



Open Doors at PMG

SUMMER 2011 NEWSLETTER

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PULBOROUGH PATIENT LINK
invite you to a
Presentation
by

Mr. James Lewis FRCS
Consultant Surgeon

Worthing and Goring Hall Hospitals

Knees & Hips
Recent Advances in Surgery

Pulborough Village Hall

Wednesday June 22nd 7pm,
doors open 6.30pm

Refreshments and Raffle Draw 8pm

The New NHS

By the time you read this the adjustments to the Governments health policy will be clearer. It does seem that there will be change in 2 critical areas. 1) GPs are likely to share commissioning with clinicians from acute and community medicine, & 2) the role of private providers will be limited, to protect the role of the NHS in providing emergency services and staff training.

How will it affect us? I believe that in practical terms few will notice any change. Pulborough Medical Group (PMG) is a member of the Arundel, Chichester and Regis (ARCH) group, part of the larger Coastal West Sussex Federation (CWS). PMG is one of the Pathfinders, i.e. pilot groups for the new NHS management structure. The other GP groups are Chanctonbury, Adur, Cissbury (Worthing) and Arun. CWS will have legal and financial responsibility, possibly by April 2012. The structure and staff are already in place, hence the name "pathfinders". Whatever changes emerge from the review it is clear that clinicians will dominate policy and will also be legally and financially responsible.

General Practitioners are private contractors to the NHS but they are subject to the policies of the NHS and of the GP Federation, in our case Coastal West Sussex. Individual GPs are, of course, commissioners, i.e. every time they write a prescription or refer a patient to a consultant or for an X Ray; but their activities must be within the policies agreed by the Federation and broadly formulated by the NHS.

A Joined-Up NHS

Over the years the aim has been to get greater co-operation between the NHS and Social Services. "Improving the Patient Pathway" is the buzz phrase for this. The hope is that it will be better for the patient and also more cost effective. NHS West Sussex and the County Council have developed procedures helping them to improve co-operation. If all doctors, i.e. GPs, hospital doctors, community physicians and those in the mental health services were to co-operate more, then we might be closer

to a joined up service. It sounds obvious but the more I become involved with this work, the more complex I realise it is.

Informing and Protecting the Patient

In our last newsletter we asked how patients could be better informed. Providing information and protecting patients will be the responsibility of HealthWatch, controlled by the County Council. HealthWatch will take over the work of the LINK and will also act as a complaints service when the Trusts' own staff have been unable to resolve problems to the satisfaction of patients.. There will be a Patient Advice and Liaison (PALs) officer at the CWS office in the Causeway in Worthing. The County Council will not only keep its scrutiny role but will also have some part to play in commissioning strategy and be responsible for public health. As the County Council is responsible for Social Care there is a real risk of conflicts of interest. Nick Herbert has agreed to speak to us at our public meeting in October and by then matters should be clarified and he will be able to explain to us how the proposed changes will affect the NHS both locally and nationally.

Care of the Elderly and of those with Long Term Conditions

These subjects were recently discussed at a workshop led by Dr K Armstrong, Chairman of the Coastal West Sussex Federation, and attended by 80 representatives from many areas concerned . Sarah Weeks represented West Sussex County Council and the aim was to examine the effect of budget cuts and to develop strategies to provide these essential services. Improvements in joint working methods between the NHS and Social Services, as mentioned above, will play an important part.. This has long been a target which has been achieved at corporate level but has had limited success at the patient level; which is where it matters. The emphasis throughout was to care for people in their own homes where they are most comfortable. Hospitals are designed to offer short term care for acute illnesses. They pose particular risks for the elderly and those with chronic illnesses and in addition hospital care is more expensive than care in the community. A number of conclusions were reached which need to be developed in detail at

staff level. It seemed sensible to establish local district teams of social workers and community clinical staff. Patients and/or their carers would thus have a single point of contact for information or help. This approach was pioneered in Torbay, an area similar to rural Sussex and it worked well. At least 70% of patients had long term conditions and good access to information helped these people to manage their own illnesses much better.

People are living much longer than ever before. In the Horsham district, those over 65 now number around 24,800. By 2026 this number is expected to rise to 35,600. It is this increase in longevity which is driving these kind of policies, quite apart from the need to provide better services.

New Director of Quality

The new Sussex NHS Cluster PCT now has a Director of Quality and Chief Nurse, Julia Dutchman-Bailey who was appointed to monitor the quality of the services commissioned (bought) by the former West Sussex Primary Care Trust. (PCT) from hospitals, community services and GPs. It had originally been intended that the job holder would monitor quality of NHS services in West Sussex, i.e. the area covered by the former PCT, but with the changes to the NHS now in progress, Julia and her small team now have responsibilities which extend to the whole of Sussex, including Brighton. The work is to be done by meeting with senior clinical and management staff in hospitals and in the community.

Julia recently met a group of patients at Pulborough Medical Group who had earlier expressed concerns about their treatment at either Worthing or St Richard's Hospital. Pulborough Patient Link (PPL) arranged the meeting which was also attended by Dr Tim Fooks, Alan Bolt (Practice Manager) and Brian Donnelly, Chairman of Horsham District Council and Stuart Henderson Chairman of PPL. Several patients identified failure of hospital staff to treat them with respect and to understand their needs.

Stuart Henderson

In Practice in Pulborough by Dr. Jadav

I am a Salaried GP employed by the Partners at the Practice and work at PMG on Wednesdays, Thursdays and Fridays, having joined the Practice in January 2004 and, like most of you, can remember the old Barnhouse and Lower Street surgeries before we moved to Spiro Close.

Having studied at St Bartholomew's Hospital Medical College in London, I started work as a doctor on the Cardiology team at Barts in 1994. A busy General Medicine rotation was completed at the Conquest Hospital in Hastings, and I subsequently put together my own GP training scheme in the days when this was still possible. This was mainly around the South East area, apart from a very enjoyable few months in Manchester in 1999 when a certain Association Football team swept all before them and achieved sporting immortality by winning 'The Treble'.

My duties at PMG mainly consist of seeing patients in clinic, on home visits and some of you will have seen me for your insurance or DVLA medicals. There is a large amount of paperwork to get through each day which consists of letters from recent clinic attendances and hospital discharge summaries, as well as reviewing prescription requests and blood test results. I do not perform any minor surgical procedures; I am barely let loose with a knife and fork at home!

I enjoy the variety that comes with being a General Practitioner. My particular interests are Cardiovascular medicine and Preventive Health, which overlaps with my work for a well-known medical screening company in Hove at the beginning of each week. I have got to know some patients and their families very well over the last seven years, and cherish the official Red and Yellow Cards kindly given to me by a patient who has been a football referee for over fifty years, although my wife and two sons appear immune to them when I brandish them at home.

I live in East Sussex, and my journey to work has, over recent months, started with a quick swim before the drive into Pulborough, which takes from 45 minutes to an hour on most days depending on what is happening (or not!) on the Westbound A27. I tend to pick a CD to listen to on the way in, which usually comprises some



Dr. Jadav shows the photographer a yellow card.

Texas Blues or Classic Rock; I have a mistrust of most things recorded after 1982.

My hobbies include playing the guitar, amusing my two sons (aged 6 and 2), cooking and watching Manchester United. My visits to Old Trafford have become less frequent since I got married and had children, but I normally manage one pilgrimage a season at least.

Pulborough is a lovely place to work and I have become more familiar with the surrounding villages with the passage of time, but remember frequently getting lost on Home Visits when I first started.

NHS Changes

Changes proposed to the NHS are having wide effects. For example Tribal Group plc which describes itself as a leading provider of commissioning services to the NHS sees the changes as an improved opportunity that would significantly support Tribal's revenue growth, according to last year's report to investors by Peter Martin their CEO. Included in his list of particular opportunities for

revenue growth were commissioning for GP consortia, clinical support services and patient management services. In another 2010 report from this group (Liberating the NHS; The Next Turn in the Corkscrew) there is reference to the government's legislation providing for all foundation trusts to become social enterprises outside the public sector. The report states that this policy "could see the transfer of billions of taxpayers' assets to employee controlled businesses."

The present government's plans are building on 20 years of policies implemented by their predecessors, all aimed at introducing markets into the NHS. The Department of Health established a commercial directorate to oversee this work and civil servants at the department and ex ministers have moved from the DOH to McKinsey, KPMG & Deloitte either as employees or as advisers.

In 2002 the BMA's negotiations with the government to revise the GP contract succeeded in getting government to agree to allow GPs to opt out of provision of out-of-hours services, and permit private providers to take over the work. The 2 doctors who led the negotiations, John Chisholm and Simon Fadd soon set up Concordia Health, a private company with its revenues derived from provision of out of hours services.

There is no doubt that the NHS (the biggest employer in Europe) has failings in some areas (child health care and hospital care of the elderly are 2 examples) and improvements can and should be made. Exactly how the government plans to do this is still rather uncertain. "Patient-led" and "patient empowerment" are terms much favoured by politicians but the role of empowered patients in the top down changes mentioned above is hard to demonstrate. The cause of patient empowerment is one that is worth championing, however, and at PPL we are keen to do that. I shall be glad to hear from readers on this important topic.

Gwen Parr

The Power and Problems with Steroids

This is a short article about the medications called 'steroids'. The term steroid (=sterol-like) describes a much wider range of substances, which share a similar basic structure, and are active in most living organisms. Some of the key human steroids are introduced in brief before describing some of the features and common uses of these chemicals in medicine. Further information may be obtained from the very helpful article produced on the Patient UK website:

<http://www.patient.co.uk/health/Steroid-Tablets.htm>

Introduction

The term steroids describes a large and diverse number of substances found in the body. The group includes cholesterol and Vitamin D, and the others can be broadly divided into those that are related to sexual function, such as testosterone and oestrogen, and those which are associated with the adrenal gland.

The adrenal gland produces two types of steroid, known as corticosteroids, both of which we cannot survive without; one is associated with maintaining salt and fluid balance in the body, and the other enables the body to handle the day-to-day stresses of living through the control of energy use by the body. This latter group are called glucocorticosteroids (GCS) one of which is cortisol. The production of GCS is increased during waking hours and reduced during sleep. Unless we are working night shifts, most people, therefore, have a reduced level of GC during the early hours until mid-morning. For night-shift workers the peaks and trough levels are reversed.

GCS ensure that the body 'machine' is able to access the energy that it requires to function. When going through a period of stress, for example during periods of infection, exercise or anxiety, additional GCS are released. GCS increase blood sugar levels and enable the liver and fatty tissues to release energy. However, during times of excessive stress or starvation, energy will be released from the muscles, skin and even the bones. Although GCS are released more during stress, they reduce the immune

responses involved in fighting infection and the inflammatory processes involved in repairing damaged tissues. It is these properties which can be used in medical treatment – as well as being the cause of their potential side-effects.

Medical use of GC steroids

The anti-inflammatory properties of GCS are used in conditions as diverse as asthma, hayfever, eczema, inflammatory arthritis, and polymyalgia rheumatica (PMR). As such they are administered in a wide variety of preparations (eg inhalers, eye-drops, creams, ointments, tablets and injections) depending on the condition being treated. In acute conditions, high doses are often used initially followed by a steady reduction down to a maintenance dose. The length of treatment depends on the condition. Owing to the natural reduction in GCS production during sleep, inflammatory conditions often worsen during the early hours of the morning. For this reason GCS treatment is usually given as early in the day as possible.

Example of Medical Conditions treated with GC steroids

PMR, a condition causing inflammation and weakness of the large muscles of the shoulder and pelvic girdle, may require oral treatment for two years, whereas a flare-up of eczema may settle in a few days with steroid cream.

The commonest oral medicine is a synthetic steroid called prednisolone. This is usually prescribed as an enteric-coated (stomach-protected) 5mg tablet (red). A typical course for an adult asthmatic suffering a severe attack will be 30mg taken in the morning for 5 days. When used for a chronic condition, such as inflammatory arthritis, the dose may be as low as 5-10mg a day. Some courses of oral steroids can last for months and involve multiple dose alterations. In these cases the GP or pharmacist will issue a credit-card-sized blue medication record card which is kept with the patient at all times for the duration of the treatment.

An injectable GC, such as triamcinolone, is used in our practice for injections into or around a joint or tendon where there is localised inflammation. At PMG, the most commonly injected areas are the knee, shoulder, wrist and outer aspect of the hip. We also inject trigger fingers and inflamed heels (plantar fasciitis). These

injections can be repeated but only after an interval of three months. An Inhaled GC form one of the key therapies for patients with asthma, an inflammatory condition of the lung. Similarly, the most effective treatments for seasonal allergic hayfever affecting the nose are steroid sprays such as beconase.

Inflamed skin conditions, such as eczema, are mainly treated with moisturisers but, where this proves ineffective, steroid cream or ointment can very successfully relieve the itching and prevent additional skin damage through scratching. Preparations vary in strength and a weak steroid cream such as Hydrocortisone 1% can be used long term in children suffering chronic eczema without fear of side-effects such as skin thinning.

There are some conditions where the adrenal gland fails to produce enough steroid. In these cases it is essential to replace the GCS with an oral preparation such as hydrocortisone.

Side-Effects of Treatment with GC

The GC steroids currently used routinely in medicine exert their effect throughout the body and, as such, their prolonged use can lead to undesirable effects secondary to their general functions described above. These effects can be minimised by ensuring that steroids are only administered for the shortest period possible and via the correct route. For example, we would not treat hayfever with oral steroids unless it was also causing severe lung effects.

However, where steroids have to be administered for more than 6 weeks, certain key side-effects have to be considered:

- More fragile skin with easy bruising
- Reduced bone density increasing the risk of fractures
- Reduction in muscle bulk and weakness
- Indigestion and gastritis
- Impaired immunity which might make a patient more susceptible to a significant infection.

- Excessive blood sugar levels potentially resulting in the development of diabetes mellitus.
- Weight gain due to increase appetite and increased production of central body fat
- Disturbed menstrual cycle
- Reduction in growth and/or delayed puberty.
- Poor sleep
- Natural adrenal gland steroid production switched-off

Some of these side-effects can be prevented - for example, we routinely prescribe bone density protection medication to all patients on long-term (6 weeks or more) steroid courses. Furthermore, if the course of treatment is only for a few days or only low doses are used (eg hydrocortisone 1% cream for eczema), no side-effects will occur. However, in other situations eg the development of steroid-induced diabetes mellitus, dietary change and/or drug treatment for the raised sugar levels may be necessary.

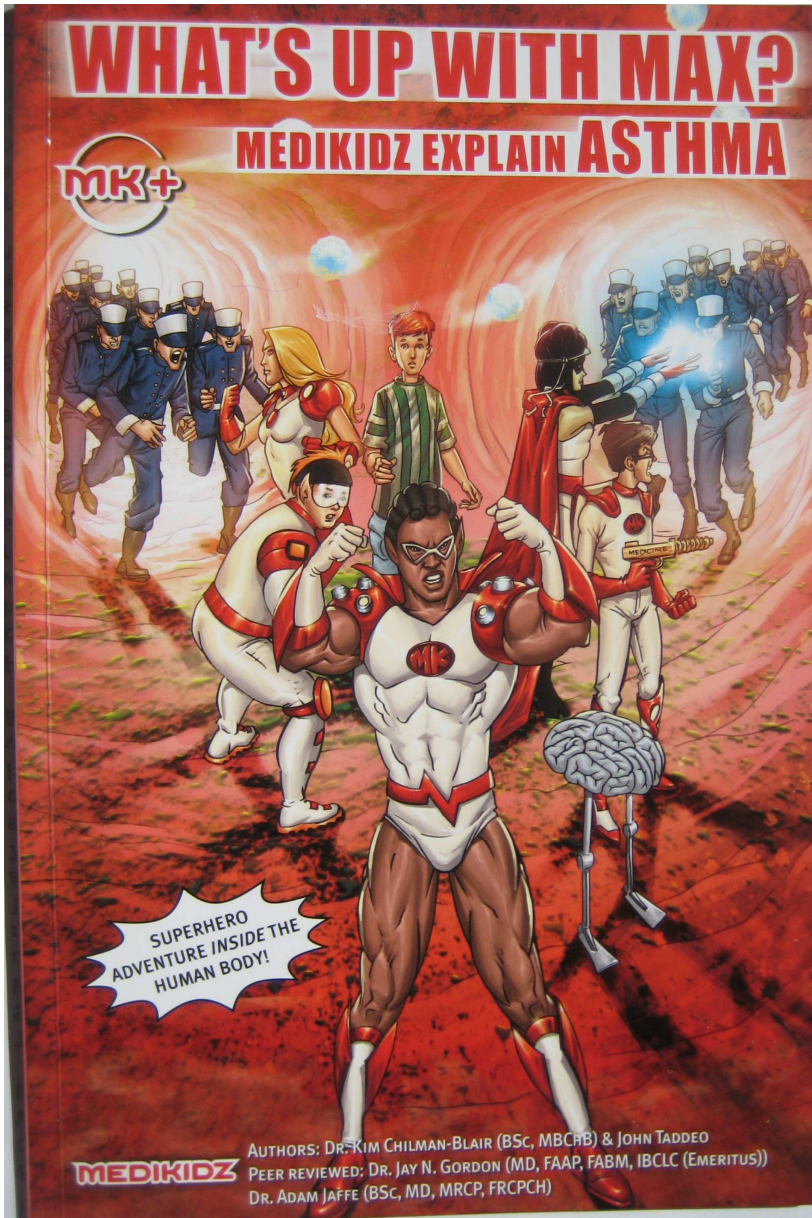
Where treatment has to be continued for more than 6 weeks, as in PMR, the body will temporarily switch-off steroid production from the adrenal gland. In this situation, it is essential for the steroid medication to be slowly withdrawn over an interval of weeks or months to allow natural production to be resumed. If a patient, on a prolonged GC steroid course, is unable to take medication orally for any reason, the steroid must be administered by injection. In these circumstances, the blue Steroid Medication Card has a very important role to inform doctors of the amount to steroid to inject.

In conclusion

Modern medicine depends on the availability of GC steroids to treat a large number of the significant illnesses which can afflict us. They are both powerful and remarkably safe when used with care. Developments for the future will concentrate on researching GC steroid medications with ever further reduced side-effects

Dr Tim Fooks

Medical Comic Books for Kids



Marvel Comics illustrator, John Taddeo has joined doctors to produce comic books explaining children's diseases to children. "Medikidz Explain Asthma" is just one of several books all aimed at 9-15 year olds. I recently read an enthusiastic review of these books written by a ten year-old boy. By the time he was 6 he had spent almost 2 years in hospital so did know what it was like for a child to be ill. It can be very hard to talk about illnesses with children but these comics seem to be child friendly whilst also being reliable. Super heroes play important parts in the stories and the illustrations are on the lines of Marvel Comics, of course. A friend who looked at the picture on the front of one of these comic books said he found it very scary. So perhaps I should explain to grown-ups that there is no need to be scared of super heroes as they are there to help. Illustrated here is the cover of the comic book about asthma. The super hero at the front is Pump, who takes care of hearts. He has very strong muscles which he needs as he is looking after heart muscles that work 72 times a minute. Max, who has asthma, is the boy in the T shirt, standing inside the lungs and along the tubes of the lungs behind him you can see the invading trouble causers that have made him ill. Fortunately, two other super heroes are busy pushing back the trouble makers and inside the book you can find out who fights the battle, who wins and how they manage to do it. Your doctor will be glad to answer any questions you may have after reading one of these books, but be sure to take the book along with you if you want to do this.

Gwen Parr

Letters

Inefficiency

My husband has to have regular blood tests to check his prostate (the PSA levels). We recently had to go to St Richard's to hear the results of his last test which was normal. This is wonderful, and we were told that he should be tested again in 6 months - which shows efficiency (in my book). But - and a big BUT – I think it was a complete waste of the

Consultant's (NHS) time, our travelling back and forth to Chichester, petrol, car parking etc., when he could have had a letter from the Hospital, or contact from our Surgery? What do other readers think?

Another important matter which has concerned me greatly for a long time. I feel that our G.P.s should be informed, automatically, when a patient is admitted to Hospital, after calling for an ambulance. I can't believe that in these "Computer times", there is no way that records from any receiving Hospital cannot be forwarded to Medical Practices automatically.

I hope for some answers to these queries.

Concerned of RH20

Unsung Heros

I would like to highlight, from personal experience, the wonderful team of Practice Nurses and Health Care Assistants that we patients are fortunate to have at the PMG. The former conduct such helpful, professional and constructive clinics across various subjects and the latter who never fail to give a warm welcome, a friendly smile, with care and compassion. Last but certainly not least that terrific, helpful and patient Reception Team of ladies be it when ringing the surgery to make an appointment, or on the desk. They are always so polite and find time to listen and talk with you, no doubt at times I am sure, in difficult circumstances, I for one am extremely grateful.

JJ

Reply from PMG

In response to IM's letter in our last issue, Tim Fooks writes: "The correspondent failed to reproduce the whole statement in the Top Tips which clearly states the potential for difficulty with excess alcohol consumption - and our offer to provide support."

Private Communication - By an Amazed Patient

No, not a PPL version of Wikileaks but experience of health communications in the private sector. I wanted to be sure that the surgeons I knew did the two different operations I needed, which is why I decided to go privately to a London teaching hospital

10 days before my scheduled surgery the hospital wrote, telling me to pay before admission, and cheques must arrive 7 days before this to allow for clearance. The post was being delayed with Christmas approaching and another snag was that there was no statement of the amount payable. A phone call did not resolve this, so thank goodness for credit cards (which were acceptable on the day of admission although we were told not to take them into the hospital. Tricky!). I also noticed that admission was to be on the day of surgery, not on the previous day as I had been told. A phone call to the secretary resolved this, and when the first paperwork arrived from the surgeon's secretary I was relieved that it agreed with what I had heard from my phone call and the hospital letter.

Then, horrors; I had been told to stop my anticoagulants 3 days before surgery but with only 6 days remaining I realised that I was not clear if this meant 3 clear days or 2 clear days counting the surgery day as the third day. The surgeon I contacted suggested that if I could not find the physician I had seen for my pre-op, I should check with his own secretary who by now knew the sound of my voice rather well and reassured me that she thought it was 3 days. I felt too weak to enquire further so ad libbed a bit after searching the web.

The surgery went well and I made a rapid recovery. All was fine until the day of my discharge. A new resident medical officer had arrived the day before. He did not visit me but I did not need a doctor so thought nothing of it. Then a nurse gave me a copy of the discharge letter for my GP which contained three glaring errors. I had been given one wrong diagnosis; recorded as having had one operation which I had not had and one of the operations I did have was missing. I asked the medical officer to correct things

but he said he could not do that as the computer had crashed. I was not surprised to hear this for 3 mistakes in one letter would make any self respecting computer crash. I gave him my pen and asked if he would use it to correct the letter. He reluctantly made 2 corrections and when I asked about the 3rd error he shrugged and told me it was not a problem. I was speechless which was probably just as well. Had he come to see me before putting the computer in gear I could have told him what had been done and even supplied the correct diagnoses. It would certainly have saved him time and the aggravation of coping with a fussy woman. Computers can not substitute for talking to real people.

Testing the Medical System - By A Patient Patient

Feeling perfectly fit, I accompanied my wife for a Mary Howe health check and decided to have one myself. As a result I was told I had a small growth on my right kidney. There seemed no particular urgency and as heavy snow and Christmas intervened it was 6 weeks before I saw my GP, who asked me to use the Appointment Request System to book a visit to a urologist. Initially this was to take 8 weeks but this was changed and I saw a specialist, Mr Hicks, 4 weeks later. He wanted a CT scan and so I took my booking form to the proper place. After a week I checked to see if I had an appointment but was told it could take 6 weeks, but then a letter arrived asking me to phone for an appointment and so about 4 weeks after seeing the specialist I had my scan. Another specialist, Mr Britton, saw me the following week and advised surgery, which we agreed should include removal of the kidney as well as the growth. I let his secretary know my holiday dates to avoid a clash with the operation, which he emphasised that I should do. 10 days passed so I phoned the secretary only to be told she knew nothing about me but would enquire and call me later. This she did but unfortunately she had booked my surgery for the holiday dates that I had previously mentioned to her as times to avoid. She therefore had to call me back and this time said that as I had not signed a consent form, the final decision about the type of operation planned for me had yet to be made, and I would hear about this later. Almost a week later a senior nurse telephoned to tell me I

needed a renogram and only after this investigation could final decisions about my surgery be made. Another 2 weeks passed and then a letter came from Mr Hicks telling me why he felt more investigations were needed, offering to see me for further explanations if I wished and apologizing for not having seen me earlier. I was surprised to find I needed this X Ray as it had not previously been mentioned, but I was happy to have it, and 5 weeks later I was admitted for my operation and was told to expect to be in hospital for 3 days.

I was a bit surprised to find that I was expected to shower unaided the day after surgery but I did manage it with some difficulty. The following day a small group of what I assumed were doctors stood chatting at the end of my bed and after a few minutes the woman, who appeared to be the senior person, told me that it was agreed that I should be considered for discharge from hospital the next day. I said that I had not been included in their discussion and that I was expecting to be discharged that day. Later that morning Mr Hicks visited and said I could go home that afternoon. I felt that the surgery had gone well and the basic treatment in hospital had been good but I felt there was a lack of communication.

Once at home I received excellent care from the doctors and the Community Nurses in Pulborough. As I was recovering, I developed some abdominal symptoms and this eventually resulted in my having another CT scan 2 months after my kidney surgery. The abdominal symptoms were investigated and proved not to need further treatment. Thus I was surprised to get a letter marked urgent asking me to see a urologist the following week. This did concern me somewhat and when I saw a Dr Cetti in urology, he was surprised to see me as he had just sent me a letter telling me all was well and that the growth was benign. This letter arrived the following day. It was a long story with many uncertainties and certainly some unnecessary anxiety for me and my family and we were all glad when it was finished. Poor communications result in confusion and anxiety for patients, resulting in reduced confidence in the system which is detrimental to recovery from illness.

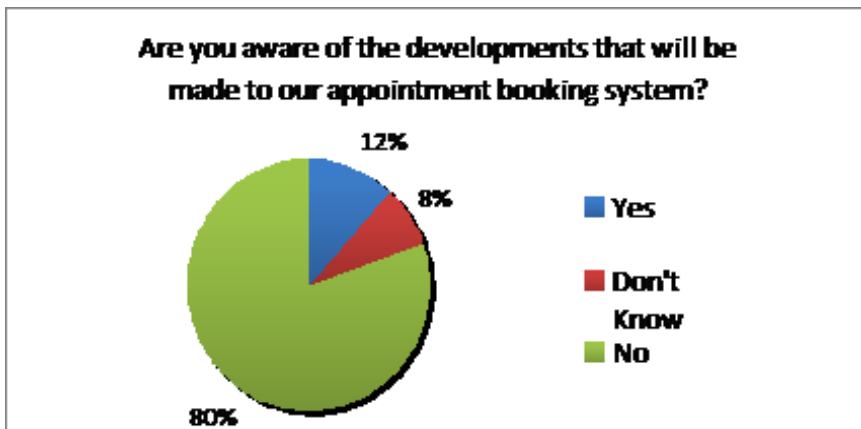
Gwen Parr Comments

Good communications are essential in any field but especially in medicine. For many years patients have complained about poor communication but little progress seems to have been made. It is interesting to see from the previous 2 articles that these problems affect both the public and private sectors of health care. Doctors in their turn have long complained that patients do not give them any feedback. The following articles are concerned with feedback at PMG and I hope everyone will both read and act upon them.

Patient Feedback Surveys

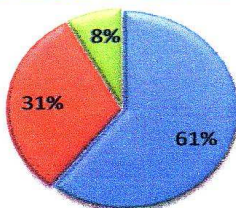
PMG is running surveys on patient satisfaction at the Surgery. The system is called Netbuilder. Input is either on the large screen opposite our reception desk or alternatively there is a small screen located in the waiting room. Here are some results from recent surveys.

Question 1			%
Are you aware of the developments that will be made to our appointment booking system?	Yes	6	12
	Don't Know	4	8
	No	41	80
	Responders	51	100



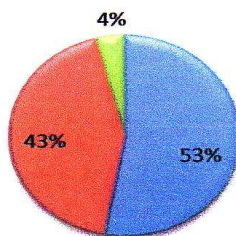
Question 2 - Part 1			%
You will be able to book your appointments for a future date. Please tell us how important it is for you: 'to be able to choose who you see'?	Very Important	31	61
	Important	16	31
	Not important	4	8
	Responders	51	100
Question 2 - Part 2			%
'to be able to choose a time slot'?	Very Important	27	53
	Important	22	43
	Not important	2	4
	Responders	51	100
Question 2 - Part 3			%
'to be able to book in advance'?	Very Important	33	65
	Important	15	29
	Not important	3	6
	Responders	51	100

'to be able to choose who you see'



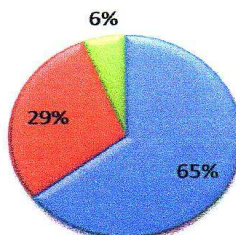
- Very Important
- Important
- Not important

"to be able to choose a time slot".



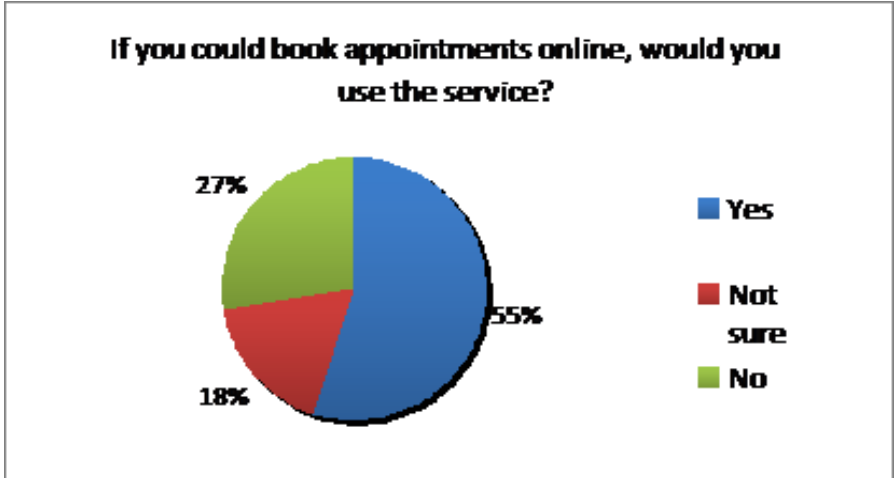
- Very Important
- Important
- Not important

"to be able to book in advance".



- Very Important
- Important
- Not important

Question 3			%
If you could book appointments online, would you use the service?	Yes	28	55
	Not sure	9	18
	No	14	27
	Responders	51	100



Here follow some unedited comments recently received

Question 4
Do you have any comments or suggestion regarding the new booking appointment system?
Comments
If you know your doctor/nurse, you talk to them directly.
It would very help full
All people want is to be able to call up and speak to a human. Personally I can't bear this need to I give up. This machine does not work.... what is wrong with a keyboard.. A perfect example of mending what is not broken.
I think its very good as it is
No - find the system welcoming and got my attention to give positive feedback.

Sounds good.
I think it is a good idea.
Better notification.
Would prefer to be able to see a doctor as and when necessary.
Awaiting judgment.
Sounds good to me
The care at PMG is excellent but very disappointed with the appt system. At another practice I could get next day appts. at PMG it is sometimes 3 weeks.
Question 5
Do you have any comments or suggestion regarding the new booking appointment system?
Comments
Holistic natural alternative treatments. Free of charge.
Convenience of time for appointments.
Good luck getting any feedback out of this machine!
You need two telephone lines.
Do you think it should be easier to get nurses appointments.
Yea.
Later opening, better accessibility to doctors, etc.

If you will be visiting Pulborough Medical Group over the next 6-8 weeks to see one of our GPs, we would very much like your opinion on your consultation with the doctor. You can either do this on the large screen opposite reception or on the small screen in the waiting room.

If you have visited the surgery recently for a consultation and would like to come in and complete the survey, then you would be most welcome to do so. Thank you.

Alan Bolt- Practice Manager

PPL on the Real Time Feedback System

This system is a joint initiative between PPL and PMG. We are very pleased that the practice is now offering patients this opportunity to complete surveys and to make comments about the practice. This demonstrates a high degree of openness and the courage to change those things that patients highlight where change is possible. The information given through the touch screens can be analyzed very quickly and thus patients' views become available at a time when they have the most relevance. Computers not only provide information rapidly but perhaps even more importantly they allow feedback to be given in complete confidence. Before such systems became available it was almost impossible to be certain that comments made by patients were a fair representation of their views about the treatment they had received or about the staff who had provided it. The reason for this is that doctors are in a powerful position in respect of patients and people feel afraid, even with the most open of doctors, to express views that could be thought to offer the mildest criticism. Thus this real time feedback system is a truly novel development and gives all patients of PMG an opportunity that very few people have yet had.

We hope the survey results printed above will be of interest. The system is in its infancy and this probably explains the small number of patients taking part to date. People are unfamiliar with it and so not expecting to see it and although the input screens are publicised both on the usual plasma screens and by means of messages throughout the waiting area, it is possible that many people are simply unaware of the opportunity they are being offered. Please tell your friends and family about the system and encourage them to use it whenever they can.

Recent Surveys

You will have seen the reports above from Alan Bolt, on the surveys undertaken to date. We hope that the pie charts will be useful as summaries of information. The unedited comments show that the majority of people have been able to enter text. Two people did

have difficulty, however, and we shall try to find out exactly what did and indeed can go wrong and try to correct this.

Your feedback can make a wonderful difference. Please spend a few minutes of your time when you are next seen at PMG, helping your practice to grow better. Patient led change can become a reality in Pulborough with your input and co-operation.

Interesting Facts & Figures

NHS Hospital Admissions Wholly Attributable to Alcohol
(Source; Office of National Statistics)

	2002-20003	2007-2008
Total Admissions	610000	888300

Estimated cost to NHS £1.7 billion annually.

Travelling Abroad? By Pippa

The internet often supplies good, last minute holiday deals to exotic destinations but if you're thinking of travelling abroad, whether for business or pleasure, please consult us as early as possible.

Pulborough Medical Group's Practice Nurses have special training in vaccinations and in assessing travellers' health risks. We can advise which immunisations you need and when you need them and we can also give the immunisations here, or in the case of malaria prevention for example we can arrange for a prescription for your tablets. When booking a travel clinic appointment, please tell us where you plan to go, including all the countries you will visit. We also need to know for how long you'll be away.

There are 3 particular reasons for booking travel clinic appointments well ahead of time:-

- We need to be sure that we have the right type of appointment available because these consultations take at least 20 minutes, during which we do a risk assessment, asking questions that take into account your destination and any existing medical conditions, and then issue the prescriptions you need, administering vaccinations where appropriate. Various things can further prolong your consultation, e g:-
 - some types of vaccination require us to have very detailed information about your medical history;
 - if you're travelling to multiple destinations, the requirements for each one may be different and thus have to be assessed separately;
 - the needs of pregnant women and small children are often more complex, especially if the journey is to a malaria zone;
 - some medical conditions need more detailed consideration.
- 2. Some immunisations take longer than others to take full effect and so need to be given some weeks before travel to give full protection from your time of arrival.
- 3. If you need several different vaccinations, it may not, for medical reasons, be possible to administer them simultaneously; increasing the need to schedule a longer time-spell.

The NHS provides the following travellers' vaccinations free of charge:

- tetanus/diphtheria/polio;
- typhoid
- hepatitis A.

All other travellers' vaccinations incur a charge, as do the tablets to prevent malaria. It's important to budget for these costs as part of the cost of travel, as the benefit of vaccination far outweighs the

terrible risks of diseases such as yellow fever, cholera or malaria, for example.

Sometimes, though very rarely, we may have to advise you that your chosen destination represents too much of a health risk for you personally. In summary, if you're thinking of travelling abroad, please contact us as soon as you can, preferably before you've booked, so that we can give you the advice and treatment that will give you peace of mind and help to make your trip as healthy as possible.

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.

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.

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

Committee Members

Chairman Mr S Henderson 01798 873119

Secretary Mrs M Cooper 01798 872299

Treasurer Mr Warwick Dean –Taylor

Mr. Alan Bolt – Practice Manager

Councillor Brian Donnelly, Dr Tim Fooks

Mrs Lesley Ellis, Mrs Pat Newcombe, Mrs Hilary Willoughby

Mrs Gwen Parr

Mr. David Soldinger

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