PULBOROUGH PATIENT LINK

NEWSLETTER NUMBER 32 SPRING '16

This issue includes articles on:

Fire Prevention

Q & A on Patients' Records

Pacesetter and PMG Updates

Breast Cancer

Community Care Assoc

PULBOROUGH PATIENT LINK AND YOUR MEDICAL GROUP WORKING TOGETHER TO GIVE YOU THE BEST POSSIBLE CARE

Pulborough Patient Link invites you to a Public Meeting in Pulborough Village Hall on

Monday 7 March

when

Tilly Spurr

Researcher in Performance Nutrition,
University of Chichester

will give a talk entitled

What Every Patient Needs to Know about

Food, Glorious Food

Talk 7.00 – approx. 8.30 pm
Refreshments and Raffle Draw

CHAIRMAN'S LETTER

The involvement of patients with the Pulborough Patient Link continues to grow and this helps our interface with the Pulborough Medical Group. The content of this Newsletter illustrates two recent examples.

You may recall that many patients, of which you may have been one, raised the issue of the handling and confidentiality of patient records at PMG. In response to our request, we received many questions on issues that you believed needed more clarification. When these were put to PMG, they responded excellently and put together clear and comprehensive answers which are printed in this Newsletter.

We also asked what topics should be covered at our Public Meetings in 2016. There were many replies, but there was a clear favourite – guidance on a sensible diet. Thus, as you will see, our Public Meeting on 7th March will be on this subject.

Thank you for this involvement with PPL. I was, therefore, somewhat curious to see a recent report (from the King's Fund) that people over 65 were reluctant to complain about health matters. That age group was worried that medical staff would mark them down for complaining. I do recall that my parents were firmly of that opinion. We were delighted to be reassured by PMG at a recent meeting that they did not believe this to be the case at the Pulborough surgery. However, do remember that any matter a patient may raise with PPL will be raised with PMG only on an anonymous basis.

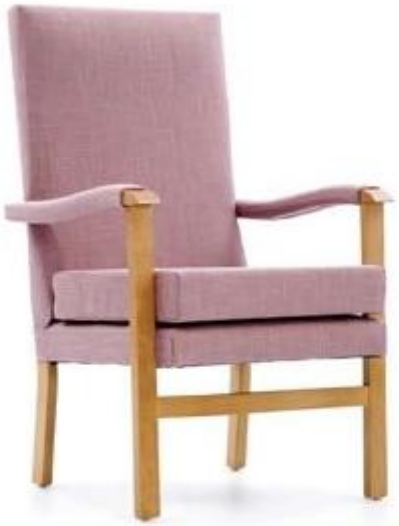
Finally, it seems that every day there are headlines in the press about the NHS. Each paper seems to put its own emphasis on what is going on, and I worry that we are rarely told the full story (perhaps we wouldn't have time to read it if we were). What we know is that the surgery in Pulborough is very busy and doing excellently at keeping the show on the road. All we as patients can do (as well as

not being ill!) is to try to help PMG run things more efficiently and, thus, save them time – both individually and collectively through PPL. Please share with us any suggestions you might have.

David McGill

NEW WAITING ROOM CHAIRS

Thanks to our members' subscriptions, we have been able to supply 2 new chairs for the waiting room at PMG. We know these will benefit some of our less agile patients, particularly if they have to wait a little longer than usual for their appointment.



As can been seen from the picture, the new chairs are wider, but more importantly are not only higher but have arms, making it so much easier to stand up.

The current chairs are suitable for the majority of the patients, but there are those for whom the new ones will make all the difference to a visit to the surgery.

These are 'made to order', but should appear in the Waiting Room very soon. It is hoped that, as chairs need to be replaced, it will be possible to introduce at least a couple more.

Editor

A BLANKET RESPONSE

So who has an elderly electric blanket? This question was behind an advert I saw last summer asking people to take their electric blankets to be tested by West Sussex Fire and Rescue Service. Thus, one day in October, I was sitting in the Fire Station in Billingshurst clutching 2 rather ancient electric blankets. Both were tested and I was not really surprised to hear that they were not safe to use and, after consulting me, both of their power cables were cut to make them unusable. I was a bit gloomy about this, of course, as I could see that I should have to get a new blanket before winter arrived. I was told about smoke alarms in our house and various other things regarding safety in the home, also mentioning that one of their staff could visit us and advise how to make our home safer. This is free of charge and includes fixing smoke alarms where needed so I accepted the offer. At the very least it took my mind off thinking of the expense of buying a new electric blanket!

Mark, a Community Fire Safety Officer with West Sussex Fire & Rescue Service, came to look round the house and give us his advice. To our utter amazement he dealt not only with smoke alarms but with every aspect of reducing our risks at home.

Firstly, he said our gas boiler and gas stove could both develop faults and produce poisonous carbon monoxide gas which we cannot smell, but which a suitable detector would pick up and alert us to the hazard - available in DIY stores.

After visiting every room Mark installed new smoke alarms throughout the house, even in the workshop where he noticed many tins of paint which would produce a fine blaze if any of the electrical appliances in the workshop should happen to catch fire. The new alarms, as well as being free, have an astonishing battery with a 7-year life expectancy. I chuckled at the thought that this could be longer than my own life expectancy.

Most house fires start in the kitchen, not always from cooking but also in fridges or freezers, so a kitchen smoke alarm is essential.

Shutting the kitchen door at night will delay a kitchen fire reaching other parts of the house, while the loud alarm should awaken sleepers and give time to call the Fire Service.

As we are elderly and unsafe hurrying down stairs, we were advised that, if a fire occurs, we should immediately use the phone upstairs to call the brigade, push a blanket across the bottom of the bedroom door and open the window. This should delay smoke entering the bedroom until help arrives.

We were told about one of the fairly new benefits of having a Careline connection, available through West Sussex County Council. Mark explained that our smoke alarms could be linked, free of charge to the Fire Service, meaning they would know we had a fire and take immediate action, without our needing to press the Careline button. Invaluable if we did not hear one of our alarms go off. In case of other kinds of emergency, pressing the Careline button would link in the usual way to our chosen telephone connections. The service can be bought for around £4 per week. Mark suggested we should discuss – after he had left - having Careline as he did not wish to pressure us in any way, which we found very comfortable.

Mark then enquired if we had applied for Attendance Allowance and also suggested that we should consider applying for Carers' Allowance. (I thought these allowances, if awarded, could cover the cost of Careline - and maybe even our new electric blanket!)

He also suggested a visit from an Occupational Therapist to consider the installation of hand rails, and commented on our walk-in bath which has made showering so much safer. Finally we were advised to arrange regular sweeping of the chimney.

Such services must take a lot of time and money but not only that, we were treated with much respect and kindness. We were left feeling that we were already much safer than we had been and very grateful to West Sussex Fire and Rescue Service and to Community Fire Safety Officer Mark in particular. *Gwen Parr*

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QUESTIONS ON PATIENTS' RECORDS

1. ***Who legally owns a patient's records?*** PMG's understanding is the Secretary of State for Health (currently Rt Hon Jeremy Hunt).

2. ***Who has responsibility for ensuring the security and safety of a patient's records? What are the specific regulations both legal and Health Service?*** Alan Bolt, Managing Partner, is one of PMG's Caldicott Guardians and responsible for the security and safety of patient medical records within the Practice. Hard copy records are kept in the Archive Room which can only be accessed using a code; electronic records are held within the IT clinical programme – SystmOne - which can only be accessed using a Smart Card with a login and password. All staff sign a confidentiality protocol and follow the Practice Information Governance Policy. PMG follow legal and professional requirements for medical records as set out in Acts such as Data Protection, Public Records, Freedom of Information, Access to Health Records, NHS Codes of Practice for Records Management, Mental Capacity and the Health and Social Care Act of 2012. The latter shows how the Government regularly review and update legislation and led to the setting up of the Care Quality Commission. All offices have a red confidential bin for any patient data which is then shredded.

3. ***Are patients' records encrypted? To what level of encryption?*** PMG's clinical records are held within SystmOne at two off site locations (two system 'back-ups') in a secure, double encrypted format. There is a further level of encryption which clinicians can use within a patient's medical record by marking/using an appropriate code to make an

entry confidential with access given only to named staff. Anyone accessing medical records leaves an audit trail.

4. ***What plans are in place to allow patients on-line access to their records?*** In February PMG will be able to 'switch on' a view for patients registered for online SystmOne access to see the coded data in their medical records. 'Coded' means that the records available to be seen are the significant entries where a 'Read Code' has been added to highlight a diagnosis, treatment, etc. Also available will be Blood Test results, Vaccinations and Blood Pressure readings.
   This is patient access is being enabled in line with the Government's aim to provide patients with greater access to online services as set out in the 2015 GP contract for services.

5. ***Who is the responsible person at PMG for the handling of patient information?*** Alan Bolt, Managing Partner, and Dr Tim Fooks, Senior Partner, are Caldicott Guardians; PMG have a Practice Protocol for Information Governance, which all staff are made aware of in dealing with confidential patient information. Our Information Governance Protocol is annually audited to confirm that the Practice has correct processes and robust protocols in place to ensure that patient medical records are appropriately accessed. All staff are set up with a smart card by the Coastal West Sussex Clinical Commissioning Group Health Information Service Team at the start of their employment; the level of access to medical records is assessed for each staff member according to their role and the 'access' rights to patient records is encrypted in their smart card. The access granted for their role within the Practice is in line with NHS guidelines; any changes to access

rights for any member of staff have to be approved by the Practice Caldicott Guardians.

6. ***What safeguards are in place to ensure there is no "accidental" emailing of patients' records to inappropriate recipients?*** We do not email full patients' records. On occasions referrals to NHS secondary care providers may be emailed and a patient summary may be attached to accompany the emailed referral. This is only done via secure NHS email.

   Any request received for copies of patients' medical records is dealt with by the Administration Department who will only release copies of patients' medical records upon receipt of written consent from the patient to do so. Copies of records may be sent to solicitors, the police and the armed forces (but only with patient consent). Paper copies of records are sent by recorded delivery in post safe envelopes. A log is kept of all requests for medical information on patients received from other agencies, ie insurance companies, and any information released is only with written consent from the patient. Full copy records are never sent to insurance companies.

   The Information Commissioner has stated "The right of subject access is a key element of the fundamental right to the protection of personal data provided for under Article 8 of the EU Charter of Fundamental Rights which is conferred upon individuals. It is not designed to underpin the commercial processes of the life insurance industry. The Commissioner takes the view that the use of subject access rights to access medical records in this way is an abuse of those rights."

   In light of the ICO's comments, the BMA's advice is that Practices should not comply with Subject Access Requests for insurance purposes. To do so may put GPs themselves at

risk of breaching the Data Protection Act should they release information which is 'excessive'. Where any requests are received, these can be returned to the insurer on the basis that it would be inappropriate for the Practice to provide the patient's medical information in this way.

7. ***To what bodies can patients' records be transmitted without the knowledge, or approval, of patients?*** The DVLA can ask for a medical report, as can other NHS practices if required for urgent medical care.

   The GMC and BMA have given agreement that the DVLA no longer needs to provide the patient's written consent. This is in-line with GMC guidance on confidentiality (para 34 (b)), which states that "the doctors can accept assurance from an officer of a government agency that the patient has given consent. Therefore, as an officer of the Government, I offer my assurance that your patient has provided the department with their consent to disclose this information, sight of which is available on request".

   Similarly, PMG makes returns for seasonal flu, shingles and child immunisation data to the DoH; the data is not patient identifiable.

8. ***A number of patients have signed forms opting-out of allowing their records to be sent outside the surgery for any purpose other than their medical care. Are such opt-outs still in force? Can PMG confirm to opted-out individuals that their requests are being actioned and are still valid?*** Codes remain on a patient's file until further notice; opt-out forms are given out with all new patient registration packs; the completed forms are scanned onto the patient's record and this record is coded appropriately, prior to saving the record.

9. ***How will PMG communicate in future to patients about occasions when patients' records are to be sent to other medical authorities (or their agents)?*** We do not do this without consent, however a copy of the patient summary/relevant clinical letters may be attached to a patient referral to a secondary care provider. We will take implied consent for sharing appropriate parts of a patient's medical record for direct patient care.

10. ***What has happened to the care.data projec***t? GP-led Clinical Commissioning Groups in four areas of the country are to help develop the care.data programme as it moves into a 'pathfinder stage'. The programme will be rolled out in participating GP surgeries in the CCG areas of Leeds, Somerset, West Hampshire and Blackburn with Darwen. This will inform the next steps.

PACESETTER AT PMG

You may remember we said last year that PMG would be undertaking a series of interviews with the parents and carers of children and young people and with young people themselves. The aim was to find out how they access healthcare here with a view to looking at making some positive changes and achieving the PACESETTER Award.

We successfully gained this Award at a presentation on 19th November; we are pleased to share some of the things we have been doing to achieve it as well as some of the exciting projects to come.

First was in response to concerns about the role of non-clinical staff, e.g receptionists, in recognising serious symptoms and acting appropriately. They needed guidance on when 999 should be

called, whether to advise the duty doctor or to book a routine appointment.

I designed and implemented 2 training sessions for our non-clinical staff – with no doctors interfering - on a range of symptoms, looking at possible serious and non-serious presentations, the type of action that would be appropriate, and when to call for help and advice. This was brilliant fun as well as educational, especially for our new staff. We hope to expand further with additional training on communication skills and on raising concerns about vulnerable patients.

Secondly, we designed an entire microsite for our teenagers and young people that includes a short video starring Dr Webb about how to access the surgery, what to expect and do, and also answering some of their questions on what information can be shared about them. It is hoped more content will follow, including links to useful websites about sexual health, contraception and mental health resources locally. Please check it out at www.pmg4u.co.uk.

Lastly, our doctors can now use a validated template for assessing children under 5 with a fever. It links with helpful information leaflets for parents, and acts as a reminder on the wide range of normal observations in children at different ages. It will help us to make the best decisions on the most appropriate place of care for our children.

Lots more ideas were generated by this project, and future plans include a review of the way we do immunisation clinics, the waiting area and ways of highlighting families in need to ensure additional support and care.

Please feel free to let me know of any other ideas you may have or any feedback on our activities so far - and look out for our new plaque confirming our recent success. *Dr Nikki Tooley*

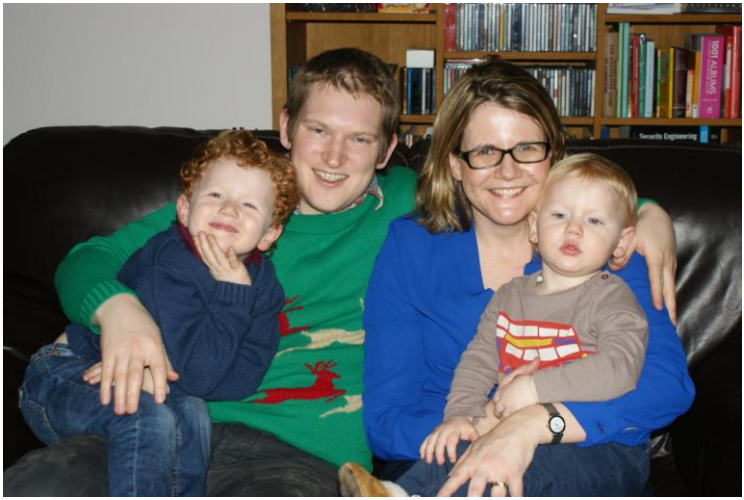
DR CAROLE CAMPBELL

Dr Campbell has been appointed a Partner at PMG and we wish her well in her new role. I am sure, as she has been with PMG for more than three years, many of you have met her already, but for those of you who have not, below is a Christmas family photo and a brief history written by her.

Editor

I am very excited to have recently become a partner at PMG. I have worked at the surgery as a salaried GP for over 3 years, having qualified as a GP 7 years ago. I work three days a week (Wednesday through to Friday). I went to Guy's and St Thomas' Medical School in London, and did my GP training in Maidstone, Kent.

I live in Billingshurst and am married with two young boys, Connor (aged 4) and Niall (aged 1). I am from Northern Ireland, and am lucky to have close family living in the local area. I enjoy running, and try to get out for a run once or twice a week. As a family, we enjoy going out on muddy walks, exploring the beautiful West Sussex countryside.



I am passionate about being a general practitioner. The job offers such variety, and it is a privilege to have the unique opportunity to get to know patients and their families over time. I value continuity of

care and hope that we can continue to provide excellent patient care at Pulborough.

I enjoy consulting across all the medical and surgical specialities, however, I am particularly interested in dermatology. I have undertaken extra training in this field and am experienced in using a dermatoscope, a device used for skin surface microscopy. This gives me more confidence in diagnosing both benign and malignant skin lesions. Dr Guy Mitchell (who is very experienced in skin surgery) and I provide support for the consultant-led Sussex Community Dermatology Service, which runs weekly NHS clinics at Pulborough.

BREAST CANCER

Despite very unfavourable weather all day, not only did Mark Kissin arrive early from the Royal Surrey Hospital in Guildford to talk to our Public Meeting last October, but some 80 or so also braved the fog to hear what he had to say about the current treatment of breast cancer. His talk was very informative, given in a very relaxed and often amusing manner.

He started by telling us that 'more is less and less is more' and went on to explain this somewhat ambiguous-sounding statement. Surgeons are now doing smaller operations, but in a more meaningful way. In other words, they will remove as little of the affected area as possible but leave a 'margin' of unaffected tissue – the way carpenters do when repairing rotten wood! Chemotherapy is also now able to be much more accurately targeted and for a shorter time so there are less unpleasant side-effects for the patient.

GPs have just 7 minutes to assess a patient and to make a quick decision whether to make a referral. Last year in the UK there were between 45-46,000 diagnosed with breast cancer, with those who had their children at a later age and who did not breast feed being more at risk. Family history also plays an important part.

He commented on reports from quangos, saying that, as with all such studies, it takes so long for the results to be published that they are already out of date which is obviously not helpful for the profession.

Mark, as he wished to be addressed, also said how difficult it is when the press make headlines out of, for example, Kylie Minogue announcing her diagnosis of breast cancer; this results in 'the worried well' being referred to clinics, meaning that it is difficult to focus on those who need the expertise. Under the age of 30, there is almost a zero chance of breast cancer and so anyone of this age is not referred. The youngest patient he has ever treated was 20, but he pointed out that 'they have to deal with the population rather than the individual' and at under 30 it is extremely rare for there to be a problem.

He also talked about the rules fixed by the Government for treatment:

a) a patient referred by the GP has to be seen in clinic within two weeks
b) from diagnosis, they have 31 days to start treatment, whether it be surgery or chemotherapy
c) from screening (the result of a mammogram) 62 days are allowed

A delay of more than three months would result in a law suit succeeding.

Mark went on to explain how every single case is unique and that treatment is, therefore, tailor-made for each patient. It is for this reason that no-one should compare their care with anyone else's.

He likened cancers to the London underground in that wherever it starts it can go in umpteen directions. He always 'believes the patient' as they know their body better than anyone, but a conclusion is reached in conjunction with an examination, both sitting and lying down, with listening to what the patient has to say, with a scan and with a biopsy.

Referring to mammograms, he explained why 5% are recalled for a further 'picture' to be taken. Each x-ray is read by two independent people; if their assessment agrees then the patient is sent the appropriate letter. If, however, they disagree, the mammogram will be studied by a third party and, from this, 5% are recalled – and this would be when 'the clock starts'. Mammograms are now digital which makes it much easier for information to be sent to, for example, your GP for her/him to refer you to a surgeon of her/his choice.

30% of these cancers are picked up through screening, although of the 2 million who are screened this is only 70% of those invited to attend. 18,000 cancers are detected in this way, with 80% being invasive and 23% resulting in mastectomy.

The latest guidelines from the Government are for those between 47 and 73 to be called for screening. However, if you have particular reason to wish for screening you can ask for an appointment, particularly if you are at the upper end of the scale as breast cancer occurs in the elderly also. Mark's oldest patient to have a mastectomy was 100 – and lived to be 107! Mammography is now 3D enabling more to be seen and 1 life is saved for every 256 screenings; 10% are genetic with 90%, therefore, not.

Family history is taken into account when deciding on follow-up frequency and treatment. Family history can predict the likelihood of an inherited genetic abnormality. Those women with this risk are called gene carriers and there is a higher than average prevalence of gene carriers in SE England. The genes in question allow the body to repair DNA faults, but in gene carriers the gene to repair

breast cancer changes does not work properly. Breast tissue is therefore more likely to form pockets of abnormal tissue where the cells' growth is unchecked and normal function is lost. This cell condition is known as cancer. If your mother was diagnosed with cancer, this makes you 'first degree' and would therefore suggest more frequent screening. The additional risk caused by also having a Mother's sister affected would make you 2nd degree and might suggest the additional use of tamoxifen or raloxifene.

To try to avoid breast cancer you should:

a) choose your parents!
b) avoid oestrogen
c) stay slim
d) not smoke
e) not drink too much
f) have children at an early age
g) breast feed
h) not go on HRT
i) avoid too much fat

Women opting to have a mastectomy will have made an informed choice based on the various risk factors that may be present. Factors which would be taken into consideration would be whether cells have already escaped, the likelihood of cancer returning, if there are multiple cancers, preventative and family history, big cancer in a small breast. Oncotype – diagnostic genetic profiling - of the cancer – not of the person – can help determine whether chemotherapy will work as it either works or it does not. Most people if told it gave them a 1 in 5 chance would take it, even though the side-effects of hair loss, sickness, etc. can be really very unpleasant.

Mark talked about the 'margin of safety' when undertaking surgery with, in his view, 1mm being too little. It is now possible, during an operation, to remove part of a lymph node and do a sentinel node biopsy, the result of which takes an hour. This enables the surgeon

to know if these glands need to be removed there and then so no second operation is required.
He also talked about a website called predict.nhs.uk which, when 10 or so answers are fed into it, gives a 10-year prediction of treatment – just surgery, drugs or chemotherapy.

Who receives chemotherapy? The under 35s, very big cancers, node positive cancers, fast-growing cancers (grade 3) and in order to shrink a cancer to operate.

Who gets hormone blocking tablets? Those who are ER positive and/or if family history indicates. Tamoxifen may be prescribed for 2 years, maybe 10 - or maybe even forever (this makes cells self-destruct and the benefits can be seen for years later).

Treatment is improving all of the time with new ways of attacking what is inside the cell. However, development of drugs is really high-tech and expensive. For example a four-week treatment programme of a pigmented skin cancer called melanoma costs £72,000. PMG currently has 481 patients in the Practice being treated for cancer.

Mark said that diseases are understood so much better these days, making it easier to combine compassion with expertise, and this is made easier by patients being willing to take part in research.

He concluded by expressing his sympathy to the junior doctors who, due to the European Work Directive (which we adhere to and others do not), don't get the continuity and experience that was possible previously. *Editor*

THE EXPERIENCE OF ONE OF MR KISSIN'S PATIENTS

I was in attendance at the marvellous talk from Mr. Kissin last November so I would like to tell you my personal story.

My little story is not about breast cancer but of a melanoma in the middle of my back. When my husband first noticed the unusual mole he said I should show it to the nurse practitioners at the Walk-in Centre where I was privileged to work. Of course, that is exactly what I did and was told that I should seek a doctor's opinion as she thought it looked suspicious. Sure enough the GP referred me to the Royal Surrey County Hospital in Guildford for investigations, and I received an out-patients' appointment extremely quickly.

The consultant confirmed once more that it did indeed look 'suspicious', and wasted no time whatsoever in taking a biopsy in that very first consultation. The results showed that the mole required a complete excision. I was lucky enough to be put under the medical care of Mr. Kissin and a date was set for the surgery.

I am so grateful to him and all of his wonderful team. I was one of the very lucky people to learn that the melanoma had not got too deeply into the layers of my skin, nor had it affected my lymph glands. From that moment on I saw the consultants every six months without fail to have a top to toe examination – that went on for 5 years. Last year I was finally discharged from their wonderful care and to date there is no sign of any returning problems.

I was a teenager in the 60s and, as we did not know any better, we let ourselves fry in the sun and, short of using 'cooking oil', anything greasy was applied to enhance that golden tan!

I just thank goodness that we are all educated now about the dangers of burning ourselves in the sun, and thankfully I notice that my own grandchildren come back from their holidays as white as when they went; they still enjoy the sunshine, but sensible parents ensure that they are adequately covered in a good strong sun screen.

We hear so many negative stories about the NHS, but I for one have such a lot to thank them for, and will always be grateful to those who looked after me during those 5 years.

jh

YOU CAN HELP PREVENT FIRE TRAGEDIES

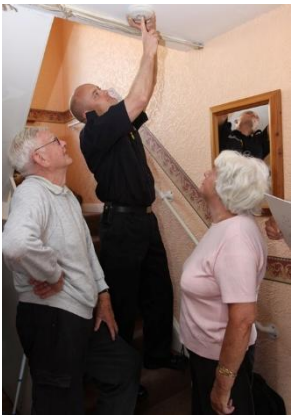
Firefighters are asking us all to help vulnerable residents live safely and independently in their homes by recommending a Home Safety Visit.

If someone has a fire in their home, their chances of survival depend on how quickly and safely they are able to get out. If they have reduced mobility, are disabled or perhaps have a long-term illness, the chances of being able to escape a fire are reduced.

Just being vigilant about fire risks, talking to people who might be vulnerable and asking the fire service to carry out a home safety visit can help prevent a tragedy.

Some signs that a vulnerable person may be at higher risk from fire:

- They don't have a working smoke alarm
- There is evidence of 'close calls' – burnt cooking utensils or appliances
- Smoking materials have been discarded carelessly, there are overflowing ashtrays, ash on floor, burns on clothes, carpets or furniture
- Hoarding of belongings, cluttered cooking area or blocked exits
- Overloaded sockets, worn wiring and old electrical appliances
- They use a Community Monitoring Alarm service like Careline or Lifeline



It isn't just fires that can be prevented. Carrying out a Home Safety Visit enables the fire service to refer people (with their consent) to partner agencies where they can access help and support for non-fire related welfare or safety concerns. This could be anything from advice on personal security, reducing the risk of trips and falls, help to give up smoking, dementia support, combating isolation, help to heat their home or spotting rogue traders or scammers.

If you're concerned about someone who may be at higher risk from fire why not ask about a Home Safety Visit?

Call 0845 872 9719
or visit
www.westsussex.gov.uk/fire

PULBOROUGH & DISTRICT COMMUNITY CARE ASSOCIATION

The Association began 50 years ago this year and offers or supports various services and activities (mainly provided and run by volunteers) for those in Pulborough and surrounding villages.

Pulborough Community Transport - for those unable to use public transport for local medical/hospital or dental appointments. A wheelchair accessible vehicle is available which can also be used for social outings. Reasonable charges apply for both services. Enquiries: 01798 875600 Mon-Fri 10-12. Emergencies and out-of-hours contact 872368.

The activities currently offered include the following, all of which are in Pulborough Village Hall unless otherwise stated and all contacts are local 01798 numbers.

Pulborough Lunch Club for those living in Pulborough, West Chiltington and Nutbourne: meeting on Wednesdays from 12-2: contact Ann Kaiser 872819 or Elaine Crossley 872929.

Pulborough Wednesday Club: after lunch club from 2-4 all year except August - take part in table games/other activities or watch, chat and relax over tea and cakes. Contact Rosemary Russell 873174, Liz Sollom 812573 or Gerald Batt 872388.

Pulborough First Tuesday Club: every month from 11-12.45, serving coffee and cakes. Bric-a-brac table, tombola and sale of re-cycled cards; also offering:
Falls Clinic with a qualified adviser - contact Janice Anstey 874523
Knitting corner - contact Gina Spain on 872497

Pulborough Sight Problems Group: third Tuesday of every month at Green Meadows, off Rivermead, from 9.45-11.30; share tips and advice. Visits to 4sight and other outings arranged using the Community Minibus. Contact Jean Seagrim 872540 or Helen Arbeid 813176

Pulborough Toe Nail Cutting: for those who cannot cut their own toe nails, but who have no underlying health problems such as diabetes or circulatory ailments. A qualified Chiropodist is available for toe-nail cutting by appointment every 12 weeks - a charge is made for this service. Contact Jean (as above) or Christine Wells 875291

Pulborough T'ai Chi: gentle exercises suitable for all ages every Monday (term time only) from 9-10: contact Jean

Pulborough Volunteer Visiting Scheme: volunteers trained to visit locals who live alone and who would welcome a friendly chat or to talk through concerns in complete confidence: contact Jane Allison on 07741 461868 or email **volunteervisiting@gmail.com**

We also work closely with the Pulborough Community Minibus and Pulborough Good Neighbours Scheme. For more general information, visit our website **www.pcclub.org.uk/pdcca** or contact me on 813039

Sheila Moore, Secretary

PMG UPDATE – JANUARY 2016

Alan Bolt writes: In November, Dr David Pullan left to go on sabbatical leave until March – during this period Dr Virginia Ponsford is covering all his clinics. We are delighted to announce that Dr Katie Armstrong has just started maternity leave and we wish her all the best; her clinics are being covered by Dr Victoria Beattie, who started in February as Katie's maternity locum. Dr Rosanna De Cata, one of our GP registrars, also went on maternity leave at the end of November.

Dr Luke Webb completed his GP training in November and is now working at a GP Practice in Bognor, while Dr Charlotte Mance continues her training, which she will complete in July this year. We are looking forward to having a first year GP trainee from April – July 2016 – Oghome Igbrude - and for the first time an FY2 trainee (Foundation Year trainee), Jennifer Forshaw, for the same period.

We have two new members of staff in our Administration Department – Amber Cox and Lisa Steele. We also have three new appointments in our Reception Team to replace staff who have left – they are Chloe Crawford, Louise Laker and Helen Lashwood.

In October 2015 we have introduced electronic prescribing in the Practice for patients on repeat medication. Currently we have 55% of patients listed with an allocated pharmacy; we would like to reach a target of 85% over the next quarter.

If you have not already done so, please register your nominated pharmacy with the Practice. We would also encourage patients to sign up for SystmOne online which allows repeat prescribing and online appointment booking for GPs – details of this service and the application form are available on our website – **www.pmgdocotors.co.uk**

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