

The Kent, Surrey & Sussex Air Ambulance Trust provides a Helicopter Emergency Medical Service (HEMS), responding to patients who have suffered trauma or serious medical emergencies. We operate 24 hours a day, ensuring we can be there for the most critically ill and injured people in the region.

When necessary, our medical crews can provide highly specialist care at the scene; they are able to anaesthetise, perform surgery and give blood transfusions to patients. Following treatment, they can air-lift patients directly to the hospital that can best care for them going forward. Around half of the patients they treat are taken to regional major trauma centres, ensuring they can get the care they urgently need without delay.

We operate two aircraft – one from our Marden base in daylight hours, and the other from our Redhill base 24 hours a day. This means that no matter where you are in Kent, Surrey or Sussex, you are never more than 20 minutes away from the life-saving care that only we can bring directly to your side.

As a charity, we rely almost entirely on donations and fundraising, and without this kind support, we simply could not continue our life-saving work.

Charlie's Story
"I owe my life not only to them, but to those who donate and make sure this charity can keep helping people."

I was cycling down a quiet residential road on my way home from work, suddenly had to brake sharply to avoid a pedestrian and went over the handlebars of my bike. Seconds later, I was in excruciating pain and losing a lot of blood. Some nearby construction workers rushed over and called for help. All of a sudden, there seemed to be so much going on.

When I heard that the Kent Surrey Sussex Air Ambulance crew had been called, I realised my injury must be very serious. My thoughts turned to my husband and two children - and what this might mean for them. The crew assessed my condition and gave me vital plasma and blood transfusions to help replace what I had lost. They then packed the wound to help seal it and placed a splint around my pelvis to control the bleeding.

I was flown to the major trauma centre at St George's Hospital in London. The flight took just two minutes and in rush hour traffic, I may not have survived this journey. The doctor, Marwa, held my hand and smiled at me throughout the flight. I will never forget her face, or how kind and reassuring she was. On arrival at the hospital, I had five hours of emergency surgery to repair the damaged vein and stop the bleeding and later learned that my injury could have been fatal as I had severed a major blood vessel. After some time in hospital, I made a remarkable recovery. I know that my chances of survival would have been hugely reduced without the work of this amazing charity.

MIAMI Clinics (minor illness and minor injury clinics). As part of funding to support winter pressures, Pulborough will be hosting a MIAMI clinic at the Practice once every two weeks on a Thursday from 4.00 – 8.00pm. This will run until the end of April.

Criteria for booking patients will be:

- acute onset of less than one month and not previously seen by a GP
- Any patients needing an x-ray/ blood test/ etc will have the form completed by the MIAMI doctor, but results will go back to the patient's own GP for on-going management

Patients will need to consent to share their care at time of booking the appt, otherwise they are not able to be booked; we will be running a Sys1 shared care list with MIAMI. In Worthing there have been 50,000 appointments with MIAMI GPs – only 0.04% of patients have declined to share their record.

We hope that the additional appointments this clinic will offer will release valuable appointment slots for patients who do not fit the above criteria and need to be seen urgently on the day by our duty doctor.

On Thursday 22nd February, staff from Pulborough joined with other Practice Staff in our Rural North Chichester Group (Pulborough, Loxwood, Petworth & Midhurst practices) for a joint training session at Leconfield Hall in Petworth. The session covered staff training and essential learning and a launch of the RNC website for staff - this will be a valuable learning and information tool for clinical and non-clinical staff.

There is a further RNC training event scheduled for Thursday 22nd March.

Dr Leigh-Anne Bascombe and Dr Eloise Scahill will be going on maternity leave at the end of June/mid July and we are currently seeking locums to cover their leave.

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Pulborough Patient Link



pulborough
 patient
 link
 - your voice in local health

Pulborough Patient Link invites you to a Public Meeting in Pulborough Village Hall on Monday 26 March
 when
Mr Shuaib Karmani BDS FDSRC MBBS FRCS MSc FRCS(Tr & Orth) Consultant Orthopaedic Surgeon Specialist Spinal & Trauma Surgeon Brighton and Sussex University Hospitals NHS Trust
 will give a talk entitled

Back Pain Needn't Be a Pain in the Behind

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Easter Closures

PMG will be closed from 6.30pm on Thursday 29 March until 8.00am on Tuesday 3rd April. Please call 111 for non life-threatening problems and 999 in an emergency.

Corden Pharmacy Easter opening hours are:
 Easter Saturday 9am—2pm

Unfortunately, at the time of printing, details of pharmacies open in West Sussex over the Easter weekend are not available; however, these will be displayed at Corden's.



INFECTION CONTROL

"Good infection control (including cleanliness) is essential to ensure that people who use health and social care services receive safe and effective care" Dept of Health 2015

Here at Pulborough Medical Group, infection prevention and

control are key priorities in helping us care for patients safely and effectively. We are all committed to ensuring the highest standards of care for our patients and we take the risk of infection seriously.

Linked with our infection control policy is our commitment to appropriate antibiotic prescribing, ensuring that we prescribe antibiotics responsibly, to safeguard best outcomes for our patient whilst reducing the risk of antimicrobial resistance.

Why is infection control and prevention so important?

Did you know that every year more than 300,000 people in England contract an infection associated with health care? It is thought that up to 30% of these are preventable through good infection control management.

An infection occurs when a micro-organism enters the body and causes damage. These micro-organisms can come from a variety of sources and often take advantage of a route into the body provided by a wound or an invasive medical device, such as a needle or catheter (tube).

Some infections can reach the blood stream. When this occurs, this is known as bacteraemia or sepsis, which can cause serious or life-threatening infection, resulting in serious harm or death.

Pneumonia and urinary tract infections are two of the leading causes of sepsis. These can be health care

associated and are estimated to be responsible for up to 20% and 14% of health care associated infections respectively (Health Protection Agency, 2012). These infections are commonly seen by general practitioners and nurses. These often develop independently of any contact with health care and are a leading cause of morbidity and mortality.

What does infection control and prevention mean?

Infection prevention and control mean doing everything possible to prevent infection from both developing and spreading to others.

General Practice can provide a challenging environment in which to manage risks associated with the transfer of micro-organisms between equipment, the environment, staff and patients, which means that care and vigilance are required by all of us at all times.

There are many components to infection control, including effective hand washing, vaccination of both staff and patients against infectious diseases, safe handling of equipment and sharps, use of disposable equipment, use of personal protective equipment such as gloves and aprons, correct waste disposal and cleaning and disinfection of equipment and the environment.

You may have noticed that we have been replacing some of the chairs and floors in the treatment and consulting rooms over recent months. We regularly inspect rooms to check we are meeting the required standards and we complete checks on staff to ensure they are washing their hands correctly. This is part of our ongoing infection control policy to reduce risk of infection and to provide a safe environment for providing healthcare. As part of our recent Care Quality Commission inspection, our infection control policy and practices were evaluated and found to meet the standards expected.

What can you do to help us reduce the risk of infection?

We all have a responsibility to help reduce the risk of infection and there are many ways in which this can be done.

- You can use the hand gels when you enter and leave the surgery.
- You can tell us if you have any particular concerns relevant to your health.
- You can stay away from the surgery if you have diarrhoea and vomiting and speak to us on the telephone if you are concerned.
- If you have a cough or cold you can use tissues and dispose of these carefully and appropriately

**REMEMBER COUGHS AND SNEEZES
SPREAD DISEASES**

Anna Harrison, Partner and Lead Practice Nurse

FREE INFORMATION EVENINGS AT BMI GORING HALL HOSPITAL, Bodiam Avenue, WORTHING, BN12 5AT

THURSDAY MARCH 15 at 7pm—VARICOSE VEINS: MONDAY MARCH 19 at 7pm—COSMETICS

To register: please call 0800 096 2640 or e-mail info@bmihealthcare.co.uk.

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How many Easter themed words can you find in the word wheel (remember each word must include the 'o').

Can you unscramble these Easter themed words?

- nsauyd
- cuhrhc
- ynubn
- usejs
- tocehlaco
- cariltoeben
- ntel
- daeotcer

HOME ALCOHOL AND DRUG TREATMENT SERVICE

I qualified as a psychiatric nurse in the 1980s and was one of the first nurses to work in the community at various GP surgeries in West Sussex. I have been fortunate enough to have worked closely with Pulborough doctors and practice staff for over 20 years and have helped patients with a wide range of psychiatric and addiction problems.

In recent years there seemed to be an increasing demand to support people with severe addiction problems in their own homes (particularly in rural areas) and so, in 2015 (with the encouragement of many GPs) I decided to leave the NHS to start my own business. I now provide a private service; visiting patients in their own homes, who often have severe alcohol and drug addiction issues, giving support also to patients who have become dependent upon their prescribed medication - often pain relief and sleeping drugs.

I strongly encourage people to seek help at the early stages, rather than wait until the addiction has taken total control. Admitting to having a problem is often such a difficult issue for people to come to terms with, due mainly to negative social attitudes and personal embarrassment. Nationally, it is estimated that only one in ten of those who have addiction issues seek professional help.

My goal is to work with patients who want to make positive changes in their lives. After initial phone or e-mail contact, I will arrange a home visit to complete a detailed comprehensive assessment, followed by an individual treatment plan. The patient will then have regular agreed sessions, to develop and monitor their care plan. Each of these care plans is based upon clear objectives which are realistic and achievable. If medication is required I will arrange a joint GP appointment to discuss the most suitable options. Each patient is given detailed information regarding all medications used, and their physical and psychological health is continually monitored.

After practicing as a nurse in the community for so many years I recognise the importance of working closely with family and friends whenever possible. Their inclusion - and understanding of the psychological issues of addiction - can play a major part in the patient's recovery process.

A major treatment intervention is to patients who are physically alcohol dependant when a home alcohol detox can be provided. This is an important part of the treatment plan, where patients work towards achieving total alcohol abstinence. The process requires the patient to take tranquillising medication 4 times a day for a period of 7-9 days, to reduce physical and psychological withdrawal symptoms. This alcohol detox must be agreed with the patient's GP as not all patients will be suitable, mainly due to physical health issues. I monitor the patient daily, but a suitable carer, often a family member, needs to be with the patient all of the time for a least the first 3 days. This is a very important intervention, and patients are required not to work, drive or leave their home for the first 4 days.

I have completed over 350 of these detoxes in my career, and still find the home alcohol detox one of the most rewarding aspects of my work. Within a few days, patients can change from being totally alcohol dependant, i.e. experiencing symptoms such as dreadful tremors, sweats and anxiety, to being alcohol free - and once again in control of their lives. Once the patient is totally abstinent I offer continued relapse prevention interventions to achieve and maintain positive change.

If patients, relatives or friends would like a confidential discussion regarding these services (and costs), contact details are available from PMG Reception.

Paul White, Nurse Specialist

A big Thank You to all those who have sent donations to support the work of the PPL eg our public meetings.

If you are interested in joining the committee or helping the PPL in any way, please contact our membership secretary:
Robbie on robbie311@gmail.com.

Any suggestions for:
Possible topics for our public meetings
Articles you would like to see in the newsletter
Subjects you would like us to raise with PMG:
Contact Lesley on lae@ianellisassociates.com



Your Guiding Light

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