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SPRING 2013

NEWSLETTER

Number 23

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by

Kirsty Jukes

Western Sussex Hospitals

Pulborough Village Hall

Monday 8th April 2013

Doors open 6.30pm

AGM 6.45 pm



Talk 7.00 – approx. 8.30pm

Refreshments and Raffle Draw 8pm

Free Creme Egg – thanks to Tesco, Pulborough

Local GPs take a leading role to improve our health services

The NHS is changing and from April this year local health professionals will be leading local health services.

On 1st April, primary care trusts will be replaced by a number of new NHS organisations and the changes put local GPs at the forefront of local services.

Clinical commissioning groups (CCG), which are made up and led by your local GPs and practice teams, will take over the responsibility for the majority of your local health services – currently led by NHS West Sussex, the county's primary care trust.

From April, CCGs will become responsible for the care and treatment you may need in hospital and in the community, prescribing, mental health services, and support and services for people living with learning disabilities.

Importantly they will not become responsible for primary care, which includes your GP practice, dentists and opticians – these areas will be commissioned by new area teams of the NHS Commissioning Board. Our region will be covered by the Surrey and Sussex Area Team.

CCGs will be different from primary care trusts as they are formed from the GP practices in the area they cover - and the GPs at those practices are all responsible for the organisation, leading its decision-making and working with an experienced support team to make sure that local services are providing the best possible care for local people.

In West Sussex, there are three new clinical commissioning groups - Coastal West Sussex CCG (which covers Arun, Adur, Bognor Regis, Chancetonbury, Chichester, and Worthing), Crawley CCG, and Horsham and Mid Sussex CCG.

Each of the CCGs has local GPs leading the new organisations, working to make sure that local health services are meeting the needs of local people, and if they are not, how they can be improved.

What about people in Pulborough?

Pulborough and the surrounding area is covered by Coastal West Sussex CCG.

Coastal West Sussex CCG covers nearly 65% of West Sussex and will become responsible for the health care of more than 480,000 people. It covers 56 GP practices across its area, including Pulborough Medical Group and the GP practices in the surrounding area.

It's led by a local GP, Dr Katie Armstrong, who practices in Arundel, and has a clinical leadership team made up of local doctors, hospital consultants and nurses.

So what will be the difference for local people?

Here in Coastal West Sussex CCG, we are committed to local GPs and health professionals taking the leading role, so that decisions about health services - now and in the future - can be made by professionals who have first-hand experience of helping and supporting local patients.

Our GPs are bringing their experience of the local NHS and patient care to help to further improve the quality of health services for you as patients, family and carers.

As Coastal West Sussex CCG, we are also committed to making sure that our patients and local people are at the centre of our work, helping us to improve services, telling us when changes are needed, and making sure that services are giving you the best possible care.

Members of the public have already been involved in some of our key projects including reviewing MSK services (musculoskeletal physiotherapy) and the introduction of new proactive care teams to our area. In each of these cases members of the public have shared their experiences of current services and worked with us to shape plans and proposals for new services - helping us always to keep the views of patients and their families and carers at the centre of our work.

We will have lots of projects over the next year on which we will want to work with local people – just some of our main areas we want to focus on are strengthening the services available in our community to stop people going into hospital when they don't need to – or staying longer than is necessary; making sure that when you need to see a specialist you will be seen by the right person the first time; making sure that the medicines we use are effective and offer best value for money; and working with patients and their loved ones to make sure people are receiving joined-up, high quality services.

How can we get involved in the work of Coastal West Sussex CCG?

We would absolutely love people to get involved in our work and we want to make sure we are working in partnership with our patients – giving everyone as many opportunities as possible to work with us, helping to shape local health services.

There are a number of ways you can get involved at the moment and we would encourage everyone to find out more about them.

Firstly, the CCG has a membership scheme so that individual members of the public can sign up to receive news and updates from the CCG. There will also be opportunities sent out to the membership scheme to get involved in our work, from having a say on a particular service to coming to contribute in a workshop or group session. We already have 700 people signed up as part of the membership scheme and are keen for as many people as

possible to join. If you are interested please email Vicky Smart, our engagement officer – ws-pct.cwspe@nhs.net.

Individual GP practices are also establishing their own Patient Participation Group (PPG), like your PPL, and through these groups everyone has the opportunity to have a say on local health services and decisions made by the CCG. More than two thirds of our GP practices have their own PPG in place so ask your local practice for more information.

And finally, very soon we will be launching a website for Coastal West Sussex CCG and this will make it easy for you to find out more about the work we are doing and how you can get involved. Watch out for more information in this newsletter about our new website and what else we are doing locally.

Laura Skelcey
Senior Communications Manager, NHS Sussex

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Revalidation

It's been a long time coming, but revalidation for doctors has very recently begun, more than a decade after the idea was first aired by the General Medical Council (GMC) in response to concerns about some doctors' ability to treat patients. Over the years, high profile cases, such as that of GP and convicted serial killer Harold Shipman, have fuelled a desire from both professional bodies and the public to check up on doctors more regularly. Now clinicians will need to provide proof that they are up to date and fit to practise.

What is revalidation?

Revalidation is the process by which doctors will have to show the GMC that they are up to date and complying with the relevant professional standards. All licensed doctors are now legally required to be revalidated every five years to continue practising in the United Kingdom.

The rationale behind revalidation is that the process will give patients greater confidence that doctors are abreast of the latest developments in the area of medicine in which they practise, and it will help clinicians to reflect regularly on how they can improve their practice, says the GMC.

The process requires that doctors complete annual appraisals based on the GMC's core guidance, *Good Medical Practice*, and once every five years the evidence from these appraisals will be used to make a recommendation to the GMC on whether the doctor should be revalidated.

What is an Appraisal?

It is the process of collecting and reflecting on information relating to clinical practice. This is followed by a discussion with an appraiser at a formal, confidential meeting. The purpose of appraisal

is to support doctors' personal and professional development throughout their careers.

During their appraisal, doctors will be expected to show that they have collected evidence for and reflected on the areas of practice outlined in the GMC's *Good Medical Practice Framework for Appraisal and Revalidation*. To show that they meet the attributes in the framework, doctors will have to compile a portfolio of supporting information that they bring to their appraisal as a basis for discussion. The GMC requires that doctors bring evidence of six types of activity at least once in each five year revalidation cycle:

- Continuing professional development
- Quality improvement activity
- Significant events
- Feedback from colleagues
- Feedback from patients
- Review of complaints and compliments

The appraisal meeting between the appraisee and appraiser should take place every year.

Revalidation is not designed to be a 'pass' or 'fail' process, but rather a formative developmental process that will assure a doctor's fitness to practise and help them to identify areas for improvement. Doctors whose practice is not up to standard should be identified by the annual appraisal process and offered remediation and support through a personal development plan.

Senior clinicians across the UK will be the first to go through the process between December 2012 and March 2013. The aim is for the majority of licensed doctors to have been revalidated by the end of March 2016.

Guy Mitchell

David's Way Round Challenge for Samaritans

Last summer I outlined how I hoped to visit all 201 branches of Samaritans in the UK and Ireland on my motorbike, to raise awareness for the Charity.



With a lot of help from many people, I am delighted to say I made it! Here is a summary of my challenge.

7,876 miles were travelled taking 51 days from 2nd July to 21st August, with all 201 Samaritans branches being visited on the nine Islands of the UK and Ireland. The event was publicised 5 times on TV. I met more than 60 Mayors and raised £16,201 for the charity. The 219 press cuttings generating awareness were valued at £151,100and no sore bum!

With support from BMW and Samaritans the motorbike was branded in Samaritans colours and David's Way Round. After 42 days riding the bike needed a 6,000 mile service and a new back tyre! For the majority of the challenge I slept in Samaritans' branches or was kindly invited into the homes of Samaritans along the way. For the last 16 days my brother Peter borrowed a campervan and helped me through the final gruelling days by doing my washing and cooking and keeping me calm. He thoroughly earned the nickname 'Baldrick'.



During the branch visits sumptuous lunches and teas were made for me and at least 50+ celebratory cakes were personally made for me. The trouble was that the schedule allowed 40 minutes at each branch - and after photo calls there was no time to eat!





As you will recall the weather in July was appalling and it rained solidly throughout Devon, Cornwall and Somerset. I missed the Olympics completely. However, I did touch 5 Olympic torches on the way round - earned by very proud runners.

Keeping to the national speed limits was difficult as there were tight deadlines for every day. Fortunately, it was not a problem on the derestricted roads of the Isle of Man where a team of local bikers encouraged me up to a speed of 120mph! I had two minor accidents, one at Beachy Head and one in the centre of Belfast – with very near misses in both Scotland and Wales. Someone was looking after me, and I escaped the Challenge - injury free.

I was humbled to meet some celebrities, who included William Dunlop a superbike racer and nephew of Joey Dunlop, Ian Poulson Davies (Owen from Coronation Street), Charley Boorman from A Long Way Round and Ewan McGregor's father brought a signed photo with personal good wishes from Ewan. I was flattered when armed forces men and women bikers from the British Legion joined me every day when I was in Scotland. And over 40 bikers followed me for the ride into Chesterfield which was branch number 100 on the route. An exciting and memorable event for a 64 year old!



If anyone reading this has thoughts of doing something like this for a good cause, then I would encourage you to follow your instincts and **Go For It!!**

David Exley

As we go to press, I have just learned that the intrepid biker has been invited to a Buckingham Palace Garden Party in June in recognition of 'David's Way Round' – a well-deserved thank you for him and one to which I'm sure he is much looking forward.

Editor

Chairman's Note

The report on the failure in care at Mid Staffordshire Hospital Trust distributed responsibility for the tragedy widely. One aspect of it underlines the need for a strong patient voice. All too often complaints from patients and their carers are lost in a bureaucratic haze.

The response is standard. It goes along these lines: we are sorry and sympathise; we have taken action to endeavour to ensure that this does not happen again. There is rarely a description of the action taken or who is responsible for ensuring that it is - and certainly no indication that the problem might be common. It is the analysis of the complaints that has to be improved. Just as in other public institutions we have relied on self-regulation. Will this change or at least be improved following the re-organisation?

The Care Quality Commission and more locally West Sussex Healthwatch are underfunded. They can respond to serious incidents, but otherwise their inspections can only be random. What can GPs do? Is peer pressure enough to ensure that mistakes of other clinicians or therapists will be identified and remedied?

It is important that patients do complain if they believe that something was wrong with their care. Our best hope is, that out of the Mid Staffordshire report, much more care will be taken to listen to patients' concerns and to ensure that, whenever necessary, action is taken and the responsibility for it is clear.

These comments particularly refer to care in hospitals and in the community. We will publish a note in a future issue on the procedure for complaints about GP services.

Stuart Henderson

Changes at PMG – through the eyes of the Editor

As with any leading training practice, and in particular one of this size, there are frequent changes, and I thought it might be helpful to explain a little of how the system works as it is possible that you are as confused as I was!

GP trainees' 'change-over dates' are always the first Wednesday of a month. In their first and second years, trainees have 4-month attachments and, therefore, changes happen in August, December and April. The 3rd year of GP training is a full year in a GP surgery, so the first Wednesday in August sees the arrival of a doctor who has reached this stage, departing on the Tuesday a year later.

Some of you may have been seen by Dr. Tim Crane, who has been at PMG since the beginning of December and he will be leaving shortly. He is in his second year of training, having gone to Medical School in Birmingham and, following surgical training in the West Midlands, he became an orthopaedic surgeon. He worked as a consultant in knee surgery in Coventry for 2 years and then moved to Sussex for his GP training, spending 2 days a week at St. Richard's doing obstetrics and gynaecology, with the remainder of the week at PMG. The next stage for him is a 4 month psychiatry post in Chichester, following which he will spend his final GP trainee year at the Witterings Medical Practice.

Dr. Miriam Adams arrives at the beginning of April for her 4-month placement and she tells us that she was inspired when she received a toy doctors' kit for her 5th birthday, found the human body fascinating at school and realised her desire to learn more and help people. Having considered other specialties, Dr. Adams' favourite parts of the day-to-day work of a GP are 'talking to patients on a relational level, taking an interest in their lives and the challenge of identifying the right diagnosis'.

Having trained at medical school in London and then gaining more experience at St. Richard's, Dr. Adams continues 'I really enjoy

seeing the whole spectrum of ages, conditions and being involved with the community as a whole – meeting patients where they are at, rather than just in hospitals. My special medical interest is dermatology as such conditions can have a huge impact on people's lives, and I also like paediatrics as kids are often lots of fun!

Apart from trainee changes, we have recently said goodbye to Pippa Keatley as lead practice nurse after working for PMG (and Barnhouse Surgery) for a total of 18 years. Pippa decided in her last year at school that she would like to be a nurse, so trained at St. Thomas' for 3 years, working there for a year after qualifying. She then married and lived in South Africa for 3 years, returned to England for 3 years and bought a house in Pulborough. The family then lived in Sri Lanka for 3 years, returning in 1983 to live in Pulborough.

Pippa became the lead practice nurse three years ago and for the last 18 months her work has also involved research. Having found this aspect of the work particularly interesting, she is now working just one afternoon a week, currently doing research on two projects.

The first research project is to check for familial hypercholesterolaemia – the study of high cholesterol that runs in families. This involves a heel pin prick in babies between the ages of 1 and 2 at the same time as their routine 12 month old immunisation is due. If the result is positive the child can be given lifestyle advice and treated from the age of 10; the parents will be tested to see which of them might also benefit from treatment as one of them will be 'the carrier'. Some blood will also be sent away to the John Radcliffe Hospital in Oxford for genetic research into DNA mutations. Currently about 100 local babies a year are being checked, but obviously parental consent is required.

The second research project which was started late last Autumn is with patients who have just been diagnosed with atrial fibrillation. Between 2 and 3 patients a month are discovered and the hope is

that 12 a year will agree to be monitored. Again consent is required; with this study, once the patient has met with Pippa and gone through the consent form, that is the end of their involvement. After that it is a question of the patient's notes being studied every 4 months over a period of 2 years to monitor how the patient has responded to treatment.

Generally, the practice is involved with 4 or 5 research projects a year and the others currently are a study into 'infection control within the home' and 'common and rare genetic variants associated with thinness'.

The first of these entails a patient being invited by letter to take part in the study; they then give their consent online and are automatically allocated one of two groups – intervention (where they are given specific tailored advice to reduce colds and 'flu-like symptoms) or control group (where no advice will be given). Further questions are asked over 4 months, with the patient's notes being assessed 6-12 months following recruitment.

The other study involves recruiting those who are thin but otherwise well and invitation to participate is again by letter; those consenting will be sent a simple questionnaire and DNA saliva kit. The information obtained will be compared with data on 'normal weight controls' and patients with severe obesity.

The role of the nurses within the practice has changed in recent years and now includes such things as chronic disease management, sexual health, smears, family planning, together with travel advice and vaccinations.

To replace Pippa we have a new lead practice nurse – Anna Harrison – and I talked to her to find out more about her and her new role.

Anna has lived locally for some 26 years and her children are now either at uni or about to go, although neither is following in her

footsteps! Anna trained at Middlesex Hospital, moved to Sussex and did a District Nursing Diploma, working for a short while at the Royal Surrey County Hospital, before commencing her district nursing and community nursing experiences in various places in Sussex such as Petworth, Fittleworth, the Witterings. Like Pippa, she knew from a relatively young age what she wanted to be, and having now been in nursing for 30 years and done a masters' degree, she has a wide range of experience. She has also been a community matron in Horsham.

When I talked to her, Anna had been at the Practice for a couple of months and she said how very impressed she is with the level of care of all the nurses at PMG and with their willingness to 'go the extra mile'.

One of her aims is to broaden the range of core skills of all in the nursing team and to get patients with several problems like diabetes and heart failure checked for both problems at once rather than having to come into the Practice for different clinics. Currently we have Trish, Beverley, Gail and Marilyn (sharing Karen's work while she is on maternity leave), Ruth and Tracey who are all practice nurses, with Tracey also being a diabetes specialist nurse. The health care assistants are Jenni and Petula, with Carole a full-time phlebotomist, also newly trained in ear-syringing.

Wound care is particularly important as the healing process may be delayed unless the health of the patient is looked at as a whole, and this is again one of Anna's priorities. Minor injuries are also a significant part of the work, dealing with such things as cuts and grazes, burns and dog bites.

Sometimes patients phone in to the surgery, are triaged and referred to Anna that day, or she will work closely with the doctors on chronic ailments, so you can imagine what a varied and busy working week she has, and I'm grateful she was able to spare the time to help us understand the complexities of her demanding work.

Lesley Ellis - Editor

The new NHS

Steven Pollock, corporate affairs director of Coastal West Sussex, has accepted our invitation to lead a discussion and answer questions about the local NHS.

*The meeting will be held in the Conference Room at the
Surgery*

on Wednesday 29 May at 6pm.

As space is limited, admission will be by ticket only, available free from the Secretary, Mavis Cooper (01798 87 22 99) or the Chairman, Stuart Henderson (01798 812 017).

SUMMER NEWSLETTER

These Newsletters now reach some 700 households, but if you know anyone who would like to receive the Newsletter, or if there are any topics you would like to see included or have any comments, please e-mail the Newsletter Editor – lae@ianellisassociates.com.

Letters are welcome, but not anonymously, and we reserve the right to refuse publication if they refer to individual problems which should be dealt with directly with PMG or, if need be, through the complaints procedure.

Corden Pharmacy

Hopefully spring is on the horizon - and we can look forward to some sun at last!

We would like to take this opportunity to remind our customers of our normal opening hours, and where to look for any changes in these hours with all the bank holidays coming up – two at Easter and two in May.

Monday to Friday	8am - 7pm
Saturday	9am - 2pm
Sunday	Closed

Where there are changes to the above hours these will be displayed by notices in the pharmacy and details will also be published on the NHS website.

We continue to offer travel advice and clinics for smoking cessation and weight loss. You may also be eligible for a health check – please ask the Pharmacist for details.

Feel free to speak to our Pharmacist if you are unsure whether to bother the doctor with your problem – we will be pleased to help if appropriate and will refer you on to the doctor if necessary.

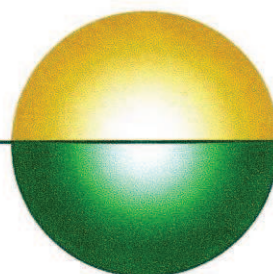
The Pharmacist can also offer advice on any medication you are taking in the form of a Medicine Use Review; this could be particularly useful if you are changing medication or starting something new.

Sue Oliver on behalf of Corden Pharmacy

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Midhurst Macmillan Service

I don't think there can be many – if any – in this country who have not, at the very least, heard of the wonderful caring work of the Macmillan Nurses, and to most people their thoughts would immediately turn to cancer patients, although their patients include those with 'any life limiting chronic progressive disease experiencing complex problems that are not responding to routine treatment and therapeutic intervention'.

The Midhurst Macmillan Service was set up in 2006 (when The King Edward VII Hospital's inpatient palliative care unit closed) to provide 24/7 hands-on care and advice at home, in community hospitals and in nursing or residential homes. The Midhurst service covers a rural area of about 25 miles radius including Midhurst, Pulborough and Billingshurst in Sussex, Haslemere and Hindhead in Surrey and Petersfield and Bordon in Hampshire, serving patients of approximately 19 GP practices.

However, there is also another very vital role within the community – of which I'm sure many will be unaware.

Editor

The Midhurst Macmillan Service is a team with many different skills enabling them to provide the best support available for people with life-threatening illnesses. This includes a counselling and bereavement department managed by a qualified, experienced and accredited psychotherapist.

Counselling is offered by a small team of qualified counsellors and is available to patients and their families who may be suffering from depression or anxiety, or who feel unable to cope and who need a confidential space to talk about their fears and concerns. The counsellors are part of the Macmillan multi-disciplinary team and work alongside the medical and nursing staff to provide holistic care for those referred to the service. They work with individuals,

couples and children, as we recognise that life-limiting illness affects the whole family unit.

Patients sometimes need a safe space to talk about difficult feelings that they do not want to share with those closest to them, and they can do this knowing that what they say will be kept in confidence. We also have a team of 16 trained volunteer counsellors who work with the bereaved relatives and friends.

A condolence letter with information about this service is followed up by a telephone call 6-8 weeks after the death of the patient, asking if we can be of any help. This can be accessed at any time and there is no cut off point. We offer one-to-one counselling sessions either in the unit or in the home, and we also hold monthly bereavement support groups in Midhurst Community Hospital. These have been very popular, especially amongst bereaved men, and the groups often continue to meet socially once they have finished formally.

We also give immediate support after a death for those needing advice and help registering the death, arranging the funeral and dealing with paperwork. We can only provide this service for those within our catchment areas but, if appropriate, we will suggest local referrals for family and friends who live in another area.

Macmillan organises a Remembrance Service every six months in March and September; this is held at Easebourne Church and is a chance for grieving relatives and friends to remember their loved ones. A Tree of Hope service is also held each Christmas, where anyone from the local community can make a dedication in memory of a loved one. This dedication is entered into the Book of Love which is on view each year at the Tree of Hope Service.

Sue Dewar and Joanna Stuttaford for Macmillan



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

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Riding for the Disabled Association

Monday afternoons at Brinsbury Campus now see some excited youngsters and usually four gentle, well-trained four-footed friends waiting patiently to give these special children the treat to which they look forward so much.

We are all aware of pets as therapy, but the special relationship disabled children can build with the ponies may well help them in ways of which most of us are unaware. There are something like 500 such groups in the UK, providing therapy, achievement and enjoyment to approximately 28,000 people.

The look on the children's faces when they arrive in the saddle is really a delight to see and is what makes the volunteers come back each week to help make this happen.

It takes three helpers for each child – one leading the animal and one on either side of the rider to help encourage the best possible posture; also to talk to the rider to give them confidence. Also it means being alert and 'right there' in case of any problems and, with many of the children, to hold onto them to keep them in the saddle.

The arena is set out with coloured cones – each week being slightly different giving variety to the exercises which the children love – “When you go past the blue cones see how loudly you can say ‘splish, splash’”. Sometimes the cones are set out in circles or squares, sometimes lines to weave in and out of and this all adds to the enthusiasm and fun.

When the ponies halt, the riders are then encouraged to move their arms into different positions – ‘aeroplane’, ‘star’, ‘up to the sky’, ‘soldier’, all of which help them with their balance and enable them to do things which may not be possible otherwise and, therefore, eventually benefit them in everyday life also. They wave to each other (at the appropriate time!) and there is a huge ‘mirror’ at the end of the arena so they can see themselves. They are encouraged

to say 'walk on' and 'whoa', to hold the reins correctly and to use their legs and the reins to tell the pony what is required of it – walking slowly, 'marching', changing direction and even the occasional trot.

More recently the exercises have included riding with the reins knotted in front of them and their arms out wide or on their hips, or holding the reins but without the use of the stirrups – all more ways of improving the balance, the confidence and the fun.

This Monday group is relatively new at Brinsbury and takes a lot of careful planning by some dedicated people keen to add not only some excitement to the lives of these children, but to enable them to get the benefits of riding. The ponies belong to local people and so they have to be brought to the Campus especially for this two-hour session but, knowing how much the children gain and look forward to this time, makes it all worthwhile.



**pulborough
patient
link**

- your voice in local health

2012 Flu Clinics Update

We are happy to report that our flu clinics for 2012 were once again very successful, with a total of 2,916 vaccinations given out over the course of the planned 8 clinic days. Immediately after these clinics there were some patients who we needed to visit as they were homebound or perhaps staying at one of the excellent care homes we have in the area. However, by the end of October just over 70% of all eligible patients had been vaccinated.

On the clinic days the nursing team worked quickly and efficiently along with the administrators to enable us to vaccinate the large volume of patients who attended. We extend our thanks to all patients for their understanding on the clinic days whilst waiting for their turn. We hope the wait was not too long in consideration of the numbers we were able to see. A big thank you also goes to the members of PPL who very kindly volunteered their time to help the PMG team in the smooth running of the clinics.

Some of you may have noticed that the flu clinics started later than normal this year. This was because a new strain of influenza was discovered earlier this year and the immunisation authority held back the delivery of the vaccination until such time as this new strain could be included. All influenza vaccinations are bespoke for the year in which they are given, and the World Health Authority hopes that they have captured all the likely strains of influenza for the winter of 2012/2013.

The influenza vaccine we use is inactivated, or to put it another way, the virus has already been killed. However, we do recommend that you only have the vaccine if you are feeling fit and well on the day and are not running a temperature. This is because, albeit very occasionally, whilst your body creates the necessary antibodies to fight the virus (and to give you the protection from the vaccination), in the interim you may suffer from a few aches and pains for a day or two after the injection. We would confirm, however, that allergic reactions to the influenza vaccine are very rare. However it is worth

mentioning that the influenza vaccines have a very small amount of egg in their formula; therefore if you do have an egg allergy it is recommended that you do not have this vaccination but speak to your Doctor first. From the date of the injection it normally takes two weeks for the vaccine to take full effect and protect you from the winter flu virus.

Fortunately last season saw some of the lowest rates of flu on record, however flu remains highly unpredictable. Therefore we sincerely hope our flu clinics will go a long way towards keeping our patients cough, cold and free of flu this year.

*Julie Eldridge
Administration Team Leader*



Hamilton Cole
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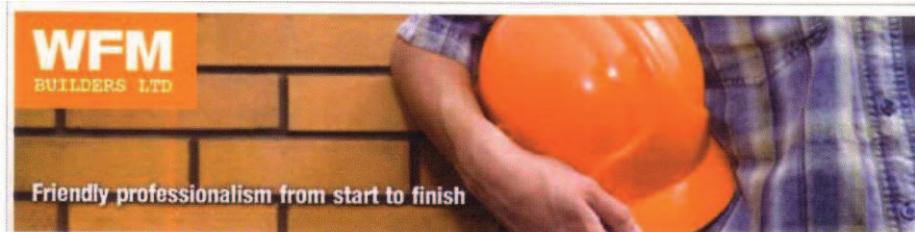
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