



**SUMMER 2012**  
**NEWSLETTER**  
Number 21

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# *F. A. Holland & Son*

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**invite you to  
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***‘Helping People Live Well with  
Dementia’***

**by**

**Barbara Pointon, MBE  
Ambassador for the Alzheimer’s Society  
and for Dementia UK**

**Member of the  
Standing Commission for Carers**

**Pulborough Village Hall**

**Monday 25<sup>th</sup> June 2012**

**Talk 7pm**

**Doors open 6.30pm**

**Refreshments and Raffle Draw 8pm**

**WHO'S WHO?**  
**AT**  
**PULBOROUGH MEDICAL GROUP**

**PARTNERS** – in the picture from left to right:

ALAN BOLT (MANAGING PARTNER)

DR DAVID PULLAN

DR JONATHAN SERJEANT

DR GUY MITCHELL

DR PETER HARD

DR. TIM FOOKS



**SALARIED GPS**

DR AMELIA BOLGAR is currently on maternity leave but due to return in July: covered by Dr Sarah Bella.

DR JAIDEEP JADAV

DR ANN SUMMERSGILL; also on maternity leave and due to return in July – covered by Dr Jeremy Raphael

DR SELMA STAFFORD – due to return in the Autumn from maternity leave which is also being covered by Dr Sarah Bella.

## **GP TRAINEES**

DR SARAH MARTINDALE is due to complete her training at the end of July

DR ENA SATISH: due to complete training one month later

DR ABU BELAL is in his first year of a three year training programme (replaced Dr Claydon and before that Dr Bradbury) attachment and is at PMG until the end of July.

We welcome, from the beginning of August:

DR RAY GHAZANFAR up to the end of July next year– for his third & final year of training and also

DR CHRISTINA WINDLER up to 4<sup>th</sup> December - a second year trainee undertaking an integrated training post split between PMG and paediatrics at St Richards Hospital.

## **NURSING TEAM**

Pippa Keatley – Nurse Team Manager: Tracey Rydon –Practice Nurse

Tricia McKinlay – PN: Karen Morgan – PN: Beverley Richards – PN

Petula Mitchell – Health Care Assistant

Jenni Elliott – HCA: Carole Santillo – Phlebotomist

## **COMMUNITY NURSES**

Sean Cemm – Community Matron – Sean also works for PMG on a Monday as a Prescribing Nurse Practitioner.

Jan Ryan – leads a team of community nurses which includes Angela Bramley, Elizabeth Stevenson, Shirley Ratcliffe, Elaine Varley as well as other staff who rotate between Pulborough and Petworth.

**Health Visitors** – Shani Torp and Jane de Luzy - are supported by a nursery nurse trainee – Anne Lennox and a part-time staff nurse – Kate Pope; they also cover at both Pulborough and Petworth.

## **PHARMACY**

Dave Roberts and Sue Oliver head a team of pharmacists and dispensing staff in Corden Pharmacy.

## **PHYSIOTHERAPY**

Verity & Navin are two NHS physiotherapists from Bognor who see patients at PMG. We also have Paul Fritche seeing private physiotherapy patients at the Practice on a Tuesday afternoon.

## **OSTEOPATHY**

Jonathan Hearsey heads a team of osteopaths including James Adatia and James Cooper, both for NHS and private patients.

## **PODIATRY**

A podiatrist visits from Bognor each week to see patients at PMG.

## **ANTENATAL**

We have a midwife – Stephanie East – each Tuesday at the practice.

## **COUNSELLING**

We have a variety of ‘counsellors’ – some from the ‘time to talk’ team based in Chichester, others from the Mental health team at Midhurst, plus a drug and alcohol counsellor from Chichester. These include Paul White, Rob Ainsley, Michelle Thorpe, Kat Justeson, Maria Fragkou, Michelle Brown and Dr S Allen.

## **OUTREACH CLINICS**

We have several consultants who run outreach clinics here at Pulborough to which, subject to relevant criteria, our GPs can refer patients:- Mrs S Venn (urology), Dr T Taylor (paediatrics), Dr Beattie/Mr Hafez (vascular); Mr A Simons (gynaecology); Dr R Bowskill (private psychiatry); Mr James Lewis (private orthopaedics);

## **MISCELLANEOUS**

Robin Humphreys – CAB – outreach clinic once a month.

Action for Deafness – clinic for batteries once a month

Dr Bolgar runs a sexual health clinic – Spiro Clinic – once a week

Dr Guy Mitchell has a vasectomy clinic also once a week

## **PMG STAFF UPDATE**

We welcome back Karen Morgan (PN) from maternity leave; sadly Gail Hadlow has left but Beverley Richards (who was locum cover for Karen) has now joined permanently. Gail joins Angie Flanagan on our list of bank nurses, who assist with holiday/sickness cover.

In July we look forward to welcoming back both Amelia Bolgar and Ann Summersgill from maternity leave; Amelia will continue to work the same rota as before ie Monday and Tuesday plus Spiro Clinic on Thursday PM.

Ann will reduce her clinical sessions by one day, working Tuesday, Wednesday and Thursday.

We welcome two new Medical Receptionists to the team – Elizabeth Morris and Mandy Turner – replacing Claire Tommans Porter and freeing up existing staff to provide support to other departments. Sandra Barron – Administration Team Lead - will be leaving us this summer; her post will be filled by Katherine Ripsher (currently Patient Services Manager) and we are advertising for Katherine’s replacement.

The premises are due for refurbishment this Summer; we will be assessing which areas require repainting etc and, whilst we will try to minimise any disruption to patients/clinics, we would appreciate your support with any changes to ensure this work is completed as quickly as possible.

Staff have undergone further training on our new clinical IT system and child protection/safety, with future sessions on 10<sup>th</sup> July (ENT) and 20<sup>th</sup> November (CPR). We are grateful for your support during this transition period.

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# **Addaction in Action!**

## **How I Got My Life Back – When I Didn't Know I Had Lost It**

Red wine – my favourite tippie! Well, everyone likes a little drink to unwind, relax or socialise with friends - and a glass or two doesn't do any harm, does it?

I don't know how, when or why it started but the occasional glass became every day, and before I knew it I was drinking a bottle a day – but I wasn't drunk – at least I didn't think so. I wasn't an alcoholic – they drink half a bottle of vodka for breakfast and I wasn't doing that! Well, except on a Saturday when I was on my own in the house, pouring my first glass at 10.30am when 'Saturday Kitchen' came on. But I wasn't an alcoholic.

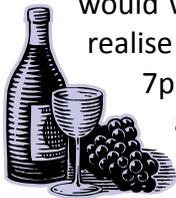
I would get home from work about 4pm, turn on the TV to watch mindless rubbish, feed the animals - and pour a lovely glass of wine. Then I sorted washing and ironing and thought about what to cook for dinner. When my husband came home at 6pm I was surprised that I had nearly finished the bottle. He didn't really notice as most days he spent the afternoon in the pub – we have our own business so the bosses can do as they please! I would be angry when he came home drunk, which made me open a second bottle. If he could have a drink then so could I. What a pathetic excuse!

Eventually I had to admit I was drinking too much, after all, two bottles of wine every day was a tad over the recommended limit! Every morning I thought 'I'll have a day off drinking today', but it didn't happen - home from work with the wine bottle screaming at me. Oh, well, just a couple of glasses then. But once I started I couldn't stop – I was drinking it like water, not sips but gulps.

Home life was deteriorating. Previously very house proud and tidy, I did only the basic jobs around the house. I was arguing with my husband and with my 18 year old daughter - and usually I couldn't remember why. She went out most evenings, often staying with a friend but, when at home, she'd be in her room, rarely spending time with me or my husband.

My memory was awful as well - much of the time I could not remember what I had done the night before or even if I had eaten anything. My daughter would tell me things and I had no recollection of them. She has since told me that she thought I 'had lost the plot' or had some brain disease as often I didn't make sense.

I wasn't eating properly (getting all my calories from the alcohol), nor sleeping well, and would wake and toss and turn for a couple of hours. I didn't realise that my body physically wanted more alcohol! By 7pm each day I was really tired, especially as I was always well into my second bottle by this time, so I would fall asleep on the settee, as had my husband, as he was invariably well intoxicated too.



I was depressed. Any slight criticism and I would get upset, feeling useless, worthless and unwanted and that if I died no-one would really miss me, except my cat. About five months ago I realised that I couldn't go on. My life was a mess. I was in a really dark place and had to admit to myself that I had an alcohol problem.

I went to see my GP and just burst into tears before I could say anything. I was totally honest with him about how much I was drinking and how I was feeling. He diagnosed me as clinically depressed, put me on medication and referred me to a Community Psychiatric Nurse (CPN) from Addaction. The CPN was so supportive, very understanding and didn't make me feel pathetic because I couldn't just say 'no' to alcohol. He explained that I was physically dependent on it - drinking so much over such a long period my body 'needed' it.

We made a plan of action to cut down by avoiding situations around alcohol and not having my first glass until 6pm rather than 4pm. We looked at ways I could avert my attention from alcohol by occupying myself. I saw the CPN every two weeks – but it wasn't working. I just couldn't stop. My husband knew I was supposed to be cutting down and, although he would still spend most afternoons in the pub, he was trying

not to drink in the evenings to encourage me - except then he was noticing how much I was drinking. I would hide the bottle I had opened when I got home, use mouthwash, telling him I hadn't had a drink. Then I'd open a bottle to 'share', but would drink my 'secret' stock so he wouldn't see the level of our 'shared' bottle going down. I had read books and seen documentaries about alcoholics hiding bottles – and that was me!

It was time to admit to my CPN that I couldn't do it on my own. We set a date to start drug therapy – Librium - which is a tranquiliser that helps negate the withdrawal symptoms from alcohol. I thought I would be out of it for a week, but I started the drug and it was like I was on 'speed'! From the first day I didn't want a drink! I had absolutely no thought of pouring a glass of wine. Day two and I felt great – this was amazing! By day three I had so much energy! I was off work as I couldn't drive, but was dealing with my work e-mails from home. I washed everything I could lay my hands on, except the cat! I ended up cleaning out all my kitchen cupboards, re-organising, de-cluttering, and even putting WD-40 on the drawer runners. It was rather obsessive .... but still absolutely no urge to drink! I have been alone in the house with wine bottles in the rack and an opened wine box, but now they have gone quiet – no temptation at all. In fact, the thought of a glass of wine makes me feel nauseous!

I stayed at home for my week of detox and the next week - and my daughter was at home with me much of the time. How our relationship has changed in such a short time! We are chatting, sharing thoughts, shopping together, laughing together - things we haven't done on a daily basis for years. Her comment was 'Mum, you are so normal now'! I am now the person I want to be. I have found the 'me' I used to know. I hadn't realised the low, lonely and pathetic place I was in because of the alcohol.

It is now eleven days since I finished the detox programme and I don't want a drink, and more importantly, my body doesn't need it. I have more

energy, am sleeping better, my memory doesn't let me down, I don't 'lose' hours of my day and am happy, contented and feel alive.

Life IS worth living and I don't need alcohol to get through the day – in fact, the alcohol was stopping me getting through the day – what a waste of a few years!

I love the life I am now living. I know it is only eighteen days off the alcohol, but any time I may be tempted I only have to remember how I am now, and will know that excessive drinking will only make things worse. I may have the odd glass in the future, or I may not, but I will be in control – the alcohol will not be controlling me.

I am NEVER going back to that dark existence – and that's all it was – an existence. Now I am really living again and I love my life and I love myself, and family and friends can see the new zest I have, my smile, my relaxed manner and my positive attitude.

I couldn't stop drinking on my own – I needed help – and I am so pleased I took the first step, admitted I had a problem and got that help. Admitting I was an alcoholic was really hard because I knew I had to stop and the thought of life without alcohol was very frightening.

***But, with help, I have done it! I have a life back – and one that is really worth living – WITHOUT ALCOHOL.***



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patient  
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**- your voice in local health**

### **‘I don’t want to bother the doctor…….’**

As always, we would like to encourage you to make full use of the Pharmacy Team as an easy point of contact for health and medication advice.

We can often recommend an ‘over-the-counter’ remedy or give appropriate advice to save you having to see a doctor. Such minor ailments can include hay fever, eye infections, coughs and colds, aches and pains, rashes, insect bites and stings, travel advice, thrush, athlete’s foot, sprains and strains, morning after pill. We will, of course, refer you to a GP if we feel it is necessary. In certain circumstances the Independent Pharmacist Prescribers can write a prescription to treat minor illnesses.

The Pharmacists can also offer advice if you are not sure whether you need to see a doctor - or if you need further advice or have queries on your existing medication.

### **Vascular Health Checks**

The Pharmacists are currently carrying these out on behalf of PMG. Eligible patients are those between the ages of 40 and 75 yrs who are not currently being treated for high blood pressure, diabetes or other cardiovascular conditions.

The checks take 20 – 30 minutes and include a finger prick blood test for cholesterol and blood glucose, together with blood pressure, height, weight and a number of lifestyle questions. The information is then used to calculate the patient’s 10 year risk of having a cardiovascular event. Issues can be identified and the patient referred for further tests or to the GP if necessary.

Patients are generally invited by a letter from the surgery to make an appointment, and these checks are held in the Pharmacy consultation room.

If you have not had a letter and feel that you may be eligible then do please contact PMG or Corden Pharmacy for more information.

### **Bank Holidays**

Don't forget – we have the Jubilee weekend upon us.

Corden Pharmacy **will be closed on Monday and Tuesday, 4 and 5 June.**

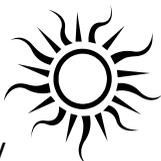
There will be designated pharmacies open for emergencies on these days – details can be found on the NHS West Sussex website, from NHS Direct (0845 46 47) or on the door of Corden Pharmacy.

### **'The packaging on my medication looks different.....'**

This year, a number of drugs are 'coming off patent' – this means that they can now be made by lots of different manufacturers and the packaging will look different. They will be labelled with their generic name rather than the branded name. If you are affected and are unsure about your medicine then please ask one of the Pharmacy Team for help. The products affected include: Xalatan, Xalacom, Cosopt, Trusopt, Lipitor, Seroquel, Amias and Singulair.

### **Summer is coming!**

We hope we may get forget to protect your effect. Do please read any to try to ensure you are buying the correct protection for your skin type.



some sun this summer – don't skin from its potentially harmful product information very carefully

We are always pleased to try to order goods for you if we don't stock the item that you need.

*Sue Oliver  
on behalf of Corden Pharmacy*

For more information regarding Pulborough Medical Group,  
the recent Netbuilder surveys, etc. please go to  
[www.pmgdoctors.co.uk](http://www.pmgdoctors.co.uk)

## David's Way Round for Samaritans

My name is David Exley. I am 64 years of age, live in Storrington and have been a patient with practices within the PMG for the past 22 years.

My family has suffered the tragedy of two suicides - 24 years ago my brother Tim who was 32, committed suicide on Christmas Day. Only 4 years ago, my son James also took his own life, he was 34. Both of these young men fit the staggering profile that in the UK, suicide is the second greatest cause of death for young men between the ages of 19 and 35.

As a direct result of my son's death I became a listening volunteer for Worthing Samaritans (the most local Samaritans' branch to Pulborough) and undertake regular weekly daytime and evening duties. I cannot help wondering that if either James or Tim had contacted Samaritans they may be alive today. For this reason, I would like to highlight the fact there are 201 branches of Samaritans in the UK and Ireland and over 18,500 listeners waiting to take calls from people in emotional distress.



In a bid to raise public awareness I have planned to try to ride a motorbike 6,000+ miles to visit all 201 Samaritans branches in the UK and Ireland – this is expected to take 39 days. To keep costs down I will be sleeping, when I can, in the Samaritans branches where we have put-up beds for those volunteers who work night duties.

As well as branches on the mainland I will also visit the 8 islands of Hebrides, Shetlands, Orkneys, Isle of Man, Isle of Wight, Jersey and Guernsey and of course Ireland. The flights and ferries will make a change from riding! We are still in the

planning stages of this challenge and it is expected that I will be riding about 160 miles each day to visit approximately 6/7 branches, mainly in cities and large towns.

### Keeping fit

Although I play squash twice a week (and play Dr Tim Fooks once a month!) I need to be fitter and more supple. You might think that I would not have to be too fit to ride a motorbike! However, riding one for 6,000 miles over 39 days in eight weeks will take its toll. Firstly, I lost 1<sup>st</sup> 4lbs with a calorie control regime from this January. I then consulted the gym team at Steyning Leisure and have begun an exercise and swimming routine to build muscles and flexibility. I might also have to find how I get rid of blisters from my b..... I will be requesting medical advice when I next see my GP!

If you would like to sponsor my endeavours there are three options available. There are sponsorship forms at PMG surgery, or you could go direct to the Virgin Giving website under the name David Exley, or text DWRC24 £1/2/3/4/5/10 to 70070. Thank you for your consideration.



I plan to keep you up to date with progress in future editions of PPLink.

Photos show me at home on the bike and with Charley Boorman and Russ Malkin from the TV documentary 'Long Way Round'.

*David Exley*

## Reflections on my Final Trainee Year

I was well aware that my final year as a GP trainee would be busy and challenging, and it has certainly lived up to my expectations! With assessments, exams, audits, tutorials, Thursday teaching sessions at St. Richards in addition to seeing patients, it has been a hectic time.

GP training has changed considerably over the past few years and now consists of a three year vocational training scheme (VTS). The first 2 years are split between hospital placements and general practice, with the final year spent entirely in general practice. This structured approach ensures that GP trainees have a broad medical knowledge before settling into general practice for good. My second year placement in obstetrics and gynaecology has helped to further my knowledge of women's health, an area in which I have always had an interest – this has certainly come in useful with having all three female GPs on maternity leave at the same time!

At PMG a mentoring system is in place for trainee GPs so that there is always an experienced GP to ask during a consultation if needed. As the year has gone on my knowledge has increased significantly and I now find that I have to ask much less than before so thank you for bearing with me. Due to the extensive hospital based training confidence in dealing with major problems such as chest pain is very good. It is those areas that do not present in the hospital environment that often cause more problems so the final year is an excellent opportunity to get to grips with conditions such as hay fever, rashes and moles. Having a mentoring system is essential to trainees especially in the first few months whilst finding one's feet and familiarising with the local area and the large number of hospitals and services to which we are able to refer.

In order to complete the VTS training GP trainees have to pass 2 examinations - a 3 hour written theory paper and a gruelling practical exam which takes the form of a 'mock surgery'.

There are also ongoing in-house assessments which include feedback from patients in the form of questionnaires, and reflective learning through watching video recordings of consultations. Although watching yourself on video can be a painful experience, it has certainly given me the opportunity to reflect on my own consultation style and technique so thanks to everyone who has consented to be filmed.

Since August, I have been involved in the care of a large number of patients from diverse backgrounds who have challenged my knowledge base and helped me to learn the skills needed to become a general practitioner. It has been a privilege to spend a year in Pulborough and thanks to the support of the PMG staff and patients I feel that I have been well prepared to make the transition from trainee to fully fledged GP.

*Dr Sarah Martindale*



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## **Are You An Aspiring Athlete?**

With the arrival of the Olympic Torch in the U.K, I felt it would be appropriate to advise all you aspiring Usain Bolts out there on how to reduce the chance of injury, if you are inspired to get off the sofa and start to realise your athletic potential.

As a private Physiotherapist I see a constant flow of patients with all sorts of sports injuries. There is no doubt that watching sport can inspire some individuals to take part themselves. I'd like to try to reduce your chance of injury - prevention being better than cure.

How many of you can recall as a child jumping over home-made fences after watching the Grand National? My Physio wife (who should know better) recently injured a hamstring doing a cartwheel in the garden after watching gymnastics. Having watched the 110m hurdles, you too could be tempted to jump over a low fence while walking your dog. But is that a good idea?

The benefits of regular exercise are well known, which include reduced blood pressure, improvement in strength and flexibility, improvement in cardio-vascular fitness, reduced incidence of type 2 Diabetes and some cancers, weight reduction and improved mental health. Sounds almost too good to be true!

Like most things in life there are some 'downsides', maybe exercising in a way that is inappropriate for you and potentially suffering an injury - or even worse - as happened recently with the tragic death of a thirty year old lady competing in the London Marathon. If in doubt regarding your fitness to partake in unaccustomed exercise do please consult your Doctor. We live in an increasingly sedentary world, but in the balance of risk and reward, recent research favours regular exercise, so please don't be put off. If the Olympics motivates a few people to exercise more that will be good, but please bear in mind the following advice on how to reduce the risk of sports injuries.

The body is amazingly good, although a bit slow, at adapting to the stresses we put it under. Furthermore, the adaptation is very specific to the stresses or activity we do. What do we mean by this?

Your skin may be pale in the winter and will burn easily. As the skin gets darker throughout the summer, it becomes protected to some extent from the sun. The stimulus of the sun has caused an adaptation (darkening of the skin).

As we exercise a response will occur. If we run three miles slowly, the muscles involved in running will become stronger and more flexible, as our body adapts. But it is very specific to the activity we do. Common sense would tell us that running won't improve our ability to swim. Strengthening thigh muscles in the gym will improve your ability to lift weights in the gym, but it won't improve the ability to run very much, because the way the force is delivered is different in the two activities. If you run, say, nine minute miles, it won't prepare you for sprinting or jumping. The sudden explosive force being transmitted through muscles and tendons is huge when we accelerate, change direction quickly, and when we jump. From approximately forty years of age, we become less flexible and there is a far greater risk of muscle and tendon rupture.

Warm-up is a controversial area. We need to get the body warm before doing vigorous exercise. If it's cold, wear suitable clothing to keep the body warm until you feel warm. An exercise bike or a brisk walk or gentle running is helpful before more vigorous activity, then gradually increase the effort to do activities similar to those you will be doing in the exercise you do. Once warm, stretches are usually advised, holding a stretch for ten to fifteen seconds but never bouncing. Warm-up and stretching routines are very specific to certain sports. If in doubt, consult a coach or Physiotherapist. So if you're over forty and haven't run for ten years, it would be inadvisable to try to jump a fence or run a 100m leg of the parents' race at your child's sports day.

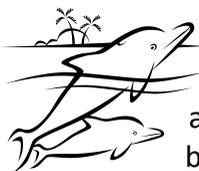
The conclusion is that when you start a new form of exercise you need to begin at a low or easy level, gradually increasing the effort, speed and distance to give your body time to adapt. The right equipment is also essential. For running it's the correct footwear, but also it's important to run on the right sort of surface. Concrete and tarmac may be flatter and so reduce the risk of ankle and knee sprains, but the shock load is harsher on your knees. Very



uneven surfaces like the South Downs Way carry a risk of sprains because they are uneven. Flat smooth surfaces like playing fields are probably a good compromise. The risk of 'tennis elbow' is greater with tightly strung rackets or if you play in the rain with wet balls. Take advice when starting a new activity and use the equipment that's most suitable for you and your aspirations.

Have a good technique. All sports will have an optimum technique which is best learnt from a coach or expert. Good footwork in racket sports means you arrive at the ball in such a way as not to over-reach with your arm or back. Apparently youth academy footballers are taught to reduce injury risk by getting the weight off the leg about to be tackled.

So in summary, do exercise if you're inspired to do so by watching the Olympics, but if in doubt regarding your ability to do so, consult your GP. Use appropriate equipment and a good technique. Warm-up and stretch. Gradually increase the effort and distance, but avoid sudden sprinting or jumping unless you've trained for it. If you follow these rules, you will help to reduce the risk of injury and benefit from the many rewards of exercise.



A variety of activities is best - swimming, short runs and some gym work would be a good mix. Running fifty miles a week just exercises and stresses the same old bits of the body, carrying more risk.

A final word of warning if you're thinking this exercise lark sounds too risky. I have seen several patients over the years with injuries in the category of 'watching sport on TV' - two celebrating goals, one lifting some beers out of his car before an England match!

**Enjoy the once in a lifetime event of the Olympics in the U.K.  
But stay safe!**

This article is not an exhaustive source of information on injury prevention. It's impossible to give advice for all. For individual advice see your GP or a physiotherapist.



*Paul Fritche – Private Physiotherapist at PMG*

The PPL have received numerous comments from patients regarding their concerns over the difficulty of getting to speak to a receptionist to book an appointment or, more worryingly, for advice when someone is ill. We all know that we must dial 999 if a heart attack is suspected. However, there are instances when it is not an extreme emergency, but we need guidance fairly quickly.

As a result of our meetings with PMG, there are now many more people available (particularly at peak times like Monday mornings) to answer the phones - and the message has been changed (see below) giving more options, allowing the urgent calls to be filtered more speedily.



“Welcome to Pulborough Medical Group. If your call is an emergency please press 1 now. For all other queries please choose from one of the following options. For emergencies press 1, for appointments or to speak to a doctor press 2, for results press 3, for insurance reports and claim forms only press 4, if you wish to speak to a medical secretary regarding your referral press 5. To hear these options again please press star or for all other queries please continue to hold and your call will be answered as soon as possible.”

-o-o-O-o-o-

You may recently have been asked for your mobile phone number. Increasingly e-mail addresses and mobile phones are a quick and easy way of communicating with patients, for example for those who have conditions which require monitoring and for which, therefore, the next appointment has been made well in advance.

With the new SystemOne clinical IT system, messages can be sent to mobile phones re appointments, reminders, etc., and there is an option to tick to send SMS confirmation when booking an appointment.



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.*

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- Shopping/outings
- Dementia care
- Palliative care

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West Sussex  
RH14 9PP

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## Chairman's Comments

The Health and Social Care Bill has now become law and we will have to see how it works in practice. There are clearly some risks, and it is difficult to be sure how serious they are. The bureaucracy – the cost of which was often highly exaggerated – has been moved around and reduced. It appears that the local supervisory body will be a combination of all of Sussex including Brighton, with Surrey. Otherwise responsibility will lie with Whitehall, Monitor and the Care Quality Commission – all central Government Agencies.

Locally West Sussex will have a Health and Wellbeing Board and the membership will be drawn from the local health Trusts and local government representatives. Public Health issues are also the responsibility now of West Sussex County Council.

Our Practice is one of over 50 in the GP controlled Coastal West Sussex Clinical Commissioning Group.

How will it work? If the argument about a new Littlehampton Hospital is to be a guide then the populist politician will be ranged against clinical advice and financial necessity. Coastal West Sussex supported by NHS Sussex rejected the argument for a new hospital basically because no clinical need was established. The local politicians strongly disagree. We will have many more such arguments. How long will GPs want to spend time in such disputes?

The Government believes that competition will improve services to patients. We will have to see how the conditions to protect the core NHS work. A & E with its need for a specialist support team, unscheduled work and end of life care are services which are costly to provide and need a large hospital. Cherry picking leaving the emergency work with the NHS could be very damaging – more cause for disputes.

## Doctors' Workload

In February and March our GPs experienced an unprecedented demand. It is a situation which has been experienced by other local practices (and, indeed, I gather in other parts of the country also), in spite of the weather being generally more mild. I cannot remember ever seeing Dr. Fooks looking so exhausted before his Easter break.

It is important for patients to have easy access to the doctors, but we also have a responsibility to use our free NHS as sensibly as possible.

## **PPL Needs Re-freshing!**

The PPL Committee needs new members and a fresh approach. I have been in the chair for over 3 years and I do need to retire. So what is the purpose of the PPL? The objective is simple, but the solution is not. Doctors need to understand patients, but patients need to understand not only the conditions or illnesses that they might face, but also how the NHS will help them.

The Committee meets every 2 months. Members question Dr. Fooks and the Practice Manager, Alan Bolt, about the problems the Medical Group faces, very often with the benefit of listening carefully to the experience of other patients. We have occasionally invited patients with special problems to meet in a more confidential environment. We then talk about the information we can give to patients through the three public meetings a year and through the Newsletter. In both of these we aim to cover a variety of subjects which will be of interest and concern to a wide group of patients. It has been and indeed is a successful approach.

Membership of the Committee is interesting but, of course, as with all voluntary groups, work is needed to support the activities. Over the past year or so many patients have said that we have helped to make an impact.

I do hope that one or two will come forward to help the PPL to carry on its work – contact details are on the back cover.

*Stuart Henderson*

## 24- Hour Blood Pressure Measurement

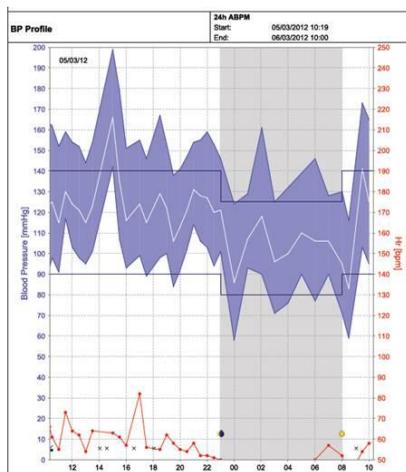
Things have changed! Up till now doctors decided if blood pressure was normal or not by measuring it on a single or several moments. Now, for the first time, a full 24 hr record of BP measurements is recommended before making that decision.

Quite specific national guidelines have been produced to investigate blood pressure. If, on a correctly measured BP, the reading is greater than 140/90 a 24-hr BP record should be performed.

High blood pressure is a factor in the development of a number of illnesses. New evidence has now shown that the average blood pressure reading is a more accurate indicator of high risks of these illnesses, hence the new switch. The doctor interprets the results taking into consideration the individual circumstances and medical condition of each patient.

Blood pressure does vary during the day according to activity, posture, sleep, eating and medication and to a large degree stress or anxiety. Variability is a normal response, but see below.

For a large number of people (possibly 25% of the population) the blood pressure goes up much higher when checked in the clinic – this is still known as the white coat syndrome despite doctors having given up white coats. The 24 hr BP will eliminate these atypical readings by finding an average 24 hr level which is more relevant. This is important as we don't want to diagnose people as having high blood pressure who do not, nor do we want to treat people with medication who don't really need it.



To have a 24 hr BP record performed, a cuff is fitted around the arm with a small machine attached to a belt that records your blood pressure at regular intervals over 24hrs. The cuff will inflate regularly during the day and night. A log of activities is made whilst wearing the monitor, an example of which is shown. The process may be slightly uncomfortable as the cuff inflates. Normal routine is advised whilst wearing the monitor - but not a bath or a shower - as the monitor must not get wet. The devices are very expensive!

Not all patients need to have a 24 hr BP as, for some patients, it can be clear that the blood pressure is normal - or that blood pressure treatment is needed without one. But for those in-between cases it can be very helpful and advances our accuracy of diagnosis and treatment.

Dr. Jeremy Raphael

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