

Some weeks ago, out of the blue, we (Friends of the Midhurst Health Campus) were approached by Dr Alex MacCallum to look into the aspects and benefits of Social Prescribing. I must say I had no idea what it was and initially imagined Social Workers going around armed with prescription pads!

However, we arranged a meeting with Dr Emma Woodcock (of Loxwood) who gave us a brief outline of what was being proposed for Loxwood and Midhurst areas and, later, Dr Woodcock came to one of our Trustee meetings and we had a more in-depth presentation of Social Prescribing and what it hoped to achieve.

Before going into the details of why we decided enthusiastically to support SP I should go back a little to the recent history of 'The Friends'.

Last year our League of Friends, as it was called then, decided to broaden its activities. Instead of supporting only Midhurst Community Hospital, which we had done for many years, we changed our constitution so that we could actively support all of the other medical disciplines on the Riverbank site to include the Doctors' Practice, the Macmillan service, the Community nurses, and indeed, the Hospital itself. It should be noted that on this site there are over 100 people employed serving the health needs of Midhurst, so it is an important hub and we felt that we should be a more active member of this Hub.

The effect on our bi-monthly Trustee meetings was immediate and dramatic. Suddenly we found that we were involved with much more holistic and co-operative discussions on all the hopes of the four disciplines - and in some cases common solutions could be found. For instance, Ultrasound and Bladder scanners could be shared between all our discipline 'clients'.

So when we were presented with a scheme, Social Prescribing, that would rely on co-operation between all health and wellbeing providers in our area we were able to see quite clearly the benefits that could result.

As you may know, the idea of Social Prescribing is to lessen patients' visits to doctors and other health providers. Many problems such as depression, anxiety or sleeplessness, can be triggered by many causes. For instance, homelessness, divorce, physical abuse or financial problems could all contribute. Doctors could alleviate the symptoms of these conditions, but it would be far better if the causes themselves could be intercepted beforehand, with patients being directed towards agencies that could tackle the root causes of their problems. These agencies could be Citizens Advice, Social Services or any number of charitable agencies operating in our community.

To do this, it is proposed that a 'link person' is to be employed and installed on location within our community whose task it would be to direct patients who have been referred to them onwards to the right agencies.

This joined up health and wellbeing provision is, in our opinion, well worth supporting and that is what we have decided to do. This scheme, starting hopefully in July, will be initially trialled for two years and then reviewed.

Let's wish it every success.

George Marchand
Chair, Friend of Midhurst Health Campus.

CHART CHART is the name of the team of Community First Responders (CFRs) for West Chiltington, Nutbourne and Pulborough. We first became established as a Charity in 2006 and since then have helped around 1,200 people. Many other areas also have their own teams, and we are all trained by and work with SECAMB (South East Coast Ambulance).

The team is made up of local volunteers who go 'on call' for various shifts in the daytime, evenings and weekends. If you make a 999 call because of a medical collapse, we are also sent out on the call and aim to arrive at the address before an ambulance, because the first few minutes following a cardiac arrest are vital and the ambulance may be several miles away at another incident when we arrive at the scene. As the 'first at scene' we are trained to use CPR skills and defibrillators and we undergo regular training to keep our skills up to date. We are not a large team, but we are committed and energetic; some of us respond in pairs (we have 3 married couples) and others are single Responders.



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Members of CHART also help train others in basic life support skills including how to use a Defibrillator through 'Heart Start' courses which are free to attend and take only a few hours. Look out for the next one or contact us with your details.

Would you like to join us?
We would like to extend the hours that we offer this service and, to ensure the future of the team, we are looking for new recruits to join CHART. Do you or anyone you know have some spare time to offer to your community? You would learn new life-saving skills and be an integral part of SECAMB - go to their website www.secamb.nhs.uk and read about the commitment to their CFRs.

If you don't have time or energy to join us, perhaps you have resources to help raise money. We are a completely independent, self-funded, registered charity and as such we need to attract funds to keep going. We buy our own uniform, training aids and most importantly Defibrillators for our Responders.



Lastly - a plea from us. Could we find your house if we were called out to you? Look at your house, especially at night and think about an emergency service trying to find you. Make sure your house name or number is well lit and large enough to be seen from the road.

Contact us by going to:
www.chartonline.org.uk



Pulborough Patient Link



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- your voice in local health

Pulborough Patient Link invites you to a Public Meeting in St Mary's School Link Lane, Pulborough on Monday 16 July when Dr Courtney Kipps BMBS MSc (Sports Med) MRCS MRCGP MFSEM Consultant in Sports & Exercise Medicine University College London Hospitals Medical Director of the London & Blenheim Triathlons and Assistant Medical Director of the London Marathon

will give a talk on

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**ACCOUNTABLE CARE AND INTEGRATED CARE
New ways of the NHS working**

The NHS needs to work differently. Constraints on NHS funding combined with rising demand on services from a growing and ageing population have put the NHS under significant pressure.

Nationally and locally there are plans to work in a different way, providing more care in people's homes and the community and breaking down barriers between the many organisations that are working to look after people and their health.

This means bringing together and co-ordinating the work of GP practices, community services and hospitals to meet the needs of people requiring care, especially for those who have several medical conditions and who receive care and support from a variety of health and social care staff. Integrated care like this happens when NHS organisations work together to meet the needs of their local population.

The development of integrated care is taking different forms in different places in the country and varying terms are being used:

- Integrated care systems (ICSs) - these are groups of NHS providers and commissioners and local authorities working together to improve health and care in their area
- Integrated care partnerships (ICPs) - these are alliances of NHS providers working together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved
- Accountable care organisations (ACOs) - established when commissioners award a long-term contract to a single organisation to provide a range of health and care services to a defined population. This organisation may subcontract with other providers to deliver the contract.

ICSs have been established in ten areas in the country including Greater Manchester and Surrey Heartlands, and ICPs are at various stages of development.

There is concern that accountable care contracts could allow private companies to take a bigger role in healthcare if they decide to enter the market and bid for contracts.

In response to concern, NHS England has decided to delay the use of the proposed accountable care contract and Secretary of State, Jeremy Hunt, announced that there will be a consultation on the creation of accountable care organisations to understand the details of exactly how ACOs will work, including the contract terms involved.

Originally as part of local plans (called Coastal Care) for how the NHS should work differently in Coastal West Sussex, the local NHS talked about an intention to form an accountable care partnership.

However, the local intention for Coastal West Sussex is to bring current providers and commissioners together, working in a new way, not to go through a procurement process for a new contract. Therefore, what our plans really refer to is integrated care rather than accountable care.

Local leaders of the NHS believe that integrated care is the right thing to do for local people and those working in the NHS, and are working together to move these plans forward.

More about the plans for integrated care in Coastal West Sussex on <https://www.coastalwestsussexccg.nhs.uk/coastalcare> and the King's Fund's website: <https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems>

Laura Robertson
NHS Coastal West Sussex Clinical Commissioning Group

BACK PAIN NEEDN'T BE A PAIN IN THE BEHIND

This title was suggested by the consultant advertised as speaking at our Public Meeting at the end of March. However, at short notice, Mr. Shuaib Karmani was unable to attend and we were lucky that Mr. Tony Elias was available to cover the same subject - listened to by 81 of us - many thanks to him for stepping in.

Mr. Elias started his talk by saying that 85-90% of us will suffer back pain at some point in our lives, but that the good news is that the majority of these cases are solved by non-invasive measures such as exercises and physiotherapy, with only 5-10% requiring an operation.

An episode of less than 3 months is known as acute, but more than that is classed as chronic. He continued by saying that it is usually not easy to pin-point the cause as most back pain is non-specific and can mean investigating the muscles, ligaments, joints, the patient's history and possibly by scans which can be MRI or x-ray.

Your muscles should take the weight of the body, but such things as muscle spasm or muscle sprain can give rise to pain. However, sometimes it is 'referred pain' and can be caused by such things as stones, pancreatitis or tumours, or are vascular such as aortic or spinal cord aneurysms.

Back pain is often caused by lifting, particularly something heavy or lifted in the wrong way, by a sudden twist, by a fall, by carrying excess weight eg a carrier or handbag or sometimes by bad posture. Other factors are a stressful job, pregnancy, being particularly sedentary or suffering some trauma which could have resulted in a fracture. Problems are more common in older people – although Mr. Elias has treated someone as young as 17 – and also more usual in females.

Causes of concern which should be investigated by your doctor are incontinence problems and numbness around the back passage or genitals. Use of steroids or drugs need monitoring, as do patients with cancer, as the spine is one of the first areas to get a spread of cancer; equally even a small infection of the skin can spread to the spine. An MRI is the gold standard for investigating the spine as it shows so clearly, similarly with x-rays. Bone scans are suggested if you have had cancer, and it is important to check the speed of conduction through the nerves if you are not respond-

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ing to pain killers, in which case you should be referred to a specialist for some form of imaging.

However, Mr. Elias continued that an MRI would only be suggested if the result might change the management of the condition.

Core muscles are very important and can be strengthened by practising yoga, pilates, Tai Chi; other forms of help are cognitive behavioural therapy (CBT) and life style advice.

NICE (*National Institute for Health and Care Excellence*) no longer recommend wearing a brace as this immobilises the muscles and only makes the situation worse; they are also no longer advocating fusion, nor do they feel that machines such as a TENS help, except perhaps in the short term.

The type of painkillers suggested are paracetamol plus something like ibuprofen. If the pain is getting worse and is associated with leg pain, consider injections which are less invasive than an operation, although they may work for only a few hours, but could benefit you for a year. Nerve cells can be blocked with steroids or can be ablated (*removed especially by cutting*).

If none of these has worked, then an operation would probably be suggested; this might be spinal decompression (*removal of a piece of bone or disc*) with the trend starting in 2016 going away from fusion (*when two vertebrae are fused together*), although if you have a slipped vertebra then fusion would help.

If your pain is worse when walking and is better when rested, then this definitely suggests an operation. The usual thought is that back pain only would not suggest an operation, but leg pain also would definitely warrant operating, as would neck pain.

Other reasons for an MRI – and probably an operation – would be arm pain down to the elbow or below, numbness, pins and needles or weakness.

10% of people over 45 will develop neck pain and the minimum treatment suggested would be to strengthen the muscles from your head to your bottom. It would only be cause for concern if over a long period as this may indicate pressure on the spinal cord which might require widening the hole, but painkillers and exercises could be the answer.

Thank you, Mr. Elias, for putting many people's mind at rest.

Editor

PMG UPDATE

Staffing – we are employing two locum GPs to cover for Dr Eloise Scahill and Dr Leigh-Anne Bascombe who will be going on maternity leave in June/July.

Dementia Support Service

Following discussions with Dementia Support Manager, Alzheimer's Society, Pulborough Medical Group now has a dementia support clinic which runs bi-monthly on the third Tuesday. Appointments can be booked via reception; the clinics are a dementia hub service and patients from neighbouring practices at Loxwood and Petworth are also able to refer their patients to be seen by the Dementia Support Worker.

This service provides one-to-one support to people with dementia, their carers and family members. It is unique to your personal circumstances and the information and support you need. A Dementia Support Service may provide you with information and practical support to help you understand more about dementia and to live well with dementia.

The service aims to ensure that you:

- have accurate, clear, relevant and useful information
- feel you understand more about dementia and your diagnosis and have an improved knowledge of living with dementia
- feel you know of other services available to you and have been enabled to access other support services
- feel less isolated
- feel supported to maintain independence, make choices and be in control of your life
- feel you have been listened to and that your questions have been answered adequately
- feel that the service has helped you at difficult times to prevent crisis situations
- feel empowered to have accessed and built wider support networks
- feel you have learnt better coping strategies.

Dementia support is provided by paid dementia support workers who do not carry out the same role as social workers or community psychiatric nurses, but may complement their work.

We will continue to support you until we have met your support needs and carried out agreed actions. You can come back to the service anytime in the future - if your situation changes or you are in further need of dementia support. You can also telephone our National Dementia Helpline on **0300 222 1122** if you require any information related to living with dementia.

To use the Dementia support service, you must:

- live in West Sussex
- have a diagnosis of dementia or care for a person with a diagnosis of dementia
- live in your own home or the home of your carer
- be an adult aged over 18 years

A DAY AS A RECEPTIONIST

We never quite know what to expect as a receptionist at a very busy practice as the days vary enormously! We are always the first port of call in the Call Centre and, at times, we have to ask a few questions which might seem that we are being nosy! However, this is so that we can direct a call or a problem to the correct person - this could mean to admin/secretaries or a GP. At times, we have patients asking to see a GP and it is only when we have asked a few questions that we ascertain that they are experiencing chest pain and it has necessitated dialling 999 for emergency services. We are not medically trained, but we do have practice guidelines and always ask the duty doctor if we are unsure.

Every day we deal with so many different queries, whether on the phone or when on reception, which can be anything from sad to happy news: from a patient suffering a serious illness learning they are now in remission - receiving distressing news of recent tests - or the birth of a baby. We receive calls from family members that a patient has passed away, often someone with whom we have been speaking over several months, which can be very hard for us. We hope that we give the patient or family member the time they need and that we listen and pass on any message to their doctor if they need us to.

Being a receptionist can be very rewarding and we all enjoy our work as we meet and talk to some wonderful people. Sometimes they get impatient with us, but it is possible that we are still dealing with something for the previous patient or the doctor has asked us to sort out an urgent appointment, so please be 'patient' with us as some patients need a little more of our time.

We hope we don't see you here but, if we do, we hope you will find us all happy to help you.

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