



Open Doors at PMG

AUTUMN 2011 NEWSLETTER

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PULBOROUGH PATIENT LINK

**invite you to a
Talk by**

Nick Herbert MP

‘Liberating the NHS’

Pulborough Village Hall

**Friday 14 October at 7pm
doors open 6.30pm**

Members are encouraged to come early

Refreshments and Raffle Draw 8pm

Question and Answer re PMG Computer System

There has been a lot of talk about the NHS computer system. How much information does the practice now have about each individual patient and how far back do the records go?

The practice holds all the NHS records of the 12,300 patients registered with PMG both in paper and computer form. These records belong to the NHS - not the practice. Indeed, the computer system itself is now owned and maintained by the NHS.

When a patient first registers we request the notes from the previous GP and these are sent through in paper form, some amounting to hundreds of pages, but usually only one or two. However, each set is checked for relevant diagnoses and medications and these are added manually to our system. Key letters from specialists are also scanned into the record.

For longstanding patients, the computer record dates back to the early 1980s and computerised letters to 2000. All other information is in paper form stored in our large locked Archive room. Information or data that we do NOT keep includes hospital records, other than discharge or outpatient letters, and XRay/CTscan/MRI films. When a patient passes away, the paper records are returned to the NHS office at Worthing, while the computer records remain on the system but no longer remain active for reminders and other routine searches.

Are patients only drawn from the RH20 post code or is there some other qualification for the catchment area?

Our catchment area is large (historically the largest in West Sussex) and extends roughly 7 miles in all directions, with some boundaries so that the doctors, community nurses, Health visitors and Midwives, can manage the large distances when home visits are needed. The boundaries are: A272 to the north, A24 to the East, the Downs to the South and A283 to the West.

If I move out of the area, does the system automatically flag up when I register with another doctor?

When a patient moves to another area, or wishes to register with another practice in the same area, the new GP practice requests your notes from PMG via the NHS central office. Gone are the days of having to request permission from the original practice to 'change doctors' and a patient is, quite rightly, free to go to whichever practice they wish within the area that they live.

Currently a practice can decide not to accept a request for registration but they would need very good reasons. We do not receive any information as to why a patient is moving from the practice which is why we encourage patients to give us constructive feedback – good or bad - about our service when they move. A note or phone call to the practice manager is much appreciated.

I understand there are different levels of access to the information held on the computer system. Could you explain this please?

This is a relevant question as the level at which a member of the team can use the system is set – for example, a receptionist cannot add or delete medication or access patient letters, nor can a GP access passwords of others. A GP also has the facility to block access to a clinical record or drug entry to anyone other than himself or to other doctors only. This is especially helpful if a member of staff needs to receive medical attention at the practice.

Are certain categories highlighted – for example those eligible for 'flu clinics, or to activate a follow-up appointment?

Every clinical system in general practice is only as good as the ability it gives us to search for certain groups of patients. This ability to target groups allows us to contact those eligible for 'flu vaccination, review patients with a new diagnosis of cancer, identify children for immunisation, remind us to review patients with depression or dementia and a myriad other criteria.

If I have, for example, a blood test and am awaiting results, how can I be sure that I am made aware of any necessary action?

This is a very important question. It is essential that every consultation includes an agreement between the patient and doctor (whether PMG or hospital) regarding the ongoing action plans, which should include how results of tests will be received and acted upon. Both parties need to share responsibility for this communication plan to ensure it fits in with our mutually busy lives.

At PMG we receive up to 200 results a day and every blood test is checked by a GP and a comment attached that can be passed on to the patient. Generally patients are welcome to ring the practice during the afternoon to obtain results and be given the GP's comment. It is important to note that it is necessary to leave 2-3 working days after a blood test. Diagnostic Image and biopsy reports are more complicated and need to be discussed with the requesting doctor 7-10 days after the investigation.

If I see a consultant, whether privately, at a hospital or at PMG, would that information and any results automatically be fed into the PMG system and how?

No data from a private consultant is automatically fed into the computer system at PMG. However we add on manually all new diagnoses, medication and relevant results.

Could all my details be accessed 24/7 by hospitals in case of emergency?

This is not possible from our practice system. To date, we do not believe there has been any data, other than NHS number, made available with hospitals on a national basis.

Quite a number of new homes in the area are due to be occupied in the next 12 months - is the practice able to cope with increasing numbers for appointment slots with a doctor or nurse?

We have steadily increased our face-to-face and telephone appointments over recent years to accommodate both the larger population and also the higher level of support each patient requires. We will continue to keep this

under review. The building itself can sustain use by significantly more patients.

With everything being so computerised, is there any plan in the near future to enable patients to book their appointment on line?

Yes, although there are some obvious advantages and disadvantages for both the patients and the practice. The most important consideration is to ensure that all patients have equal access to our services, especially the most vulnerable - and it is often those patients who do not have access to the web. However, such systems have been in place for sometime elsewhere and, since we have extended our appointment books to 2-3 months ahead, we should be able to make this work at PMG too, perhaps in 2012.

Are any developments likely with the PMG computer system in the foreseeable future?

Currently, one of the problems with our otherwise excellent system is an inability to share clinical data with other practices electronically. However, the NHS has introduced a new clinical package called System One which integrates all the various parts (clinical notes, document storage and appointment systems) and the decision has just been taken to introduce this (probably next January) to enhance our care for our patients. 25 other practices in West Sussex will be migrating to this clinical system during the same period.

Tim Fooks - Sep 6 2011



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Chairman's Notes – Tough Choices

A principal responsibility of the old West Sussex PCT - and now of the interim Coastal West Sussex Federation (CWS) - is to make decisions about which services to commission and at what level. With the current pressure on finance, which will become increasingly severe, this involves difficult decisions. Two recent decisions illustrate this.

Stroke Treatment

The longest running problem has been the lack of availability outside day working hours of thrombolysis to treat stroke victims. This procedure is of value to possibly 10% of patients but, in practice, is available to only 3-4%. It was argued that patients could be treated at Brighton which had 24 hour cover, and that patients should be able to be transferred there, assessed, and treated within the 3-4 hour period. The issue aroused considerable concern and was pursued by patient groups. It has now been agreed to provide a full service at Worthing Hospital. It is an expensive decision which hopefully will save lives.

Cataract Surgery

The second problem, the criteria for cataract surgery, was raised at a recent Pulborough Community Partnership meeting and I followed it up on behalf of the PPL. The raising of thresholds posed a threat to those who had a cataract, whose condition did not require surgery according to the new criteria, but who might not pass a driving sight test standard. I asked Dr. Peter Hayward (Consultant in Public Health Medicine) why these changes had been made and his reply illustrates the conflicts commissioners face. "This was done partly to free up clinical time, by both reducing the number of cataract operations and also the number of patients referred at too early a stage in the development of their cataract when surgery would confer little improvement in their vision, or may have been inappropriate altogether. It was also part of the move to direct scarce resources to areas of clinical care where they would produce most benefit."

However, following our representation along with others, he has agreed to recommend to the ophthalmologists that the text of the policy be amended to "indicate that those not meeting criteria for surgery, but who are unable to meet the legal requirements for driving, can put in a request for funding. We recognise that these cases need to be handled speedily."

This is a success for common sense, but both cases illustrate the problem of providing a satisfactory service and, at the same time, assessing the financial cost.

Stuart Henderson

NHS Sussex News

The Sussex Board meeting in July featured strong pressure from a Littlehampton contingent to proceed with the building of a new community hospital there. The plan, which also involves the closure of Zachary Merton hospital at Rustington, has been twice approved and twice postponed. The protesters were promised an answer at the end of September. However the GP-led CWS Federation is conducting a detailed review of community hospital beds in its area, which may have an impact on the Littlehampton hospital.

The Board also approved the "Redesign for Quality" proposals which, in time, will mean the closure of all patient beds at Southlands and their transfer to Worthing Hospital. As the dedicated orthopaedic operating theatres at Southlands are not now available, some orthopaedic surgery, previously performed there, will be carried out at St. Richards or Goring Hall.

People

Gwen Parr has resigned as editor of the PPL Newsletter. She wishes to concentrate on her work with Pulborough and District Community Care Association, which she chairs. Lesley Ellis has agreed to take over as editor, with assistance from Dr. Chris King and Stuart Henderson.

The Coastal West Sussex Federation's Public Reference Panel has elected Stuart Henderson as its chair. The Panel is made up of representatives from each of the four GP groups, which constitute CWS.

Three trainee doctors have just joined PMG, Dr. Bradbury for 4 months and Drs. Satish and Martindale for a year and they have written a little about themselves.

Dr Ena Satish



I qualified from Malaysia in 2002 and completed my house officer training there. I then had the opportunity to work in a GP set-up for more than a year in a rural state in Malaysia which I absolutely loved and that was when I developed a passion to be a GP.

I came to the UK in 2005 and did a master's degree in Dermatology at St. Thomas' Hospital, London, then worked in a dermatology firm in Nuneaton for almost a year before joining the Foundation Year (Training for junior doctors) in 2008. After completing my foundation year, I joined the GP training scheme and worked locally (in Chichester) for the last 2 years in various departments. In early August I started my Registrar year at PMG.

My long term plan is to be a GPwSI (GP with special interest) in Dermatology as about 20% of patients in general practice are presenting with skin, hair or nails problems.

I am married and have a son, Raphael, who has just joined his reception year.

During my free time, I love cooking, oil painting and going for long walks in this beautiful part of the world, West Sussex.

Dr. Penny Bradbury

I qualified from Guy's, King's and St Thomas' in 2006 and have been training at St Richards Hospital since 2008. I have a fair amount of experience in acute medicine having spent several years doing A&E, acute medicine, intensive care medicine and anaesthetics.



I switched to training as a general practitioner having fallen in love with West Sussex and hope to stay in the local area. I enjoy the challenge of getting to know my patients well, and aim to provide medical care which focuses on the patient as an individual rather than a disease!

I have a special interest in medical ethics, have a degree in Healthcare Ethics and Law and am currently involved in teaching medical ethics at all levels from A-level students to junior doctors.

Outside work I enjoy going for long walks along West Wittering beach with my 3 dogs and am also a keen horse rider, getting out onto the South Downs. I love literature and have joined a book club in order to ensure I keep up with my reading despite a slightly hectic lifestyle.

Dr. Sarah Martindale

Guy's, King's and St. Thomas' Hospitals Medical School was where I started my training in September 2001 to do a BSc in physiology and maternal and foetal health, during which time I was an active member of the hockey team playing for both GKT 1st XI and the University of London. The BSc enabled me to spend 3 months abroad gaining experience of medicine in a different country and culture. I took this opportunity to take part in a one month



medical trek through the Indian Himalaya providing basic health care to some of the most rural communities.

I qualified from medical school in July 2007, spending my house officer year in Woolwich. This was a fascinating year with exposure to extreme poverty, huge ethnic diversity and gang violence, but during which I also married, moving to the south coast in 2008. After a year in Worthing Hospital, I ended up in Chichester in 2009, starting my GP training 2 years ago and was delighted that I was to be placed in Pulborough for my registrar year. I hope to develop my interests in women's health and family planning, having just been awarded my diploma in obstetrics and gynaecology.

My husband and I love living on the south coast and are often to be found around Chichester harbour with our dinghy. We also enjoy walking, spending time exploring the Downs and the Lake District.

FUTURE NEWSLETTERS

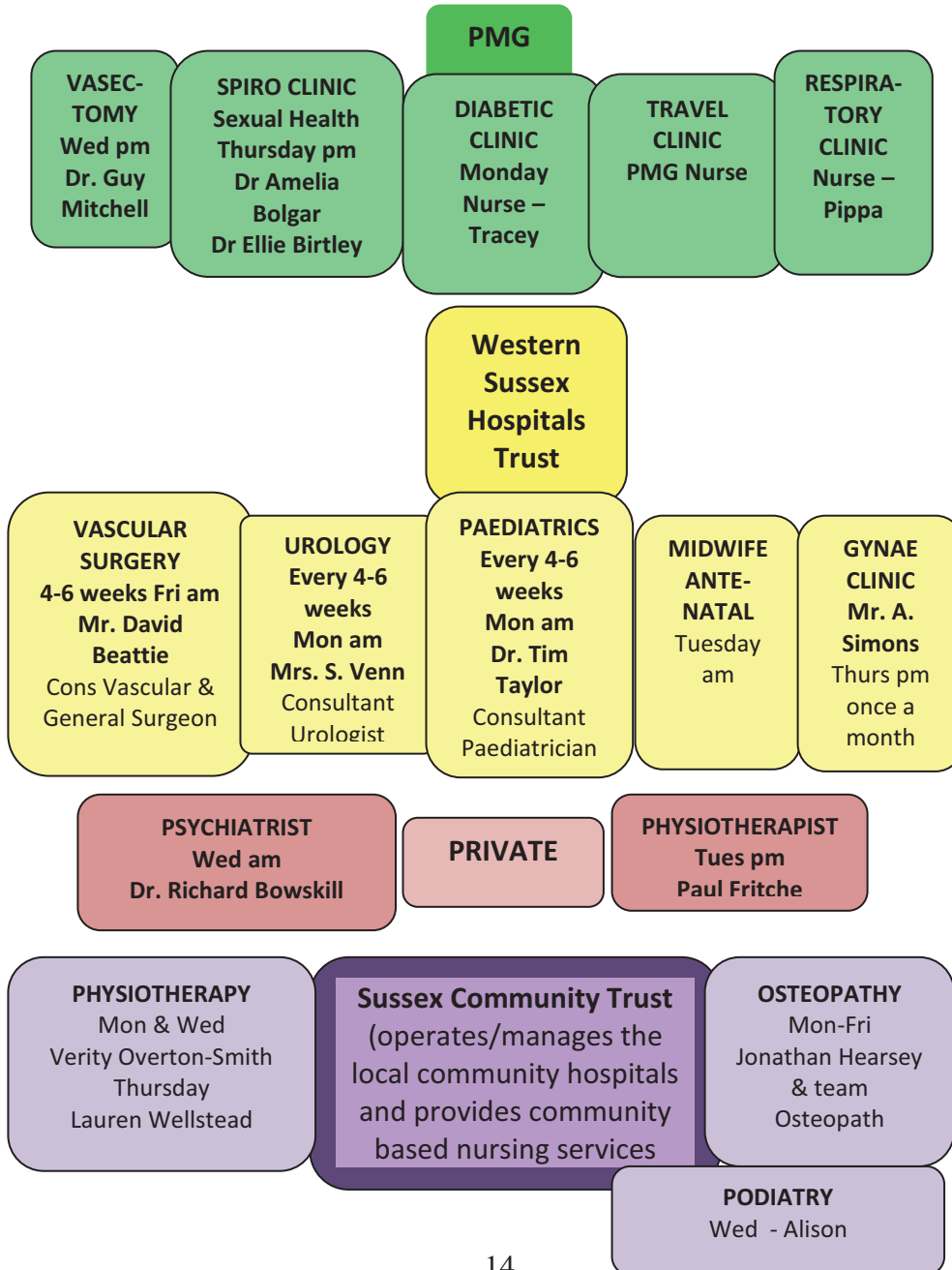
Hopefully you have found information and articles of interest in this edition of the PPL Newsletter.

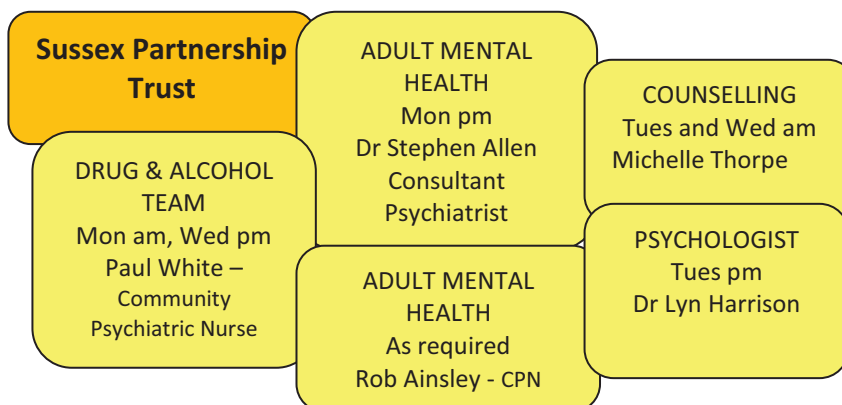
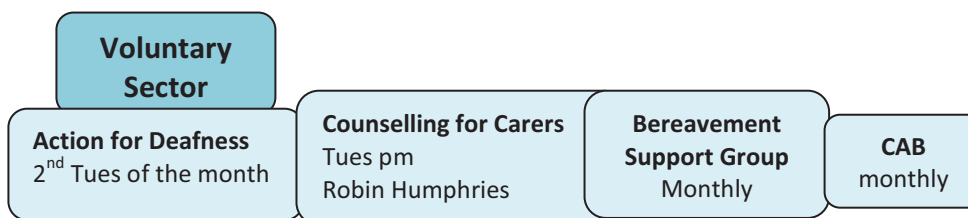
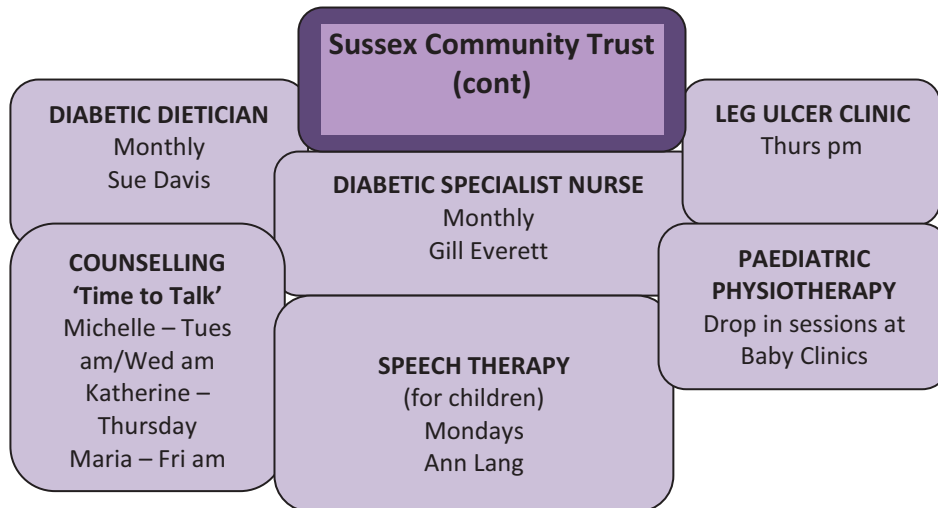
Every new Newsletter reaches more PMG patients as more become members of the PPL. If you know anyone who would like to receive the Newsletter, please let the surgery know and they will be added to the list.

If there are any topics you would like to see included in a Newsletter, or if you have any comments, please drop a note in to the medical centre marked for the attention of the PPL Newsletter Editor – we would much appreciate your input.



PULBOROUGH PRIMARY CARE CENTRE ADDITIONAL SERVICES





Knees and Hips

If the attendance at the last meeting is any guide, it will be 'standing room only' for the next PPL public meeting on 14th October when our local MP Nick Herbert (Arundel & South Downs) will be speaking about the re-organisation of the NHS to give clinicians greater responsibility.

The village hall was virtually full on 22nd June for the presentation by Consultant Surgeon James Lewis on "Knees & Hips" during which Mr. Lewis showed in considerable detail the recent advances in surgery in these two vital areas.

Taking the two elements separately Mr. Lewis, who practices at Worthing and Goring Hall Hospitals, showed detailed video pictures and graphics of the working of the knee joint – one of nature's miracles - which does very hard work and thus may need surgical attention due to an accident or 'wear and tear'.

The second part of the evening covered the related subject of the hip function, during which Mr. Lewis explained the various options available when problems with walking/pain indicate that some remedial or more significant work is required.

Apart from the visual presentation there was also the opportunity to look at a variety of actual artificial joints (prostheses) during the coffee break and at the end of the meeting. Questions were invited by Mr. Lewis - and many took the opportunity to ask specific questions relating to their own situation.

One element of immediate relevance to all was Mr. Lewis' message that taking relatively simple measures of self-help – exercise such as walking and a balanced diet – are a good way to help longevity in such hard-working parts of the body. He also mentioned that various supplements such as glucosamine with chondroitin and ginger can be helpful to some, although not to all.

IE – PPL Associate Member

The Sussex Matron?

A few months ago, Julia Dutchman-Bailey attended one of our patient group meetings. We asked her to describe her role as Director of Quality and Chief Nurse for NHS Sussex. Here are her notes describing her wide-ranging responsibilities.

I am a nurse, starting in the NHS in 1979, and my current role to lead and support the senior management team in our provider organisations to enable their services continuously to improve draws on skills and experiences gained in that time.

For example, we worked hard during 2010 to improve the privacy and dignity experienced by our patients, particularly focusing on making single sex accommodation available in hospitals. We are also working with our providers, including nursing homes, to reduce healthcare-acquired infections such as MRSA.

It is important that I know how well these providers are doing, and we routinely check each one against a series of performance standards. We also ask people who use services, staff who provide them and GPs who refer their patients to them, what they think, and I personally visit hospitals to talk to both staff and patients.

My role includes reviewing any serious incidents that occur in healthcare across Sussex. Providers are required to let me know when one takes place, as well as investigating and issuing a report and action plan. These are then checked to make sure they are robust so that lessons are learnt to avoid repetition.

The quality agenda is central to the work we do at NHS Sussex – making sure that services are of a high, safe standard and implementing the most up-to-date practices from across the country, while also ensuring the patient experience is good.

NHS Sussex represents the four primary care trusts (PCTs) who are responsible for commissioning healthcare across Sussex.

There are three key components to commissioning:

- using the knowledge we have about our local population to plan the services we wish to buy from providers such as Western Sussex Hospitals NHS Trust
- buying the services using contracts
- checking that the services being paid for are of an acceptable standard – and intervening if not

The Pulborough Medical Equipment Fund

Since PMG moved to our new building, we have been fortunate to receive funding from patients and other sources to purchase a variety of equipment not available through NHS resources.

The PPL has supported us with the cost of our display screens in the waiting room and ground floor lobby and, more recently, with our well-used Netbuilder Patient Feedback computers.

In the last few weeks, we have been able to use some donations to purchase clinical equipment such as **pulse oximeters** (to gauge blood oxygen levels), **a dermatoscope** (a sophisticated magnifying glass which helps distinguish skin cancers from benign lesions), **digital weighing scales for babies** and a **hyfreicator** (a precision device used in minor surgical techniques).

All of these items enhance the quality of service we can offer to our patients, and the practice would like to make our patients more aware of this means of supporting us.

The PPL warmly supports this initiative, but it is important to note that the Equipment Fund is a separate financial entity and is administered by the practice.

If you would like to support these efforts to equip our splendid modern building to the highest standards, we would be most grateful - and would be very happy to acknowledge your gift in whatever way you deem appropriate.

Any donation, large or small, is most welcome, and we look forward to announcing our purchases of clinical equipment in future newsletters.

What's Your Poison?

Alcohol & Us

We seem to have been making alcoholic drinks of various kinds for the past 10,000 years or so. Alcohol, long used for pleasure and hospitality especially when served with good food, has also been important in ceremonies in many different religions. The most notorious of these were associated with the Roman god Bacchus and were more like drunken revels - perhaps a bit like our Saturday night town centre partying! Ancient Egyptian and Chinese writers advised that alcohol should be used in moderation, but we cannot tell what counted as 'moderation'; drunkenness, especially in public, was condemned and was sometimes penalised by the state, but attempts to ban alcohol altogether have not been successful.

Perhaps America would have avoided the disaster of the Prohibition era if they had read the Chinese author of 650 BC who wrote that people "will not do without beer. To prohibit it and secure total abstinence from it is beyond the power even of sages. Hence, therefore, we have warnings on the abuse of it." Sounds just like today! Marco Polo reports that alcohol was drunk daily in 13th century China and was one of the biggest sources of income for the government. (No change there then either). In addition, alcohol has long been recommended as a medicine, although in recent years doubts have been expressed about exactly what and how much benefit it gives.

Personal drinking habits seem to be what makes us argue one way or the other about drinking, so I thought it best to look at sources of the best medical advice I could find, hoping for neutrality.

"If you drink, keep it moderate" reads the first line of advice about alcohol on the web site of the Mayo Clinic. The advice continues: "Alcohol use is a slippery slope. Moderate drinking can offer some health benefits. But it's easy to drink too heavily, leading to serious health consequences."

It sounds like a mixed message and it is a mixed message; this is partly because the effects of alcohol depend not just on the alcohol in the glass, but on the age and state of health of the drinker and the social situation in which the person lives and drinks. (Alone? With others all enjoying a meal? In a rowdy club where everyone is taking too much?) The Mayo clinic staff say that “alcohol may offer some health benefits, especially for your heart. On the other hand, alcohol may increase your risk of health problems and damage your heart. So which is it? When it comes to drinking alcohol, the key is doing so only in moderation.” For the past 4,000 years or so there has been one clear message: “Watch your dose.”

Cancer Research UK takes a different line, saying that alcohol causes 9,000 people to die of cancer each year, and they advise against drinking at all.

Everybody must make up their own mind about how much to drink, but the NHS, unlike the writers of ancient Egypt, does tell us what ‘moderation’ means; three-quarters of British people have now heard of daily drinking recommendations, which is an improvement of 50% in the past 12 years, so information is getting out to people. Nevertheless, too many people ignore it - for in 2009/10, there were 1,057,000 alcohol related admissions to NHS hospitals. This is more than twice as many as in 2002/3.

Meanwhile, prescription items for drugs for the treatment of alcohol dependency, prescribed by GPs or in NHS hospitals and dispensed in the community, have increased by 56% since 2003.

So how much does all this cost the NHS? An Oxford study published in 2009 showed that the NHS spends about £3 billion annually on treating alcohol related illness and, of this, alcoholic liver disease accounts for about £347 million a year. These costs have all been rising for years, but of course the financial figures reveal nothing of the human costs in terms of misery and sickness.

So the ancient message “drink in moderation” is as valid today as it was 4,000 years ago and, although modern medical technology can help to keep us healthier, ***no amount of modern medicine can fix those modern lifestyles which cause serious illness at so great a cost.***

The NHS recommends:

Men: no more than **3-4** units regularly each day.

Women: no more than **2-3** units regularly each day.

'Regularly' means drinking these amounts every day or most days of the week.



Beer

A premium pint of lager, bitter or cider (5%) contains **3 units**

An ordinary strength pint of lager, bitter or cider (3-4%) is **2 units**

Wine

A large 250ml glass of wine (12%) contains **3 units**

A standard 175ml glass of wine (12%) which many pubs and bars call a 'small' glass contains **2 units**

Spirits

A large double measure of spirits (2 x 35ml at 40%) contains **3 units**

A large single measure of spirits (1 x 35ml at 40%) is **1.5 units**

A small double measure of spirits (2 x 25ml at 40%) contains **2 units**

A small single measure of spirits (1 x 25ml at 40%) is **1 unit**

Alcopops

A 275ml bottle of alcopop (5%) contains **1.5 units**

Gwen Parr

An Efficient Health Service?

The latest news and an idea for patients

“The NHS must become more efficient” is often said, but what does it mean and how shall we know when it happens - if it does? Everyone knows that efficiency measures how much product we get for the pounds we spend, and if we are thinking about gas boilers this is easy to discover. People's health is much more complicated, however, and a health service is just as complicated as the health it is trying to improve. The NHS provides much care that is very hard to measure, e.g. support for those with severe anxiety, but some care is easier to measure, for example reduction in death rates.

Two studies have been published this year regarding efficiency in health services. One* compared the health care systems in 19 western countries and measured reductions in death rates of people age 15-74, over a period of 25 years. Then the cost of health care in each country was compared with the reductions found. The surprising result was that of the 19 countries studied, the most cost effective health systems were Ireland, the UK and New Zealand. All 19 systems reduced death rates over this time, but some countries were having more effect with less money than others. The UK, Ireland and New Zealand had cost-effectiveness ratios almost 3 times those of the lowest 3 countries, one of which was the USA.

The precise reasons for these differences are complex, but the health care systems could reasonably be supposed to play an important part and, reducing death rates wherever possible is certainly one of the ultimate goals of all health care. Frontline NHS staff deserve some recognition for having achieved more over the past 25 years with relatively less than the USA, for instance, which is still the wealthiest country in the world. Patients (and taxpayers) should find this cheering.

The other study** reported how the National Institute for Health & Clinical Excellence (NICE) has examined many treatments and recommended that some should not be used as they are of no benefit.

Doctors who follow these guidelines, with due regard of course, for individual patient's needs, should be able to make savings for the NHS.

Unfortunately, apart from prescriptions issued, there is no way of tracking down observance of such guidelines. Collecting this kind of information would be prohibitively expensive. As stated in this paper "claims of NHS wastage can not be verified or refuted", but surely it is a waste to buy treatments which are not useful?

So why does this happen? Habits and ideas are hard to change and this is where patients can help doctors reduce waste.

As patients, if we are told, for instance, that a particular treatment or test which we were expecting will not, in fact, benefit us we can listen to the doctor's advice. Accepting this guidance will contribute to an efficient medical group in Pulborough.

*J R Soc Med Sh Rep 2011;2:60, ** BMJ 2011;343:d4519

www.nice.org.uk/aboutnice/whatwedo/niceandthenhs/CostSaving.jsp

Gwen Parr

Update from Corden Pharmacy.....

I am delighted to have been asked to write a piece for the PPL Newsletter, and hope that we can make a contribution on a regular basis. There is always a lot happening in the world of Pharmacy and so I have tried to cover some of the topical issues.

Opening Hours:

Monday – Friday 8am - 7pm; Saturday 9am - 2pm; Sunday Closed

Delivery Service

We offer a delivery service every weekday - this can be requested when you order your repeat medication. Feedback on this free service has been very positive: 'This first class service is invaluable – I don't know how we'd manage without it!'

Flu Vaccinations

The Flu vaccination season will soon be upon us, and I am pleased to say that Corden Pharmacy plan to offer private flu vaccinations again this year from mid October. These are for anyone who is not eligible for vaccination under the NHS scheme, but meets the criteria of the Pharmacist-led clinics. Do come and ask us!

Supply Issues

Our main challenge at the moment is managing the supply issues that seem to be part of everyday life. In the current economic climate we now have the concept of parallel exporting (rather than the parallel importing of recent years). Many medicines are exported from the UK, leaving the UK market short of some products. Several companies have merged or gone out of business altogether, also affecting continuity of supply.

Thus, some items are unavailable from our local pharmaceutical wholesalers and we have to approach the manufacturers direct. In some cases we are allocated a restricted quota per month, and in others we are told that the product is out of stock, the availability date being unknown. We are doing our best to keep enough stock of these items and our staff are constantly on the phone to the various suppliers. However, it is taking longer to obtain stock and sometimes there are delays of several weeks.

Re-order in plenty of time

We will keep those patients who are affected by supply issues informed, but suggest re-ordering in plenty of time.

Due to popular demand....

.....we have now increased our Baby Section - this includes baby feeding equipment and sterilisers. We plan to continue to develop the range so please let us have your suggestions!

Good News - Clarins and Vichy

We have extended our range of Clarins and Vichy skincare products so do come and browse.

We have a Great Pharmacy Team

Corden Pharmacy's Team will be pleased to help you.

Sue Oliver - Superintendent Pharmacist

Patient Query

From time to time at PMG we receive pertinent queries from patients where we feel a published answer would be helpful:

My neighbour recently had a long, fruitless wait at the surgery. She had booked a blood test, but was not told to fast, so could not have the test as she had eaten breakfast. I suppose she should have asked (I would, but then I know I must ask). Maybe it should be routine for the receptionists to ask the purpose of the blood test and then inform patients when they should fast?

'We very much regret the wasted journey and time for this patient. It is the responsibility of the requesting clinician to say that a particular blood test needs fasting, but to drink plenty of water and take medication as normal. PMG has reminded all clinicians that this information must be given to patients to avoid this happening again as it is obviously very frustrating and time-wasting for everyone.'

WORTHING IN THE PINK!

Where can a mature, curvy woman of ample proportions, wear a skin-tight pink T-shirt and fairy wings and still look cool?!

TAKING PART IN RACE FOR LIFE OF COURSE!!

Worthing seafront 10th July 2011

Thousands of ladies, all in pink

We all meet up, nod, smile, acknowledge,
but we don't know each other.

Then I remember, I'm not here by myself.

I've arranged to meet up with the others,
other 'racers' from the surgery.

Natalie, Clare, Teresa, Tricia, Lynda and a girl named Sue.



I look around and realise I have no hope of finding them,
not in this sea of pink!!

Thank goodness for mobile phones.

I've made contact and as I try to catch up,

I look around and start to read the names on everyone's back.

Each name, a special person,
lost or still fighting.

Everyone has someone to remember.

I can feel my throat tightening.
It hits me hard, the reason we are all here today.
Not just a fun day out.
There are people on crutches, babes in prams.
Young, old, each and everyone of them
determined to complete the course.
All contributing, however much, however little,
to raise funds for Cancer Research.
A big cheer goes up as the runners approach the finishing line.
I'm way back, but I can hear it.
Tricia must be up the front there, she ran.
We walked.
Teresa, Natalie, Clare, Sue, Lynda and I.
We finally reached the finishing line ... got a medal!



Everyone completed the course,
However long it took.
That was the spirit of the day.
Happy and tired, proud of ourselves,
we went home.
We raised nearly £500 in sponsorships.

A BIG THANK YOU TO EVERYONE

Rita De Maria

Committee Members

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Secretary Mavis Cooper 01798 872299

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