

We are told that there are more accidents at home than anywhere else and my recent minor experience showed the value of the Minor Injuries Units – locally at Horsham, Haslemere and also at Bognor Regis.

I had stepped out of the back door forgetting that I had previously removed the step for painting(!) and so jarred my ankle quite badly. Since it didn't seem to be recovering after several days and was still quite painful my wife suggested a visit to the MIU at Horsham, and this was confirmed by a phone call to PMG as they do not have an x-ray facility.

On arrival we discovered that there are peak times which are perhaps best avoided if possible, these being the lunch-hour and about 3.30pm (after school; indeed there were several children waiting who had hurt themselves whilst at school). So, after about a 30 minute wait (it being 3.30) I was seen by a nurse, sent along the corridor for an X-ray and then waited for an assessment.

At about 5.0pm (the official closing time) I was called and the nurse examined the X-rays. She concluded, although she said she was not an expert in reading x-rays, that there was no breakage, that recovery would take its course, but said the x-rays would be re-examined on the Monday, so we departed re-assured.

Perhaps surprisingly and very impressively, three days later, after the weekend, we received a phone call at 6.30pm from the MIU confirming that, on more detailed assessment of the X-rays, there had been no bone damage.

So, a comforting experience with impressive follow-up from this MIU – but do try to avoid peak times if possible – apparently at lunchtimes the queue can stretch outside the building!

DONATIONS to PPL

PPL are very grateful for all donations and have recently received a total of £270 from patients. This money - and that from our advertisers - help publicise and fund our public meetings and allow us to make the newsletters available in PMG, to local schools, the Wednesday lunch club, the library and various other local societies such as the Pulborough Society, to try to keep as many PMG patients as possible up-to-date.

You will have read, in the PMG section, that we help 'man' the flu clinics and this might be your opportunity to talk to us and learn more of what we do.

If you would like to receive a printed copy of the newsletter delivered to you or if you would like to make a donation, please contact:

The Membership Secretary: robbier311@gmail.com

If you have a friend or neighbour who does not receive the newsletter by post or by e-mail but who would like to, please let the membership secretary have the relevant detail.

Any comments or suggestions for future public meetings, articles or topics/questions you would like raised with PMG please contact:

the Chair: alyson.heath55@gmail.com or

the Editor: lae@ianellisassociates.com



Pulborough Patient Link



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TALK BY DR COURTNEY KIPPS

We were very lucky to have Dr Kipps talk to us after our very brief AGM on July 16. He is a Consultant in Sports and Exercise Medicine at University College London Hospitals and, although the talk was titled Sports Injuries, he was telling us how to stay fit at any age.

He very much promoted the benefits to everyone of exercise. If you have an injury you can't do what you want to do, functional capacity being affected by such things as inactivity, smoking or poor diet - leading potentially to obesity.

A small increase in activity is the most beneficial; 30 minutes a day, 5 times a week will make you healthier – and happier - and the benefits continue to accumulate. These include improved heart health - by increasing heart rate and circulation, lowered blood pressure - reduced rate of colon cancer by 31% in women, improved balance, increased bone mass reducing the risk of osteoporosis, halved odds of catching a cold, boosted endorphins easing stress, tensions, anger, fatigue and confusion and halved risk of Alzheimer's disease over 5 years.

When training, walking or whatever, the body reacts and adapts and we become fitter, stronger and faster. If you try a little harder each time then you will get fitter; even older people should 'push' themselves a little and over weeks will see a difference - if you have one, a heart monitor can guide you about the intensity of exercise.

The aim is to increase performance strength, and this is done by doing more - but allowing time for recovery which is essential as this allows the body to adapt. No training programme will expect seven days a week – rest and recovery mean doing something more gently or something completely different! After exercise it is important to rest; recovery can also be improved by eating proteins and carbs, such as red meats and vegetables. Too much exercise too soon and both fitness and strength levels drop, which can have an effect on our bones and our immune function. Frequent coughs and colds tend to indicate that not enough recovery time is being allowed. Also very important – and probably the best method of recovery – is sleep.

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Dr Kipps continued that there is also a link to your diet and the sort of things which are likely to be beneficial to increase performance are caffeine, carbohydrates and beetroot juice, the latter being one of the big 'new ideas'. He mentioned multivitamins as being a question he is often asked, and said that, if you have a healthy diet, they are probably not needed – and just create expensive urine!

Balance is very important to all of us; poor balance affects movement and training and there is more risk of injury. Injuries from the back down all affect balance and Dr Kipps asks patients to stand on one leg and bend that knee to make his assessment.

Resistance exercises (where you lift or pull against resistance such as weights) are also important as these allow you to do more, to increase your heart rate and your muscle and reduce the risk of falling. The benefits of cardiovascular exercise, such as walking or treadmill, are profound as they increase the blood-flow. Interval training for 20 minutes – short bursts of high intensity exercise plus recovery – gives similar health benefits to much longer periods of jogging.

Stretching after exercise is not enough to make you fitter – tight muscles are a sign they are not up to it! Purely stretching muscles is not effective as it makes them longer and weaker. A combination of stretching and strengthening help to avoid injury, with cramp during exercise being a protective response, a sign that the muscles are showing that they cannot cope, ie are not fit enough. Marathon runners may well get cramp if their training has consisted of perhaps half a marathon rather than the complete course. If you regularly get cramp this is probably a sign that you need to train more effectively next time. Taking more electrolytes or fluids will not change your risk of cramp.

Stopping all exercise is never good and if, for example, you have swollen joints, think of such things as swimming or cycling or do weight training sitting instead of standing - get expert advice rather than stop exercising.

In answer to a question, Dr. Kipps said that arthritis is either genetic or caused by a trauma when much younger. A group of regular runners had an MRI scan, then ran a marathon and had a second scan – no new lesions were visible. He also mentioned the comparison of a group of 50 year-olds who had all done long-term training and a similar group of 50 year-olds who did no exercise and there was no difference in the rate of osteoarthritis other than when they had had a significant trauma when younger.

When presented with a patient with problems, Dr. Kipps looks at the way they run, the lower back, the hips, the pelvis and the movement pattern. For example, someone with sore knees may get back to running having been given specially targeted exercises. Shoes are particularly important – buy shoes which are comfortable; you are more likely to wear them if they are comfortable than if the salesperson chose them for you and your risk of injury is no different.

His over-riding message is that some exercise is good at any age, that we should 'push ourselves a little'; the aim is:

To die young as late as possible Ashley Montagu



Our thanks to Dr. Kipps for his time to give us such insight into how we can all endeavour to keep more active and, therefore, fitter.

Editor

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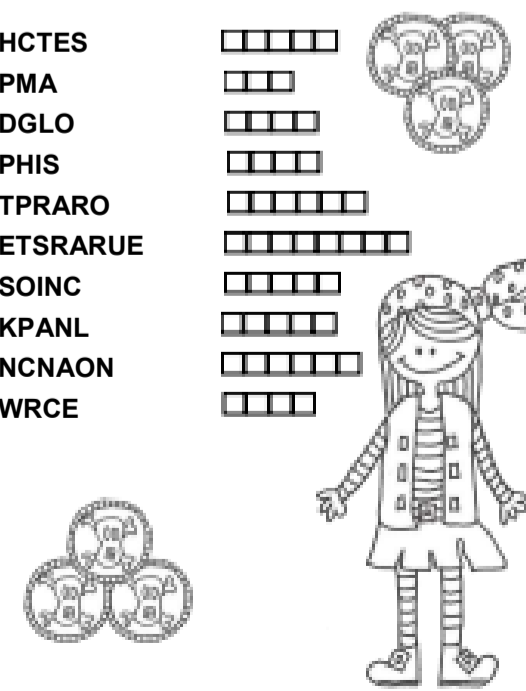
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LIVING WITH CFS/ME

With thanks to one of our patients for sharing their relative's experience with us.

In February 2016 most of my life was stolen. I'm a male in my mid-fifties, married and living in a lovely part of East Sussex. I worked for a global IT Services company, enjoying a very active life. My wife and I own a horse, so we rode, and I coached and competed in alpine and telemark ski racing. We also enjoyed opera, mountain bikes and yoga. Life was good.

At the end of January, I caught a heavy cold which turned into laryngitis and, after trying a couple of conference calls at work with no voice, I decided to take some time off. We had a ski trip booked for the end of February and I was sure I'd recover before then.

Except I didn't get better. I'd wake up, have some breakfast and then have to retire again because the effort of eating breakfast wore me out. If I did have enough energy to walk, I found that I was light headed with the pavement feeling soft and rubbery.

I went to see my GP and had a set of blood tests. Nothing obvious was found so I'd go weekly and get another sick note. I remember feeling really deflated when I got a note for two weeks, then a month, as it became clear I wasn't improving. After 3 months, my GP suggested we look at the possibility of CFS/ME.

I needed to find out more. Here is a frequently used definition;

Myalgic Encephalomyelitis (ME) is a long-term (chronic), fluctuating, neurological condition that causes symptoms affecting many body systems, more commonly the nervous and immune systems. People with ME experience debilitating pain, fatigue and a range of other symptoms associated with post-exertional malaise, the body's inability to recover after expending even small amounts of energy.

As the summer progressed, my energy levels began to improve. I could read for a short while and walk into the village without having to write the rest of the day off to recover. I found and joined my local ME Support Group who meet monthly to share experiences. This is invaluable. I was also referred to the local NHS CFS/ME service and attended an ME Management course which taught us techniques to help manage energy usage and emphasised that there is currently no cure. The major tool I use is called 'Pacing', which can be summarized: 'Estimate what you can do today, then do half of it'. Note this is not half of what I used to be able to do.

In October I returned to work part-time. I am lucky that my employer is very supportive. I've tried carefully increasing my hours but haven't been able to get past 3 or 4 hours a day consistently - much less than the 50-60 hour weeks I was used to. I expected a gradual improvement but that has not happened.

So, what is living with ME like? I have mild/moderate ME - so I can still work. I am much luckier than those with severe ME who will be bed-bound, in constant pain and intolerant of light and sound. I fluctuate between exhaustion and frustration. Any activity needs to be planned. Weekends are spent recovering from the week before. Attendance at social events is variable at best. When I have energy, I can still ride my bike and ski, but not for the duration or the level I was used to. My ability to concentrate and think clearly has reduced, making simple work tasks or even just reading difficult.

The most discouraging thing is to wake up each morning with the sun shining through the bedroom window, birds singing and feel more fatigued than I did the night before. If I overdo anything, pleasant or not, then I'll crash and have no or very low energy for weeks - or even months.

Research into ME/CFS in the UK does not have a good story. Like many previously unexplainable conditions, the medical community have emphasised psychological and psychiatric treatments. This culminated in the PACE study in 2011 which has been described as the "greatest medical scandal of the 21st century". The money spent on research into ME/CFS during the last 40 years is equivalent to that spent in one month on HIV/AIDS.

There is hope with several ME charities actively seeking much needed biomedical research. The release of the film "Unrest" and the #MillionsMissing campaign are raising the profile of this illness. I need to thank my mother and her partner for undertaking a sponsored walk for the ME Association earlier this year. They raised £850. Thanks Mum!

For further information please see: meassociation.org.uk, unrest.film and meetup.org.uk



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PMG UPDATE



The Practice now hosts, once a month on a Tuesday, a dementia clinic run by the Alzheimer's Society and appointments can be made via Reception. This service may provide

you with information and practical support to help you understand more about dementia and support you to live well with dementia. More information from their Helpline on 01403 213017.

MIAMI Clinics - minor injury and minor illness clinics - running over the summer, with clinics at Pulborough on some Thursdays from 4-8 pm. Patients can also be booked into Loxwood on other days. These clinics have been set up to help support GP practices during busy periods. Appointments can only be made on the day through PMG for both venues.

FLU Clinics - this year for the first time GP practices have been directed to obtain their flu vaccine for the 65s and over from Sequeris, and this one company is supplying all the practices in England. A different vaccine is being supplied for the under 65s - those who are eligible for various reasons, such as carers. Clinics are likely to be in October but running into November. We will be able to give you more detail in the next newsletter.

We at PMG appreciate all the help and support PPL committee members have given to our staff and patients at our flu clinics over the years (by giving out numbered tickets to ensure at busy periods, that you are taken in the order you arrive) and we very much hope that they will be able to offer this support again this year over the extended period of the clinics.

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Patients have asked whether the results of their bowel cancer (faecal occult blood tests) and AAA (abdominal aortic aneurysm) screening are automatically received by PMG. As with blood test results, PMG receive the former electronically, whilst the AAA result is sent to us by letter.

Another question regards seeing the same doctor when asking for a follow-up appointment. It is our policy for receptionists to ask which GP was seen previously and to try to book an appointment with that doctor. If this is not possible, then they will look to book with the registered GP or one in that GP group. However, patients ringing for an urgent same day appointment will be referred to the Duty Doctor.

Prescribing: Coastal West Sussex have issued the list to GP practices of DO NOT PRESCRIBE items; they are all products which can be purchased over the counter (OTC) or, in the case of some **travel vaccines and antimalarials**, by private prescription and apply to:

Complimentary therapies, herbal supplements and homeopathy

Dental products eg sodium fluoride toothpastes and mouthwashes such as Durphat, En-DE-Kay, FluoriGard

Glucosamine including combination products

Lutein and antioxidant vitamins eg ICAPs, OcuVite, Eye-Q, Viteyes, Advanced Viteyes, Viteyes 2 Plus Omega 3, EyeBar, MacuLEH, MacuLEH Light, Macushield

Probiotics eg Probiotic Food Supplement, Solgar Advance Acidophilus, Leipcol Powder, Quest Acidophilus, Health Aid Balanced Acidophilus

Branded paracetamol or ibuprofen products eg Calpol, Femina Express, Lemsip, Nurofen Express, Nurofen Migraine Pain, Nurofen Tension Headache, Panadol, Panadol Night, Solpadeine, Sudafed.

Alternative skin care products eg Pure Potions, Elena's Skin Product, Bio-oil, Progest Cream

STAFF Covering for the maternity leave of Dr Scahill, Dr Perrie Crock recently joined us, with Dr Sal Qureshi and Dr Vanessa Hetherington, both partners in their former practices and therefore very experienced doctors, shortly covering for Dr Bascombe. A new phlebotomist, Fiona, joins the team, and Louise returns in September, working three mornings as a Health Care Assistant and three afternoons as a Receptionist.

Alan Bolt