**TIME TO TALK HEALTH**
**01273 666480**

NHS Sussex Community NHS Foundation Trust

**Are you living with a long term condition?**

Time to Talk Health is a free and confidential NHS Service for West Sussex residents aged 18+ who would like some support with a diagnosis of one or more of the following:

- Asthma
- Diabetes
- IBS (irritable bowel syndrome)
- COPD (chronic obstructive pulmonary disease)
- A heart condition
- MSK (musculoskeletal) problem

**How does Time to Talk Health help?**

At Time to Talk Health we understand that living with one or more of the above can be difficult. You may become worried, anxious or low in mood which can make managing your condition a real burden. Our qualified and friendly team of Therapists and Practitioners work with you alongside your healthcare team in order to achieve the outcomes you want – whether it's to:

- Overcome your worries, anxiety or low mood about your health
- Reduce the impact of your condition(s) on your home life, work and/or other social activities
- Make healthier lifestyle changes, big or small
- Increase your knowledge and understanding of your symptoms

**What does Time to Talk Health do?**

We know talking therapies can help with the impact of living with long term conditions. Using a variety of CBT techniques we offer a range of interventions to suit you, such as:

- Phone consultations – we'll only call at a pre-agreed time
- Online digital materials and interventions
- Guided self-help to work on at your own pace
- One-to-one sessions in person
- Group work with others just like you
- Joining your healthcare teams in their clinics and groups

**What have patients said about us?**

*"I have found this first class and it has been a big help. The main thing is having someone to talk to…it has made a vast difference- I feel refreshed, I feel like a person again. My wife also felt the same. We can look at one another and laugh again. My* ***diabetes*** *has also changed; my mood has changed because I have control of my sugar better than I ever had done. I've got the depressed attitude out of the way and I can manage the diabetes better."*

Time to Talk Health "*…has been first rate …. my sleep pattern has improved dramatically due to the input which has explained fully how sleep patterns work, and I have been able to put into practice techniques which I now use regularly…. there have been beneficial discussions that have helped with anxiety I can experience which may be linked to my* ***heart condition****. I was finding this difficult to identify and understand the reasons for – and I now do."*

*"You have taught me how to use these tools and do this for myself…if you do the same for everyone as you've done for me* [with **asthma**]*, you must be doing a great job…others don't realise that these sessions save lives".*

**Why not speak to us?**

You can ask your physical healthcare team to refer you to Time to Talk health – they will have our referral details, or you can self-refer yourself:

- Call us on 01273 666480 – a message can be left outside working hours and will be responded to the next working day
- Click on line www.sussexcommunity.nhs.net/ttth to self-refer
- Email us at sc-tr.LTCreferrals@nhs.net – no sensitive information is needed

We'll arrange for one of our team to contact you about our Service. If we cannot fully meet your needs we'll discuss other support available and assist referrals where possible – so it's always worth calling or clicking on line! We look forward to hearing from you.



Chair Alyson Heath
Secretary Dona Sherlock-Fuidge
Treasurer Peter Jenkins
Lisa Anderson
Cllr Brian Donnelly
Lesley Ellis (Newsletter)
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**PULBOROUGH PATIENT LINK AND YOUR MEDICAL GROUP WORKING TOGETHER TO GIVE YOU THE BEST POSSIBLE CARE**

# NEWSLETTER NUMBER 47

**APRIL '19**

## Pulborough Patient Link

pulborough patient link

- your voice in local health

### A VERY INTERESTING HOUR!

At our patient link committee meeting in January all of the committee were invited to join the next regular Monday PMG lunch-time meeting when members of staff get together – instead of just relaxing half way through what is a very long day. The time is used each week either to talk about any suggested changes or queries/problems relating to the running of the Practice or for keeping totally up-to-date by having a presentation by a consultant. On this occasion the hour was set aside to hear Mr. Alan Thompson, Consultant Urological Surgeon at the Royal Marsden Hospital.

***Advance Notice***

**Pulborough Patient Link invites you to a Public Meeting in Pulborough Village Hall on**

**Monday 24 June**

**Dr Adam Stone**
**Consultant Gastroenterologist**
**St. Richard's Hospital**
**Chichester**

**7.00 – approx. 8.30 pm**

**Refreshments and Raffle Draw**

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Initially there was a very brief opening by Mr. Andrew Marsh, the fund-raising manager for the Royal Marsden who explained how their finances work and that all 'profit' is ploughed back into research – making them one of the top three such establishments in the world – with a £120 million annual turnover.

This was followed by Mr. Thomson talking about the PSA (prostate-specific antigen) test (a simple blood test) which is available to men to detect prostate problems and possible cancer. Many statistics and much detailed information was presented with umpteen slides to enforce visually what was being mentioned – and all quite fast as there was so much information he wished to impart.

Mr. Thompson said that interpreting the results of the PSA test is certainly not an exact science, but this test is still the best we have. An acceptable 'reading' depends on age amongst other things – there being no 'magic' number over which there might be cause for concern. A reading of 2.5 is probably OK for a person in their 50s, whilst in their 80s it might well be 6.5. However, two tests, some time apart, are recommended as readings can go up - or down. *(This test is one which is part of the Mary How screening and the results of all the tests are sent to your doctor for information. Please note that GP practices do not contact Mary How clients routinely about any of the tests performed by the charity. However, the Mary How team will let you know if you ought to contact the GP for any necessary follow-up.)*

Medication for any condition can sometimes be a question of 'trial and error'; what works for one may not for another or it can depend on getting the 'balance' right to suit that particular individual. Below is the address of a reference article about PSA:

**https://patient.info/mens-health/prostate-and-urethra-problems/prostate-specific-antigen-test-psa**

It was very interesting to be able to attend this meeting - and two things were very clear. The first was how much there is 'unseen' that our doctors and nurses, and indeed all the staff at PMG, are constantly dealing with on our behalf, whether it be letters to consultants, receiving and acting on blood test results, receiving consultant reports or attending meetings such as this. The second is how brilliantly the consultants who give up their time to come and talk to our public meetings 'downgrade' their talk to make it understandable to their mainly non-medical audience. They are obviously well used to talking to medics, but it is an entirely different story for them to present us with information that is relevant and understandable to us.

Our thanks to all those who work so tirelessly to keep each one of us as healthy as possible.

*Editor*

## FOCUS ON THE EYES

We were delighted to welcome back Mr Sal Rassam to talk to our March public meeting, after a gap of 8 years, to tell us about the exciting advances in ophthalmology since his previous talk.

Mr Rassam divided his talk into various sections. The first being related to **Glaucoma**, for which the treatment available has changed so much in the last few years.

He told us that fluid keeps the eye inflated and provides nutrients, but the production and drainage has to be in equilibrium. Poor drainage of the fluid causes the pressure in the eye to rise leading to glaucoma. In a way it is like 'plumbing problems', when the same amount of fluid is being produced but less is draining away. Untreated it will damage the optic nerve, which happens "silently", where peripheral vision is affected first and lastly central vision. For this reason, all opticians are now obliged to screen for this condition by looking at the pressure and at the nerve at the back of the eye.

The number one risk is genetics, with other factors being myopia (short-sightedness), certain drugs, smoking, diabetes, caffeine, hypertension (very high blood pressure) and Alzheimer's. He said it is essential to reduce the eye pressure and will require several visits to the eye doctor to get this condition under control. There is no one set of pressures to aim for, hence monitoring of the condition is very important to determine target pressure. Also long term follow up is necessary as the eye pressure can change with age and time.

Traditionally, eye drops were the first possible option and would be needed for the rest of your life. Some people are happy with this, but it may not be the best for others if they have difficulty remembering, putting the drops in or get frequent side effects. There is also the cost of long term treatment. It may be necessary to change the drops and so this needs to be monitored. If the condition is not controlled by drops, then laser treatment would be suggested. It is effective in 70% of cases and may last anything from 3 months to 5 years. It can be repeated again if need be, but the effect lessens with each application. Laser treatment 'buys time' if surgery was not possible.

The latest treatment for glaucoma is referred to as MIGS which stands for Microinvasive Glaucoma Surgery. It involves the insertion of a stent in the eye to drain the fluid. Mr Rassam is really excited by this new technique as it has revolutionized the whole glaucoma management. It has so many advantages including minimal risks, minimal incision, it takes just 10 minutes, there are no stitches, can be combined with cataract surgery and is an 'express channel' for the fluid. It is a fairly new technique and not all surgeons are trained to perform MIGS.

His second topic was the cause of 80% of blindness in the 3rd world and 53% in the Western world and for which the only cure is surgery. You will no doubt have guessed that this part of the talk relates to **Cataract.**

The very front of the eye is the cornea, with the pupil surrounded by the iris. Behind the pupil lies the lens which can become cloudy and this is cataract - a very common problem which develops with age. The symptoms include blurry vision, susceptibility to glare, increasing short-sight, rapid change in glasses sometime every six months and double vision. Intervention is required when the condition is bad enough to affect everyday tasks.

Previously the treatment was a complicated large incision surgery done under general anaesthesia. Today anaesthetic eye drops are used, no stitches used and the replacement lens can correct both eyes for distance, meaning using glasses just for reading. Other options for correcting vision is by giving the dominant eye a lens for distance and the non-dominant one for near vision. This is not for everyone and a trial of contact lenses is needed before surgery. Multifocal implants (similar to multifocal contact lenses) allowing focus in most distances, are also now available.

We were shown a 'real time' video of a cataract operation so we saw what takes place in the space of 7-10 minutes. The eye is anaesthetized, a 2.2mm incision made and the offending blurring is cleaned away. The eye is 'polished', the new lens 'injected' through the small incision and it then unfolds inside the eye to its full size. The eye is then washed, injected with antibiotics, having been kept irrigated throughout the procedure; a very quick and painless procedure.

Two of the audience commented on their experiences of this operation. One said that, after only three weeks, the result was absolutely amazing and he could not praise it highly enough; the other was less happy as she said her vision was not that clear to which the answer was 'time'. She was told that her brain is confused as only one eye has been operated on and some people may take a little longer to adapt.



About 30-40% of people who have a cataract removed can get recurrence of the clouding of vision. This is not recurrence of the cataract but instead a thickening of the membrane where the implant sits. It is called **Posterior Capsular Thickening**. It can occur any time from 3 months to several years after cataract surgery. To remove this thickening, the procedure is very simple and painless laser treatment done in outpatients and takes a few minutes to do.

The next topic was **Dry Eyes** which, amazingly, can also present as wet eyes! The symptoms include discomfort, grittiness, burning, stinging, excessive watering, photophobia (extreme sensitivity to light), difficulty opening eyes in the morning, visual disturbance and contact lens intolerance, all of which can be very debilitating. The watering is as a result of 'poor quality tears' which do not have enough viscosity to 'stick' to the eyes and therefore end up on your cheek, inviting the body to make more!

There are many products on the market for moderate dry eyes, all of which are good, and it is a question of trial and error to find the one that suits. They contain a viscous (thickening agent) material, electrolytes & oils. Preferably choose a preservative free one as preservatives can irritate the eye. For severe to very severe cases there are other treatments available, including surgery.

Mr Rassam went on to talk about **Astigmatism** which is when the eye has an irregular shape. It can be corrected by tiny incision(s) made in the cornea allowing it to 'relax' and become more round or by a toric implant used during cataract surgery. **Presbyopia** is loss of lens malleability which reduces the ability to focus onto different distances. This is corrected with glasses in 90-95% of cases.

The final subject was **Age Related Macular Degeneration** which is the leading cause of blindness in developed countries with 3.5 million in the UK**.** This is where central vision is lost, although peripheral vision remains good. You would not be able to identify faces and difficulty with reading but you would see shapes & movement around the blind central spot. There are 'wet' and 'dry' versions, with 8 genes so far having been identified to be related.

The term macular degeneration is an umbrella term for many different conditions affected by such things as genes, environment, blood pressure, high cholesterol and smoking.

Advances make the wet form of AMD much more treatable and currently the treatment is called Anti-VEGF (Anti-Vascular Endothelial Growth Factor). It stops leakage (the reason for the 'wet') and promotes healing. This is in the form of an injection to the eye starting with monthly injections for 3 months and maintenance injections monthly or bi-monthly depending on the drug. Regular follow up including a scan are required.

A question was asked if multivitamins could help with AMD, to which the answer was that there is no strong evidence that they prevent or help in the early stages and it is better to eat a healthy diet, particularly leafy greens and coloured peppers. In fact some studies have shown that overdosing on vitamins can cause more damage to your health.

The presentation was so interesting and we had many questions after each section of the talk, so by this time it was 8:20. Unfortunately we were not able to hear the remainder of the talk, covering such things as Flashes and Floaters, Vitreous and Retinal Detachment, Diabetic Retinopathy, however our thanks to Mr. Rassam for such a clear and informative talk – perhaps another time……

*Editor*

## PMG UPDATE

### Staffing

We have a new GP Registrar – Dr Joy Lumsdaine – who joined us on 25th March. Joy is in her final year of GP training and, as her contract is part-time, she will be spending approximately 15 months at PMG.

We look forward to welcoming Dr Eloise Scahill back on 13th May from her maternity leave; Eloise had a baby boy – Ben.

.. and some Ozzie news - Alan's daughter gave birth to a boy on 19th March - Miles Luke Clifford-Bolt. Congratulations to her and to the proud grandparents.

Due to retirements, we are recruiting new staff to work in our administration and reception teams.

**We remind you that there are weekend appointments available at the GP Access Hub – Doctors on Saturday and Nurses on Sunday. These appointments can be booked with the PMG reception staff during the week.**

We had a staff training session on new templates for our clinical system in March. These Ardens templates provide and maintain clinical documents, templates and forms on behalf of our CCG; they help the GPs, nurses and staff enter clinical information effectively and efficiently onto patient notes.

**Easter Break - The Practice will be CLOSED on Friday 19th April and Monday 22nd April and open as usual on Tuesday 23rd April.**

*Liz Eades, Practice Manager*