

Staffing

I am retiring at the end of January and a new Practice Manager – Liz Eades – has been appointed and will start on Monday 21<sup>st</sup> January. Other new staff include Tessa who is a medical secretary and Anita, a medical receptionist, both of whom started in November.

**MIAMI clinics – are now called GP Access Hubs (GPAH)** – and are organised by IPC (Innovations in Primary Care);

**We encourage patients to make use of these appointments as follows:**

**Wednesdays and Thursdays from 2.00 - 8.00 pm** These clinics (held on the first floor at PMG) are for minor injuries and minor illness, enabling patients to be seen straight away for issues which may not necessarily fulfil the criteria for PMG Urgent Duty Doctor appointments and are bookable on the day through PMG.

**Saturdays and Sundays from 10.00 am to 1.30 pm**, run by a doctor on a Saturday and a nurse on a Sunday; PMG staff can book these appointment slots up to four weeks in advance.

**Out of Hours staff are currently unable to book into the GPAH clinics and so appointments cannot be made after the phones are switched over from PMG to OOH at 6.00pm on a Friday evening.** IPC are working towards OOH being able to book appointments during periods when the surgery is closed; these clinics are subject to change due to available staff to run a session.

**Flu Clinics**

As many of you will be aware, due to vaccine supply/delivery issues we had to cancel the flu clinic on 15<sup>th</sup> November. We have now received further supplies of the 65 and over vaccine and we continue to offer vaccination through appointments.

*Alan Bolt*

**PPL SURVEY**

With this newsletter you hopefully have received an A4 sheet with a survey which we would very much hope you will complete and return by one of the methods shown at the bottom of the form. Extra copies are available in the waiting room at PMG or please e-mail [lae@ianellisassociates.com](mailto:lae@ianellisassociates.com).

As many of you will know, patient participation groups (PPGs) became compulsory in April 2015, although Pulborough Patient Link has existed for some 10 years, started by Liz Coulthard who was the practice manager at that time.

Many practices have ‘virtual’ groups and exist in name only, while we try to have interesting and informative public meetings and to keep you up-to-date via our newsletters, with news from PMG, with information about staff, clinics, etc. and various generally health-related articles, and these newsletters are now produced 6 times a year.

We also liaise with the staff at PMG every other month to discuss with them any suggestions or problems you have brought to our attention, and we sometimes act as a ‘sounding board’ for PMG who receive our ideas on something they may be considering trialing.

With these thoughts in mind, we have produced this survey to give you an opportunity to help us to plan next year – please let us have your input, if possible by 20<sup>th</sup> December.

Many thanks - and we look forward to hearing from you and to letting you know in our next issue what we have learned.

*Editor*

**FAREWELL AND BON VOYAGE TO ALAN**

Alan Bolt, the PMG Managing Partner, who has been in Pulborough for 8 years, will be leaving the Practice at the end of January to join family the other side of the world in Australia.

Alan has always been a great supporter of PPL and attended nearly all of our meetings. Whilst in post, Alan has been instrumental in bringing about many changes to make the Practice what it is today. He is to be congratulated on being one of the team that saw the PMG become outstanding last year in the Care Quality Commission (CQC) inspection. We shall miss his wisdom and dogged determination to ensure always the best for the patients of PMG. Thank you Alan, safe journey and enjoy your new adventures.

*Alyson Heath, Chair*

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**THE MEMBERS OF THE PPL COMMITTEE WISH ALL PMG PATIENTS AND STAFF A VERY HAPPY FESTIVE SEASON AND A HEALTHY NEW YEAR**



**SEPSIS**

*This was the topic at our October public meeting, and we were lucky enough to have as speakers not only Dr Luke Hodgson who works in Worthing Intensive Care for the Western Sussex Hospitals Foundation Trust but also a PMG patient, Mark Elvins, who suffered from this condition. Dr Carole Campbell introduced Mark:*

**CC:** Mark, thank you for coming to tell us about your experience of developing sepsis. Perhaps you could start by telling us about yourself and the work that you were doing before you became ill.

**ME:** I had just turned 40, was a full-time electrical field engineer for the telecoms industry and a voluntary operational member of a search and rescue charity called Serve On. I had also made the choice of joining the retained fire brigade in Storrington to help support the community and had passed all the entry requirements.

**CC:** So, generally you would count yourself as being very fit and healthy, but a year ago you became very unwell. Can you tell us what went wrong first?

**ME:** A tick bit my left hand so I went to PMG and was given antibiotics for the tracking going up my arm. The following Saturday my wife and I invited my brother and his girlfriend over; it was a busy day tidying up the garden, lighting the pizza oven and getting it hot for the evening. We made pizza dough.

**CC:** When did you start to think you had something more than a standard infection? Was this a slow process?

**ME:** I remember suddenly feeling very cold, so I turned on the fire in the lounge - also the central heating. About five minutes later I started to experience a number of things: pins and needles in my fingers and toes, stabbing pains in my chest, suddenly feeling sick and vomiting 4-5 times, my body starting to shake uncontrollably (rigors). My wife sat me down, felt my pulse and took my temperature - my heart rate was 128 and temperature 42 degrees. My brother rang 111 to ask for assistance and they said a doctor would ring back within an hour and a half. My throat then started to close and I was struggling to breathe, so my brother dialled 999 and an ambulance arrived 14 minutes later. In answer to your question it was 18 minutes from being totally fine to being critically ill.

**CC:** What happened next?

**ME:** The paramedics identified the symptoms of sepsis and drove me straight to St. Richards Hospital in Chichester. I don't remember much of the journey, but they were waiting for me and I was put into Critical Care, given intravenous antibiotics and fluids, my chest x-rayed - which showed nothing. I was kept there for 24 hours, checked every hour, seen by 2 or 3 consultants and in hospital nearly a week.

**CC:** What is your understanding of what happened to you?

**ME:** Possibly a delayed response to the tick bite - although I did develop pneumonia while in hospital.

**CC:** How have you been since your experience of sepsis?

**ME:** I have been very weak and fatigued, with pins and needles, joint pain, extreme tiredness and poor concentration. I went back into hospital five months later with suspected sepsis again, but it turned out to be a chronic upper respiratory infection that blew both my eardrums, resulting in hearing loss for a while. I have been off work now for 13 months fighting all the post sepsis symptoms and have been gently trying to get my fitness back by swimming and doing yoga; I think it will take another 6 months to feel normal again.

**CC:** Thank you very much, Mark, for giving us such a clear understanding of how this condition affected you and, more importantly, how quickly!

*Following this part of the evening, we were introduced to Dr. Hodgson who gave his presentation.*

Dr Hodgson first cited the case of a 30-year-old man who arrived in hospital with a 3-week history of back pain and was kept in for observation. At 1am he had a low conscious level and by 9am was critically unwell, with a CT scan showing abnormal lungs and an MRI indicating a back abscess; by 11am he was critically ill with multi-organ failure, again showing how quickly a patient can deteriorate.

*(continued overleaf)*

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In the early stages of sepsis, it is often difficult to work out what is going on and treat in the appropriate way. Sepsis is the body's over-reaction to an infection and may cause symptoms such as extreme shivering, severe breathlessness, feeling like you are going to die, mottled or discoloured skin and also passing no urine in a day.

The mnemonic **BUFALO** has been coined to assist hospitals in the diagnosis and treatment of Sepsis

**B**lood cultures, **U**rine output measurement, **I**V **F**luids,  
**A**ntibiotic, **L**actate, **O**xygen.

80% of the time the causes are chest or urinary tract infections, with the very young and the very old the most at risk of dying. When sepsis is very severe, 'septic shock' with low blood pressure, up to 1 in 2 patients may die.

Prevention and improving recognition include:

- more awareness by everyone of the symptoms
- the need to act very quickly
- good hand-washing
- vaccination, eg flu clinics
- antibiotic stewardship (ie using only when essential); GPs are 'gate keepers' and try not to over use antibiotics, but this is a fine balance to strike.
- recognizing those at higher risk (for instance those who are immunosuppressed including patients on chemotherapy for cancer) and offering treatment

Full recovery from sepsis may be slow as the immune system does not work properly for some time, meaning there is a higher risk of being re-admitted to hospital during the first year after presentation. However, most people do recover completely.

It is quite difficult for a GP to spot in the early stages, so if you feel more unwell in the following few days go back to the doctor, it often being 'something disproportionate' which alerts you. Dr Hodgson closed with 'Always listen to the patient' as they are usually aware of being severely unwell. *Thank you, Dr. Hodgson.*

Editor



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### PRESCRIPTIONS AT CORDEN'S

If you collect your prescription from the pharmacy at Spiro Close, you may on occasion have called before your medication is ready.

A new system has just started which applies to repeat prescriptions; the next time you collect your medication you will be asked for your e-mail address so that you can receive notification that it is ready, maybe saving you a wasted journey. When you arrive, your detail will be looked up on their computer and your order immediately located.

### WAYS TO RECEIVE THE NEWSLETTER

You may be reading this as a result of receiving an e-mail, picking it up in the waiting room at PMG or various places around Pulborough - or it may be hand delivered or posted to you.

If you would prefer a different method from the present one - or if you would like to make a donation or help the PPL in any way, please contact the membership secretary via PMG or e-mail [robbier311@gmail.com](mailto:robbier311@gmail.com) or the editor, [lae@ianellisassociates.com](mailto:lae@ianellisassociates.com).

### ACCESS TO YOUR MEDICAL RECORD

As I'm sure you know, in May this year a new regulation called the General Data Protection Regulation (GDPR) was launched for all EU citizens covering how companies handle people's data and for individuals to have more control over their personal data.

Whilst the remit of this new regulation is far ranging, what it hopes to achieve for patients of the NHS is easier access to their medical record. Previously patients could request access to their record, but this request was to be received in writing, could take up to 40 days to process and there was a cost for providing this information. The new GDPR allows patients to request access to their records verbally as well as in writing, the time to respond has been reduced to 30 days and there is now no cost for this initial request.

Any request for information from health (medical) records needs to be made with the organisation that holds those records, known as the data controller, eg the GP practice, optician or dentist. For hospital health records contact should be made with the records manager or patient services manager at the relevant hospital trust.

At Pulborough Medical Group there are two ways in which access is given.

For patients who use SystmOne Online to book appointments or order medications, requests can be granted using this online route to their medical record. This allows the patient to have access not only to their past medical history but also to any future consultations; all the patient needs to do is log into their account for the most up-to-date information held on their medical record.

For patients who do not have access to SystmOne Online their request will be dealt with by providing a full printed copy containing all information up to the day the request is processed.

Patients may also identify third parties to act on their behalf to receive a copy of their medical record, for example a solicitor. Copies sent to solicitors are in paper format only and any request for new information will be given free of charge. However, once an initial copy has been issued requests for duplicate sets of notes may be chargeable - or the request refused.

We strongly recommend, therefore, that any paper copies are kept safe and secure and, if sent to a solicitor, returned to you when no longer needed by them.

Julie Eldridge, Administration Manager



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