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Pulborough Patient Link

invite you to a Public Meeting in Pulborough Village Hall

Monday 30 June 2014

What Every Patient Needs to Know about

Prostate Cancer

by

Mr James Hicks MBBS, FRCS, FRSC(Urol)

Clinical Lead for Urology St. Richard's and Worthing Hospitals

Doors open 6.30pm
Talk 7.00 – approx. 8.30pm
Refreshments and Raffle Draw 8pm

SHARING PATIENT INFORMATION

The NHS is about to start accumulating patient information from GP practices across the country. Fuller information is set out clearly on the Pulborough Medical Group (PMG) website at http://www.pmgdoctors.co.uk/Latest_News.php and I will not seek to repeat what is there.

You may recall that this information collection was set to begin in March this year, but the start was delayed. One of the reasons for this was the outcry about the communication process. Less than a quarter of the UK population actually remember seeing any communication – mine came through the letterbox along with junk mail on pizzas etc. Also, many serious commentators were concerned about what would happen to this data. The Government/ NHS then promised a better communication exercise would take place before September, but no news on that is yet available.

The NHS website at

http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Page s/care-data.aspx

gives more detail on the scheme itself – you should read right down the page to the various comments that have been logged there to see the debate.

The question for each of us is "Do we support this initiative or opt-out?"

The decision in many ways comes down to how much trust we have that our information will be used in the beneficial ways outlined in those websites. Why not trust the doctors?

 The original communication seemed not to be intended to attract any attention to the scheme and to sign up everyone without their noticing.

- 2. Although the data collection is not supposed to start until September, some GP practices are already involved in pilot submissions of data but we do not know where they are.
- 3. Patient data from hospital care has been nationally collected for some years but this has never been advised to patients.
- 4. Patients will be anonymised by giving only their full postcode, age, NHS number, drugs and treatment, gender and ethnicity. This data will then be linked to the hospital data. (Not much to work on there to identify someone!)
- 5. There are too many examples in the last 10 years where Governments, other public bodies and large organisations have lost data or misused information.

All this activity is not being driven in any way by the Pulborough Medical Group, so they can do little more than co-operate in this exercise.

What to do now is for each individual to decide. BY DOING NOTHING YOU HAVE BEEN DEEMED TO OPT IN. Opting out takes action - and someone who opts out can easily opt-back in at a later date (and out again). Those who wish to opt-out should simply notify the PMG surgery.

However, those opting-in may think it wise to review their medical records to ensure they are correct. Those who have had the opportunity to read their notes have often found errors – but it didn't matter quite so much when the information was just for the use of your own GP. The surgery is legally required to provide data to individuals under the Data Protection Act – they will notify you how to access your own records.

David McGill, Committee Member



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A Day in the Life of a GP

To give us all an insight into a typical day for our GPs I talked to Dr. Ray - as Dr. Ghazanfar is known. He works a minimum of eight sessions a week - four days - and an additional session (half a day) on administrative tasks, plus many extra hours coping with an ever-increasing workload. GPs are also expected to keep their medical knowledge updated, so there is much reading and research to be done and the occasional conference to attend, this knowledge refreshment process being known as Continuing Professional Development or CPD.

Of course the most important part of the job is seeing patients, diagnosing their illnesses and providing the best treatments possible but, as Ray says, "this is only the tip of the iceberg. There are referral letters to be written, patient notes to be entered on the system, follow-up appointments to be made and, for many patients, tests to be organised and results discussed."

Returning from a recent short break, Ray had 44 queries waiting for him before even seeing a patient. These included responding to phone calls and e-mails, symptom enquiries, follow-up actions to earlier consultations, issuing medical certificates and reviewing blood and other test results that he would be discussing with his patients. Far from complaining, he was just explaining that this was not an untypical workload with a 2,000 plus patient list.

On a 'normal' day Ray will see around 40 patients in clinic, make lunchtime visits to those patients who are housebound or immobile, action between 40-45 letters, deal with 30 blood and other tests – and maybe even grab a sandwich during an often foreshortened 30 minute lunch break! On average he will also work an extra one to two hours in the evening to catch up on queries and paperwork.

He and his colleagues start around 7.45 in the morning - and often finish long after the final patient and many of the staff have left the building. It is a long day, but is necessary because a significant number of the patients have complex medical conditions which require much follow-up work and careful management.

In the past, much of this would have been handled in a hospital setting but, with the increasing emphasis on treating these patients in the community, the workload on GPs has increased substantially. There are also many patients from specialist clinics run by the practice (such as COPD - chronic obstructive pulmonary disease - and Diabetes), who need careful monitoring.

There is some pressure, both from the patient community locally and nationally, for longer surgery opening hours to meet busy lifestyles and work commitments. PMG has responded to this by extending opening hours on three days a week. When Ray is rostered on one of these days he will typically arrive just before 7.00 am to start the clinic and see around five patients before catching up on necessary follow-up and administration around 8.00. At 8.30 he is ready to start his normal morning clinic, taking a 10 minute break halfway through the morning if he is lucky.

"I can understand why our patients want the flexibility to see a doctor when it suits them and we are doing all we can to accommodate this," says Ray. "However the sheer volume of work these days means that we couldn't return to those halcyon days many remember, where the family doctor was on call virtually 24 hours a day, seven days a week."

Illustrating the point, Ray points to the volume of enquiries received. "On a typical Monday our administrative team will receive over 200 pieces of communication to be scanned onto patient records as well as allocated to specific doctors or nurses for the appropriate action; these may be hospital letters, blood test results, patient enquiries or ECG results, but all require attention - often urgently."

Modern communication methods have helped and Ray is a great advocate of patients using these advances to help them manage their own health. "We like to encourage patients to provide their mobile phone numbers and e-mail addresses so that they can receive results or appointments by text, SMS or e-mail. Patients can also send their queries to a general e-mail address at the

practice and these will be allocated to a GP and a response given. If more serious, the patient will be invited to attend an appointment."

The best laid plans......

No matter how well GPs plan their day, inevitably there will be something that happens which disrupts the timetable and causes delays. It might be as catastrophic as a serious medical emergency, where someone has collapsed in the clinic with severe chest pain - or a consultation that seems routine until, in the final minute, the patient mentions a symptom that rings alarm bells with the GP and more time is needed to understand the significance of what might have been uncovered.

In a ten minute consultation it is vital for the GP to extract as much information from the patient as possible - in a compassionate and understanding manner. From the patient's viewpoint Ray believes that preparation for a consultation can be very beneficial and that, with a limited time available, patients should try to work out beforehand what are the key matters they wish to discuss with the doctor, putting what they believe to be the most important first. He wants to encourage patients to make the best use of the appointment time by doing a little homework beforehand. (see 'Making Every GP Appointment Count' in this issue).

In addition, PMG doctors also act as Duty Doctors during the week, typically making return phone calls to patients with acute medical problems and then will either deal with the problem over the phone or invite the patient in that day, appointments being set aside for this purpose. Typically the Duty Doctor will make 50-60 calls between 8.00am - 1.00pm, see 7-9 patients personally, with a further 20 by other doctors. On Mondays the demand is far higher and, to cope with the volume of calls, two Duty Doctors are now available, each dealing with 50 + phone calls and handling the follow-up appointments.

Chris Hughan, Committee Member

March Public Meeting

Our last Public Meeting was very hands on – literally!

Following the AGM – as usual very brief – during which the Treasurer presented the year's accounts, the new Committee was voted in and approval given to an amendment to the Constitution (allowing the PPL 'to raise funds for items not able to be funded by the NHS'), the Chairman introduced the topic for the evening 'Emergency Medicine'.

We were lucky enough to have several of our local volunteers, Community First Responders (CHART), trained by St. John Ambulance – some of whom are on call virtually 24/7 – who can usually get to a patient before an ambulance to give often life-saving help, particularly with such things as choking and cardiac arrest – and this is why it became a potentially 'hands on' evening.

Elizabeth Greenfield, who is a trainer, brought the dummies which they have for such demos, enabling the 60 or so audience to crowd round to see the effect the defibrillator has on a patient and also what to do if someone is choking.

CPR should be used if someone is grey and gasping and non-responsive. Tilt the head back and wait 10 seconds checking for breath on your cheek. If none is detected, proceed with the CPR at a rate of 100-120 per minute, pushing the rib cage down by about 2", until the ambulance arrives.

Without a demo, I think we would all have been rather wary of trying to use a defibrillator; however, having seen how the equipment is 'fool-proof' and talks you through exactly what to do, when and how, we were all encouraged to use one of the many machines which are now in our area (see list on pages 12/13) for use in an emergency.



Elizabeth stressed that the defib won't let you use it in the wrong

circumstances so you can only do good by letting it 'read' the situation. CPR alone will save 1 in 50 lives, whilst the statistics for the defibrillator are 1

in 10. This picture clearly shows one of the two sticky pads attached to the 'patient', the other being higher on the other side of the chest, and also where and how to place your hands to perform CPR.

Similarly, if someone is choking, it is vital to act quickly. Even if you

break their rib saving them from choking that is better than the alternative!

Push bar I

alternative!
This shows
how you
force the
offending
item out of
the patient
if several
firm slaps

on the centre of their back have not had the desired effect. If PPL's secretary had indeed been choking, this 'hug' from our treasurer could have saved her life!



Elizabeth runs 2 or 3 sessions a year – lasting approximately 2½ hours – in our area, and you are invited to e-mail to lae@ianellisassociates.com if you would be interested in such a class. Such is her enthusiasm and commitment, she is willing to run a class specially if enough of us express the desire to learn more; these would probably be held in the latter part of September or in November in the evening, with a small charge.

These demos were followed by a very interesting talk by Dr. Helen Milne who is a consultant in the A & E department at Worthing Hospital. Helen told us something of her work, including a little of the emergency which had kept her at Worthing longer than expected that evening, but that can be the nature of the work – and, no doubt, often is! Like Elizabeth, she also stressed how important it is to act quickly, particularly in the case of cardiac arrest, firstly calling 999 and then doing CPR and using the defibrillator, followed, of course, with hospital care.

She showed us the 'Staying Alive' adverts produced jointly with the British Heart Foundation and ex-footballer and actor Vinnie Jones – well worth googling 'Vinnie Jones CPR' and watching it on YouTube if you haven't seen it.

Editor

Places where you will find a public access defibrillator: (* available 24/7; the remainder open during the normal opening hours of that facility)

Barns Green:

Village Store, Chapel Road

Billingshurst

*Jubilee Fields Pavilion, Newbridge Road Tesco Express, 2-4 Lower Station Road Village Hall, Roman Way

Bury

*Cokes Farm, West Burton

*Village Hall

Fittleworth

*Village Hall, School Lane

Graffham

*Empire Hall, The Street

Ifold

*Oak Tree Stores, Plaistow Road

Kirdford

*Village hall, Petworth Road

Lodsworth

*Village, Heath End Lane

Lurgashall

*Phone box on the village green

Nutbourne

*The Rising Sun Public House, The Street

Petworth

Barlavington Manor, Burton Park Road, nr. Petworth

Pulborough

*Bowling Club, off Rectory Close (car park)

Garden Centre, Stopham Road (corridor to toilets)

Pulborough Medical Centre, Spiro Close

*Railway Station, Station Approach

*Royal Mail Sorting Office telephone box, 71 Lower Street

Sainsbury's, Stane Street, Codmore Hill Tesco, 18 London Road

Southwater

Leisure Centre, Pevensey Road

Storrington

Chanctonbury Sports and Leisure Centre, Spierbridge Road

*Tennis club (Greyfriars Lane beyond Church Street)

Sutton

*Village Hall

West Chiltington

The old post office stores/the corner house, Church Street Village Hall, Mill Road

Wiggonholt

RSPB Pulborough Brooks

Wisborough Green

Fishers Farm Park, Newpound Lane

Village hall, School Road

Making Every GP Appointment Count

How many of us go to see our GP and leave wishing we had asked about another problem or regretting that we failed to mention a worrying symptom? In a recent survey by Aviva Health Insurance two-thirds of us believe that appointments with the doctor feel too rushed. Because of the pressures on doctors' time this situation is not going to get any better in the short term - so ensure that when you do get an appointment you use those precious minutes to get an outcome that leaves you satisfied and confident that there is a plan in place to address your illness or health issue.

If you feel your medical problem is not urgent try to call later in the morning for an appointment when the rush is over. Tuesdays, Wednesdays and Thursdays are better times for less urgent appointments. Mondays are busy because people have saved things up over the weekend, and people tend to panic on Fridays because they fear they may not be able to make it through the weekend! If you need the results of blood and other tests PMG ask that you call between 2.00 and 4.00pm.

However, once you have your appointment, getting the most out of it requires preparation, patience and participation on your part. Our guide below gives you some ideas on how to approach an appointment with your GP.

The average GP consultation these days is 10 minutes and, as there is always a short gap as one consultation ends and another begins (often used by the doctor to type up or review notes), then this may leave only 8 minutes for the actual consultation.

During a consultation your GP will have the following aims:

- * Listen to you explaining the problem
- * Understand the problem
- * Discuss the investigation and treatment options
- * Agree with you the follow-up plan and next steps
- * Write any prescriptions that are needed
- * Organise any tests that are required

To do all this in 8 minutes is quite a challenge so the better prepared you are the more likely the outcome of the consultation will be positive for you and the doctor. Here are some tips you might like to follow:

Be Prepared

- * Make a list of any questions, problems or symptoms you want to discuss. Put them in order of importance and ensure the most important are in the top three. If you want to talk about a medication, take the dispensing bottle or packet with you. If you've read an article about something which you feel may have a bearing on your symptoms then take a copy with you but, as a doctor said, "please don't take a 40-page printout of your Internet research with you most of it will probably not apply and the whole of the consultation will be wasted".
- * Take a pen and paper to note down any points you might forget
- * Wear loose and easily removed clothing, if you think you might need to be examined
- * Take in a list of any non-prescription medicines or supplements you are taking in case the doctor asks about this
- * Avoid caffeine. If you're having your blood pressure checked, avoid caffeinated drinks for at least two hours before your consultation because these will push up your blood pressure. Don't smoke a cigarette either, because this can have the same effect
- * If you are likely to have a blood test and your veins are not so good, wrap up well and keep warm as this makes veins more prominent, as does drinking water. If you have really hard to find veins consider a hot bath or shower before leaving for the surgery
- * If you are very anxious about seeing your doctor, you can always bring someone with you for support
- * For recurrent problems, such as tummy aches or headaches, note what time of day the symptoms come on, what you have eaten and what you have been doing. Ideally, keep a symptom diary for two weeks, as this could help with an accurate diagnosis
- * If you are suffering with pain try to assess the scale of your pain on a scale of 1-10, with ten being the worst pain imaginable. Also work out where the pain is located, the kind of pain it is a constant dull ache, a sharp pain, etc when it is at its worst and what you do that makes it worse this will help you when asked about the pain.

- *Try not to go to the toilet too soon before an appointment, particularly if you think you are likely to be asked for a urine sample. If you can't wait while at the surgery ask the reception staff for a specimen bottle and use it in the toilet
- * Try to be specific when you make a doctor's appointment, explaining to the receptionist the general nature of the problem (unless it is something you want to keep confidential). Ask whether you will need to bring anything with you, such as your immunisation record or medical records from previous physicians
- * If you are new to the practice, a brief medical history of yourself, including any hospital and surgery dates, could be very useful to the doctor and can be scanned onto your new records
- * Remember that realistically it is only possible to discuss one illness in depth during a consultation. If you need to discuss other illnesses then make another appointment or ask the receptionist for a longer appointment
- * Treat office staff with courtesy during your visit, no matter how tired, grumpy, distressed or anxious you are. The professional staff you might encounter receptionists, nurses, administrative and other staff work with the doctor to give you the best care and treatment to ensure your good health. Patient co-operation and civility helps them help you.

During The Consultation

- * Don't be afraid to ask questions! If you don't understand something, ask your doctor to repeat it or write it down.
- * Be honest and unembarrassed. Some symptoms are tough to talk about, but don't be afraid to say what is happening, whatever the subject. It's likely that your doctor has heard it all before and your honesty and directness can give your medical team the kind of information it needs to treat your illness or needs. Your doctor needs to know if, for example, you're not ready to quit smoking, to go on a diet, to take medicines as prescribed (maybe you could not afford the prescription); your doctor may need to consider a Plan B to control chronic disease.
- * Be honest about whether you have taken your medications, otherwise continuing symptoms may make a doctor think that a

wrong diagnosis has been made which could have serious implications for your chances of a good recovery

- * Try to get straight to the point and ensure you cover all your symptoms, no matter how insignificant you think they may be
- * If you are prescribed a drug, make sure you know why and how long to take it. If you do forget this, pharmacists are experts in medication and are a very useful source of advice

End of the Appointment and Follow Up

- * Make sure that at the end of the consultation all your questions have been answered and you understand:
 - what might be wrong
 - if you need any further tests
 - what treatment is best for you
 - what happens next/who you should contact, if anyone
- * When you get home make notes of the main conclusions and points of action agreed and file it with your medical records
- * By following through as a partner with your doctor's plan, you are taking an active role in your health care and management. Your doctor's recommendations whether they include more diagnostic measures, a course of medication, physical therapy or even a referral to a consultant become a shared responsibility in your recovery ... and your commitment to making a good recovery and staying well!

 Chris Hughan, Committee Member



Closure of Mill Stream Surgery

I am sure you will all have read in the local paper about the most unfortunate closure, at the end of May, of Mill Stream Surgery in Storrington.

The partners at PMG offered help to try to ensure that this did not happen. However, despite their best endeavours, the decision was taken by NHS England (Surrey and Sussex Area Team) that Mill Stream could not continue, resulting in their 4,200 patients needing to register with other practices, with many having transferred to The Glebe Surgery, also in Storrington.

PMG has and is continuing to register patients choosing to come to Pulborough and, as a result, the Practice is reviewing staffing levels as patient numbers increase.

Editor



Walking Your Way to Fitness

Forget those running shoes, walking is the best way to keep your body and mind in shape. Many of us put more effort into finding excuses not to go to the gym than we do on the treadmill or exercise bike. Fortunately there is one exercise that most of us can work into our daily life without having to pay for gym membership and changing into sports kit – walking.

Walking is the perfect gentle, low-impact exercise. It's easy, free and suitable for most people. You can even tailor your walking speed to burn off more or less calories as it suits you. According to **Fitday.com** these are the speeds – from stroll to quick-march – that you should be doing.

- 2 mph (slow pace) 170 calories per hour
- 3 mph (moderate pace) 224 calories per hour
- 4 mph (brisk pace) 340 calories per hour
- 5 mph (speed walking) 544 calories per hour

Apart from being a slow fat burner, here are four more reasons why you should be pounding the pavement...

Walking helps delay dementia

Dementia affects one in 14 people over 65. According to **Age UK**, walking six miles or more per week could help prevent brain shrinkage and preserve memory.

It prevents osteoporosis

Walking is a form of weight-bearing activity; it stimulates bones and increases their density as well as maintaining healthy joints.

Walking boosts Vitamin D levels

Many people in the UK are deficient in Vitamin D. This nutrient plays hard to get - it's very difficult to find in food, but exposing the skin to the sun little and often without burning will help you to produce sufficient Vitamin D – so get those walking shoes on.

It tones legs and bums

A good walk can strengthen and shape legs, and who doesn't want defined calves? Power walking up a hill will even help tone and lift your glutes (that's bum to you and me).

And if you really pull in your abs and stand strong, a walking session can help whittle down that waist too. (*Acknowledgement - Stephanie Lowe*)

Chairman's Note

The Care Quality Commission (CQC) carried out a full day, inspection of routine Medical Group in February. The Practice had two days' notice of the visit. The CQC's role is to inspect the quality of services against standards. It independent is an working on behalf of patients as well as the NHS. inspection covered Six standards which, the CQC reported, were all met by the Practice. Although it was not inspection of clinical an it services. nevertheless reported on the qualifications of staff, their respect and care for patients. the the cleanliness of the premises and the administrative and complaints procedures.

There are, of course, areas in which the PPL Committee members are concerned. was valuable, therefore, that the CQC asked to meet two members of PPL the Committee. It also asked patients - either in person or by phone - their views of the Practice. All seemed to be complimentary and spoke of the value of the PPL. This was good news, for it confirmed the value of our

work which the inspectors also appreciated. PMG met the standards without qualification in all six categories (all have to be met to 'pass'); the Report is available in full on the PMG website.

Under the standard requiring that 'patients should get appropriate care' the CQC judged that it was 'delivered in a way that was intended to ensure people's safety and welfare'.

Patients had pointed out to the inspectors that they could get an urgent GP appointment when it was needed, getting an appointment with 'their GP' was often difficult. Both the Practice and PPL are aware of the need for continuity of care - either for long-term conditions or particular episode. The demands on GPs' time are daunting, and will probably be even more difficult as the Practice meets the need for opening times. longer However, it is a challenge continuing which needs attention. The PPL will remain 'a critical friend'. This CQC report is excellent and the Practice deserves a done". Stuart Henderson

A New Era at Corden Pharmacy

In our last issue we included the first part of a feature on Corden Pharmacy. We had intended to include the second part in this issue but, in the interim, Corden has changed ownership. Conscious that many of you might have questions about the new owners and how this change could impact on the services provided by our community pharmacy in the future, we invited new owners, Kamsons, to tell us about themselves, their business philosophy and what changes we might expect to see. We thank Kamsons for responding so promptly to our request and we hope that PPL members and PMG patients generally benefit from this first glimpse of the 'new' Corden and the reassurances given by the new owners.

"Corden Pharmacy has had a change of ownership in the last few weeks. The partners of the practice, who were the shareholders in the pharmacy, have recently sold their holding to Kamsons Pharmacy. Corden Pharmacy has an excellent team that has always strived to give the very best patient experience and had an excellent working relationship with the surgery. We will ensure that this continues.

"Kamsons Pharmacy is a family-owned and Sussex-based chain of pharmacies, with the first pharmacy opening in Uckfield, East Sussex in 1979. The group has gradually expanded over the years and now owns 52 pharmacies, of which 34 are in Sussex. Nearby pharmacies include Kamsons Pharmacy in Chichester City Centre (Eastgate), in East Preston (opposite Angmering railway station), in Bognor Regis and in Littlehampton town centre.

"The company is owned by three brothers, two of whom are pharmacists. The name Kamsons Pharmacy is in respect of the brothers' late father as they are the sons of Kam. It has always been a professionally focused company. All of the group's senior managers are pharmacists and every Kamsons Pharmacy has a pharmacist as its manager. Kamsons Pharmacy was recognised in 2011 as the Multiple Pharmacy of the Year in the Alliance Healthcare Awards which was partly due to our work with St

Catherine's Hospice, where our Crawley pharmacies not only provide a supply service but also a full clinical pharmacy service to the hospice. A number of palliative care research papers have also been published jointly with the Palliative Care consultants and presented at the Help the Hospices Conference.

"We have always encouraged our pharmacy teams to become involved in innovative services. Our pharmacists in Brighton are commissioned to provide INR clinics in four of our pharmacies, for patients on warfarin. In West Sussex, our pharmacies provide NHS Health Checks to eligible patients. We are very excited at how successful this service has been at Corden Pharmacy and hope to be able to replicate the success of the Pulborough service throughout our other pharmacies in the county.

"We will be continuing with the excellent service for which Corden Pharmacy is known. We hope that there may be some improvements as a result of the new ownership, one already introduced being the increased number of wholesaler deliveries from four to five per day. This means that if the pharmacy is out of a certain medication it should normally be available by the next working day at the latest. Sometimes there are delays if the wholesalers are out of stock but, by using three different wholesalers each day, we can ensure that if stock is available we will be able to obtain it. Being part of a group means that, should a particular medication be unavailable from wholesalers, we can contact the other pharmacies in our group to ask if any of them have stock to send to us. In the near future, we hope to be able to provide an increased delivery service so that anybody who wishes can have their medication delivered to their home free of charge.

"At Kamsons Pharmacy we work with many practices and it has been a real pleasure for us to see the integrated working that has developed between Corden Pharmacy and the medical team in Pulborough. We are very pleased to be based in such a modern pharmacy and surgery with such forward-thinking and caring teams and a vibrant patient participation group. We hope you will continue to trust us with your pharmaceutical needs."



Have you been to Cordens recently?

We stock a wide selection of products from baby care to skin care and gifts. Here's a small selection:





A Wide Range of Perfumes

(If we don't have what you want we can order it)



Plus all your Travel Essentials

"Pop in for a look"

Corden Pharmacy, Spiro Close, Pulborough Tel: 01798 872480

PMG Update May 2014

Staff

Campbell Dr Carole has started her maternity leave; from August 2014 her clinics will be covered by Dr Sam Sewell and, in the interim period (April - August), by Dr Dr Sewell is Rob Leigh. currently working in Practice as a GP Registrar and many of you will know Dr Leigh as he is a regular Locum GP at PMG.

Clinical Services

SHC Audiology will extend their one day a week to two days with effect from week commencing 2nd June 2014 to cope with the increasing numbers of referrals to their service.

Sussex Community
Dermatology Service is also
increasing its number of
sessions to weekly clinics at
the Practice to cope with the
demand

Unfortunately, due to lack of referrals. **Echotech** have currently suspended their clinical sessions at the Practice and patients will have to travel to Littlehampton or Horsham to this access

service. (This is for an echocardiogram which shows how well – or otherwise – the heart and valves are functioning and is very helpful and informative to the consultant.)

NHS England are making some changes to the way in which GP practices work, introducing new 'Enhanced Services'.

One of the Enhanced Services relates to tackling 'unplanned admissions' to hospital. Many unplanned admissions are for patients who are elderly and infirm; they are distressing and disruptive for the patient and for their families/carers. These patients often have complex physical and mental health care needs which put them at a high risk unplanned admission or readmission to hospital.

As a Practice we are required to identify and hold a register of those patients who are in this category and to manage them using personalised care plans. Any children with complex health and care

needs who require proactive case management will also be considered for this register. Each patient on the list will have a named GP and may have a care co-ordinator with responsibility for co-ordinating the patient's care and sharing information with them, their carer (if applicable) and, if the patient consents, with other professionals and organisations involved in their care.

These patients will have a personalised care plan which will have been developed in collaboration with the patient, their named GP or care coordinator with the aim of reducing the risk of avoidable admission to hospital. Any admission or A&E attendance will be reviewed to try to take appropriate action to prevent future episodes.

Details of other new Enhanced Services will be included in future Newsletters.

We are also delighted to welcome the Proactive Care Team, who have made PMG their office base for this area.

SystmOne Online

Patients are starting register with the Practice for medication online repeat and for requests making appointments to see the GPs. We would like to encourage as many patients as possible to make use of this new service.

Currently SystmOne are unable to offer the facility of appointments for nursing staff, but we hope that they may develop this in the future.

When requesting a repeat prescription, please remember to state in the comments box which pharmacy you would like it sent to.

Due to advice from our Medicines Management Team that we should not be taking requests for medication via a telephone message, we will be phasing out the repeat medication voicemail service over the next 6 months. However, we will of course continue to accept telephone messages for an agreed small number of patients who are housebound and have no internet.



Gozone care is a family run domiciliary care company, with over 20 years experience in the industry.

At Gozone we aim to provide a five star service to all our clients, providing a way of life which permits them to enjoy, to the greatest possible extent, their rights as individual human beings. Making sure at all times they have a dignified look at life.

Services we offer:

- Personal care
- Respite care
- Care 24/7
- Cleaning
- Shopping/outings
- Dementia care
- Palliative care

Gozone Care 53-55 High Street Billingshurst West Sussex RH14 9PP

Tel: 01403 783582

Web: www.gozonecare.com Email: info@gozonecare.com





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