



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

NEWSLETTER
NUMBER 31
AUTUMN '15

*This issue
includes
articles on:*

Avoiding
coughs, etc.

Benefits of
exercise

Depression

Electronic
prescription
service



**Pulborough Patient Link
invites you to a Public Meeting in
Pulborough Village Hall on
Monday 2 November**

when

Mr Mark Kissin

MA MB MChir FRCS

Consultant Breast and Melanoma Surgeon

Royal Surrey Hospital

will give a talk entitled

**What Every Patient Needs to Know
about
BREAST CANCER**

Doors Open 6.30

Talk 7.00 – approx. 8.30 pm

Refreshments and Raffle Draw

LETTER FROM THE CHAIRMAN

I hope everyone has enjoyed a healthy and pleasant summer.

This note is being written at the beginning of September and autumn is coming in. The Silly Season in our media is coming to an end after many weeks in which every day brings headlines on what will improve – and lengthen – our lives. In the last seven days, the headlines have declared that new drugs for arthritis, 20 minutes exercise a day and the avoidance of fizzy drinks will all do this.

Of course, the Pulborough version of the silly season seems to have centred on prescriptions. Telephone requests for prescriptions cannot be made to the surgery – but they can be made through Cordens. Whichever pharmacy we use, we are being asked to sign up for the ‘Electronic Prescription Service’. David Howells of Cordens has written about the service in this Newsletter. I would urge you to think a little of your own particular family requirements and remember that you don’t have to ‘sign up’. Given the past history of IT projects in the NHS, we also have to wonder whether it will work satisfactorily.

Now it’s time to get serious again. The financial problems facing the health service are mounting. We all realised that this would be the case and we have the Government, with their various policies, the country wanted. We must be very grateful in Pulborough to have such an excellent surgery as we have at PMG, but even they must be feeling under severe strain and working long hours. Our job in the PPL is to voice the concerns of patients and work with PMG to help constantly improve their processes; also to act as a pressure group to try to improve the procedures in the wider NHS.

Flu jabs are one excellent service provided by PMG and they will be offered again in October. Anyone who has suffered from flu (and I don’t mean man-flu!) never wants to catch it again. Please accept the invitation to have the tiny pin-prick involved. A member of the PPL Committee will be at the door to ensure that you are taken in

turn, so please take that opportunity of talking to us about any Practice issue that is concerning you – or anything under the wider NHS umbrella – that you would like us to champion on your behalf.

Finally, as you will already have seen, our next Public Meeting will be on Monday 2nd November and the subject will be breast cancer. It can affect men as well as women of all ages and sufferers need support. I look forward to seeing you at the Meeting.

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NOW WASH YOUR HANDS

Approximately 2,000 PMG patients were invited to take part in a study funded by the Medical Research Council which related to coughs, colds, etc., the results of which have recently been published.

Because most of the population catches coughs, colds, sore throats and other respiratory infections, the spread of these viruses in the general population results in widespread illness. It also causes pressure on NHS services during the winter months and this pressure is much worse in a pandemic flu year.

The PRIMIT study examined the real-world effectiveness of PRIMIT, a free-access, interactive, web-based programme which aimed to reduce the transmission of the viruses causing respiratory infections by encouraging more frequent handwashing. The programme has four weekly sessions which explain medical evidence, encourage users to learn simple techniques to avoid catching and passing on viruses, monitor handwashing behaviour and provide tailored feedback.

Across three winters from January 2011 to March 2013, in the midst of the season for flu and other respiratory infections, 20,066 patients aged 18 and older took part from 344 general practices across the UK. Volunteers were randomly assigned access to the PRIMIT website and participants were tracked for 16 weeks. Questionnaires were used to measure episodes of respiratory infections, duration of symptoms and to check whether other household members had a similar illness.

At 16 weeks 4,242 individuals (51%) in the PRIMIT group reported at least one respiratory infection compared with 5,135 (59%) in the control group – a 14% reduction in risk. There was a similar reduction in transmission of viruses to family members. The risk of catching a flu-like illness was about 20% lower in the PRIMIT group compared with the control group, as was the risk of getting a

gastrointestinal infection (diarrhoea or diarrhoea and vomiting). The need for primary care consultations and antibiotic prescriptions was also reduced by 10-15%.

Most UK households now have access to the internet and it has become a central source of health information in a pandemic, so PRIMIT could play an important role in reducing the spread of respiratory viruses (including flu). This could reduce the strain on the NHS, not just in a normal winter but also during a pandemic – and at very little cost to the health service.

This is a very important finding as this is the first study worldwide to show that hand-washing can reduce respiratory infections within the home – not only for the person who washes their hands but also for all the other family members.

It is vital that everyone understands the benefits to all if they are conscientious in their thorough hand-washing for food preparation and when germs are likely to be present, eg after using the toilet, when someone is coughing and sneezing or has flu.



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The image is a dark blue rectangular graphic. At the top, the company name 'Comyn & James' is written in a large, white, serif font. Below it, the tagline 'Town and Country Homes' is written in a smaller, white, sans-serif font. In the middle, the website URL 'www.comynandjames.co.uk' and the phone number '01798 888111' followed by the email address 'property@comynandjames.co.uk' are listed in a white, sans-serif font. At the bottom, there is a row of stylized white houses and trees on a red ground line. Below this row, the text 'West Sussex London West Sussex London West Sussex London' is written in a white, sans-serif font.

ELDERLY WHO EXERCISE 'LIVE FIVE YEARS LONGER'

Researchers say that regular exercise in old age has as powerful an effect on life expectancy as giving up smoking.

The analysis in Norway of 5,700 elderly men showed that those doing 3 hours of exercise a week lived around five years longer than the sedentary. The study – conducted by Oslo University Hospital – found that both light and vigorous exercise extended life expectancy.

Boost exercise:

Official advice in the UK recommends 150 minutes of moderate exercise per week in the over-65s. However, a trial tracking 68-77 year olds found that doing less than an hour a week of light exercise had no impact. Overall, those putting in the equivalent of six 30-minute sessions of any intensity were 40% less likely to have died during the 11-year study.

The report said 'Even when men were 73 years of age on average at start of follow-up, active persons had five years longer expected lifetime than the sedentary.' It added that physical activity was as **beneficial as smoking cessation** at reducing deaths, and suggested that public health strategies in elderly men should include efforts to increase physical activity in line with efforts to reduce smoking behaviour.

Too lazy:

The British Heart Foundation recently published a report warning that people are getting too little exercise, saying that 'regular physical activity, whatever your age, is beneficial for your heart health and ultimately can help you live longer, concluding:

'Our message is that every 10 minutes counts and that making simple, more active changes to your daily routine can set you on a path to improved heart health.'

Extract from a BBC News Health Report



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DEPRESSIVE ILLNESS - THE CURSE OF THE STRONG

This was the title of the Public Meeting talk given in July by Dr Tim Cantopher, Consultant at The Priory Hospital in Woking, whose field of interest is adult psychiatry, with particular emphasis on stress-related illness, depression and addictions. However, the majority of his talk related to depressive illness which, he explained, is a really serious **physical** illness and comes fifth in the list of major problems. One in seventeen of us will be affected at some point in our lives but, given treatment and life-style changes, it should not recur.

He started his talk by saying that he does not like Mondays, but that this feeling of depression is nothing like that experienced by those suffering from clinical depression. This illness is caused when a set of structures in the brain, called the limbic system, fail. He explained we have large emotional brains (unlike primates who, under pressure, fall asleep) and when we perceive an unsustainable environment many will try even harder to keep going. Eventually there won't be enough chemical in the limbic system and that's when our 'fuse blows' and we grind to a halt.

Symptoms of clinical depression are feeling low, particularly in the morning, plus loss of:

energy

sex drive

patience and

almost everything 'goes'

The limbic system also controls sleep and appetite which can result in the loss of both sleep and appetite, but also can be overactive in these areas. You don't need to have all of the symptoms to have the illness.

Lazy people do not 'blow a fuse'; it is those who are strong, reliable, diligent, a 'safe pair of hands', etc. who are susceptible, hence the title The Curse of the Strong. The vulnerable appear to be strong, but are sensitive and unhappy when criticised. A third of the way we are is due to genetics, with two-thirds our environment. Those

who try to keep going when the world turns hostile are those who suffer.

The first step to recovery is to 'turn the electricity off'. The last thing you need to be told is to 'pull yourself together'. For at least a few days 'don't struggle - and give yourself an undiluted diet of Ozzie soap operas, ie mental wallpaper, or read a tabloid newspaper but not a broadsheet. Try just to get through each day one at a time.'

Exercise is an anti-depressant, but you need to rest first. Despite some perceptions about anti-depressants they:

- are not addictive

- need to be continuous to be effective

- do not start working for at least 2 weeks - or maybe longer

- do not lose their efficacy – ie can be taken for a long time without the need to increase the dose

- must be taken for at least 5 or 6 months after you feel better

The disadvantages are:

- you still need to change your life-style

- they can cause vivid nightmares

- and they can cause sexual disfunction which is why many stop taking them earlier than they should

Anti-depressants act as first aid, buying time while you rest initially (although this does not mean going to bed, but keeping yourself entertained, while not doing anything that causes angst) and then, when starting to recover, beginning some exercise. The amount required by you will be dictated by your body. As you start to recover you will have good days, some not so good days and some really bad days. In the middle stage of your recovery there will be enormous fluctuation – and a bad day may be because you have done too much the day before. It is at this middle stage that suicide is the most likely.

Physically your body may feel like treacle, mentally your brain like porridge and socially you don't know what someone has been saying to you. Talking about exercise, Dr Cantopher mentioned what he calls 'the Hoover in the middle of the room'. If you feel like

doing something maybe do some cleaning for 5-10 minutes and then leave the Hoover there to come back to at some stage - but don't overdo it.

Clinical depression does not need to be recurrent – focus more on yourself and demand more of others and less of yourself, ie 'put less amperage through the fuse'!

Cognitive behavioural therapy (CBT) is challenging the way you think and the way you behave. Ask yourself three questions:

- 1) What do you want – give yourself a maximum of three answers?
- 2) What is it all for?
- 3) What is the plan in your life?

In response to a question, Dr Cantopher explained that adolescent depression is very different as it is hormonal and requires very different treatment – and he agreed that he would like this subject included in the curriculum in schools.

Books mentioned by Dr Cantopher as being helpful include:

Feeling Good – The New Mood Therapy by David Burns

Mind Over Mood by Dennis Greenberger

Mindfulness by Jon Kabat-Zinn

The Mindful Way Through by Mark Williams

and his own book which has the same title as this talk

Dr Cantopher's talk was much appreciated by some 80 people – our thanks to him for helping us all to try to have some understanding of what many have gone through.

Two of those attending the meeting have kindly agreed to write a short article on how both Dr Cantopher's talk and his book have helped them personally and these are reproduced overleaf.

Editor

My eye was caught by the title of the lecture to be held at Pulborough Village Hall.... 'Depressive Illness, the Curse of the Strong'.

For some years I had found Tim Cantopher's book extremely positive. The hall was full when we arrived – a friend of mine who had been suffering horribly came with me. Dr Cantopher's style was easy to listen to, empathetic and amusing.

The following are a few memories I have.... He emphasises the seriousness of deep depression and what agony it can be. Recommending being a scientist not a manager. Not setting fixed targets but being kind to oneself and truly realistic. Eg I MUST reply to 50 e-mails ... instead experiment... I might be able to reply to 50 but I will see how it goes ... if I can't NO problem.

Dr Cantopher recommended keeping one's goals simple. He said he had three – love and be loved, make some small difference in the area of his work, and to get a single figure golf handicap! He emphasised not beating yourself up. We all make mistakes ... some small, some very big, but it does not help one bit to think through them over and over.

Realising that a build-up of different pressures in a limited period of time can 'blow the fuse'. Being aware of this and taking steps to ease pressures is vital.

Question time was lively and there was an interesting discussion on how important it could be to have such lectures in schools. On a positive note, although my depressions have been very deep and painful for myself and others, the good times are even better ... when the Black Dog has slunk away. I continue to keep Dr Cantopher's thoughts and book to hand, however!

nd 27.8.15

I have endured depressive illness following on from traumatic bereavement and Post Traumatic Stress Disorder and it was isolating, hard to comprehend; leaving me feeling exposed and shamed.

I found it hard to accept that it had happened to me because I viewed myself as strong and it felt like weakness not to be able to cope. I believed that other people would see me as being pathetic or miserable. I fretted about others' expectations of me and what they were thinking.

A very good friend said, with the best of intentions to offer me a well-meaning compliment "We all thought that if anyone could cope with this it would be you. What hope is there for the rest of us if you can't handle it?" Unfortunately this increased the pressure because I felt like a failure; that I had let others down.

At Tim Cantopher's presentation I found it most helpful to have depressive illness explained as a physical illness so that I don't have to be 'at fault'. However he makes it clear that to prevent recurrence some life changes have to take place but I find this hard to do. He says not to beat ourselves up but one of the main challenges I have found is to find the balance between self-indulgence and 'getting my act together'. He suggests that we focus on how to keep ourselves well, to take it easier and to be more selfish! This just makes me wince with guilt, but he reckons that guilt is the doorway from depression to wellness and happiness!!

He also says that those suffering from depression treat themselves with a ferocity we wouldn't with others. He counsels "if you wouldn't say it to someone else don't say it to yourself". He was talking about the harsh judgement and self-criticism we use on ourselves when we clearly wouldn't use it on others.

I have been lucky to receive very good treatment but, in addition, what I'm trying to do since hearing Dr Cantopher's presentation and reading his book is be kinder to myself, to accept and forgive my mistakes and quiet that harsh critic within.

km 28.8.15

CONFIDENTIALITY OF OUR MEDICAL RECORDS – ARE YOU CONCERNED?

There have been a number of events in recent months that seem to be causing considerable unease. Perhaps the most prominent have been the ‘accidental’ e-mail that revealed all the patients at a particular clinic who were being treated for HIV and the improper provision of details from secure individual records to various commercial interests (for example by the Inland Revenue).

What concerns do **you** have about the security of your own medical records? PMG understand these worries and have asked us to collect all the questions patients have. They will then answer them in full. So please e-mail your questions/concerns to info@pulboroughpatientlink.org, phone David McGill 01798 875051 – or speak to any committee member (listed at back of Newsletter).

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DR GIBBON – NEVER A DULL MOMENT!

Recently Dr Gibbon agreed to come in to PMG for us to catch up with him since he retired.

Ed: It is good of you to come in specially, particularly as you had a long day here yesterday. How many sessions are you doing a week?

Dr G: I now work for Pallant Medical Chambers, having retired 5 years ago. I had reached retirement age and having worked for PMG and its predecessor in Lower Street it gives me the opportunity to carry on with the work I enjoy but with the flexibility to choose exactly when. I give my availability for each week - usually 4 sessions – which can be anywhere in West Sussex from Arundel to Ford Prison to PMG.

Ed: What made you choose medicine as your career?

Dr G: Involvement in medical related careers goes back 5 generations – my father was not a doctor, but other family members have been doctors or dentists.

Ed: And why a GP rather than a specialist?

Dr G: I enjoy being a generalist as there is so much more variety. We know a little about a lot rather than a lot about a little, but we usually also have a specialty, mine being mental health - I had thought at one time of becoming a psychiatrist - and also medical IT.

Ed: How many NHS re-organisations have you witnessed?

Dr G: Kenneth Clarke's was the first one – there've been so many they don't stop which we have to keep up with as it is like running any business. The Red Book (the doctors' Bible) used to be a reasonably manageable size but is now huge. The biggest difference for doctors now is the loss of personal responsibility 24/7.

Doctors originally lived locally so they could be on call in the evenings and at weekends; then when there were doctors working together they had to live within 5 miles of the Practice so partners could cover for each other. However, it has evolved that cover is now only required for weekday daylight hours. When I worked in Lower Street I was on duty every third weekend.

What is missing today is continuity, although there are benefits of the new system, these being, amongst others that there are far more female doctors as they are able to give us the benefit of their training whilst also having children.

Some of the other plusses of having larger Practices are the facilities available locally rather than having to go to Worthing or Chichester – such as clinics, ECGs, blood tests, etc.

Ed: How long have you been at PMG?

Dr G: I have worked locally for 30 years from 1980 – 2010, the majority in Lower Street, but was very much involved in the vision of PMG being where it is today.

Ed: What are your views on the CCGs?

Dr G: Somebody has to control how the budget is best spent – my view is that local GPs are probably very good at this, but my concern is that they are run by the keener GPs which is to an extent taking them out of the front line of practice. It is a poisoned chalice - impossible to run. Politicians have been very clever as GPs did not particularly want it as it is not the best use of 10 years' training in general practice, but it was forced upon them.

Ed: Would you go into medicine now - and if not why not?

Dr G: Certainly I would not change my career even though GPs are under severe pressure and, therefore, retiring younger. I am still enjoying the challenge, but sadly there are not enough trainees coming in, with candidates being chosen by computer not personally.

I trained in the army and, therefore, was tied in for 5 years, whereas doctors can train for 10 years and then can go and practice abroad.

Ed: We keep hearing about the often unnecessary use of antibiotics – how do you think this has come about?

Dr G: There is often pressure from patients to come out with a piece of paper – but there is the need for patients to understand whether their illness is caused by a virus or bacteria as antibiotics do not work on viral problems. Sometimes it is a case of trusting the patients to delay using a prescription to give the body time to heal itself.

The worry is that it is 30 years since a new antibiotic has been produced and therefore the efficacy is reduced.

Ed: Is there anything else you would like to mention?

Dr G: As a patient of PMG we are very lucky to have such a great team. When do I stop? We are the patients' advocates – and I love fighting for them. Currently I am seeing 36 patients in a day – but plan to cut this down to 30.

I also like looking after children and enjoy medicine more now as there is more independence, while working in a team. There is always the interest in general practice of not knowing what is coming through the door, but also appreciating when to hand over to a specialist.

Ed: Many thanks for giving us your time and thoughts.

Editor

WHAT SHOULD I KEEP IN MY FIRST AID KIT?

A well-stocked first aid kit should be locked and kept in a cool dry place, out of reach of children. A basic first-aid manual is also useful.

Plasters – various sizes and shapes

Sterile gauze dressings, small, medium and large

2 sterile eye dressings

Triangular bandage (with pictorial instruction for application)

Crepe rolled bandages – for strapping painful joints

Tubigrip bandages – 1m length sizes B & F

Safety pins

Disposable sterile gloves

Tweezers and/or tick removal device

Scissors

Gauze for cleaning wounds

Sticky tape (suggest micropore and/or fabric strapping tape)

Digital thermometer

Skin rash cream such as hydrocortisone or antihistamine cream

Spray to relieve insect bites and stings

Antiseptic cream or spray

Painkillers such as paracetamol (or infant paracetamol for children), or ibuprofen

Antihistamine tablets (non-sedating: cetirizine tablets 10mg or sedating: chlorpheniramine solution 2mg/5ml)

Sterile water for cleaning wounds and as an eye bath

List approved by PMG and Corden

THE ELECTRONIC PRESCRIPTION SERVICE

With the Electronic Prescription Service launching in Pulborough on October 7th just as this newsletter is issued I thought a brief insight as to what this means to you as a patient might be helpful.

With times changing, the NHS is rolling out a process whereby prescriptions will be transmitted between pharmacy and your doctors' surgery electronically. In essence, this means the aim is for the system to become 'paperless'. The prescription will be emailed to **your pharmacy of choice** rather than a paper copy being sent to your selected pharmacy. All pharmacies should now be asking their patients to nominate (i.e. select) their usual pharmacy as the one of choice. This means that all of your prescriptions will then go to this pharmacy. It is important that you - as the patient - know that it is **your choice** which pharmacy you opt to use. As the pharmacy manager at Cordens, Pulborough, I would hope that you would use the pharmacy so closely situated to the doctors' surgery.

With regards to placing a repeat request, nothing changes for you. It will still take three to five days for the surgery to issue and send the prescription to the pharmacy; please then allow a day for the pharmacy to process the prescription. The methods of request range from dropping the repeat request in the box, to requesting your prescriptions online (preferably via SystemOnline), or if needed a phone call can be made into the pharmacy here at Cordens (01798 872480).

EPS has been in action across East Sussex and nationally for some time now, and the general consensus from the patients, doctors and pharmacists is that it enables a smoother transition of the prescription, thus improving both the repeat process and patient waiting times. It allows for your acute medication to start being made up before you have even entered the pharmacy, as the doctor can send the script almost instantaneously. In addition, by being electronic, it should mean that a prescription cannot be mislaid; every step of the way is traceable by both the GP and the pharmacy

in order to obtain a solution - to get the patient their medication. If you go away within England and run out by accident, EPS allows for the prescription to be sent to another pharmacy as long as your pharmacy is notified, this will allow them to release the prescription on a one-off basis.

If you do not get regular medicines or do not use the same pharmacy each time, this system may not be suitable for you. Without nominating a pharmacy in any area, all prescriptions you receive will continue to be a printed version which will need to be collected from your surgery and taken to the pharmacy that is most convenient to you.

The important thing to remember is that nothing changes for you as the patient. Once consent has been granted to your current pharmacy then you will continue to collect and order your medication in the same way. The hope is that EPS will make it smoother and quicker for the patient.

Any questions? Please do not hesitate to contact the pharmacy where one of the staff will be happy to explain the new electronic system for you.

*David Howells, Pharmacy Manager – Corden Pharmacy
(part of the Kamsons group)*



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GRYPHON IN THE BALTIC

As I am sure you all know, Dr Fooks took a sabbatical earlier this year to sail a thirty eight and a half foot long yacht called 'Gryphon' from Helsinki to the Hamble. Although, by his own admission, he thoroughly enjoyed being away at sea for 3 months with family and friends, the journey he undertook was, for a yachtsman, a very special one, and he is very grateful to all who made it possible for him to take the time out to achieve it, and to his patient patients!

One of the sails used on the yacht is a 'cruising chute' which was designed by him using colours which have particular significance for him.

His blog is viewable at <https://gryphoninthebaltic.wordpress.com/> but reproduced below is his conclusion.

Editor

Gryphon has sailed 2500 nautical miles with myself and, in total, 20 crew. She has been on passage for 75 days of which 17 have involved navigating canals for all or some of the day. We have visited 3 capital cities, been the first British yacht ever to visit the Finnish island of Oro, sailed through the shallow channels of the Waddenzee and comfortably broken the record for ascending the flight of seven locks at Berg on the Gota Canal.

We have been worried about the murky waters of the Baltic and its jellyfish blooms but have been stunned by the beauty of the islands of the archipelagos – some almost barren and others bedecked with wild flowers. We have been impressed with the sight of huge sea-eagles and have seen ospreys and flocks of a hundred swan.

We have piloted round countless rocks at sea, through the shallowest and the narrowest of channels, learned new ways of attaching ourselves safely to land and even moored in a castle moat. And, once on land, we have learned our way round the composting-loo!



The weather has been unpredictable and fickle. At times it has rained so hard that the sea has seemed to smoke and lightning has struck the water ahead. And yet, at key times such as the passages of over 50nm, I was almost always able to sail or motor in good conditions. Indeed although we were never at sea in a gale, Gryphon has shown herself to be a fine and fast cruising yacht, able to find a way through steep breaking waves or to slip along rapidly in calm waters under power or sail as the wind permits. There have been many glorious

passages under sail alone in flat water.

There is an inscription on an 18th century gold coin which reads “In travelling the seas we enrich ourselves”. For me, this sentiment has proved very true, and I count myself exceptionally fortunate to have been able to undertake this complete yachting experience. I am and will remain deeply grateful to all those who have made it possible – whether at home or at work or on board as crew. However, no-one deserves greater praise than [my wife] Sarah about whom I can truly say “when I count my blessings I count her twice”.

If you have been following the blog I hope it has proved worth the read and I shall finish with the Swedish sailor’s blessing shared with me in Oja.

“May you have a handful of water under your keel – always”

PMG UPDATE

At the start of another GP trainee year (which runs from Aug 15 – July 16), we are delighted to welcome a new GP Registrar – Dr Rosanna De Cata, to join our team. Dr Luke Webb and Dr Charlotte Mance who have been training with us for the last year, remain in post – Luke until the beginning of November and Charlie until July 2016.

Dr Catriona Findlay joins our clinical team as a salaried GP working Monday and Tuesdays; Dr Findlay has relocated from Cardiff, where she worked as a GP Partner for many years.

We have appointed Emma Moynehan as a Research Nurse to run some of the valuable research programmes we host in the Practice. We are sorry to lose Jemma Davenport, one of our Practice Nurses, who has found a new post in the school her children currently attend, but have appointed Stephanie Marchant to take her place – Stephanie started work at PMG on 24th September.

We will be holding our **flu clinics** in October – each Tuesday and Thursday afternoon from 2.00 – 5.00pm starting on 6th October and ending on the 29th October; all eligible patients will have received a letter inviting them to attend.

The new format for our **travel clinics** is working well (guidelines and travel risk assessment form are on our website).

We are also looking forward to the introduction of **EPS**, electronic prescribing for patients receiving repeat medication. We would like to encourage patients to register as soon as possible with the pharmacy of their choice; an information leaflet on EPS is available on our website site, together with a pharmacy nomination form (please see separate article by Corden's Pharmacy Manager).

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WHAT'S WHAT IN THE NHS by The Chairman

A number of PPL members mentioned to me at the time of our May AGM that they had little idea of how the various bodies around the NHS fitted together. Some of this confusion was cleared up at the AGM itself, but I thought it would be helpful to put together a short guide to the NHS's organisation.

However, shovelling fog is easier than getting clarity on the total organisation. A written guide was looking like it would run to several pages. Therefore, the quickest way to gaining an understanding would be to view the short video that is also used for that purpose by 'our' CCG (Clinical Commissioning Group Coastal West Sussex): <http://www.kingsfund.org.uk/projects/nhs-65/alternative-guide-new-nhs-england>

You may find you need to watch it twice.
I would just add two points to the content.

- a) As the video notes, GP surgeries like PMG are given a licence to operate through NHS England because GPs make up much of the Governing Body of a CCG and there is a need to avoid any conflict of interest.
- b) There is no mention of Foundation Trusts which many of the bodies that run our hospitals strive to become – Western Sussex Hospitals has already achieved this status. A Foundation Trust is given more autonomy over its operations and is more able to adjust to local needs. People who live within its boundaries can have an influence on its strategy and have a vote in elections for its governing body. As Western Sussex has not been a Foundation Trust for very long, it will probably take a while for us to hear more about how all this involvement will work. This may well make an interesting article for a future Newsletter.

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