



SPRING 2014
NEWSLETTER
Number 26

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The image is a dark blue rectangular banner with white and red text and graphics. At the top, the company name 'Comyn & James' is written in a large, white, serif font, with '&' in a smaller font. Below it, 'Town and Country Homes' is written in a smaller, white, sans-serif font. In the center, the website URL 'www.comynandjames.co.uk' and the phone number '01798 888111' followed by an email address 'property@comynandjames.co.uk' are listed in white. At the bottom, there is a row of stylized red houses and trees, and a red banner with the text 'West Sussex London West Sussex London West Sussex London' in white.



Pulborough Patient Link
invite you to a Public Meeting in
Pulborough Village Hall
Monday 24 March 2014

What Every Patient Needs to Know about
Emergency Medicine

by

Dr Helen Milne,

MBChB MRCS (A & E) FCEM DCH DipFMS DipIMC

Consultant, Worthing Hospital A & E

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Service**

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AGM 6.45pm Talk 7.00 – approx. 8.30pm

Refreshments and Raffle Draw 8pm

Sussex Physiotherapy Service

Recently I met one of the team of physiotherapists who work for the Sussex Community Trust, two of whom come to PMG several days a week. Craig has worked at the Practice for nearly a year, with Victoria increasing the number of appointments available from October.

This NHS service is accessed by referral only, either by your GP or by a hospital; they may arrange a paper referral - or for the patient to be triaged. This recent change to the service is provided by Physio Direct and means that a patient can be called and asked a series of questions to assess their condition. This is good for a) prioritising b) giving advice and c) speeding up the service.

Sometimes all that is required is advice to be given over the phone; if the patient needs to be seen, the urgency can be gauged. A routine referral, for example for a condition which has existed for some time, may take 6 weeks. However, when treatment is deemed to be more urgent, further 1:1 physiotherapy may be arranged sooner. The waiting times used to be less than ideal but, with the extra hours that are now available at PMG, this is no longer the case.

Craig originated from New Zealand but, while travelling the world 10 years ago, met the English girl who would become his wife. His training took the form of a 3 year honours level degree course at Brighton University and he has now been working for 4 years, and has been at Bognor War Memorial Hospital and PMG for the last year.

Craig's main priorities are muscoskeletal conditions, backs and knees after surgery and treatment following referral by an orthopaedic consultant or hospital physio. The service is designed 'to promote patient health and rehabilitation within the Pulborough community'.

Editor

The Shingles Vaccination Programme

by Dr Ray Ghazanfar

The recent national roll-out of the Shingles vaccination programme has caused some consternation and confusion for a number of patients at the surgery. Amongst the issues raised one dominates: the seemingly arbitrary way in which patients have been invited to participate in the programme.

It is not always possible to prevent shingles, but a vaccine called Zostavax can significantly reduce the chances of developing the condition. It is still possible to develop shingles after having this vaccine but, in these cases the condition should be milder and last for a shorter time than usual.

Currently, individuals are invited if their 70th or 79th birthday falls within certain dates. Each year patients are to be invited on a rolling basis, with the expectation that, over the next decade, everyone over the age of 70 will have been vaccinated against this painful and debilitating condition. In truth this rolling vaccination programme is a decision borne of practical and commercial necessity – there is simply not enough vaccine available for everyone over 70 to be vaccinated in one year – and even with the restrictions outlined above, there were initial constraints on supplies in 2013.

There is evidence that the likelihood of developing shingles rises with age because of a corresponding decline in a part of our immune systems. Shingles is fatal for around 1 in 1,000 over-70s. Over the age of 70 the higher incidence of shingles leads policymakers to conclude that the benefits of a vaccine are likely to outweigh the risk of side effects. In those aged 60-69, the adverse effects related to the vaccine tend to be more pronounced, making the vaccine harder to recommend for this age group. The main adverse effect is the possibility of developing a chickenpox-like illness and, whilst this affects less than 1 in 10,000 of those vaccinated, it can be more severe in younger individuals.

Of course, these general probabilities do not mean that the vaccine is appropriate for all. For the majority of individuals the benefits of vaccination after the age of 70 are likely to outweigh the potential adverse reactions. Ultimately, each individual should make a decision whether it is right for them. If in doubt and you are approaching your 70th or 79th birthday, please raise the issue next time you see your GP or Practice Nurse.

Vaccination not only brings protection for the individuals participating, but also significantly reduces the risk for those for whom exposure to shingles can be life-threatening. These include the very infirm and those with a compromised immune system, such as organ transplant patients or pregnant mothers, who may not have contracted chickenpox but whose unborn children may be at risk of serious complications.

If you suspect you have shingles, you should alert the reception staff before arriving at the surgery or immediately on arrival and you will be placed somewhere separate – in case there are ‘at risk’ patients in the waiting room. Of course, patients continue to have access to diagnosis and treatment in the same way they have always had should they contract the condition.

Shingles can lead to complications, such as postherpetic neuralgia which is where severe nerve pain lasts for more than three months after the rash has gone. It is estimated that this affects at least 1 in 10 people with shingles, it being more common in older people and affects about a third of people over 80 who have shingles.

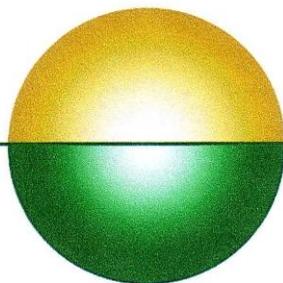
For more information please go to:

www.patient.co.uk/health/shingles-herpes-zoster-leaflet
www.nhs.uk/Conditions/Shingles/Pages/Introduction.aspx
[www.nhs.uk/Conditions/vaccinations/Pages.Shingles-vaccination.aspx](http://www.nhs.uk/Conditions/vaccinations/Pages/Shingles-vaccination.aspx)

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Corden – A Community Pharmacy with an eye to the future

We all know Corden as the place where we take our prescriptions, but as Sue Oliver, Superintendent Pharmacist at Corden Pharmacy, points out in a recent interview, this caring community pharmacy is a great deal more than this – offering patients, family and friends a wide range of services and clinics to help improve their health and well-being.

To illustrate the point, Sue told me of a new minor illnesses clinic launched in February by the pharmacy and conducted by Sue herself. The clinic, which initially will operate on a Monday and Friday from 3 – 5 pm, is for patients of the PMG group who have, for example, ear and eye infections or minor skin conditions and who don't necessarily need to see a GP. Patients can arrange to see Sue in confidence to discuss their symptoms; as a qualified independent prescriber, she will be able to prescribe medicines or treatment where appropriate – or, if the illness is more serious, refer the patient immediately to see one of the GPs.



I started the interview by asking Sue how she sees the role of Corden within the Pulborough Medical Group.

Sue Oliver: We are here primarily for the benefit of our patients and that guides everything we do. Naturally this includes looking after patients' prescriptions and making sure we deliver or hand them their medicines in a timely, safe and effective way ... but the service we offer is far broader than that.

We work very closely with the PMG GPs and nurses on the range of medicines available to our patients and, through regular meetings with our colleagues in the Practice, have a significant input in ensuring which medicines we stock and when new medicines and treatments need to be added. Needless to say, we can only do this within national guidelines and the budgets that are set for our GP practice.

The aim of all of us is to offer our patients the best clinical and nursing practice, combined with highly effective but cost-efficient treatments and medicine prescribing. We believe the 'patient experience' is helped considerably by being located in the same building. If there is a query about treatment or a prescription, or a patient needs their medicine urgently, we are able to help solve the problem. We really value this integrated approach and we hope our patients feel they are getting a much better service as a consequence.

Chris Hughan: These days it seems that more and more unbranded or 'generic' medicines are prescribed and this can worry patients. Should they be concerned?

Sue Oliver: You're right to say there has been a big increase in prescribing generic medicines, but this should not be a cause for concern. All medicines are subject to the same rigorous testing and safety protocols and have to be passed by the regulatory authorities. The fact that they are generic does not mean that they are substandard. Usually it means that a pharmaceutical company's exclusive licence to produce the medicine has expired and that other manufacturers can produce the medicine – often at a more competitive cost. It's rather similar to 'own label' products in supermarkets. Ironically many of the leading pharmaceutical companies have established their own 'arms length' generic manufacturing facilities, so that they can continue earning revenues from their initial research and development long after the exclusive licence has expired! So quality should not be an issue.

Chris Hughan: What about high priced medicines that are prescribed for patients with rare or complex illnesses. Doesn't that make a big dent in the local budget?

Sue Oliver: Because of their nature, many of these rare or complex illness medicines tend to be administered or prescribed in an in-patient or out-patient hospital setting – so the hospitals bear the cost. Sometimes the cost is allocated on a shared care basis split between the hospital and the GP practice, and other times the GP practice funds them. In addition there is a national 'traffic light' system that governs what medicines a GP is permitted to prescribe and we all must abide by this.

Chris Hughan: Over and above ensuring we all have our medicines, what other services does Corden offer its patients and visitors?

Sue Oliver: When I first qualified as a Pharmacist we were issuing around 2,000 items a month. Today in Corden we handle nearly 1,000 prescription items a day – and this figure is growing by around 5% year on year! We are able to cope with this massive increase in demand because of the close relationship we have with PMG and because of the advances in IT. If there is a query over prescribed medication, there is a missing prescription or we have spotted a possible conflict between medicines prescribed for a patient we can tackle the problem immediately and get an answer within a very short period of time.

Chris Hughan: Why has this work increased so much when, by all accounts, the patient population of the PMG has stayed fairly static over the last ten years?

Sue Oliver: Undoubtedly an ageing population and the often complex nature of the illnesses with that population have contributed to a much greater demand for our services. I also think that far more health awareness and illness prevention campaigns

have made our patients and the population generally more aware of the need to look after themselves in a pro-active way. That means more trips to the doctor or nurse than perhaps was the case in the past. The media generally and the internet in particular have also heightened this health awareness – unfortunately not always in a positive way.

Chris Hughan: I guess the role of the pharmacist has also changed dramatically over the years?

Sue Oliver: Well, yes, there has been a revolutionary change in what we do and the services we provide. Of course we still offer a wide range of medicines and medical or healthcare related products, but we no longer make up ointments and creams as pharmacists used to do – we are far more clinically based.

We still maintain a personalised service and take great pride in this. We offer confidential advice if our patients need this, and we are at pains to ensure that our patients and customers understand the medication they are receiving – how it is to be taken and the importance of finishing the course, especially when they are taking medicines for the first time.



What people may not realise is that, although we work on behalf of the NHS, we are not employed by the NHS. We are an independent business and like any other business we have to manage it well if we are to survive. In this respect I guess I have a dual role –

both as Business Manager of the Corden business as well as my day-to-day pharmacist responsibilities. I couldn't do what I do without an excellent group of colleagues and, I am pleased to say at Corden, we have the best pharmacy team I have ever worked with.

I stress that our key responsibility is to deliver medicines to our patients safely and on time. We keep a good stock of medicines but, if something isn't immediately available, we can usually get hold of it either the same day or the next.

From the safety viewpoint we have a number of checks in the medicine dispensing process. Initially all prescriptions are clinically checked by a Pharmacist. They are then handed to Pharmacy Technicians and Assistants to fill the prescription. A final check is then carried out by Accuracy Checking Technicians or a Pharmacist. There are often two qualified Pharmacists on duty and sometimes three – with one perhaps conducting a clinic. When you factor in our Counter Assistants, who also undergo training, we have a total of 25 full and part-time staff working in Corden. We also run a free delivery service for patients who are house-bound and unable to collect their medicines.

The second part of this interview will be included in the next issue of the Newsletter.

Chris Hughan, Committee Member



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patient
link**

- your voice in local health

Dr. Nikki Tooley

Recently I chatted to our newest salaried GP, Nikki Tooley. She joined the Practice on January 3rd and, as she has a young family, works on Wednesdays, Thursdays and Fridays. Her daughter has just turned 4 and her son is 15 months old so she has plenty of hands-on experience of little ones. Her husband teaches engineering at Chichester College.

This is her first full GP post, and she commented that the main differences are the amount of paperwork and also, with this area and size of Practice, the distances travelled for home visits - her satnav has never worked so hard!



Dr. Tooley's previous posts were 8 months in Midhurst and 2¼ years in Felpham, but it took 5 years to complete the 3-year training due to the arrival of the children. She began her GP training straight after medical school, having studied psychology and sociology at A level, and taking a degree in medical humanities.

She is particularly keen to look at a patient's mind and body together rather than separating them, to try to get the 'complete picture', citing as an example "the context of a symptom has a large impact upon a patient's problem. Put simply, a straight-forward diagnosis of a headache has a very powerful significance depending, for example, on whether the person has lost a relative with a brain cancer or is someone who is a full-time carer struggling with another person's needs."

Nikki has wide experience, including Child and Adolescent Mental Health Services, family planning, care of the elderly, psychiatry and endocrinology. Her areas of surgical skill include gynaecology, urology, gastro-intestinal and breast surgery. A particular interest is medical acupuncture.

Editor

Celebrities line up for major national campaign to combat Prostate Cancer

A number of leading male, sporting, TV and film celebrities have joined forces in a new prostate cancer awareness campaign called 'Men United', launched earlier this year. Its aim is to heighten awareness of the most common cancer among men, to encourage men to get themselves checked early and to lobby for more research and funding into this often overlooked but widespread form of cancer.

Figures seem to support the need for action:

- prostate cancer is the most common cancer in men
- over 40,000 men are diagnosed every year
- more than 10,000 men die every year from prostate cancer
- it's estimated that by 2030, prostate cancer will be the most common cancer
- one in eight men will get prostate cancer
- over a quarter of a million men are living with and after prostate cancer



This photo shows (from left) prostate cancer survivor David Kurk, ex-England cricketer Gladstone Small, team manager Bill Bailey, ex AC

Milan and Watford striker Luther Blissett and Prostate Cancer UK CEO Owen Sharp

High-profile supporters including *Homeland* star Damian Lewis, *Game of Thrones* hard man Charles Dance, Sir Michael Parkinson

and ex-England rugby star, Will Carling have all signed up for 'Men United' – a unique team headed by comedian, Bill Bailey.

'Men United v Prostate Cancer', a purely and unashamedly masculine campaign using the language of sport to engage men throughout Britain, is the brainchild of Britain's foremost health charity in the field, Prostate Cancer UK.

In his role of 'team manager' and leading spokesman, Bailey fronts the campaign which kicked off with a 30 second national television message shown to millions of viewers during TV coverage of the recent fourth-round FA Cup ties. The message calls on men from all walks of life to sign up for 'Men United' and to add their weight to beat the devastating 'Dads Disease' once and for all. The message is part of a multi-channel, national campaign which is hoped will be the biggest men's health campaign the country has ever seen.

"We need men to sign for the team in their thousands. Clubs, pubs, individuals – we need everyone to join Men United. If you want to be part of the team just search Men United online and you're in. We are determined to make this as massive for blokes as the breast cancer campaign has been for women", says Bill Bailey, whose own father-in-law is one of the 250,000 men in the UK living with the disease.

Broadcasting and chat show legend, Sir Michael Parkinson, diagnosed with the disease last year, was among the first recruits. "I've signed up for Men United as I know what it is to confront prostate cancer. You don't want to do it alone. You need all the support you can get ... and men need to join together to fight back."

Each year almost as many men are diagnosed with prostate cancer as women are diagnosed with breast cancer. But research into prostate cancer is badly underfunded, leading tests

and treatments trailing behind other cancers - and the quality and availability of treatment can vary across the UK.

Owen Sharp, Chief Executive at Prostate Cancer UK, is leading the charge to challenge injustice around the disease. He said: "A man in the UK dies every hour from prostate cancer and another is diagnosed every 15 minutes, yet in one year, England spent seven times more money on burning over-prescribed medicines than it did on prostate cancer research. That's obscene and our men deserve better.

"Here prostate cancer survival rates are below the European average, here research into the disease lags a decade behind that for other cancers and quality of care depends on where you live. It's a scandal and we are not going to accept it. Men United is a powerful way for men, and the women in their lives, to mobilise against this common enemy. By signing up, you have a place and a voice in a growing movement that's taking action for men's health."

In a final rousing rallying cry, Men United's manager Bailey, added: "one in every eight of us will get prostate cancer. It's a deadly game but the message is, 'we can win this'. Men United is about blokes wising up to their risk, manning up to face it and stepping up to demand better care. Life isn't a spectator sport; it's about getting in there and being part of the solution. Prostate cancer has been the poor relation for far too long. That has to change and Men United is the team to change it. But it needs every one of us, so search Men United and join in."

For more information about prostate cancer including a guide to common prostate problems call the Prostate Cancer UK Specialist Nurses confidential helpline on 0800 074 8383 or visit their website at www.prostatecanceruk.org. To sign up for Men United visit the campaign's website at www.prostatecanceruk.org/menunited.

Chairman's Review

At our annual general meeting the committee is proposing an amendment to the constitution to enable us to raise funds for specific items for PMG. However, we are anxious to emphasise that the fundamental role of the PPL is to represent the interests of patients. We do this by bringing to the attention of the Practice problems that patients have brought to our notice.

It is important that patients are open about problems they face – not personal clinical problems, but issues with the process of treatment and administration. It is also vital that patients are helped to understand how the Practice works and how you, the patient, can access the services which are steadily being extended.

As you have read in the Practice update, PMG is introducing SystemOne, which will enable patients to book appointments on line in advance and it will also improve the repeat prescription service. The service from Corden and the repeat prescription procedure have both improved and been better understood by patients.

However, the same cannot be said about the appointments system and the related telephone reception service. The problems are, of course common, but nevertheless the PPL committee regularly hear criticism. Most of this relates to the length of time it takes to access the telephone and then to be answered by a receptionist. Patients still also find it difficult to understand the appointments system itself. The PPL regularly discusses this problem with the PMG at the bi-monthly committee meetings.

It is very important that PMG listens and explains how it works, but equally important that we, the patients, understand the increasing pressures on PMG. It is responding by providing more and more clinics – bringing the service to our doorstep rather than many patients having to travel to other surgeries or hospitals, the two most recent being audiology and one for bowel and bladder problems. We will endeavour to make certain that their new services are

explained and, in particular, to ensure that the patient can understand how they fit into the existing arrangements - in particular the appointments system.

As you may have seen, a system of co-ordinated care in the community is to be introduced in our area – known as pro-active care, it aims to help elderly people in particular who may have a number of illnesses (conditions) who can best be treated by local social services, nurses and GPs. It should provide better care and, at the same time, keep patients out of hospital when they should not be there. Its success depends not just on the system and the staff involved, but on sufficient funds being available. Since patients are being kept out of hospital, some of the finance should come from the acute hospital budget. That has always been the aim, but has been a pipedream. However, as politicians are increasingly aware, quality 24 hour 7 days a week acute hospital services need to be radically redesigned. Savings will still be a pipedream, but we could have better community services and acute care if we have the courage to ‘face the future’.

Stuart Henderson, Chairman

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Nine Easy Ways to Keep Active and Healthy

New Year resolutions may already be a distant memory and your gym membership may have lapsed, but don't despair - the world-renowned Mayo Clinic in the USA has come up with nine easy ways to keep active and healthy that can fit around our day-to-day life without major adjustments or too much effort.

Jim Levine, Professor of Medicine at the Clinic and an obesity specialist, says that the secret of a long and healthy life lies in what he call your NEAT - or 'non-exercise activity thermogenesis'. Cutting through the jargon, that's the calories we burn through ordinary everyday living - from getting up in the morning to going to bed at night, and all the movements you do while you are sleeping.

According to Professor Levine, in order to keep our fuels moving through our systems we need to be moving every half hour or so. And yet he points out that many of us now regularly spend up to 12 hours a day in a chair. So how do we overcome our sedentary lifestyle, burn off those unwanted calories and keep those essential fuels moving around our body?

1. Stand or even walk around while talking on the phone. You'll burn calories and sound more assertive and confident.
2. If you have to sit for long periods, try using a chair with no back, or even one of those giant Gym balls. This strengthens core muscles, improves posture and prevents slumping (and therefore backache).
3. Go and see a colleague or friend, rather than sending an e-mail.
4. Drink lots of water. This not only keeps you hydrated and clears the system, but also increases the need for more trips to the loo, which means in turn more brisk, short walks!

5. Rather than take a break with a coffee/tea and something to eat, take a stroll or go up and down the stairs.
6. If you drive to work or the supermarket, park at the far end of the car park and walk.
7. Walk laps with other people in a meeting, rather than everyone gathering for hours in a conference room.
8. Organise a lunchtime walking group. You might be surprised by how many people are just dying to put on their trainers and get moving. Enjoy the camaraderie and offer encouragement to one another when you feel like backsliding into your old routine.
9. If you normally take a bus, tube or train to work, get off at an earlier stop than usual and walk the rest of the way.

Naturally this will not suit everybody, but you can probably think of small adjustments to your own life that improve your level of activity - without resorting to a personal trainer and hours of weight training.

Acknowledgements to the Mayo Clinic and Radio Times

Why Weight ?

This weight management programme is 'very supportive and very discrete' is the quote of a slimmer, fitter patient. Initially the patient is assessed - firstly by a dietician, then by a fitness instructor, followed by a counsellor - to work out both an eating plan (based on the 'healthy plate') and a fitness programme individual to that person. The initial 6-month programme is closely monitored throughout, with any necessary 'tweaks' made to the regime. Support from the team is available throughout and the 'satisfied customer' I spoke to said 'it has changed my life completely and I have even been able to stop taking several of my previously prescribed tablets'. The Clinic is accessed by GP referral.

Editor



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PMG Update

Staff

Following Dr Jadav's decision to leave, we have appointed a new GP, Dr Nikki Tooley.

At present we have only one GP trainee in post – Dr Samantha Sewell. She is a GP Registrar in her final year of training which she will complete on 5th August 2014.

Clinical Services

In January we welcomed Consultant Orthopaedic Surgeons plus support staff from the Horder Centre (*which is in Crowborough and specialises in orthopaedic surgery and musculoskeletal treatment*) to run a weekly clinic, with pre-admission assessment and follow up physiotherapy. The CCG (*Clinical Commissioning Group*) have arranged for the Horder Centre to take on 100 NHS orthopaedic referrals from the MSK (*musculoskeletal*) Service to help with the increasing demand - all trauma and orthopaedic referrals are sent via Choose and Book to this Service to be triaged and referred on to the appropriate facility. This is because we have had to direct all trauma and orthopaedic referrals to MSK for quite a while.

From March 2014 Echotech will be running a community echocardiogram service from Pulborough. CWS CCG (*Coastal West Sussex CCG*) has recently approved expansion of this service North of the Downs; other centres with a clinic are Littlehampton and Horsham.

SystemOne Online

Pulborough Medical Group are pleased to announce the introduction of a new online service for appointment booking and repeat medication requests. Online via www.pmgdoctors.co.uk - you will be able to book, cancel or view your appointments with your doctor, view a list of your current repeat medication and send repeat prescription requests direct to the Practice. At present only doctors' appointments can be made via the online system (called

SystemOnline – no ‘e’ in System), but it is hoped that nurse appointments can be added in the not too distant future, but this is dependent on SystemOne.

To register for SystemOnline services, you will need to complete an application form, which you can obtain either from the surgery website or reception, together with Patient Guidance Notes on this process. The completed application form, together with the requested supporting documentation, should be brought into the Practice where the receptionist will check the form and documentation and issue you with a log-in and password. You may need to wait 24 hours for the registration to be activated. For patients under the age of 14 years parental/guardian access is permissible but, due to patient confidentiality, once the patient reaches 14, the password will automatically expire and the child will need to apply for a new password.

Appointment times are currently set at 10 minute intervals. If you are unsure whether you need to see a GP or a nurse then please contact the surgery. If you subsequently decide that you no longer need the appointment, please ensure that it is cancelled to enable the time to be offered to someone else.

When requesting a repeat prescription, please remember to state in the comments box which pharmacy you would like it sent to.

Following advice from the Medicines Management Team that requests for medication should not be taken over the telephone message it has been decided that the repeat medication voicemail service will be phased out over the next six months. The preferred method for patients to request repeat prescriptions will be via SystemOnline services; however myrepeats.com will continue to operate.

Back Pain

Our Autumn Public Meeting was led by Dr Rajesh Shankar FRCA, FFPM, RCA who is a Consultant in Anaesthetics and Pain Management at St. Richard's and Bognor Regis War Memorial Hospitals. Dr Shankar kindly sent a summary of his talk to be included in the Newsletter for those unable to be there.

'Back pain is common. At any one time 20% of the adult population has back pain. In one's lifetime there is an 80% incidence of back pain.

Simple acute back strain, such as may occur after digging the garden, etc., is common in the 20-40 year old population. This usually settles in anything from a few days to six weeks.

Only a minority of patients (5%) will have an injury (eg discal tears or bulges, ligament sprains) that might give pain for 3 months or longer.

Treatment is with simple pain killers, gentle exercises, etc., occasionally injections. Patients should not take to their beds as this encourages de-conditioning and a worse outcome.

Back pain increases in the 50+ age group and is associated with age related changes in the spine. Such 'arthritis' can cause back ache, nerve pain (sciatica), leg aches and is related to facet joint problems, disc problems, etc. Treatment again includes simple pain killers, exercises and injections. Very occasionally symptoms may need further investigation.

'Red flag' symptoms are those that might indicate a serious underlying condition. These include;

- * symptoms in both legs
- * problems with urinary and bowel function
- * pain associated with fever or night sweats
- * sudden onset in the over 50 age group or under 20s

- * rapidly progressing weakness or numbness in the legs
- * previous history of cancer etc.

In these cases patients should go to their GP as soon as possible. In difficult cases, where lots of treatment has been tried and failed, we encourage self-management with exercise, paced activity, judicious use of pain killers, TENS (an electrical machine which can relieve pain), etc. Patients may be invited to a 'Pain Management Programme'. Strong opioid (chemical resembling morphine) medicine is not indicated in most back pain. Patients should always seek advice from their GP. Spending lots of money on 'alternative' treatments may not be helpful.

Western West Sussex county has a pain service based in Bognor Regis. There is a service based at Southland's Hospital for the eastern side of the county.



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