, we increased the number of appointments available each day for those patients who felt they had a clinical need to be seen that day and not wait for a routine booked appointment in the days or weeks ahead. In many of these cases patients did have a clinical need requiring attention but in a number of cases patients could have self-managed their need by using over the counter medications or by taking advice from local pharmacists.

The increased number of same day need appointments meant at times we were unable to offer as many other non-urgent bookable appointments as we had hoped and we recognise that some patients had to wait a little longer to see the GP of their choice. Thank you for working with us on this.

Our receptionists have continued to develop their skills in looking to signpost patients to the appropriate service or clinician, both in and out of the Practice. Also, by widening their conversations with patients, they have been able to direct patients to colleagues working in the community such as the midwife or health visitor. In most cases patients have supported this national programme of reception signposting, although some patients are still reluctant to explain their need. This is disappointing and, as we work with our front line team on continuing to develop their skills and patients recognise the benefit of being directed to the right person first time, we hope this reluctance changes.

The end of February also saw the challenge of the 'Beast from the East' and, like many of you, we found ourselves in extenuating circumstances. Our skeleton team worked hard to continue to provide our core services. On two of the days we were limited to only six staff so we took a decision, for the safety of the team and not to compromise our service at Poringland further, to close the surgery at Rockland St Mary. Again, most patients understood this decision and we apologised at the time to those who felt we let them down. Like the twenty three patients to whom they delivered medication, we were extremely grateful to the numerous volunteers in four by four vehicles, tractors and those on foot who kindly delivered medication to those who could not get to us. Thank you again!

Since January, we have also welcomed our new Nurse Practitioner, Ellen Sewell, to the team. She has been familiarising herself with her role and our patients after a move from Ipswich Hospital. Her A&E experience has been a valuable addition to the range of clinical services we provide. Also, as some of you know, Dr Tony Palframan was away from Practice for three weeks in February and March following an operation on his neck. Whilst he has returned to the Practice, this major surgery has seen him initially return on a phased basis and has meant that a number of his patients have seen a Norwich GP colleague Dr Alan Gall. We hope it is not too long before he makes a full recovery.

Medication matters – PPIs

Dr Palframan reports



No not payment protection insurance, but proton pump inhibitors, the group of drugs used for acid reflux and indigestion. These include omeprazole, rabeprazole and lansoprazole. You may recognise these names.

These drugs have been around for a while now and are very effective. When they were first introduced 30 years ago they were used to treat stomach ulcers, but during this time have been very effective at reducing acid in your stomach and are often taken continuously.

Like many drugs, the longer they are used the more we find out about them and recent research has shown that patients who take them regularly can, in some cases be at risk of stomach cancer. This risk is small but should not be ignored.

There are other risks too including osteoporosis, mineral and vitamin deficiency and increased likelihood of infection including food poisoning and clostridium (the hospital super bug).

So if you are taking a PPI, what should you do? The best advice to give you is to remember to chat to the doctor about this the next time you see them. They may agree a plan with you to reduce the dose, say from a 30mg tablet to a 15mg tablet, or even stop taking this. Please do not stop taking the drug you currently take until you have spoken to one of the team.

There is no urgency for this discussion and a routine appointment is the right time to discuss this matter.

Sepsis – I've heard of that!



This is a medical term that has become used more and more over the past few years and we thought we would share with you a little more information about it.

Sepsis can be triggered by an infection in any part of the body. The most common sites of infection leading to sepsis are the lungs, urinary tract, abdomen and pelvis.

Usually your immune system keeps an infection limited to one place and is known as a localised infection. Your body produces white blood cells which travel to the site of the infection to destroy the germs causing the infection. There are a series of processes that occur, such as tissue swelling, that help fight the infection and stop it spreading. This process is known as inflammation.

If your immune system is weak or an infection is severe, it can spread quickly through the blood into other parts of the body and this causes confusion for our immune system, causing it to go into overdrive and the inflammation mentioned above then affects the whole body.

This can cause more problems than the initial infection, as widespread inflammation can damage body tissue and interferes with blood flow. This interruption of blood flow leads to a dangerous drop in blood pressure, which stops oxygen reaching your vital organs.

To help you recognise the signs of sepsis, we have some patient information leaflets on this in our surgeries or a link available on our website. Be prepared and help prevent sepsis through your awareness of the early signs, which can be different in adults and children.

Focus on is our series of newsletter features on seasonal clinical matters or services and in this edition we explain a little more about treating hay fever at this time of year



With the hay fever season now upon us, many of you may find the need for relief of the symptoms associated with this condition.

Hay fever is caused by an allergy to pollen. Grass pollen is the most common cause and tends to affect people in the 'grass season' during June and July. However, the term is also often used when allergies are caused by other pollens such as tree pollens, which tend to affect people slightly earlier in the season, or weed pollens, which continue until early autumn.

Whilst symptoms can vary from person to person, the common ones include:

- a runny and itchy nose
- a blocked nose
- sneezing
- itchy and watery red eyes
- an itchy throat.

Hay fever can also affect people's asthma including a wheeze and more frequent episodes of breathlessness. Some people only have symptoms of their asthma during the hay fever season. The most commonly used hay fever treatment options are antihistamine nasal sprays or tablets and eye drops.

From 1st June this year, we will be following NHS national and local guidance on the self-management of hay fever and your first port of call for treatment should be a local pharmacy which will stock a range of treatments, which are

inexpensive and in most cases, less than the cost of an NHS prescription.

The NHS locally has identified a large saving in its growing spend on medication if patients buy these items over the counter of a pharmacy. This will allow a limited NHS drug budget to be used for patients with other life-long medication needs, where a prescription is required to obtain the drug.

Those patients who have had repeat prescriptions for the most frequently prescribed hay fever medications called loratadine and cetirizine will have these items removed from their repeat medication listings from 1st June.

Patients that have not had prescriptions from us before but contact us for hay fever relief will be directed by our front line team to a pharmacy. Only if the medicines available over the counter are not controlling symptoms after three or four weeks, then it may be that a prescription treatment is needed.

A few hints and tips to help manage this seasonal problem:

1. Keep windows and door closed when the pollen count is reported as high
2. Avoid large grassy places
3. Shower and wash your hair after being outdoors
4. Wear wraparound sunglasses
5. Keep car windows closed

Please bring your card

Are you exempt from prescription charges? If you have an exemption card or a pre-payment card, please remember to show this each time you collect a prescription.

