PULBOROUGH PATIENT link

Open Doors at PMG

SPRING 2012 NEWSLETTER

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Pulborough Patient Link

invite you to

a Talk and Question and Answer session by

Paul White
Community Psychiatric Nurse Specialist
from Addaction, Chichester

Why do some people become addicted?

What is skunk?

ADDICTIONS

Everything you wanted to know and were afraid to ask!

Is cannabis safe?

Pulborough Village Hall

Monday 5th March 2012

How do I help my friend stop drinking so much?

AGM 6.45pm: Talk 7pm

Doors open 6.30pm

Refreshments and Raffle Draw 8pm

Chairman's Notes

Financial pressure

The Government is seeking to achieve savings nationally of £20 billion – or close to 20% - over the next few years. This has always seemed to me to be a fantasy, but nevertheless NHS Sussex and so our GP-led Coastal West Sussex are under pressure to make economies. A programmed investigation called Sussex Together is looking to improve 'models of care'. This is likely to lead to concentration of some services at fewer hospitals, which could lead to improved care by specialisation but could also mean patients travelling further for their care. For example, acute vascular surgery will in future not be available either at Worthing or St. Richards, Chichester.

At the same time, the GPs are leading efforts to improve care in the community, and particularly for patients with long-term conditions. Both are aimed at keeping patients out of acute hospitals – Worthing and St. Richards, for example.

PMG and PPL

Both our GPs and PPL Committee Members believe that the Practice is meeting its patients' needs better than a year or so ago. Two areas were of great concern – Cordens and the appointment system – but we understand that the improvements that have been made have mostly met patients' concerns. There will still be occasional problems but, when I hear what occurs at other practices in our area, I believe that we are well served.

Membership

A crucial need for both PPL and the Practice is for us to listen to patients' experiences. To meet this need we have strongly supported the Netbuilder system. This system has enabled us to

carry out 9 surveys last year, covering such subjects as patient satisfaction, the appointments system and feedback from a particular clinic. The two touch screens in the surgery are there to record patients' views, with the subject changing approximately every month – do please use them.

Our membership is now over 500 – 200 pay for the Newsletter and more than 300 receive information by e-mail. This is an improvement, but is still less than 10% of the patient households registered at PMG. E-mail membership easily allows both the PPL and the Practice to ask for patients' opinions and could be of great assistance when looking at new services to commission.

At the same time, the PPL does need some income to cover its costs which are minimal and relate generally to the production of our Newsletter. We do not wish to deter e-mail membership by asking for a subscription, but if you can make an occasional small donation – or buy extra raffle tickets at our public meetings – we would be very grateful.

Stuart Henderson, Chairman

pulborough patient link

- your voice in local health

Stuart Henderson has been appointed to the board of Coastal West Sussex Clinical Commissioning Group as a lay member – to add to his 'clutch' of health-related meetings!

PMG Staff News

Since the last Newsletter both Dr Ann Summersgill and Dr Amelia Bolgar have had their babies – James Peter born on 1st November 2011 to Ann and Hettie May born on 3rd November 2011. Dr Sara Bella is covering Dr Bolgar's clinics and Dr Jeremy Raphael is covering for Dr Summersgill. Dr Selma Stafford started her maternity leave early in January and Dr Bella will cover her Wednesday sessions. We are also looking forward to welcoming back Karen Morgan, who went on maternity leave last April – Karen should rejoin the nursing team in February. We will be saying goodbye to Gail Hadlow, one of our nurses but are delighted that Beverly Richards – who has been the maternity locum for Karen, has agreed to join us permanently and will be taking over the shifts released by Gail's departure.

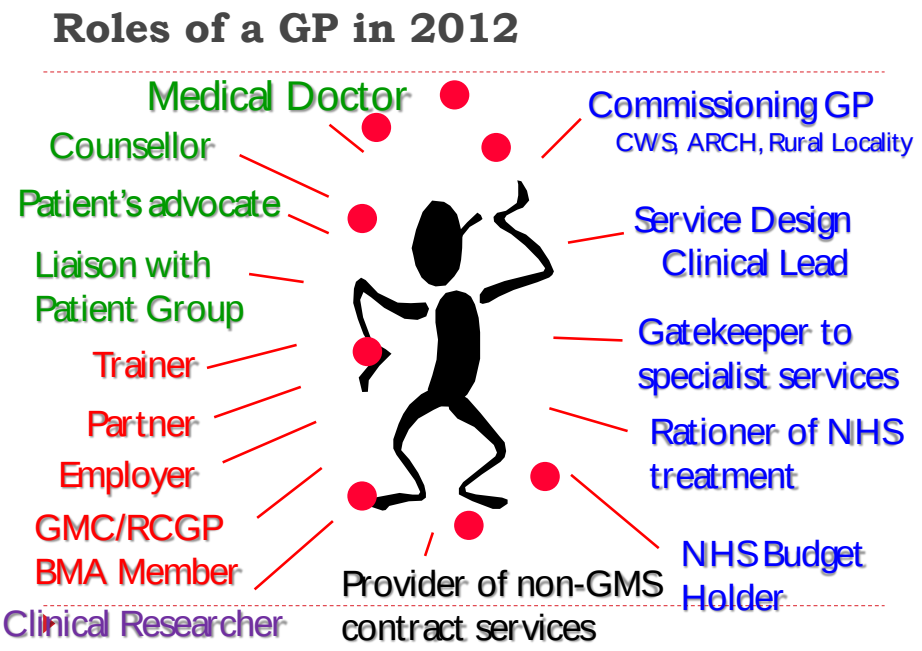
With regard to other staff, Claire Tommans Porter, one of our receptionists will be leaving us in February and we are looking to appoint a replacement.

Trainees - Dr Penny Bradbury completed her 4 month attachment and we now have a new ST2 trainee – Dr Jennie Claydon. Like Penny, Jennie's appointment is part time at Pulborough – just two days, with the other two days being spent in Obstetrics and Gynaecology at St Richards Hospital.

Sean Cemm our community matron, has started to work at PMG each Monday, as a Prescribing Nurse Practitioner (PNP). As a Community Matron with Sussex Community NHS Trust, Sean has been working closely with PMG for the last few years. He is managing patients in the community who have one or more disorders in addition to the primary one. This appointment is a six month pilot study and will provide an opportunity to have a PNP working with PMG on one day a week to assess whether a PNP can support the practice and GP clinical workload. Sean's role will include home visits, minor illness clinic and chronic disease management.

In January 2012, we changed our clinic IT provider from Isoft Synergy to SystmOne; all of our staff underwent training at the beginning of the month and our GO LIVE day for the new programme was 18th January. Once we have become accustomed to the new system, we hope that the benefits of the new programme will support our aim to provide the best care possible to all of our patients.

PMG have signed up to several new Local Enhanced Services (LES) such as diabetes and management of patients in care homes (Hillside and Anchorage). Staff continue to undergo training as part of our protected Encircle sessions, with a CPR and defibrillator session in January; Child Protection and an interactive CPD (Continuing Professional Development) learning event for all staff to assist with assessing and dealing with patients with mental health problems are scheduled in March 2012.



Who is Harmoni?

Harmoni has over 15 years experience of delivering GP out of hours services across England. We are the largest provider of out of hours services in the country caring for over eight million patients.

What is out of hours care and when should I use it?

The out of hours service provides urgent treatment when your normal GP Surgery is closed. We operate Monday to Friday 6.00pm to 8.00am and 24 hours at weekends and on Bank Holidays.

If you are unwell and feel you cannot wait until your surgery reopens, you can contact Harmoni. We provide advice and assessment for urgent symptoms that cannot wait until your own surgery is available.

We do not provide repeat routine medications or routine tests or investigations. Please ensure that you have adequate supplies of your routine repeat medications to last you during periods your surgery is closed.

How do I access out of hours treatment?

Patients are able to access the service via a dedicated phone number 0300 130 1313. If you call PMG you will be transferred directly to Harmoni.

All calls to our service are answered by experienced call handlers who take the patient's demographics and details of their medical condition. The call handler is trained to assess your condition and prioritise your call. If you need to speak to a nurse or GP they will phone you back within a specified time. In the meantime you will be asked to call back should your condition worsen.

When the nurse or GP phones you, they will ask for more information about your urgent health care problem. They will then:

- Offer advice on self-care, or
- Refer you to a local primary care centre for an appointment with a doctor, or
- Arrange a home visit by one of our clinicians, or
- Refer you to one of the community nursing team, or
- Refer you to A&E or hospital where appropriate

In an emergency they may send out an ambulance.
Our team will ensure the patient understands the next steps in the process, and that the service to which they are being referred has all the necessary information about their medical need.
All calls are recorded and logged on our IT system for audit purposes and kept for up to five years, and all the information you provide is regarded as confidential.

How will I be treated?

Our GPs and nurses see patients face-to-face in either a primary care centre or, if absolutely necessary, in their own home. Our primary care centres are usually situated in local hospitals or community health centres. A prescription may be issued for you to take to your local pharmacy. If the pharmacy is closed and the clinician feels it necessary for you to start treatment before a pharmacy reopens, you may be administered medication by the GP and normal prescription charges will still apply.

Emergency Services

Three people have recently mentioned to me their experiences relating to Emergency/Out of Hours Services and the excellent treatment they have received, and it seemed that a short article briefly summarising these might be of interest.

The Editor

Brian, perhaps you could tell me what happened that caused you to phone the surgery?

I had been feeling increasingly ill over several days, had phoned for an appointment and been given one for a blood test; I then became much worse, so a further call to PMG suggested my wife get me to A & E fairly speedily as, although not an emergency, it was the best place to be. I was seen almost immediately at St. Richards and it quickly became apparent that the advice to get to hospital was certainly the right one.

I am on warfarin, but was operated on for a blockage, probably caused by a clot, as soon as was practicable, and kept totally sedated for a few days so that the effectiveness of this particular operation could be monitored.
As I was kept completely 'under' I remember nothing of being in intensive care (which is on a one-to-one basis) for several days, obviously receiving excellent care, enabling me to be transferred to a high dependency ward – which is 2-1 care. I can vouch for the quality of this treatment as by now I was aware of what was going on!

Thanks to the speedy diagnosis, the operation to remove a section of small intestine and the care I received (and despite 'losing' Christmas and New Year), I am back home regaining strength and recovering well.

Andy, as the surgery was closed you phoned Harmoni, please tell me what happened?
A few days before Christmas I experienced persistent abdominal pains that my wife thought were consistent with appendicitis so I rang Harmoni to describe the symptoms, and was called back within 30 minutes by a doctor who asked me to go to their out of hours clinic at St Richards. I was seen promptly, shortly after 10 pm and, following some tests, was admitted to St Richards later that evening. I then underwent further tests, and was x-rayed, but nothing untoward was found so I was discharged the following afternoon. The Harmoni service was prompt, and it was most useful to be seen by a Harmoni doctor at St Richards within 2 hours of my original call.

Monica, you also had reason to call the surgery after getting pains in your neck that gave you cause for concern.

Yes, just a week before Christmas about 10 pm I knew something was wrong as I had pains in my back and round my neck which were unusual - not indigestion - and I felt odd, so I decided to phone the surgery and was transferred to what I now know to be Harmoni. I was questioned and the lady obviously recognised the symptoms and said she had called an ambulance. An ambulance car arrived within 5 minutes with lots of equipment and the paramedic very quickly had me connected to a machine which showed I was having a heart attack. The paramedic obviously contacted Brighton Hospital who decided I should go to their cardiac unit and an ambulance arrived within minutes, whisking me there.

The ambulance crew were marvellous – efficient and kind – and, on arrival, tests and scans were quickly completed and the decision made that I should have a stent placement. I was given a local anaesthetic and again the doctors explained what they were doing and why.

I was looked after by a charming nurse in a mixed ward of 6, where each nurse was responsible for two patients – and everyone was so caring and helpful. After a couple of days and a number of tests, the cardiac consultant decided I could return home.

I can't fault the treatment and care I received, resulting in my having the same type of operation as the Duke of Edinburgh. Not only was I back home in a few days, but I also was given a very detailed eight week routine to follow to aid my continuing recovery. I also received a leaflet which has proved invaluable and has answered all the questions I could possibly have thought of. A cardiac nurse visited me at home and explained in detail the home activity programme and the importance of exercise and walking to stimulate the heart. She also stressed that a good diet is as important as the regularly prescribed medicine. Physiotherapy has also been arranged at St. Richards Cardiac Rehabilitation Unit where I was assessed on a

bike and using the treadmill. However, because of the problem of leaving my husband who has Alzheimer's I was provided with an exercise DVD so even that aspect has been taken care of.

A couple of weeks after I was home, I felt a little worried about my heart (probably being rather nervous after my recent experience), but a call to the surgery, followed within the hour, by an ECG at the surgery, showed that my heart was continuing to improve, thanks to the stent which had been inserted and so I was very speedily and easily able to be reassured that all was well.

This is an article which has kindly been provided by one of our patients and which we hope will encourage all females to follow the advice we are given, but which tends to be forgotten in the rush and tumble of our daily lives.

CANCER – a word which strikes fear in the hearts and minds of most people.

I was very shocked when recently a breast consultant uttered the words "I am very sorry to tell you but you almost certainly have breast cancer". This was about 15 minutes into the consultation and I felt like I had been given a death sentence. His diagnosis was based on the fact that, as well as having a lump in my left breast, there was a dimple, which I now know is a sign of breast cancer. It looked as though an invisible marble had been pressed into the underneath of my boob.

My partner noticed this before I did. Before he pointed it out I was in blissful ignorance. I had had a mammogram in February, just a few months earlier, which showed no abnormalities so I thought I was in the clear, and I guess I became complacent and it did not occur to me to check my breasts regularly.

When my doctor checked me over, he said it was the dimple that caused him the most concern. He referred me as an emergency case to St. Richards in Chichester.

I had surgery just before Christmas and the lump was removed along with one of the lymph nodes. They have special equipment at St. Richards which means, while you are having the lump removed, they can test the sentinel node to see if the cancer has spread. I was fortunate in that the node tested negative, so they did not have to remove any other nodes. I came out of the anaesthetic in a state of euphoria when they told me the cancer had not spread.

It is fairly early days and I cannot be sure what the outcome will be until I see the oncologist soon. I am hoping that it will be just 3-4 weeks of radiotherapy, and taking Tamoxifen for 5 years as the cancer was oestrogen-generated and this drug should prevent a recurrence.

Part of me is still afraid - but I am trying to believe that I am going to be completely well again.

However, **I am on a mission** to urge women to check their breasts, preferably every week. Please stand in front of a mirror (without clothes) and looking at your breasts, raise both your arms up as high as they will go above your head. Then look at the shape of your boobs to make sure there are no apparent abnormalities. It takes only a minute, but it could **save your breasts and possibly even your life.**

Treatment is so advanced in this day and age - and there is so much that can be done to save lives - especially if cancer is detected early. It does not have to mean a death sentence.

And now to the men ... Apart from the fact that 1% of breast cancer is found in men, you can play your part by helping with these checks.

CATCH IT EARLY BEFORE IT HAS A CHANCE TO SPREAD.

Jacqueline

SystmOne

On Wednesday 18 January, we 'went live' with our new clinical system called SystmOne. This clinical platform fully supports the NHS vision for a 'one patient, one record' model of healthcare. We will be able to access a single source of information, detailing a patient's contact with the health service across a lifetime. This record should be accessible whatever the care setting and available so any health professional can enter information. It will be able to document every appointment, medication, allergy and every contact the patient has had.

Any willing Provider >

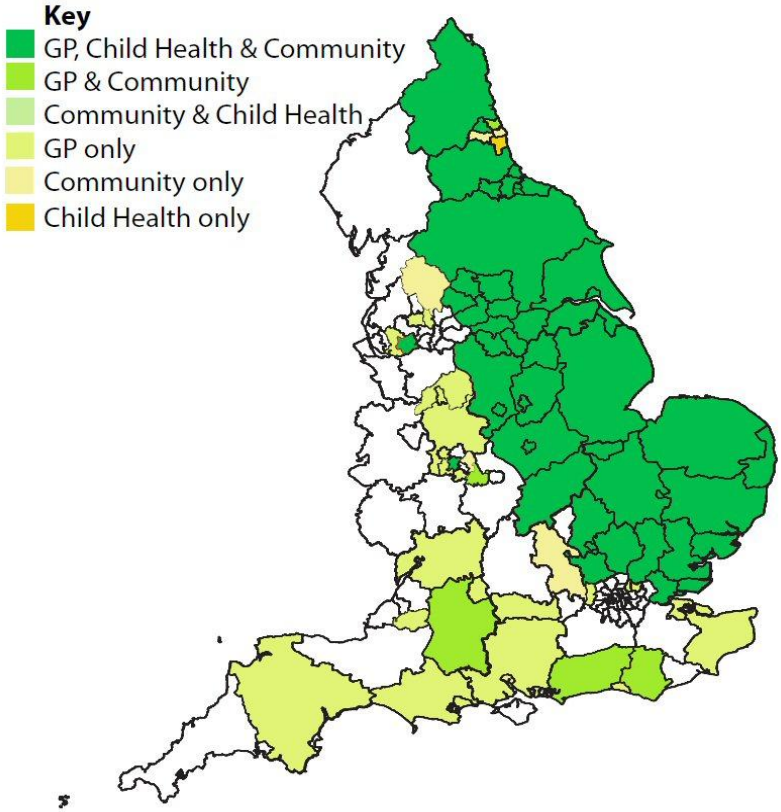
SystmOne is a hosted solution, data can be shared securely between a whole range of healthcare services across at least 24 different health settings. Confidentiality is ensured and patient consent is incorporated into shared care.

SystmOne is now widely used across West Sussex and the rest of England as shown below:
1673 GP practices
138 prisons on SystmOne Prison
SystmOne Child Health in over 52 units across England
SystmOne Community in 58 PCTs across England

SystmOne Community, Child Health and Prison is now live in 100% PCTs in Yorkshire and the Humber.
SystmOne has over 21.5 million patient records live on SystmOne and more than 98,000 NHS users.

Latest Deployment - August 2011

The map below shows the deployment of SystmOne across England. For the purposes of these maps, a PCT is 'coloured in' if one or more organisations within it are using the relevant SystmOne



Gozone

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

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Accepting gift of support is vital for carers

This is the heading of an article I read recently in The Daily Telegraph and, although not quoted in its entirety, I felt it made many very interesting, valid observations which merited reproducing here. The article is by Baroness Finlay, a past president of the Royal Society of Medicine, a professor of palliative care and she also looked after her own mother 'in the later stages of her life and knows only too well how important it is to ask for help and to get a support network set up as early as possible'.

The Editor

'We have become very poor at asking for help. Somehow, those who need support the most tend to be the last to seek it.

'Caring for someone you love who is ill or dying can be exhausting on so many levels. It is emotionally draining, physically tiring and there can also be a financial burden.

'All too often these carers – who work hard to keep a loved one safe and comfortable in their own home – miss out on help not just in a formal capacity from local authorities, but also from the community they live in. Sadly this is because they don't like to ask.

'If you find yourself caring for a loved one at home, the first thing I would urge you to do is ask "What help is available to us?" Charities like Age UK can provide a wealth of advice, support and expertise. The local authority will also help you work out how to help your loved one maintain their dignity and well-being at home. Ask your doctor to put you in touch with district nurses and your local hospice, which will be able to provide crucial care and support. It is important to remember that a hospice is not simply a building; it is a philosophy too.

'It would be wise to ask about being put in touch with a benefits adviser – Citizens Advice Bureau can help with this – to talk through

what financial help is available. It is unlikely that anyone will offer any benefits without you asking for them.

'Carers are so often surrounded by friends and neighbours all too ready to help in whatever way they can. And by feeling that they can't accept this help carers miss out on a whole network of support.

'How I wish people would try to change their mindset on this matter. It is important to realise that when you graciously accept an offer of help, you are also giving something precious back to that person. By letting them do some grocery shopping, make a batch of delicious soup or take a pile of ironing off your hands, you make them feel useful.

'Most people are genuinely delighted to make a contribution and make life a little easier. It is so important for carers to accept that, however much they want to, they can't and shouldn't do everything themselves. There is nothing to be gained from martyring yourself. You can only be the best carer by looking after yourself, too.

'Most of us wouldn't hesitate to ask a plumber to take care of a leaky radiator or call an electrician to repair a faulty socket. It's not seen as being undignified to ask for such assistance, but a way of getting things done.

'We carers should try to see asking for help – whether from the local authorities, family or a charity – in the same way. A gift doesn't have to come in a box, wrapped in fancy paper. So often it's the one that comes in the form of a home-cooked lasagne or soup that means so much more both to give and to receive.'

Coldwaltham Village Help Scheme

In the early 1970s the late Edna Llewhellin formed the Coldwaltham Village Help Scheme which became the footprint for many of the other local transport schemes across West Sussex. It was studied by Durham University who published a paper on the subject.

The CVHS provides transport for residents of the civil parish of Coldwaltham to hospitals, surgeries and other medical or care centres. We are supported financially by voluntary contributions from users, and also donations, fund-raising events and Coldwaltham Parish Council. Our drivers receive payments for expenses based on the distance travelled.

All of our drivers use their own cars and, without our dedicated pool of volunteers, the Scheme could not operate. We have four contacts throughout the parish – or requests can be made at our community Post Office which is held at Sandham Memorial Village Hall on Mondays, Tuesdays and Thursdays between 9 am and 1 pm. The details of the four contacts are:

Pauline Streeter	**01798 873868**
Angela Scriven	**01798 872150**
Sarah Lucas	**01798 831293**
Elizabeth Elson	**01798 874624**

We are fortunate that Coldwaltham is a very caring community and we have an able committee who help to maintain the smooth running of the CVHS.

Shingles

The word ‘shingles’ might conjure up a pebbly seashore in your mind, maybe a type of wooden roof tile – or maybe the virus, which possibly causes similar pain to walking bare-foot on a stony beach!

What is Shingles and how common is it? The virus causes pain and a rash along a band of skin supplied by the affected nerve, and is the same virus as causes chickenpox, so anyone who has had chickenpox may develop shingles. 1 in 5 people develop shingles and, although it can occur at any age, it is most common in people over 50.

How does Shingles occur? Most people have chickenpox at some stage, often as a child, and the virus does not completely go, but remains inactive in the nerve roots next to the spinal cord. They do no harm there and cause no symptoms – maybe for years – but may reactivate, travelling along the nerve to the skin to cause shingles. This can occur for no apparent reason, but may be caused by stress or illness.

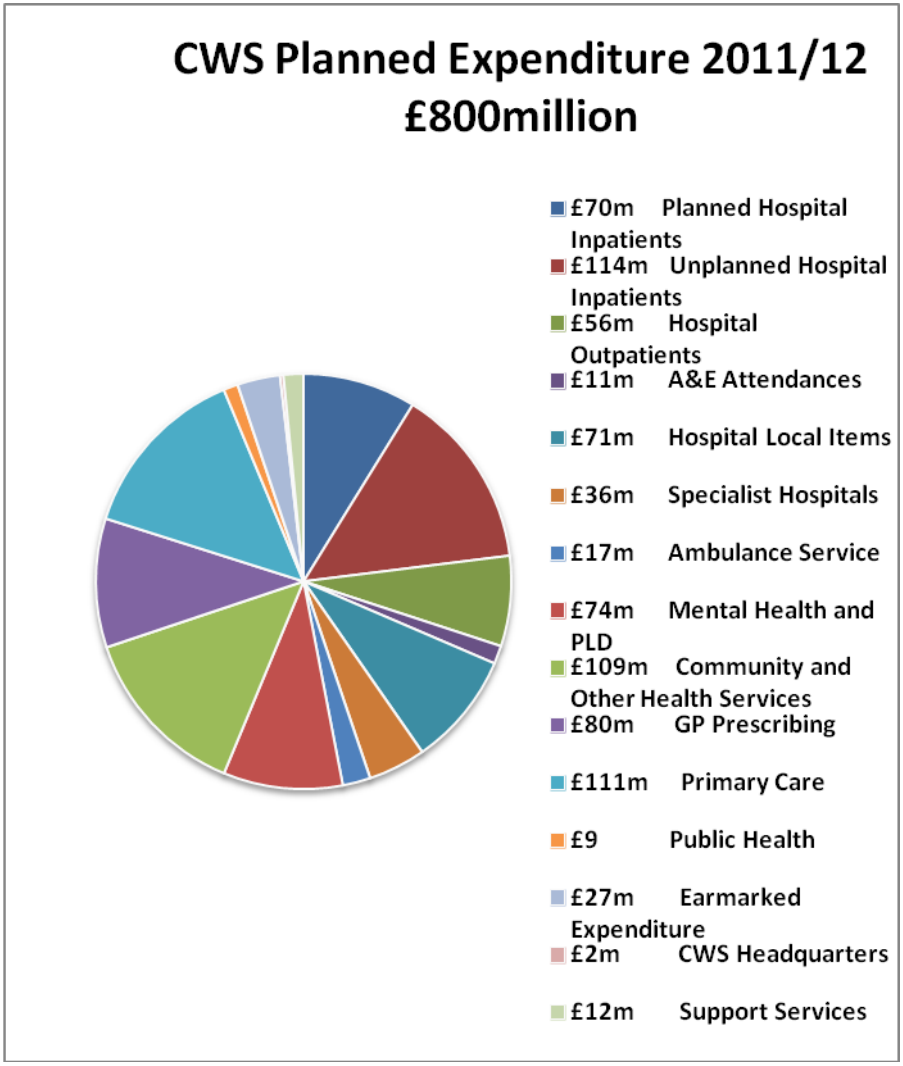
What are the common Shingles symptoms? The virus usually affects one nerve only and on one side of the body - and most usually on the chest or abdomen. The upper face (including an eye) is also a common site. The pain can be dull or gnawing and/or sharp and stabbing pains that come and go. The affected area is tender, with the rash typically appearing 2-3 days later; it looks like chickenpox but only appears in the area affected by the nerve. Shingles usually lasts 2-4 weeks and can include feverishness and feeling unwell.

Is Shingles contagious? Yes, you can catch chickenpox from someone with shingles if you have not already had chickenpox; however, you cannot catch shingles from someone with shingles, and the blisters are only contagious by direct contact, so covering them can mean returning to work if you feel well enough.

However, pregnant women or people with a poor immune system who have not had chickenpox should avoid people with shingles.

Treatments. The two main aims are to ease pain and to prevent neuralgia (nerve pain). Speed (within 72 hours) is of the essence if you are over 50, have a severe rash, severe pain or have a poor immune system. If any of these apply to you make an appointment to see your doctor to check whether antiviral drugs are appropriate for you.

***Further information on Shingles – or indeed on any medical problem – can be obtained from www.patient.co.uk*.**



This chart shows the way the budget for the Coastal West Sussex Federation is due to be apportioned

PMG Update

GP Commissioning; A&E Attendance; New non-GP services; SystmOne

This edition of the PPL magazine introduces some of the principles and concepts behind the NHS reforms which pass more responsibility to GPs for managing the NHS at a local level.

For our practice, these changes have required the doctors to participate in monthly reviews of our referrals to specialities such as gynaecology, dermatology and ENT. Each of these reviews require us to meet with our peers from three other practices – Loxwood, Petworth and Midhurst - to ensure we are all working together to use local hospital services appropriately.

We have also been asked to study the use of A & E by our patients. During 2012 there will be a great emphasis placed on ensuring patients do not end up in A & E for conditions such as minor illness, that should be dealt with within a GP surgery. In practical terms, at PMG, we have ensured that our practice nurses have more appointments available to treat patients who attend the practice at short notice with a minor injury, and we have protocols in place to ensure that high risk patients - such as those who are very young or very frail - can be seen on the day.

Interestingly, the current data has demonstrated that our practice population is already among the lowest users of local A & E services in the South East - this may relate to the distance we live from the local acute hospitals, but we trust it also reflects our patients' ability to access timely medical support from the practice.

Other developments at the practice have seen a significant increase in the number of non-GP services within our primary care centre and these were summarised in the last edition of the Newsletter.

The West Sussex Time2Talk service has now one or two psychological therapists working Monday to Friday in our building, providing interventions such as Cognitive Behavioural Therapy. Emotional Support for Carers also offers a regular weekly clinic at PMG, and we are still very fortunate to have a regular weekly clinic at the practice run by our local psychiatrist, Dr Allen.

Patients with complex health care needs, who are confined to home, are being visited by Sean Cemm, who is our local Advanced Care Nurse Practitioner, and on Mondays, Sean not only visits those who are acutely ill, but also runs a minor illness clinic at the practice.

Additional consultant specialist clinics are now functioning. In addition to our regular paediatrics, gynaecology, general surgery and urology clinics, we are very pleased now to be hosting an NHS orthopaedic clinic run by Mr James Lewis FRCS. Mr Lewis works for Goring Hall Hospital and is an expert on hip and knee problems as he demonstrated in his excellent lecture at a PPL meeting last year.

Finally, as mentioned in the Staff News, the practice has changed to a new clinical record and appointment system called SystmOne. This computer system is now being used by almost half the practices in West Sussex and is gaining popularity around the rest of the country. Although it will not link into hospital systems, it will enable patient data to be more easily shared when patients change practices, not only saving a lot of time but, also meaning that fuller detail is easily transferred.

We also believe SystmOne is better designed for the modern requirements of general practice and, for example, will enable us to send text message communications to patients to remind them of appointments.

The ECG

An electrocardiogram (ECG) is undertaken when it is necessary to assess various parameters of the heart.

Ten electrodes are placed on the body and used to record the ECG – one each on the left and right of the upper body or left and right arms, one each on the lower body or left and right leg, together with six electrodes across the front of the chest. Occasionally a particularly hairy chest is shaved to ensure a good electrical contact with the electrodes.

Measuring the electrical potentials between different combinations of these electrodes allows the recorder to map out the electrical activity generated by your heart in both horizontal and vertical planes.

The results are then represented graphically to produce the ECG tracing. Examination of this trace can indicate the condition and function of the heart muscle, the nature of the heart's rhythm and the health of its conduction system.

When studying the ECG, we look at the rhythm and rate of the heart to see if it is regular and to see if there are extra beats (ectopic beats). Also studied is the conduction system of the heart to make sure that it is co-ordinated and that the atria and ventricles are contracting in the most efficient way. We can also get a picture of the health of the heart muscle, see whether, if there are symptoms such as chest pain, there is any sign of a heart attack or angina currently, or indeed if there have been problems in the past.

The ECG is part of the cardiovascular risk assessment undertaken at medicals for various reasons. The other aspects of a cardiovascular risk review may include family history, height, weight, urine, pulse, blood pressure, lipid, kidney function and blood sugar estimation, together with an assessment of smoking and alcohol.

Modern ECG machines have inbuilt computers with the ability to produce a brief report on the condition of the ECG.

However, the ECG is just a screening tool. If the pulse is irregular, for example, it may be necessary to wear a monitor for 24 hours - a

so called ‘Holter Monitor’ which measures the pulse rate over a 24 hour period and can quantify the degree of irregularity or extra heartbeats.

Other tests, such as an exercise test might be requested by your doctor, which is better for indicating any problems with angina etc. An alternative to this is an MRI or CT scan, which can give the same information.

If any of these latter tests are abnormal, it may be necessary to proceed to an angiogram where a cannula is put into the groin and passed round to the heart and dye injected to visualise the state of the coronary arteries.

All of these innovations have revolutionised the investigation and management of heart disease and have led to a huge improvement in the lives of patients suffering from heart disease.

Dr. C.J. King

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