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Open Doors at PMG

SUMMER 2010 NEWSLETTER

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All patients of PMG are entitled to join PPL. There are two kinds of membership:

1. Associate Membership is free of charge. This entitles you to receive a copy of all Newsletters by email, together with invitations to all our public meetings.

2. Full Membership costs £3 per household per year which will pay for home delivery of a printed copy of all Newsletters together with invitations to all our public meetings. To find out more about what we do, look on the PMG website (www.pmgdoctors.co.uk) and follow the link to PPL, or contact the Membership Secretary Mrs Pat Newcombe on 01798 831601.

Committee Members

Chairman Mr S Henderson 01798 873119
 Secretary Mrs M Cooper 01798 872299
 Treasurer Mr Warwick Dean -Taylor
 Ms Liz Couthard (PMG Liaison)
 Councillor Brian Donnelly
 Dr Tim Fooks
 Mrs Pat Newcombe
 Mrs Gwen Parr
 Mr John Ray
 Mrs Hilary Willoughby

Please come and join the committee. We need more members, and especially a Social Secretary and a Publicity Officer.

Infection Control Inspection

We recently had a full inspection by the Infection Control Department of West Sussex Primary Care Trust. It is very pleasing to be able to report that we were awarded a total of 96% for compliance in 12 separate sections. It is very good indeed to see this signal recognition of all our efforts to ensure an excellent clinical environment and the best clinical practice in the control of infections.

Citizens' Advice Bureau at PMG

You can make an appointment for a discussion with staff from the Citizens' Advice Bureau (Horsham Office), at the Medical Group. The CAB comes to us once a month on Wednesday mornings between 10am-1pm. Telephone 0844 477 1171 for your appointment.

Snow Damaged Guttering

At last all the guttering along the front of the Primary Care Centre has been replaced. It was quite an event in January when it all fell down due to the burden of ice and snow and it is good to see it back in place.

What is the Pulborough Patient Link (PPL)?

The PPL is an association of patients of Pulborough Medical Group 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 Pulborough Medical Group 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.



PULBOROUGH PATIENT LINK
invite you to

"LIFE IS FOR LIVING"

on

Monday, 5th July, 1.00-5.00 pm
at Pulborough Village Hall

MORE THAN 20 STANDS WILL BE EXHIBITING ASPECTS ON HEALTH ISSUES, WELLBEING AND THE CARE AND SUPPORT AVAILABLE IN OUR LOCALITY. THIS IS AN ALL AGE EVENT AND WILL INCLUDE PRESENTATIONS TO LOCAL SCHOOL CHILDREN

PLEASE COME AND JOIN US
EVERYBODY IS WELCOME
THANK YOU FOR YOUR SUPPORT

Contacts: Mavis Cooper – 01798 872299
Hilary Willoughby- 01798 813751

Dr Gibbon Retires and Reflects.

Talking to Gwen Parr

Gwen: It seems impossible that you have reached retirement age.

Dr Gibbon: Well, I have, and as I qualified in 1974, I have been working for 36 years, and in Pulborough for the last 30 years.

Gwen: What did you do for the first few years after qualifying?

Dr Gibbon: Following my two house jobs at the Royal Free Hospital I went into the army, working with families in both Germany and the UK while husbands and fathers were away. (In those days most were serving in Northern Ireland.) It was a kind of General Practice and I found it very much to my liking. Apart from the families of men on active service, we had other patients who were being cared for by army medical personnel and some of these men had been prisoners of war in the Far East. They needed support in their rehabilitation even after so long a time. It was here that I first became interested in psychiatry.

Gwen: So what brought you from the army to Pulborough?

Dr Gibbon: It was a meeting with Dr Ford, who was working in the Lower Street practice and he suggested I might consider joining them. My wife had grown up in this area so was in favour of this move and we both continue to be glad that Dr Ford made this offer.

Gwen: Many things have changed in the last 36 years. For instance, care was given, rather than being “Delivered in Packages”, treatments were not “Rolled Out” but were also given or made available and perhaps the biggest change of all is the growth in the numbers of health service managers. All of these changes relate to the use of the business model for health services. How has all this seemed for someone working through it?

NEW: Consultant Gynaecology Clinic

Mr A Symons, Consultant Obstetrician & Gynaecologist will be holding clinics here from the beginning of July when one of his Worthing clinics will move here. This is precisely the kind of service that we hope to extend even further as part of our determination to provide patients with care closer to their homes. Mr Symons will work closely with Dr Ann Summersgill who is now our lead for gynaecology.

Trainees

Dr Mohammed Hadid is our present trainee. He has been here since 7th April and will remain with us for 3 months until 3rd August. Dr Sarah Bella is a 3rd year trainee who will be here for a year from early August.

Practice Nursing

Janine Barnes – who helped to cover Karen Morgan’s maternity leave, has now been given a permanent contract. Janine will be working in the treatment rooms and also in the baby immunisation clinics.

Physiotherapy

Jessica, our resident NHS physiotherapist has taken a one year sabbatical to go travelling and we are pleased to welcome Verity who will assist us in Jessica’s absence.

Administration

Lorraine Dancey and Lisa Hawes joined us at the end of April. Lisa works as a medical receptionist. Lorraine is a medical secretary and she will also support the practice nursing team.

Two other projects which might be delayed due to lack of capital funding are: the new East Arun (Littlehampton) hospital and the transfer of orthopaedic and geriatric services from Southlands hospital to Worthing hospital, though no information is yet available to confirm these suggestions.

Mental Health Consultation

This consultation was scheduled to close on June 1st. It now appears that it is on hold until the new Government has had time to review all pending proposals, so we can only await further information which I shall provide as soon as I hear it.

Stuart Henderson
Chairman of Pulborough Patient Link and West Sussex Patient and Public Council

News from PMG

Goodbye and Thank You

Dr Monica Cooper has now retired after running her weekly clinic for many years, first at Lower Street Surgery and latterly here at Spiro Close. Dr Cooper used to see all our gynaecology patients and she will be very much missed by her colleagues and patients alike. We wish her well for the future.

Welcome Back

Dr Amelia Bolgar will return on 29th July following 9 months of maternity leave. Dr Bolgar, who is a GP with special training and experience in the field of sexual health will continue to run the sexual health clinic and will also be available for 2 days of general clinical work in the practice.

Dr Gibbon: It is obviously important that we work efficiently which is one of the aims of managerial staff, but the growth in numbers of NHS managers is certainly real. In my experience numbers of managers has at least doubled since 1980 and alongside that our administrative work has also grown.

Gwen: How has the application of various management techniques affected patients and how has it affected the hours you work?

Dr Gibbon: The new systems have brought some benefits for patients. For instance the management of long term illnesses is now much better than it used to be. Because we are all living longer, more people are likely to suffer from long term conditions and so it is very important to ensure the right care at the right time. As far as doctors are concerned, we now work much longer hours not only in terms of patient contact but also as I mentioned, in the amount of administration we have to do. It is not unusual for me to have up to 80 patient contacts of various kinds in one day.



Gwen: That is a staggering figure. You are well known to have a great interest in computers and to have contributed to their development at Pulborough Medical Group. How does your computer help with your work?

Dr Gibbon: In many ways; our Lower Street practice was one of the first in the country to have a multi user system and even before that, as early as 1982 we had introduced a computer just to print labels, which is where it all began for us. I use the computer, for instance, in checking I have not missed one of the many things that now must be done for patients. Computer assistance is invaluable in dealing with the management of complex conditions.

Gwen: What about the World Wide Web which is now 20 years old? Do you find that a lot of patients come with lists of concerns they have compiled from the Web?

Dr Gibbon: The Web is enormously useful to me in referencing and updating many details of patient care, to the point where my once well thumbed text books are now hardly ever opened. In my experience patients' use of the Web has changed since 1990. Initially, people found it difficult to distinguish good from bad information and as a result a great deal of confusion resulted. Over two decades, people have learnt how to recognise useful sites and although some find they have too much information and not enough understanding, on the whole most patients find the Web very useful but are happy to come to discuss whatever may concern them.

Gwen: Changes in medical technology both in finding out what causes illness and how it is treated must have made a huge impact during your working life.

Dr Gibbon: Very high-tech developments like MRI scans have not had a big impact within General Practice, although, of course they are essential in the diagnosis of some diseases. Treatments for common conditions like high blood pressure, cancer and diabetes have much improved during my working life. Because we frequently see patients with these problems in General Practice these advances have made a big difference to us and to many of our patients. Patients who once needed hospital admission can now often be treated at home, a change which is partly due to improvements in technology. One example of this is being able to give intravenous treatments at home. Complex home care does increase the work load in General Practice but ensures patients can be comfortable in the familiar surroundings of their own homes and this of itself contributes to recovery from illness. Another technique which has had a huge impact is key-hole surgery. Operations on the gall bladder, for instance, now result in only a few days in hospital compared with up to two weeks needed to

be more support for the elderly to help them remain independent in their own homes for as long as possible.

Changes Underway

Community health services bridge the gap between home and hospital by providing care at home e.g. by community nurses and they also manage community hospitals such as Horsham hospital. These services in West Sussex have been scheduled for management changes for some time. On July 1st, South Downs Health, provider of community healthcare services in the western part of East Sussex, will combine with West Sussex Health (Community Services), the provider arm of NHS West Sussex. This combination of management is designed to provide the same services to patients as before, but at reduced cost. Similar reasons lie behind the possible merging of the management of acute hospitals in both East and West Sussex including the acute hospital in Brighton. There is little doubt that there will be other changes to management due to new government policies. They are all meant to bring improvement to everyone concerned, but no doubt there will also be the usual confusion seen in both the private and public sectors following such changes, while everyone gets used to the new system. I suspect that we shall need to be patient patients and staff will need their own issue of forbearance.

Changes Possible

Sussex University and the hospitals in Brighton have been successfully teaching medical students for some time. There is a project to upgrade Brighton hospital further for although it does function now as a tertiary care hospital (i.e. a hospital which is designed to accept very complicated cases referred by secondary level hospitals such as St Richard's) the upgrade would extend its capabilities. This would give Sussex people an alternative to travelling to London or Southampton, as at present. This will be costly so it could perhaps be in question.

decisions can be made in discussion with a doctor on the telephone, saving time and effort for everyone. For instance such consultations may show that tests need to be done and these can be arranged quickly and be ready for a later visit to the surgery. In other cases it is evident that specific treatment should be started; whilst sometimes a consultation on the telephone can show that you need to be seen the same day and that can be arranged. If a telephone consultation is impossible because you cannot arrange to speak privately, then please explain this to the receptionist who will advise you what to do.

Chairman's Notes: All Change at Westminster; and the NHS?

The recent election has had everyone wondering how the new Government will be likely to change the NHS. As far as our local services are concerned there are certain things that seem to be in line with policies so far announced. For example, General Practitioners may well be given more control over local services. Pulborough Medical Group is one of 24 practices covering the western part of the county from Bognor Regis to the Witterings and up to the Surrey border. Able to learn from each other about the best way to offer services, such a large group is in a good position to try new approaches. The consultant gynaecology clinic which will be available in Pulborough from July 1st is just one example of this, and others are being considered; all designed to provide better services for patients.

Another improvement recently introduced in Pulborough is the plan for the management of Long Term Conditions which looks likely to be consistent with new Government policies. The County Council's Health & Scrutiny Committee which was set up some years ago has worked well in West Sussex. It is one factor that has helped co-operation between the NHS and the County Council and in spite of money shortages there does for example seem to

recover from a big abdominal operation.

Gwen: Teaching medical students is one of your special interests. Do you enjoy it and secondly do you find that medical students are now too reliant on high tech investigations and blood tests of all kinds and have not been taught how to examine patients themselves?

Dr Gibbon: I have been responsible for teaching medical students here for the past 15 years and I have very much enjoyed it. Students have a way of asking challenging questions which I find very stimulating. To answer your second question, our students, from Brighton, have definitely been taught how to examine patients properly and I think this is probably true of most medical schools in this country.

Gwen: Over the last 30 years some diseases have changed. Can you tell me something about this?

Dr Gibbon: We now see many more people with problems related to alcohol intake, the patients tend to be younger and the proportion of women patients with these problems has increased. Obesity and the diabetes associated with it are also very much commoner than they were 30 years ago. Smoking continues to be a problem and here again more younger people are affected.

Gwen: What other changes have you seen?

Dr Gibbon: Nurses are now trained to manage many of the straightforward problems encountered in our work. This is a most welcome change. Indeed with the increasing demands on our time it would not be possible to provide a service without the help of our skilled nurses. In the last PPL newsletter Dave Roberts described the minor ailments clinics available in the pharmacy on Monday afternoons and this is another development which will help in dealing with patients' needs.

Gwen: Has the American tendency to rush to litigation affected General Practice?

Dr Gibbon: There is a much greater awareness of this now than there was 30 years ago, and this can have detrimental effects, of course. In this context, however, it is heartening that in a recent survey of public opinion 91% of people questioned expressed satisfaction with their General Practitioner. This figure must exceed that for most of our public services and certainly is above that for politicians.

Gwen: In summary, then, would you choose to be a General Practitioner in Pulborough if you were starting all over again?

Dr Gibbon: I certainly would. It is a marvellous job and the chance to be an advocate for my patients had always been important. Meeting so many different people and being involved with so many different aspects of this job has been exactly right for me. I do not believe I can give it up easily. I am planning to work as a locum for a year or two and looking forward to continuing as a General Practitioner for at least a little while. I have mixed feelings about retirement, of course, but whilst I know I shall miss being here, I am glad to have been part of the establishment of Pulborough Medical Group and I feel it has a very bright future.

Gwen: Thank you very much Dr Gibbon. You will be very much missed by patients, colleagues and students alike and I wish you every possible happiness in your retirement from full time commitments. Perhaps you will now have more time for your new hobby of gardening to add to the travelling and sailing which you have always enjoyed.

Then, of course there are many other people who want to book in on a non urgent basis for discussions with a doctor on various topics related to their health. Another problem that arises is how far ahead appointments should be available.

We have decided that appointments should be bookable further ahead than at present as patients have asked for this to be done. At the same time the number of appointments not kept will be recorded and this will be compared with failed appointments under the present system because there is some evidence that, even with the best will in the world, appointments further into the future are harder to remember.

Here is a summary of the new system. Soon we hope to see what else needs to change and what needs to be left as it is. You can help with all this, and here's how:

If you get pain in the chest dial 999 for an ambulance, as usual.

if you have an infection such as flu, or diarrhoea then stay at home, telephone the surgery and ask for advice. This reduces the risk of spreading the infection and you will be advised about what you should do.

If you have a minor illness then seeing a nurse or pharmacist is appropriate.

If you have minor injuries such as cuts needing attention, the nurses are trained to deal with them.

The receptionists have been trained to offer on-the-day bookable appointments to patients with certain problems which experience has shown need to be seen quickly.

Be ready for a telephone consultation with a doctor when offered this by the receptionists. We can usually arrange this at time to suit you. Experience shows that many things can be understood and

Formal curriculum teaching includes health education for every child each year, so with this and with health messages as part of their way of life, it is no wonder that St Mary's has received the award for a "Healthy School", for a further 3 years. This award is part of a national scheme that is based on meeting criteria ensuring that all children are engaged in promoting a healthy lifestyle. The school has to set out its own action plan, which is monitored, and actions need to be achieved before the award is made. So congratulations to St Mary's and we hope the children will live long and healthily as a result of all this effort at their first school.

PMG Appointments' System

At both of the meetings of PPL this year the appointments' system has been discussed. At PMG we are trying to find ways of improving it and it has been proposed that some temporary changes should be introduced, lasting for just three months. Then everything will be reconsidered. This means we can see if the changes have improved matters, and PPL can discuss things with PMG before anything is finalised.

The appointments' system must do many things at once. The best system will be one where all the different demands made are as well balanced as is humanly possible. Nowadays, appointments are needed for far more people with long term conditions such as heart disease, asthma and diabetes, than were needed even 20 years ago. These people need regular checks to ensure they are being properly looked after. Because we have many patients with these sort of problems it looks as if it is necessary to offer up to 8 appointments a day for this kind of patient, for their care is inevitably complicated.

Other people must be seen quickly when they suddenly develop a problem of the kind that could be dealt with in the practice, rather than their needing to travel to hospital unnecessarily.

Health Online?

Do you use the internet to find phone numbers, and addresses, or to pay bills and go shopping? If so read on. The internet is used for many things and very often to find information about health. Research in America shows that the starting point is usually a search engine, and that few people check the source properly. We need correct information, especially about health.

In 2002 the Royal society of Medicine published "The Patients' Guide to the Internet", in book form. But 8 years is a long time in internet days and a book listing reliable websites for health information would now be out of date before it was printed. Books about searching can be useful in providing help with various kinds of searches and giving information about the various search engines available. For example, if you would like to find video or sound clips relevant to the question you have, then Alta Vista is especially useful as it allows you to search the Web by media type. A wonderful resource if you want to see what a particular surgical technique entails, for instance.

So what of those who simply put a word into Google? I was interested to know how to spot the difference between gout and bunions if they were both in the same foot. I typed in "bunions" and produced over 39,000 results. Everything from Victoria Beckham's comments about her bunions not being that bad, to the one-size-fits-all-toe-alignment splint. It is good that Victoria Beckham's bunions are not life threatening and the rest of us who thought it was only very ordinary people who had bunions are proud to share in her bunions. The reason for googling bunions, however was to find out how gout affects someone with bunions. On looking again at the Google results I found that the first result listed was nhs.uk/conditions/bunion. Being listed first at Google means that this is the site which has scored the most hits. On opening the webpage I found an Xray picture of a foot with a bunion and lots of information including the fact that women get bunions more often

than men (sorry Victoria, you probably can't share your bunions with David) and also found that the cause of bunions is not known.

No answer to my question, however, so I typed in "bunions gout". This produced 5,770 results. This was much less than the total for bunions alone but still too many. There were many offers of wonderful cures for foot pain of all kinds; not what I wanted. I decided to type "bunion gout" into the first site listed on this second search on Google and that was www.arthritisresearchuk.org Typing my 2 words into the search box on this site brought up only 4 results – better; and the first of these was useful. So far so quick and thus being more specific in my search had cut back the information overload by about 7 times and browsing the site first in the list on my second search did the trick. Sometimes, of course it may be necessary to browse more than one site to get what is needed.

The next question then becomes, "How do I know that the sites I have chosen to browse are reliable?" It would not be wise to rely entirely on anything found on the internet but some sites are more reliable than others. One way to see which site best answers the question is to have your own list of checks for websites. These checks are as follows: Who, Why, Where, When and What? Who owns this site and what do you know about them? Why is the website there? Where does this information come from? When was it last updated? What kind of a picture does it give, e. g. is the information all glowingly positive, or is some effort made to balance good and bad points? NHS information is usually reliable and patient support groups are mines of useful information and advice.

Beware of paying too much attention to the design of the site, for whilst good design helps greatly in navigating the site, and should always be the aim of site designers, that alone is not a good reason for trusting what it says. Focus on what you want to know, remembering that many sites which appear to be giving information about health matters are designed to sell "miracle cures". By seeing who owns the site and deciding if it exists to sell something,

supervising the children and a "driver" and "conductor" are nominated as it is a 'bus'.

"Food, Glorious Food" is the thought that springs to mind on hearing how the children learn about healthy eating. "Grow your Own" from seed to saucepan is underway, the 10-11 year old children have just started their own business called St Mary's Garden Goodness. Vegetables have been planted and will soon be on sale. Government initiatives have provided free fruit for all children aged 5-7 and milk is available for those who want it, but has to be paid for once a child is 5. Every month children take part in "Fruity Friday". The children from 8-11 take turns making fruit snacks to sell to their schoolmates. Fruit boats, fruit smoothies and fruit people are just some of the treats available and everything is always sold out.



Helping the runners at St. Mary's School

sounds like a pretty busy schedule. It is good to have you here in Pulborough and it only remains for me to thank you for spending time talking to me and to wish you a satisfying and happy career in Pulborough.

Catch Them Young

We hear a lot about keeping healthy, with endless advice in the media about taking exercise and eating fresh fruit and vegetables. Do we take any notice? St Mary's School in Pulborough takes children's health education very seriously, believing that prevention is better than cure when it comes to ill health. Some of the older pupils will be coming to our exhibition about keeping healthy so as to enjoy life. (In the Village Hall, on the afternoon of July 5th). So we thought it would be a good idea to ask the Head Teacher, Mrs Heath, how St Mary's gets practical, good health messages across to children.

Above all, to get children on board, things need to be fun and St Mary's has fun high on the list. First, perhaps, comes the twice weekly swimming for every child during the summer term, using the heated pool, encouraging exercise even when chilly winds blow. Whatever the weather, every child has 2 hours of physical education each week.

Real adventure is available once a year for older children who can join outdoor residential courses providing zip wires, raft building and archery. (Archery should be popular this year with the film of Robin Hood?) For the less adventurous around half the children can join Maypole and Country Dance sessions. St Mary's also has 2 sports days a year and so athletics is not forgotten. Specific exercise is not the only way that St Mary's encourages children to keep fit, however, for walking to school is encouraged and there is a "Walking Bus". This ingenious scheme allows parents to drop children off at Tescos, at 8.30 a.m.. Children wear their day-glo jackets, provided by the store and volunteer parents walk to school

rather than to give balanced information, you can judge how useful it is likely to be. The origin of the information is especially useful if you are looking at matters of opinion where facts are scarce. (The effect of high heeled shoes in causing bunions, for example, may not be fairly discussed by manufacturers of fashion shoes worn by Victoria Beckham).

Finally, if you are still uncertain about what you have found, it may be worth looking at www.quackwatch.com which exists to help people to spot untrustworthy sites. Local libraries are very willing to help with searching the web. Remember that your own doctor is the best person to put your health concerns in perspective and at Pulborough Medical Group you will find that doctors are perfectly happy to discuss personal concerns you may have after checking medical information from any source including the Web.

Welcome to Partnership PPL Gets to Know Dr Guy Mitchell

Gwen; I hear that you work as a medical officer at Goodwood and Ascot race courses. How did you come to be involved in such unusual work?

Dr Mitchell; Well, I grew up in Epsom and my grandfather and my father were both riders and trainers, so there is a strong family connection with horse racing.

Gwen; Yet you did not follow in their footsteps.

Dr Mitchell; Oh, that was because when I was 3 years old I needed major surgery to my right eye and that meant only show jumping and eventing for me and no career as a jockey. Instead I got to know Great Ormond Street and later Moorfields Eye Hospitals rather well.

Gwen; Perhaps that began your interest in surgery. Did you get lots of bullying at school?

Dr Mitchell; There was some, of course, but when you look different from the age of three you get rather used to it and I think it toughened me up.

Gwen; So when you left school you went to St Bartholomew's Hospital to train and what did that involve?

Dr Mitchell; There were the usual 5 years of training on the wards and I also did a one year degree course in clinical science and met my wife, Wendy.

Gwen; Rather a busy 6 years; did you manage to arrange something less hectic after that?

Dr Mitchell; It didn't work out like that as I began 4 years training in surgery and then passed my Membership of the Royal College of Surgeons, which used to be known as FRCS.

Gwen; Sounds as if you were set on a surgical career.

Dr Mitchell; Yes, I was specialising in general surgery & urology and by this time Wendy and I had married and we went to Perth in Western Australia for a year, to work and enjoy some of the sunshine down under.



Gwen; Fortunately you decided to return and presumably continued with surgery?

Dr Mitchell. Indeed; working in both Chichester and Worthing hospitals. Our first daughter was born in 2005 and the second in 2007. Wendy decided to work part time so as to see more of the children, so her career in anaesthetics slowed down a bit, but we both wanted to focus more on home life. As time went by I began to feel that surgery was perhaps not for me. So much time was spent in the operating theatre and little was available for relating to patients and their lives. My thoughts turned to general practice and so began more training, in Midhurst this time and by 2008 I was a fully fledged member of the Royal College of General Practitioners, and able to come to Pulborough, initially as a locum and now, I am happy to say, as a full partner.

Gwen; Do you have any special interest areas in general practice?

Dr Mitchell; Yes, I spent 6 months training in palliative care at St Barnabas' Hospice. This is a very interesting and rewarding field in which to work and as different as can be from surgery. In addition I am interested in men's health, stemming from my surgical work in urology and my surgical experience has led to my doing much of the minor surgery in Pulborough.

Gwen; Do you find time for out of work activities?

Dr Mitchell; Family life is important to Wendy and to me but I must admit I put a lot of energy into sport. For instance, I enjoy off-road marathons (Exmoor and South Wales) and I hope to do the South Downs Way in June. I also take part in triathlons when time allows, and they include swimming, cycling and running. I finished 6th in the World Medical Games in Italy in 2006, which was rather fun.

Gwen; All this sports activity brings us back full circle to another interest of yours, of course, which is sports medicine. All in all it