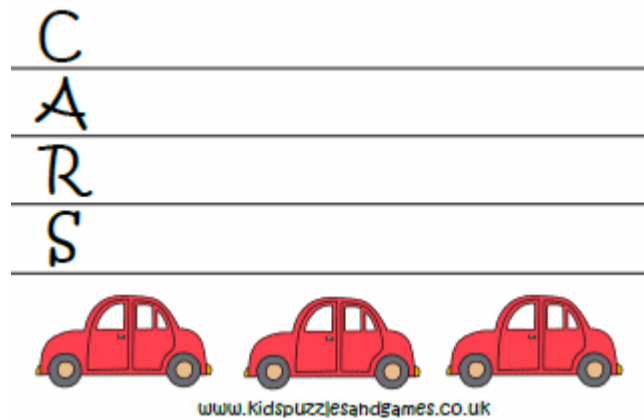


Do you know what an Acrostic is? There is one at Whiteways Lodge which you may have seen. If you don't know, why not find out and see if you can make one using the letters shown below:



Send your answers to the editor, lae@ianellisassociates.com and we will publish the best

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**PMG UPDATE**

Staffing – Dr Ahmad Qureshi (who likes to be known as Dr Sal) and Dr Vanessa Hetherington joined PMG in mid September to help cover maternity leave for Dr Bascombe. Sal works Tuesday, Wednesday AM and Thursday; Vanessa works Monday, Tuesday AM and Thursday. Fiona Bravery started at the end of August as our new phlebotomist working Monday to Friday AM. Kate Dunn, who joined the nursing team on 10<sup>th</sup> September, is completing a Specialist Practice Degree (Practice Nurse) course at the University of Brighton and will be spending one day a week at Pulborough with Anna Harrison as her supervisor.

Finally, we are looking forward to welcoming Dr Katie Armstrong back on 1<sup>st</sup> October as a salaried GP working on Mondays and Thursdays.

**MIAMI (Minor Injury and Minor Illness) CLINICS**

these are organised by Innovations in Primary Care (IPC) and may be subject to change due to available staff to run these sessions.

From 1<sup>st</sup> October PMG will host MIAMI clinics as follows:-  
**Wednesday 2.00 – 8.00pm:** GP – Dr Sal Qureshi; **Thursday 2.00 – 8.00pm:** GP to be arranged by IPC  
 The above clinics will be held on the first floor at PMG  
**Saturday 10.00 am – 1.30 pm** – GP to be arranged by IPC  
**Sunday 10.00am – 1.30 pm** – Practice Nurse – to be arranged by IPC

**FLU CLINICS**

Three separate letters have been sent out for the flu clinics this year; one to all patients under 65 who are eligible for vaccinations, one to patients aged 65 and over who are offered annual flu vaccinations and, if you are eligible for the shingles vaccination, you will have received that letter also.

**THE PRACTICE HAS ALREADY ORDERED FLU VACCINE FOR ALL THOSE PATIENTS WHO ARE ELIGIBLE, SO PLEASE COME AND GET YOURSELF VACCINATED AT THE PRACTICE AT ONE OF OUR FLU CLINICS**

**PLEASE NOTE THAT THIS YEAR THERE IS A DIFFERENT FLU VACCINE FOR THOSE UNDER 65 FROM THAT FOR 65 & OVER PATIENTS - IT IS ESSENTIAL THAT YOU RECEIVE THE CORRECT VACCINE FOR YOUR AGE GROUP**

Please read the letter carefully as it will give dates of the different clinics for your age group vaccination. As previously mentioned in the last PPL Newsletter, because NHS England have arranged for only one company to supply and deliver all vaccine for the 65 and over age group, there will be some delays to deliveries at GP practices, and this year our flu clinics will be in November. Details are to be found at www.pmgdoctors.co.uk if you wish to check dates.

**Encircle Training Sessions**

Our next FULL Encircle training session for ALL GP Practices in Coastal West Sussex Clinical Commissioning Group will be on **Wednesday 17<sup>th</sup> October 2018 when the Practice will be closed** to all routine appointments from **12.30 to 6.30 pm.**

Alan Bolt



**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 8 October when the topic will be**

**What Every Patient Needs to Know About SEPSIS**

**Dr Carole Campbell will introduce a patient who suffered from Sepsis, followed by**

**Dr Luke Hodgson MRCP MSc EDIC FFICM BSc MD NIHR CRN KSS Respiratory Lead Intensive Care and Respiratory Medicine Consultant Western Sussex Hospital Trust**

**7.00 pm – approx. 8.30 pm Refreshments and Raffle Draw**

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**COMMUNITY REFERRALS**

The Chichester Social Prescribing pilot is a two-year collaborative project between Rural North Chichester and Chichester Local Community Networks (LCNs), Chichester District Council, local housing providers and the Friends of Midhurst Community Hospital.

The project will provide a new referral system for GPs and other Healthcare professionals to refer patients with social, emotional or practical needs to a range of non-clinical services. This is based on the belief that the best way to tackle around 70-80% of health issues lies in non-medical solutions.

Freddie Jones is one of four new Social Prescribers in post who, as part of the Chichester Wellbeing Team, will work remotely across the two LCN areas. Freddie will be located within the GP surgeries in the Rural North Chichester area, specifically Pulborough Medical Centre and Loxwood Medical Practice.

His role will provide individual support for patients referred into the service by their GP, to access a range of community-based non-clinical services. The service will look to support people with one or more of the following issues:

- Money, debt and benefits
- Lifestyle factors, eg Wellbeing, Care/carer support
- Social isolation
- Employment and retraining
- Housing
- IT support and form filling

He will work with individuals to set goals and priorities which will lead to improvements in their health and well-being.

Research from pilot schemes found that GPs who referred patients to classes like gardening, dancing and fashion saw a 25% reduction in visits to A&E. GPs are being encouraged to refer patients who are stressed, depressed or suffering chronic pain for activities that could boost their health and reduce loneliness.

*Freddie Jones, Community Referrer*

**SATURDAY Pulborough**  
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**QUESTIONS WE HAVE RAISED ON YOUR BEHALF WITH PMG**

*In the last Newsletter we covered some of the questions you have asked regarding various admin issues, and below is a further reply.*

You also wanted some feedback on the issue of referrals and what happens once a patient has been seen by the consultant team in the hospital.

The NHS Standard Contract for 2018/19 requires all GP practices to use the NHS e-referral service (eRS) for all consultant led first outpatient appointments.

From 1<sup>st</sup> October 2018, 'paper switch off' (PSO) means that all our GP NHS referrals to consultants must be done electronically; for CWS CCG this means that we email all our referrals to a team of Patient Choice Navigators (PCNs) who aim to contact the patient to discuss where they wish to be seen and they then process the referral electronically.

This referral pathway includes: all adult and paediatric referrals for allergy, audiology, cardiology, endocrinology, ENT, general surgery, GI and liver, gynaecology, haematology, maxillofacial, nephrology, neurology, ophthalmology, respiratory, sleep clinic, urology, vascular, etc.

We also send to the PCNs community referrals to the Community ENT clinic, Community Dermatology and Rheumatology. Patients can contact the PCNs between 11am and 4pm on 01903 708670 if they have not heard anything about a week after the GP referred them. Currently the PCNs are dealing with 8,000 referrals a month in the CWS CCG area.

Musculoskeletal (MSK) referrals are sent to the MSK team to be triaged – these include trauma, orthopaedic, pain – the referral is triaged by the team and then passed onto the appropriate service. This may be a physiotherapy, an orthopaedic or pain clinic appointment.

Referrals to services provided by Sussex Community Trust eg podiatry, speech & language, continence etc and Sussex Partnership Trust – Community Mental Health team etc are sent to the individual service providers.

There are also a few other service providers that we currently send referrals through directly.

All GP referrals are graded as routine or urgent, however all referrals are triaged by the consultant team at the hospital and may be downgraded from urgent to routine.

Some referrals are identified as Low Priority Procedures and referrals are sent to a panel for assessment to see if they meet the criteria and can be approved; this includes referrals for cataracts, hernias etc. If the referral is refused, the patient will receive a letter advising them; if approved, the PCNs will then process the referral.

Whilst you are being seen by the hospital consultant team, the results of any blood tests or investigations requested by the consultant will only be sent to the consultant team, as you are under their care; the practice does not automatically receive a copy. If you want to find out the results, you will need to contact the hospital. The practice will receive a consultant letter in due course following your outpatient appointment, but this may take a little while.

**FLU CLINICS**

If you are over 65 or are in one of the 'eligible' categories to receive the flu vaccine, you will have received a letter from PMG inviting you to come into the surgery. This year has been particularly challenging for practices as there are two different vaccines and delivery of the one for those over 65 is not due until late October, hence clinics being arranged in November.

This year, apart from the usual sessions between 2pm and 5pm, on Thursday 15th November the session will be extended until 7pm so that those previously unable to get to PMG in time will have the opportunity. Last year, for the first time, there was a late session and quite a few took advantage of it.

To make sure you are taken in order PPL committee members hand out numbered tickets; this is also an opportunity to ask us about the PPL.

Even when the waiting room is busy, it takes only approximately a quarter of an hour for your turn to arrive - certainly less time than going home, and maybe you have some shopping to do either in the supermarket or chemist. Come in and receive your ticket and pop back a few minutes later for your vaccination.

If you know someone who would like to be added to the PPL e-mail list to receive the newsletter and notification of our public meetings or if you could offer some help by, for example, delivering a few newsletters, please contact our Membership Secretary [robbier311@gmail.com](mailto:robbier311@gmail.com); also please e-mail the Editor [lae@ianellisassociates.com](mailto:lae@ianellisassociates.com) if you would like a particular subject included in the newsletter, covered at a public meeting or a question put to PMG. Many thanks.

**REFLECTIONS ON MY INVOLVEMENT WITH THE NATIONAL HEALTH SERVICE AND PPL IN PARTICULAR**  
*by Stuart Henderson*

Some twenty years ago I was invited to join Worthing Community Health Council (CHC) and became a representative of Horsham District Council. The health councils were statutory bodies comprising local authority representatives and those nominated by the health authority and some voluntary organisations. We had a duty to inspect the local hospital, Worthing and Southlands, and the mental health organisations. This was my apprenticeship.

The health councils had existed for about 30 years but were abolished by the incoming Labour Government and replaced by Patient Forums which shared statutory responsibility with, in our area, West Sussex Council. I was elected chairman of the Horsham Forum and subsequently, when the Primary Care Trust covered the whole of the county, as chairman of the West Sussex Forum. I served as a lay member of the PCT Board for some years. During this time I was heavily involved in the Fit for the Future NHS review of hospital provision in West Sussex and the subsequent review of health and social services in the northern part of the county.

About nine years ago Dr. Fooks invited me to join the Pulborough Patient Link. I served as its chairman in its formative years, retiring about three years ago and have now retired from the committee.

What has been the result of a great deal of work? As far as the PPL is concerned, it is on a firm footing. The regular bi-monthly meetings have been regularly attended by Dr. Fooks and Alan Bolt and, when they have not been available, always one senior PMG representative.

Many details of the service have been discussed, but uppermost has been the appointments system and continuity of care. Those patients with long-term conditions in particular need continuity of care. Early on we received many complaints about this, but these are now rarely heard. The appointments system now provides almost an immediate appointment with a GP. We have accepted that this is more important than seeing 'your own doctor', but I am sure that PMG have always listened to our views carefully. The wish of patients to see their own doctor has been regularly discussed and understood. However, the extended opening hours and the number of doctors has made this difficult. We have always emphasized that continuity of care is important - as patients, we can only influence but have no authority.

When PMG moved I was particularly opposed to the closure of Cordens in Lower Street. Many elderly people live in the Lower Street – Station Road area and without a car access was difficult. Cordens was closed but very soon after a prescription delivery service was introduced solving the problem.

I am sure that the relationship between PMG and the PPL committee is beneficial and will be increasingly so as general practice changes.

As a patient representative, I have at times been placed in the position of supporting the NHS or particular services against the popular view. This view is often supported vigorously by local politicians and MPs. This was particularly true of the campaign for a new general hospital in the Horsham Crawley area. I was persuaded that such a project would inevitably damage the services provided in particular by the East Surrey and Haywards Heath hospitals and be an insupportable burden on the health service budget for the county. I spoke at a number of public meetings against the proposal and against the populist campaign. When the Conservative Government returned the project was rather quietly dropped.

I do believe that patients' complaints and the view of their representatives have had successes. When I was involved with East Surrey hospital it was apparent that audiology and ophthalmology services were poor. It was clearly a national problem and the campaign was eventually successful and these services are much improved. However, from a financial resource viewpoint should quality of life services – like hearing aids or cataract operations – be financed rather than drugs to help a cancer patient live longer? It is a horrible dilemma which faces the NHS which the public needs to understand.

So, I have been a critical friend of the NHS. I hope that at times I have made observations or complaints that have drawn attention to problems. Has it made a difference? I don't know, but I hope so.

*Those who have served with Stuart on the PPL committee are most appreciative of his time and dedication and have no doubt that he has 'made a difference'. Thank you Stuart.*



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