



Open Doors at PMG

**AUTUMN 2010 NEWSLETTER**

# CONTENTS

	page
Chairman's Notes.....	3
Pulborough Medical Group News.....	5
Unconscious Desires.....	8
Crime Scene.....	10
Trouble With the Drains.....	12
Carers' Stories.....	13
Meet the Trainees.....	17
Liz Coulthard Retires.....	19



**PULBOROUGH PATIENT LINK**

invite you to

**MATTERS OF THE**



**HEART**

**Presentations by Dr Colin Reid FRCP  
Senior Cardiologist**

**and**

**Dr Chris King on "A patient's view"**

**on Monday 25<sup>th</sup> October in  
Pulborough Village Hall**

**Doors open 6.30pm, AGM 6.45pm**

**Presentation 7.00pm**

**Please come and join us  
seats will be allocated on " first come first served basis"**

**Refreshments will be provided by PPL**

## **Chairman's Notes**

### Patients' Panel

Brian Donnelly, Dr Tim Fooks and I from the PPL Committee recently met with six patients to give them an opportunity to raise their concerns about Pulborough Medical Group. Dr Serjeant also attended from the practice and there were useful discussions regarding the appointments system, continuity of care (especially for patients with long term conditions) and prescribing problems. Everyone felt that the meeting was constructive and it is intended that the same group should meet again later this year. It is possible that a second group could be set up and anyone who would like to raise matters of general interest is invited to contact me on 01798 873119. Personal complaints should be made through the complaints procedure as usual of course and a leaflet about this is available in reception.

### Consultations

The Mental Health consultation has been concluded with the primary Care Trust Board recommending that the in-patient wards at Crawley and Princess Royal hospitals should be closed. The savings will be invested in training and employing about 130 new staff for work in the community.

Approval has been given to consult on the plan to close all inpatient beds at Southlands Hospital which would mean transferring orthopaedic, older people's and stroke rehabilitation services to Worthing Hospital. It is proposed that day surgery and clinics will remain at Southlands and ophthalmology will be transferred from Worthing.

Ophthalmology services at Chichester will be improved. New buildings will be needed at Worthing so it will be 2-3 years before these changes are complete. The closure of the in-patient beds at Southlands was recommended by the Royal

Colleges some years ago because separation of patients from the critical care facilities and the more experienced and qualified staff based at Worthing results in a risk to the in-patients at Southlands.

### The White Paper

Very significant changes to the management of the NHS are contained in the Coalition Government's recent white paper. It will probably have little impact on patient services although budgetary pressures may affect services. GP practices will have more direct control over the services that are available. They will, however, be working as groups and will need their own management support. PMG is one of 24 other groups known as ARCH covering the western part of the county. ARCH itself is one member of a consortium composed of all the practices along the south coast area which is effectively the catchment population of Worthing and St Richard's hospitals. Greater democratic responsibility is one aim of the changes and this will be achieved in part by giving responsibility for public health and strategic planning to the County Council. Some of the changes proposed are open for consultation and the final details will not be known for sometime. The upheaval will be very considerable even though West Sussex has developed practice based commissioning more effectively than most. Primary Care Trusts. The proposals raise many questions especially about conflicts of interest, the ability of the County Council to provide qualified leadership, and the willingness of GPs to take on a large responsibility for management of commissioning budgets.

As far as patients are concerned we are promised greater access to patient information and closer involvement with the GP practice and with the new consortium.

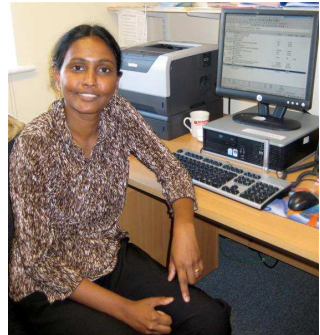
## PMG NEWS

### Trainees

We now have two GP registrars attached to the Practice:-

Dr Sara Bella – is a third year trainee and will be spending a whole year attached to the Practice, working as a GP.

Dr Priya Ganeshkumar – is a second year trainee and she is currently undertaking a 4 month integrated training post – this means that she spends two days working at PMG and the remainder of her time she will be working in the Paediatric Department at St Richards Hospital.



### Staff Training

Our staff have training sessions lasting for an afternoon, once a month. This ensures that they are up to date in the many fields covered in General Practice. The sessions alternate between Pulborough Medical Group premises and Chichester Medical Education Centre at St Richard's Hospital. During training afternoons, our telephones will be answered by the Out of Hours Service so that as many staff as possible can attend. The topics for the sessions in Chichester are chosen by the GP Tutor, but when held in Pulborough, our staff can choose their own topic. So far topics have included Resuscitation Training, which is a compulsory subject for all

staff and doctors, child protection, infection control, patient confidentiality and many other issues. Our September session was held on 15<sup>th</sup> September in Pulborough during which we had a training session on customer care. This covered how we ensure our patients are kept informed about the services available in the surgery, how we help patients when they contact the surgery, (particularly those who have a disability), and how we learn from both complaints and compliments.

### Annual Flu Clinics

Immunisation against seasonal flu will be available on Tuesday and Thursday afternoons throughout October. Clinics will run from 12.30 to 5.30 p.m..

### Care Closer to Home

Care closer to home is essential in a rural area such as Pulborough and we want to provide more such services. Depending on the speciality, there are consultations every 4 to 6 weeks, in urology, paediatrics, vascular disease, and also a gynaecology clinic. The gynaecology clinic will be held at the same time as the sexual health clinic as this may be helpful to some patients. Mrs Venn, a consultant urologist will hold clinics once a month on a Monday morning. Adding to these will be a new continence clinic - dates and timings for this will be available shortly. We also provide a vasectomy service.

Again, we welcome patient comments about these clinics as well as suggestions of possible areas for provision of more of these services.

### PMG Website

If you use a computer you will be interested to know that our website has recently been redesigned to make it easier to use and to incorporate more information following suggestions from users. Please be sure to have a look at it and let us have your comments.

### Text Messaging

For those who use a mobile phone to text, we can now offer text messages in 3 main areas: urgent child care, oral contraception and Long Term Conditions. We hope this will be helpful and hopefully it should be an invaluable reminder of appointments that need to be kept.

### New Practice Manager

We look forward to welcoming Alan Bolt as our new Practice Manager. It is planned that he will join us on November 22<sup>nd</sup>, so as to have a month to work alongside Liz Coulthard before her retirement. Alan is an experienced practice manager and is presently working in Aviemore. His working life has included service in the Royal Air Force and also in the hotel and catering industry where he spent time managing a hotel. We hope that he will enjoy working with both staff and patients at PMG.

### Liz Coulthard Writes:

#### 1) The White Paper

There is a lot of discussion both nationally and locally as well as within the practice about the effect that the White Paper will have on us all. It is vital that during this time of uncertainty we all make sure that we keep focussed on what really matters to our patients as we try to improve our services to patients whilst protecting and strengthening our core services in a time of financial stringency.

#### 2) Citizens Advice Bureau (CAB)

The Citizens Advice Bureau is one of 24 valuable services available to you on Pulborough Medical Group premises.

These services are known as outreach services as they are

provided close to where our patients live, sometimes some distance from the centre where the services are managed. I met with Ann from the CAB to arrange for our practice staff to book directly into three of the appointment slots, rather than the CAB dealing with all the bookings from their own call centre. This has now been done.

Our nurses and doctors recognise that illnesses are made worse by worries about matters such as debt, difficult relationships, housing, unemployment and so on. Consequently they all encourage people with these kind of difficulties to consult the CAB. Free, expert advice is available to anyone and everyone on very many problems and if the problem is too complicated to be dealt with in Pulborough, arrangements can be made for follow up work at the main office in Horsham. We find that local people are making good use of this valuable service which is of such benefit to those who can not easily travel to Horsham.

CAB sessions are held once a month on a Wednesday morning, starting at 10 a.m.. There are 5 appointment slots, with the first 3 being booked by the CAB themselves and then there are appointments available at 11.30, 12.00 and 12.30, which can be booked through us. They are for people visiting for the first time and designed to find out exactly what the problem is so the advisor can arrange suitable follow-up.

## **UNCONSCIOUS DESIRES**

Everyone has heard of Sigmund Freud, but his nephew, Edward Bernays (1891-1995) had just as big an impact on our society as his famous uncle, though his name is not so well known. Bernays was an American who became a pioneer in the field of public relations and propaganda. He combined work on crowd psychology with the psychoanalytical ideas of

his uncle and he was one of the first to try to manipulate public opinion using our subconscious desires. His aim was to get people doing things for subconscious reasons. This meant that people were not able to see why they were doing something. Unable to see what was going on, people could be manipulated in ways he wanted. He believed that the democratic judgement of the masses could not be relied on to make correct judgements and that manipulation was justifiable in these terms. Businesses soon found that his methods could stimulate sales of their products.

His successful campaigns were numerous and one of the most famous was work with the American Tobacco Company in the 1920s which formed a foundation stone in the efforts to encourage women to smoke and another in which he successfully worked to convince Americans that fluoridation of water was safe. With Procter & Gamble he launched a highly successful campaign to sell Ivory soap.

Bernays' methods soon spread and we can see them at work today in the way we are persuaded to buy and eat various things. For example, humans, like all animals, need salt in their diet. Land animals, unlike sea creatures, had to look for salt and in the time before salt was mined, it was scarce. Thus, the search for salt became one of our unconscious desires, which originated at a time when it was a rare commodity.

Food was also scarce before our ancestors learnt how to farm, and high calorie foods were especially precious. Our basic diet consisted of plant food, to sustain people while hunters tracked animals which were difficult to catch. Collecting honey is quite dangerous, as bees seem to think they are entitled to it but people worked out how to do get it and the high calorie content of this sweet food must have helped many early

people to survive. The need for enough calories to live on became a subconscious desire for sweet food which was a way to get through hard times.

Enter Edward Bernays; and now our supermarket shelves display large quantities of salted crisps and even more shelves of sweet things, from drinks, to confectionary, to cakes and chocolates. The array is tempting indeed, but when tempted, think of Edward Bernays. The methods he perfected are supremely effective in getting us to buy vast amounts of things which we are conscious should only be taken in small quantities, but which we buy because our subconscious has been manipulated. This is just one of the ways in which vast quantities of salty and also high calorie foods have crept into our life styles where they have become very hard to dislodge.

## **CRIME SCENE**

It is eleven o'clock in the morning. There is a pale figure lying on the sofa, surrounded by general disarray. But the police cannot help, for this is not a victim of violence, but rather a victim of the slow death of the human spirit, which we call depression. Once this was a hard working and vital person, but the insidious onset of depression has resulted in the abandonment of all enjoyment, and a total loss of self-confidence. Now the ordinary activities of life appear to be quite impossible.

Yet depression is not difficult to treat and it can be prevented. A visit to the doctor can start the healing process and clear up some of the misunderstandings that are still around. Mind and body are both affected in this condition and both mind and body can be helped on their way to recovery. Antidepressants

work on the brain, but they are not addictive, as is sometimes believed. They do take some weeks to work but slowly over the early period of taking antidepressants, the mood begins to improve and other methods may then be added, designed to get the person to take a major part in their own recovery. For instance, the Mood Management Course, available locally, to which PMG refers suitable patients.

Mood management considers the whole person: mind, body and the many emotions we all experience in the course of a single day. It is based on an earlier approach to handling misery, anger, anxiety and lack of self-confidence, known as CBT (cognitive behaviour therapy). CBT teaches people how to recognise and deal with what is going on with their feelings, their thoughts and the behaviour, which results from them. Building on this approach, mood management helps people to understand and improve their emotional health by guiding them in setting their own goals and creating their own action plan. This helps them to move from being victims to being emotionally resilient.

Under the powerful effect of unrecognised emotion the mind may get trapped in negative trains of thought that can become habits. This vicious circle can result in much suffering, and depression is just one way that this can show. Mood management can help remove these negative thought habits and replace them with healthy thoughts such as those shown in the table below:

<b>Negative Thoughts</b>	<b>Healthy Thoughts</b>
I'm a failure	It's OK to ask for help
I can never do anything right	I'm good at some things
No one likes me	I do have some friends
I'll never amount to anything	I can learn to do this

Counsellors use mood management as a way of applying the strategies developed by CBT and teach people how to challenge self defeating thoughts. It is a way to improve life skills and to heal the human spirit within each of us. With full commitment from participants Mood management can help people to realise that they are of value and that they CAN master these important skills.

Depression can affect anyone: the famous, like Stephen Fry, of the ordinary, like most of us. It is as common in the rich as in the poor, but it often shows itself in different ways in different social contexts. Help IS available, so feelings of depression do not need to result in being overwhelmed by those negative thoughts which steal lives. A little crime prevention of the right kind can keep negativity at bay and life can begin once more.

## **TROUBLE WITH THE DRAINS**

By Gwen Parr

Most of us have probably had to deal with overflowing or blocked drains at one time or another and asked friends for advice about what to do next. When it comes to our own personal drainage system, kindly installed by Mother Nature, however, it is a very different story. Such matters are unmentionable and problems are often suffered in silence. This was one of the findings in a recent audit of continence services in the NHS which showed that overall the NHS was poor both at finding the causes of incontinence and at deciding the type, i.e. making a diagnosis. Both bladder and bowel incontinence can be treated, but before treatment can begin the cause of the problem must be found.

At PMG Dr Summersgill specialises in these conditions in women and Dr Mitchell with his background in urology provides services for men. The new continence clinic will also provide care. Patients do not need to suffer in embarrassed silence.

The audit also recommended involving patients in running services. At a meeting I attended organised by West Sussex PCT about 2 years ago, patients and carers were invited to comment on their experiences of continence services and to contribute to their improvement. As a former informal carer myself I have been grateful to the nurses in our continence team for their prompt arrival when problems occurred and their understanding and care for the patient concerned. So, if your personal drains are a problem, do not suffer in silence, and be sure your comments will be welcome and indeed are essential in maintaining high standards of care.

## **CARERS' STORIES**

### **Anne's Story**

James and I were happily married for over 65 years. He was a wonderful, kind husband and father, and a delightful and interesting man. He was clever with everything, except for one thing: he was never good with money. His health was generally good but he had back problems that made walking difficult and as he got older he needed to use a Zimmer frame. He also had heart trouble but despite these things we managed pretty well together until he developed Parkinson's Disease in his eighties, and that tipped us over into an increasingly difficult situation. It took a long time to find out that

it was Parkinson's Disease so at first we did not know what was going on. James became incontinent of urine and because he would not tolerate a catheter he had to use pads and even with these it made absolutely stacks of washing. To begin with he used to find the pads he needed and put them on the tray on his walking frame, all ready to use, especially the ones he needed at night. But he began to get a bit muddled up and could not quite work out what he had to do with them all. He was so determined to help himself and it was sad to see him struggling. By this time my eyesight was very poor due to my age related eye trouble so I could not do things quickly and life was getting quite hard.

One of our family members went with James to see our doctor and together they agreed that all James' problems were simply due to old age. This seemed to be confirmed when the cognitive tests that were arranged gave him very little trouble. I so wanted to look after James myself and keep us independent that I was perhaps too quick to agree that his problems were simply due to ageing and so we soldiered on at home. Unfortunately, I got increasingly exhausted and really did not know what to do. Matters deteriorated further when James' behaviour changed and he became very rude to me which had never happened before in the whole of our long married life. I felt he was simply not the man I had been married to all those years.

Then, one day when we were with some other family members they heard James being very aggressive towards me. They were shocked and told me that I needed more help and quickly. They contacted "Help the Aged" who referred us to Social Services. People came to see us at home and there were many forms to fill in and hours of questioning, for our financial affairs were not straightforward. My poor eyesight meant that I could not see to read, so of course I could not

attend to mail myself and had to wait for someone to come to read letters to me so that answers could be given. We discovered that we should need help from Social Services in order to be able to pay for a place in a care home and even care at home amounted to £400 a week. By this time we had arranged to have carers twice a day and that was certainly a help. James used to fall from time to time and it was not possible for me to help him up again for he was much bigger than me, so I had to call the ambulance every time this happened. The men were very kind and helpful. Things were rapidly getting unbearable: I began to have constant backache and got more and more tired. I felt close to collapse but was really too busy to pay much attention to myself. Then one night James fell twice and as a result of this he was admitted to hospital where in rather less than a week he died, apparently from his heart disease. On looking back over James' last few months I realise that I should have been better at noticing what was happening to me and then I think I should have been able to get help sooner, which would have been better for us both. It would also have helped if the first visit to the doctor for James' problems had been with a family member who was fully aware of the situation and of the impact it was having on me as his sole carer.

### Barbara's Story

We had been married over 50 years when I first noticed that Philip was having rather surprising problems. He was scheduled to collect me from a friend's house but he could not remember where the house was although he had been there many times. Not long after that when I was in hospital he again had trouble finding the way and also could not remember where the clothes that I needed were kept. The next problem was difficulty driving. The family weighed in firmly saying I had to take over which upset him and even after

4 years he still resists my being at the wheel. I just have to insist as gently as I can but with kindly family support, it can be done without upsetting him unduly.

Philip had always been very astute about money and had handled everything himself, although that was not his career, but just something he was good at. So, when he asked me to deal with it, I knew things were seriously wrong. At first he just needed help with some things but now do all the finances.

Recently we had a family celebration and Philip told me he could not make a speech. This was not a problem for me as I was happy to do it as I told him. I thought that was fine for him, but this was not quite how it was, for he went to see our doctor and was given a prescription. When I fetched the prescription and asked him what the pills were for I discovered that he had explained the need for a speech and had been prescribed a mild tranquiliser to get him through the day. I explained the situation to our doctor and immediately arrangements were made for cognitive testing for Philip and a diagnosis of Alzheimer's disease was quickly made. We had a home visit by the Mental Health Consultant and he arranged for us to have 6 monthly assessments by the mental health nurses from Horsham Hospital. He was excellent and he prescribed some skin patches to treat Philip despite their being very expensive. Philip is fairly stable at the moment. He has always been a very decisive person, used to getting his own way, but with a great sense of humour. He is now very easy to get along with and very loving. He does not resist help in most circumstances that makes things easier for me. I have found that it is not a good idea to offer choices about things; such as what clothes he should wear. Choices make him anxious. I have also found that if I say, "Don't do that" he is almost certain to do it. I need to think carefully before I speak and try to understand how it feels for him to be uncertain and a bit muddled. Philip worries a lot about the house being secure and sometimes will lock

and unlock every one of our 5 doors 4-5 times before he feels able to come to bed. He simply cannot remember if he has locked up and gets very angry if I try to stop him before he feels he has finished.

Fortunately Philip's physical health is good. He enjoys pottering about in the garden but he can no longer remember when to plant various seeds; not something that used to be a problem. He enjoys visiting friends with me and when his memory fails I find I can easily cover for him. He wants everything to stay the same, so moving furniture about is not a good idea. Philip was always excellent at DIY, so when we need home repairs doing he still wants to do them himself. It is very hard to convince him that this is no longer possible. I can still get out for short periods and Philip is all right at home but I do phone him often when I am out just to reassure him. I do feel the mental strain of thinking for us both and planning so as to avoid upsetting him, but so far we can manage and it is wonderful to see him happy. I worry in case my health should deteriorate and one of my real concerns is the fear of Philip's becoming incontinent but so far there is no sign of this happening. I value the help I have had from our own doctor. I also feel most fortunate as our family are very supportive to us both and that is simply wonderful. The mental health team have been very helpful. I do find, however, that I have to tick boxes on many questionnaires and the responses which are available are often just not quite right. I think every person with Alzheimer's Disease is different, as is their family situation. One size does not fit all.

## **MEET THE TRAINEES**

A decision to work in General Practice nowadays means starting on 5 years of training after qualifying from medical

school. All applicants have to be fully registered with the General Medical Council and must have spent 2 years in foundation training after qualifying as a doctor. From there they begin 3 years of GP training in a programme recognised by a UK Medical School and time is spent in both hospital and general practice. PMG became a training practice 2 years ago and everyone benefits from the emphasis this provides on education and also the updating of medical knowledge. The competition to join PMG as a trainee is very keen, so our practice can always be sure of getting some excellent young doctors

Dr Priya Ganeshkumar graduated from the University of Colombo in 2004 and started training in general medicine and surgery. By 2007 she had decided to come to England where her future husband was running his own business. Initially she was in Lincolnshire, doing her second foundation year but the arrival of her son interrupted her training until her husband decided he should become a full time father which meant that Priya could complete her training. In August she began working 3 days here, and 2 days a week at St Richard's in paediatrics. She loves working with children and finds watching them at play helps to see just how their illnesses are affecting them and so to care for them in the best possible way. Priya is interested in all aspects of general practice and is very happy to be working here.

Dr Sarah Bella, a real internationalist, was born in London but has lived in America, Saudi Arabia and also the Sudan, where she began her medical training. Although Sarah's father was a Professor of Family Practice at Johns Hopkins in the USA she did not decide to become a doctor until finishing school and since then has never once changed her mind. England

has always felt like home so she returned here to work and following 2 years of foundation training she undertook 2 years specialist GP training at St Richard's. She is now in her 3<sup>rd</sup> year of GP training, (equivalent to registrar status). Very varied experience e.g. in paediatrics, psychiatry, on-call, and the pain clinic is proving useful as she completes her final training year here in Pulborough.

## **LIZ COULTHARD**

by Tim Fooks

Liz has been with us for the past 10 years, and has been the foundation stone on which truly remarkable benefits have been built. Liz's work is mostly behind the scenes and I suspect that few readers will know of the extent of her achievements, but I think most will find much of interest in this account of her outstanding career with us. The merge of the practices at Lower Street and Barnhouse Lane was Liz's first task and she managed to minimise the inevitable disruption so as to keep our services running during that time. Three years ago an even bigger challenge emerged when we moved to our new premises but Liz kept it all on schedule with great efficiency.

We have made many changes of direct benefit to patients since Liz joined us and without her sheer hard work, attention to detail, and skill in building teams, these things could not have happened. For instance, we have a sexual health clinic which serves this area (not just PMG), and we provide a recognised vasectomy service. We are determined to keep up to date with all services we can provide to patients, and here education is key. Our recognition as a training practice shows

this has been effective and this is why we have been able to welcome GP specialist trainees as part of our clinical team. All these patient services need support from teams covering the areas of finance, information management and technology, and general administration. We undergo checks to ensure that we can sustain such services and Liz has been responsible for all this work which has resulted in our scoring maximum points for instance in our “Quality & Outcomes Framework” assessment. In addition we are accredited for being “paper-lite”; another of Liz's invisible achievements, which saves both money and trees. Extended practice opening hours has been helpful to many patients and the implementation of this was another task Liz oversaw successfully. Our practice complaints procedure, a necessary part of the provision of any kind of service was set up by Liz, and functions most efficiently.

No day passes without complaints in the press about waste of money in the NHS. Liz has made our work very cost effective. Just like households, we have to control the cost of running the building, (involving sharing with 4 other users), provision of gas and electricity, supplies of every kind and, of course staff costs. Thanks to Liz's efforts we know we do not waste any of our resources and she continues to work in this area in terms of bulk buying and looking at the ways we can work with other local practices in the future to ensure this efficiency continues. Smoking cessation clinics began a few years ago and after taking a training course Liz started her own clinic and over the last year her patient quit-rate was among the highest in the county. Palliative Care is an area where we have wanted to improve our services and there is a Gold Standard Framework to assess this. Doctors and district nurses need to work closely together in this sensitive area and again appropriate support services are essential. Liz proposed and established what was needed behind the scenes and in an audit in 2007

we were found to have been able to provide three quarters of our patients needing palliative care, with the necessary services to ensure they could die in the place they had themselves chosen.

Liz has been enthusiastic in setting up arrangements for the Citizens Advice Bureau to offer their services in our premises and has also been in charge of liaison with Community Transport. Our Patient Link, which functions as a patient communication channel and critical friend to the practice, was successfully set up by Liz some years ago.

We are very grateful to Liz and wish her every happiness in her retirement later this year.

## **WHAT IS THE PULBOROUGH PATIENT LINK (PPL)?**

The PPL is an association of patients of Pulborough Medical Group (PMG), which aims to promote a better understanding of patient's concerns by encouraging constructive discussions between patients and staff of PMG. In addition we provide information on the services of PMG in particular and the NHS in general. This is done through the newsletters published 3 times a year and through a series of public meetings.

All patients of PMG are entitled to join the PPL.

To find out more about what we do look on the PMG website ( [www.pmgdoctors.co.uk](http://www.pmgdoctors.co.uk) ) and go to the link to PPL

## **Committee Members**

Chairman Mr S Henderson 01798 873119

Secretary Mrs M Cooper 01798 872299

Treasurer Mr W Dean-Taylor

Ms Liz Coultard (PMG Liaison)

Councillor Brian Donnelly

Dr Tim Fooks

Mrs Pat Newcombe

Mrs Gwen Parr

Mr John Ray

Mrs Hilary Willoughby

Mr Lesley Ellis

Mr David Soldering

**WFM**  
BUILDERS LTD

*A Local business covering  
all aspects of general  
building work*

**FULLY INSURED & GUARANTEED**

Est. 1970

Extensions Specialists  
Barn Conversions  
Underpinning  
Bricklaying & Walls  
Carpentry & Joinery  
Kitchens & Bathrooms

Floor Tiling  
Ceramic Wall Tiling  
Plastering  
Flint Work  
UPC Windows & Doors  
General Plumbing & Heating

**ALL ENQUIRIES WELCOME**

**MOBILE: 07860 468542**

**HOME & FAX: 01798 875799**

We are most grateful to WFM Builders Ltd for  
sponsoring our newsletters