PRIMARY CARE NURSING at PULBOROUGH MEDICAL GROUP.

Anna Harrison Nurse Partner

In the last newsletter Dr Fooks gave an insight into the role of the General Practitioner at PMG, and in this edition I thought it would be helpful to turn the spotlight onto the nursing team and describe how we complement and support the health care provided at PMG.

Every year we offer more than 30,000 appointments to our patients, of whom more than 4,500 are receiving nursing care for at least one long-term condition. We dress wounds, glue cuts, heal ulcers, assist surgeons, perform emergency ECGs, take over 12,000 bottles of blood, and offer over 7,000 immunisations of which more than 1,000 are travel vaccinations. PMG has a very busy primary care nursing team!

Our team consists of 8 highly skilled and experienced practitioners. Most of us started our health careers in hospital settings and have moved into General Practice nursing. In 20 years nurse training has changed considerably and we have nurses who have been educated to Graduate and Masters Level, which has allowed us to develop our skills and knowledge. This is now reflected in General Practice as we are able to diagnose, treat and manage patients without the need for patients to see a GP. Of course, this does not mean we do not recognise our limitations. We work closely with our GP colleagues; sharing any concerns or difficulties we may have in supporting patients to manage their problem. We believe this approach allows the patient to get the best care for their condition and enables GPs to focus their skills and knowledge on more complex issues.

General Practice nursing allows us to assess and to treat patients with many different problems. We all have areas of special interest and expertise so that we can provide a wide range of care. Tracey provides a first-class service for diabetes, supported by the rest of the nursing team, with Beverley focusing on patients with a condition known as prediabetes. This is a particularly important area of work for us as we support patients who, by changing lifestyle, are able to improve their health outcomes.

Steph and the team run an outstanding leg ulcer clinic and we have achieved higher than the national average in healing these often difficult to treat conditions. Philippa is an extremely experienced practice nurse who has special interests in respiratory medicine and travel health. Sara is new to practice nursing but has a wealth of experience in cardiac medicine apart from developing and learning new skills all the time. Julie and Clare are health care assistants who also have a wide range of experience. Clare started her career at PMG as a receptionist, now has completed additional training and carries out a wide range of tests and investigations. Julie has had a career in aviation medicine as well as A&E and we are fortunate to have her skills, especially in supporting the doctors in minor operations and ensuring we have the right supplies to carry out the care we give. We are also fortunate to have the skills and knowledge of Jan, a former district nurse, who helps us with clinics.

My role, as lead nurse and advanced nurse practitioner, is varied and busy, supporting those patients and their families with the most complex needs, often visiting them at home when they are not well enough to attend the surgery. I also have an interest in nurse education, ensuring that we have a nursing workforce fit for purpose and for the future demands of general practice. We now have undergraduate and post graduate nursing students at PMG. Training and developing our future nursing team is essential to ensure we have the skills and knowledge to provide increasingly complex care closer to home.

We are fortunate to have at least one nurse available every day of the week which mirror the GP sessions, so that we can offer a comprehensive and responsive service for the local population. Our team has developed the way it works to meet patient demand and we now offer 7am starts which is highly popular with both the patients and the nurses who run these early clinics. We try to provide flexibility to work with our patients but this is sometimes difficult as we have to work within a wider health care system which may not be as flexible or as quick to respond.

As a nursing team we recognise that we are part of a larger team here. We could not work in isolation and so it is extremely important to recognise that without the invaluable support of our General Practitioner colleagues, the community nursing team, our receptionists, secretarial staff, practice manager, admin team, PPL team, pharmacy and cleaning staff, we would not be able to provide the outstanding care and attention that we currently do.

With all the challenges ahead for general practice, not only is it a good time to be a nurse in general practice, it is a great time to be a practice nurse at Pulborough Medical Group.

NEWSLETTER NUMBER 39 — DECEMBER '17

Pulborough Patient Link

pulborough patient link

- your voice in local health

The Pulborough Patient Link Committee and everyone at Pulborough Medical Group wish you, your family and friends a happy and healthy Festive Season.

Anyone interested in having a printed copy of the newsletter delivered or in giving a donation please contact the Membership Secretary, Robbie Roberts via PMG Reception.

While we at the PPL are about to plan next year's speakers for our public meetings – and maybe some smaller meetings also – we would appreciate hearing from you on subjects you would like covered in the newsletter, at our meetings and any questions you may have for PMG. Please contact me on lae@ianellisassociates.com; I look forward to hearing from you.

Lesley Ellis, Editor

SERVICE OF THANKSGIVING

As many of you will know, in mid November Tim Fooks arranged a special Service at St. Mary's, Pulborough to give thanks for the healthcare in the 150 square miles covered by PMG; this Service was well supported by both PMG and patients. Dr Fooks had arranged a similar service ten years ago at the time when the local Practices joined together in the specially built surgery in Spiro Close.

Those who participated in leading the Service were the Reverend Canon Paul Seaman, Dr Fooks, lead nurse partner, Anna Harrison, and PPL Chair, Alyson Heath.

The message was one of thanks for the strong team looking after us but Dr Fooks also commented that, for all those working at the Health Centre, it is a privilege and a reason to give thanks that all the various roles they do share the simple purpose of helping people. Drawing on his faith he described how the human capacity to outreach to others with care and compassion is considered, by some, to find its origin and blueprint in the Cross of Christ.

Thank you to all involved for this uplifting service.

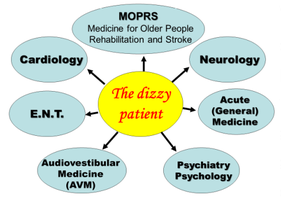
Editor

We are most grateful to our advertisers for sponsoring our newsletters.

Whilst care is taken to ensure the accuracy of any of the articles or adverts produced in this Newsletter, no liability can be accepted by the PPL for any errors or omissions, however caused.

DIZZINESS AND IMBALANCE

We were very pleased, for our recent Public Meeting, to have the President of the British Association of Audio-vestibular Physicians talk to us on a subject which, when I received the slides by e-mail, was headed 'Pulborough Dizzy Talk'! Dr Peter West practises at the Queen Alexandra Hospital in Portsmouth and St. Richards, Chichester.



The first comment made by Dr West was that vertigo is not a fear of heights but is an illusion of movement, a feeling that you or the world is moving, often (but not always) spinning. Vertigo is usually due to a problem of the inner ear or, occasionally, the brain. There are 5 balance organs in each ear. Problems with the 3 semicircular canals will cause spinning, but disorders of the 2 otolith organs (gravity sensors) can cause a feeling of swaying or of the floor coming up to meet you. Ear disorders (and especially those involving the balance part of the brain) can also cause loss of balance as well as vertigo.

Doctors face a real challenge when presented with someone who says they feel "dizzy" as this can be caused by a vast number of conditions, especially heart problems or low blood pressure, which can result in syncope (fainting) or, more commonly, pre-syncope which is dizziness **without** loss of consciousness. Medication can be an issue: there is a direct correlation between the number of drugs someone is taking and the risk of them falling. Falls are the commonest cause of accidental death in over 75-year olds.

Of 300 referrals seen in Dr West's balance clinic in the last 6 months, approximately three-quarters came from GPs and a quarter from other specialists, but in more than half the cases the referring doctor was unable to suggest a diagnosis and, when they did, it was more likely than not to be incorrect. Specialists did no better than GPs.

The key questions for a doctor with a patient presenting with dizziness are “is this vestibular?” and, if it is, is it peripheral (inner ear or vestibular nerve, generally benign) or central (brainstem or cerebellum and usually more serious).

Acute vertigo attacks present a particular challenge. Dr West cited the typical case of an elderly man waking with vertigo and vomiting. 2 hours later he was still being sick and unable to stand unsupported. He had a history of angina and was a smoker. Was this a harmless inner ear viral infection or a life-threatening stroke? The “HINTS” tests are key: **H**ead **I**mpulse (the head is rapidly jerked to the side while the patient tries to keep looking at the tester), **N**ystagmus (a rapid repetitive involuntary eye movement associated with vertigo, the pattern of which distinguishes ear from brain disorders) and **T**est of **S**kew, another simple eye movement test. These tests readily identify if the problem lies in the inner ear, in which case no scans or hospital admission are required and the treatment involves tablets and rehabilitation exercises. Indeed, in acute vertigo, the HINTS tests may be more sensitive than an MRI brain scan.

The two most common causes of **recurrent** vertigo/imbalance are Benign Paroxysmal Positional Vertigo (BPPV) and Vestibular Migraine.

Your Guiding Light

You want to make the right decisions in life. We're here to support you even when the going gets tough.

Our focus is earning your trust, delivering crystal clear advice with the utmost professionalism.

- Residential and Commercial Property
- Family Law
- Wills, Trusts and Probate
- Litigation

With a proud tradition of expert care at the heart of our community, you can be assured of the very best attention from our team.

Positive Steps, Securely Made.

ANDERSON ROWNTREE
SOLICITORS

Wisteria House, Petworth, GU28 0AJ — T: 01798 342391
Avenue House, Southgate, Chichester, PO19 1ES — T: 01243 787899
20 Old Mill Square, Storrington, RH20 4NQ — T: 01903 745666
Sheep Lane, Midhurst, GU29 9NS — T: 01730 812201

www.andersonrowntree.co.uk info@andersonrowntree.co.uk @solicitorsAR

BPPV is caused by loose chalk crystals falling into the wrong part of the inner ear and is cured by a simple (Epley) manoeuvre which tips them back where they belong. The classic symptom is dizziness on lying down. Dr West made us laugh when he told us that many years ago he had asked an older lady, when checking on when her dizziness affected her, ‘What are you like in bed?’ and got the reply ‘That’s the best offer I’ve had for 50 years!’ He now phrases this without the possibility of any ambiguity! That said, the commonest symptom of BPPV is imbalance rather than vertigo. The commonest cause (other than age) is a bang on the head. Dr West sees 6-10 cases of BPPV a week.

The second most common cause of recurrent vertigo is Vestibular Migraine which is often misdiagnosed as Meniere’s Disease. (*Meniere’s Disease presents with hearing loss, aural fullness and tinnitus in one ear, as well as attacks of acute vertigo.)* Vestibular Migraine is controlled by finding the triggers (often chocolate) and by prophylactic (preventative) drugs.

Imbalance without vertigo is often due to the sensory impairment (in ears, eyes, joints and muscles) associated with old age, and made worse by restricted movement and fear of falling, often compounded by diabetes, obesity, arthritis and drugs.

When dizziness/vertigo is normal:
Roundabouts etc.
Motion sickness and *mal de debarquement*
Height vertigo
Visual vertigo

… and, after presenting a worrying case of mild imbalance in a fit young man which turned out to be due to a rapidly fatal brain tumour, Dr West finished by saying

‘Don’t have nightmares. Do sleep well.’

PMG UPDATE

Alan Bolt

We welcome Dr Lucy Oxley who has started as a salaried GP working Mondays, Tuesdays and Thursdays. Congratulations to Dr Rosanna De Cata who has been training part time with us since August 2013 and has now passed her final exams; sadly, she is leaving to take up a salaried GP post in the New Year.

The uptake for our flu clinics was 71% for flu and 62% for shingles - both well above the national averages. A big thank you to all those PPL Committee Members and PMG staff who worked hard to achieve these fantastic results. There is still plenty of time to give flu vaccinations so if anyone missed the flu clinics, please contact the surgery to make an appointment.

Unfortunately, the contract for Concordia to provide ENT services at Pulborough and other centres has been withdrawn and the nearest clinic, despite our efforts, is based at Tangmere. However, we have sourced a private provider for ear microsuction (which is considered safer than syringing); this is via Sussex Health Care Audiology who run NHS Audiology clinics at the Practice. They are able to provide a private microsuction service (this procedure is no longer funded by the NHS) and clinics will be held here on the 3rd Friday of every month starting in November, cost of £50 for one ear and £80 for two. Patients cannot book appointments through the surgery, but must do so direct by contacting:

Hazel Spring on 01293 784034 *or by email:*
hazel@gatwickaudiology.co.uk.

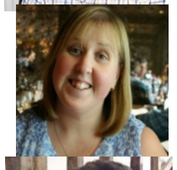
Corden PHARMACY
Your First Stop for Healthcare
Spiro Close, Pulborough, RH20 1FG
01798 872480

Conveniently located next to the Doctors Surgery, Corden Pharmacy stock a wide selection of products.
Toiletries, Medicines, Home Health, Baby care
As well as High Quality skin care and makeup ranges.

CLARINS · RIMMEL LONDON · Crabtree & Evelyn LONDON · ROGER&GALLET · VICHY LABORATOIRES · Kneipp · BOURJOIS PARIS · MAVALA · LA ROCHE-POSAY LABORATOIRE DERMATOLOGIQUE


Tim Fooks
Senior Partner


Guy Mitchell
Partner


Nikki Tooley
Partner


Ray Ghazanfar
Partner


David Murphy
Salaried GP


Carole Campbell
Partner


Lucy Oxley
Salaried GP


Eloise Scahill
Salaried GP

Harleen Bedi—no photo
Salaried GP

Leigh-Anne Bacombe—no photo
Salaried GP

In the last newsletter Dr Fooks mentioned GP Groups and how they facilitate the continuity of information, eg test results, being available quickly for patients, avoiding the possibility of action being required but which might otherwise wait for a particular doctor to be at the surgery.

These are currently as shown, with Drs Fooks, Tooley, Murphy, Oxley and Bedi forming one group, with the other being Drs Mitchell, Ghazanfar, Campbell, Scahill and Bascombe.

Unfortunately, at the time of going to print, photos were not available for Drs Bedi and Bascombe.