



Welcome to our latest newsletter! This edition includes a summary of the latest patient survey undertaken at the end of 2015, which saw some really interesting responses on how we should handle the increasing number of patients not arriving for their booked appointments.

There are articles on the latest national 'Be Clear on Cancer' campaign and we explain a prescribing change which will affect some patients.

Our clinical feature is on ear syringing. Our last newsletter highlighted changes we were considering with this procedure, which after consultation with our patient reference group, have now been introduced. Finally, we have received a specific enquiry from a patient about the Care Quality Commission inspections of GP Surgeries and so have included an article on this. Enjoy the read!

Clinical feature - Ear Syringing



There is nothing worse than not being able to hear properly and in many cases this happens because of a build-up of ear wax.

The ear canal is a small canal ending at the ear drum the sides of which are lined with skin and small glands which produce wax. The wax is important to waterproof and protect the skin of the canal. Usually our ears are self-cleaning and any excess wax works itself out. A build-up of wax can cause temporary loss of hearing.

In the past we have removed the build-up of wax through syringing (also known as ear irrigation). This involves using a small electronic pump which forces water into your ear to wash out the wax. However there is increasing consensus amongst health professionals that syringing wax from ears with water is traumatic and can often lead to other complications and distress for the patient. A recent survey suggests that four in ten patients experience other symptoms after syringing of their ears in GP surgeries, despite fully trained staff.

For this reason, we are encouraging an alternative to syringing, with patients using drops to both clear and maintain their ears of wax. For those who have not had syringing before, we have created a patient information leaflet explaining the type of drops to purchase and how they should be used. For patients that have had their ears syringed before, we are planning to see them for a final time and explain the new process after that. The leaflet is available on our website. Those patients who have persistent ear wax after using drops should see one of the clinical team to explore other means of removing wax, which may mean onward referral to a specialist team.

Patients with other hearing problems, an ear infection or discharge from their ear, should also arrange to see one of the clinical team.



Latest patient survey results

We are pleased to be able to share with you the results of our latest patient survey, which was created in conjunction with our Patient Reference Group.

This survey is separate to the regular Friends and Family questionnaire offered to patients all year round and was more specific to matters discussed at the Patient Reference Group meetings in 2015.

The survey took place over the two weeks leading up to Christmas and asked just four questions. We were very aware that there are a number of NHS surveys that patients are asked to complete and so our intention was to keep it 'short and simple'. Using the 'Send us a Christmas Card' theme, patients visiting the surgery were asked to complete a card with the four questions and send it back to us! This followed a similar exercise completed in the summer of 2014, when we asked patients to send us a holiday post card.

Three of the questions repeated those asked in 2014 and so we have been able to compare these results and the fourth was seeking specific views on how to handle the increasing number of patients that are not keeping their booked appointments. The responses to this question were fascinating! We had an overall response rate of 25%. Here is a summary of the results with the full report (including all the comments) available on our website.

<p><u>Obtaining urgent medical care when we are not open</u></p> <p>60% of respondents knew to consider calling 111 if they needed to contact a health care professional when we are closed. This is a 19% increase on the result in 2014. Increasing numbers also highlighted visiting their local pharmacist.</p>	<p><u>How soon to their appointment time patients were seen by our Doctors and Nurses</u></p> <p>The results suggested that there has been a slight increase in the length of time patients wait between their booked appointment time and when they are actually seen. In 2014 88% of patients were seen within 10 minutes of their booked time. This reduced to 72% in this latest survey.</p>
<p><u>How we should manage patients that do not arrive for their appointments</u></p> <p>26% of patients, the highest overall single themed response, suggested we send text reminders about appointments, with 16% suggesting we should fine patients (we can't) with 14% suggesting we send a strongly worded letter to those who fail to keep them.</p>	<p><u>Overall satisfaction with our service</u></p> <p>This is a very positive response. 96% of patients advised us they were fully satisfied with our service with the remaining 4% partially satisfied. Nobody was unsatisfied (last time the latter saw 6% unsatisfied).</p>

As a result of the survey we will continue to promote the NHS 111 service and aim to provide a service that people are satisfied with. We took on board the suggestion of sending text reminders for appointments and, where we have a mobile number, this now happens 24 hours before the booked appointment. Our GP's have shared best practices of how each of them aims to run on time. The full action plan is contained within the report available online. Thank you to all those who responded.

Medication changes affecting you



In previous issues we have highlighted changes that have been made to medication to help manage the financial pressures at the South Norfolk Clinical Commissioning Group.

Thank you for responding to the changes so positively. Where there have been specific concerns, hopefully our clinicians, managers and dispensers have been able to answer patients' questions.

During March, we will be making another change. This involves patients that are prescribed powder laxatives that are mixed with water and taken regularly to prevent constipation.

At the moment, we are prescribing various brands and a range of flavours, some of which are twice as expensive to the NHS as others that are available.

From March we plan to use one regular brand of laxative which has a citrus flavour and is used by a number of other Practices. This will mean both a less complicated process to follow in our dispensary and will help reduce the NHS spend on these items.

New faces

As a training Practice, we regularly host Doctors from local hospitals or other health care organisations, who are completing their Foundation Doctor training or those who, after their core training, have chosen to follow a career in General Practice.

We are pleased to welcome Dr Mariyam Aqeel and Dr Anna Ash to the team, who have been working respectively most recently in Public Health and the Norfolk and Norwich Univeristy Hospital.



Our Managing Partner was recently asked by a patient whether he could see a copy of the report the Care Quality Commission (CQC) had prepared following their inspection of our Practice. The patient had read press comment about some inspections that had taken place locally and in other parts of the Country.

He was also prompted by the posters and signage that is on display in our waiting areas about the inspections that are undertaken to ensure that the care we provide meets national standards and expectations.

At the moment the CQC has not inspected our Practice, but when they do we will look to demonstrate and evidence both the relationships we enjoy with our patients and the quality of care we provide.

A CQC inspection team will spend at least a day at the Practice, liaising with staff and talking to patients about our services. They will be looking to see that we provide those services in a safe, effective and caring way and that we are responsive to people's needs and that we are well managed.

Much like with schools and their OFSTED inspections, we will receive a report on their observations and a final grading on our services that we will share with patients and staff.

We will be welcoming the CQC to our Practice as we have lots of good things to show them and plan to seek their advice and support on other areas of Primary Care they will have seen elsewhere.



Long term conditions are health conditions that last a year or longer, impact on a person's life and may require ongoing support.

'Blood in pee'

The Practice is keen to support this latest joint NHS and Cancer Research UK campaign running between 15th February and 31st March. You may have seen the TV adverts or newspaper articles already.

Be Clear on Cancer aims to achieve earlier diagnosis of cancer by raising awareness of signs and symptoms of the disease and encourages people to seek clinical advice sooner rather than later.

This latest campaign follows those in 2013 and 2014, which both saw increases in the number of patients that arranged to see their GP regarding their symptoms.

If you notice blood in your urine the chances are that this is nothing serious, but you should get it checked out. Some symptoms may be caused by an infection or bladder or kidney stones, all of which may need treatment.

Blood in your urine could also be a sign of bladder cancer and that is why it is important to see the Doctor.

At the appointment the Doctor will ask about your symptoms, family history and other things about your health and may carry out a physical examination.

You are likely to be asked to provide a urine sample for testing and possibly referred to the hospital for further tests.

You can find out more about the current campaign by visiting www.nhs.uk and searching for be clear on cancer.

They can become more prevalent with age and recent research by NHS Scotland has shown that people with long term conditions are twice as likely to be admitted to hospital, will stay in hospital longer and account for over 60% of hospital bed use compared to other patients.

Patients with asthma, COPD, diabetes, atrial fibrillation, a heart condition and those who have had a stroke are all considered to have a long term condition and we keep a register of these patients at the Practice.

These patients are reviewed regularly to help manage their condition and we look to see them at different intervals during the year. Whilst following a new diagnosis, or an event leading to inclusion on one of the registers, we may see them more frequently, on the whole we aim to see these patients at least once a year.

In a number of cases, the face to face review with one of our nurses or doctors may take place after a series of routine blood tests which are discussed at the review. For diabetic patients, as well as blood tests ahead of the annual review, we also look to undertake a 6 monthly blood test and invite patients for annual eye and foot screening.

Our 'passports to health' are used to prompt patients to book appointments for their reviews but there is an expectation that patients are aware when their reviews are due and should contact us to make the necessary appointments. Only if the reviews fall overdue we will contact you. If you would like to check when your next review is due, please contact us.