MESSAGE FROM OUR CHAIR

A belated happy new year to you all. Over the year we have seen many comings and goings at PMG, and during the early part of this year we will be saying a fond farewell to Dr Tim Fooks. Tim has been a doctor in Pulborough since 1992 and has supported PPL 100% since its inception, attending most of our meetings, giving us answers to our questions, supporting us in finding excellent speakers for our open meetings and giving detailed updates on the working of the PMG and NHS.

I know you will want to join me in saying we wish him and his wife Sarah every success and happiness as he moves on to new adventures, starting with becoming High Sheriff of West Sussex for 2020/2021.

The PPL committee meet every other month throughout the year and hold three open meetings in the Pulborough Village Hall during the year. These are very well attended with numbers being over 80 to each meeting during 2019, thank you for your support. It is also very encouraging that we are now getting requests from our members regarding topics for these valuable events.

During this year we have been mainly involved in keeping you up to date with the developments of a rural hub to be placed in Midhurst. Dr Emma Woodcock, senior local GP and Clinical Director for the Rural North Chichester Primary Care Network and Cheryl Berry from Health Watch have attended several of our meetings to give us updates on the progress of this venture which we have been able to pass on to you via emails or notices of meetings to be held either at PMG or in Midhurst. We will continue to keep you informed as we hear of further developments.

Thank you for your continued support - by coming to meetings, by receiving printed copies of the newsletters, by donations to our work, by delivering newsletters or by helping at our public meetings.

Alyson Heath

…. AND REMINISCENCES BY A PREVIOUS CHAIR

Often when I sat in the waiting room at PMG the screen recorded that Dr. Tim Fooks was running 15 minutes late. This was a reflection of the caring and sympathetic approach that Tim adopted to all his patients, even though there were probably about 2,000 on his list.

A few weeks ago the partners of PMG agreed a mission statement for the Practice and all its staff. It is the embodiment of all that Tim included in his work as a doctor and as the senior partner.

I first became aware of Tim's involvement in the community when he took the responsibility of a GP representative on the Board of West Sussex Primary Care Trust. I was a patient member of the Board at the time and we were involved together on clinical governance and on the North East/West Sussex Review of services in 2009. Tim took a particular responsibility for looking at children's services, reflecting his own special interest in paediatric care.

It was about this time that I agreed with Tim to play a part in the PPL. This established the PPL as it is now, and it is Tim's commitment to it that gives it strength. He has attended most of its committee meetings and that commitment is essential to its credibility, not only to the patients generally but also to the partners and staff of PMG. The active role of the PPL in the Practice contributed to the award of Outstanding from the Care Quality Commission. This was also a reflection of the work that Tim had done with Alan Bolt to improve the smooth and caring running of PMG. From the time when the two GP practices in Pulborough merged Tim has been the leader – leading the care for his patients, but also in his responsible role in the wider community. We wish him well. I know that whatever he does will earn his full commitment.

Stuart Henderson

We are most grateful to our advertisers for sponsoring our newsletters.

NEWSLETTER NUMBER 52 FEBRUARY '20

Pulborough Patient Link

pulborough patient link

- your voice in local health

Our next Public Meeting will be in Pulborough Village Hall on

Monday 2 March

when the talk will be entitled

MENOPAUSE MATTERS

by Dr Katie Armstrong
MBBS MRCGP DFFP DCH

7.00 pm Talk – approx. 8.30 pm

Refreshments and Raffle Draw

CARE FOR THE BEREAVED

Bereavement, sadly, is something that affects all of us at some time or another. How we deal with it is very personal and individual. Some people go into their shell, some put on a brave face and soldier on, others keep busy and stay out of the house as if to deny anything has happened, at least for a little while. Everyone acts differently.

How we help someone who has been bereaved is also very personal and individual. Remember it is *the bereaved person who matters and their thoughts and feelings,* not yours. Maybe you didn't particularly know the person who died but it is not your feelings that matter, it is the person in front of you. It is immaterial who or what that loss is - it could be a spouse, a child, any family member, friend, pet - or even someone's home, career, health. For instance, if you have just been given very bad health information that is life limiting, that is a bereavement of any future. Some people do not recognise forms of bereavement other than close family, but it is how the person you are talking to feels that is important, not the reason for their sadness.

To help someone who is very recently bereaved can be difficult. You feel embarrassed, lost for words, don't know what to do. Just stay calm and tell them how sorry you are and ask if you can do anything to help. Probably they will say there is nothing, but just offering a cup of tea or to take them shopping, or get them some shopping etc. gives them some human contact. That is what they are missing at that time. If they want to talk, listen. If they cry be ready with a tissue and don't get embarrassed. Sometimes something will just trigger the tears. Just be there for them. Let them work through it. It happens to lots of people at odd times. It's normal.

After a death there are a lot of official things to get through and also of course, the funeral. All these things take a little time and keep the person busy. Most feel they are in a fog – the days just disappear. But once the funeral is over and relatives have gone back home and they are maybe alone, possibly for the first time for many years, that is when the loss really hits. That is when it is useful to be around. Remember they are the same person they were before and do not avoid them because you are unsure of what to say. Phone them just to say hello, invite yourself to pop in, or invite them out for a cuppa - anything so they know they are not forgotten.

They may feel more able to talk now - listen. Take your cue from them. If they want to talk about their loss, join in. Or if they want to talk about anything and everything else, then let them. It is their way of being 'normal' for a short while. If appropriate, suggest they may want to talk to a counsellor, which can be arranged through the GP or privately. Everyone reacts differently to grief. It can take many months or years before that person feels able to 'move on'. Patience is the key.

At Pulborough we have the Bereavement Support Group, locally known as the "Sunshine Group" which is the name one of our members gave us as he said we cheered people up. A lovely accolade. It is a self-help group and very welcoming and friendly. Information can be obtained from the Medical Centre Reception and everyone is welcome. We don't talk about bereavement in the group – it is the elephant in the room. Members want to 'escape' for a while and be more their old self.

However, if anyone wants to talk one to one, you can contact us to arrange this. We meet on the 2nd Tuesday of the month at the Pulborough Medical Centre at 2pm. (except for June and December). Alternatively, you can contact me or my colleague for a chat.

Sue Jahan, Joint Group Leader,
Pulborough Bereavement Support Group
Useful contacts: Sue 01798 813330
Mary-Anne 01798 813306

—o-O-o—

Cruse Bereavement Care Counselling
0808 808 1677

—o-O-o—

Our local **Community Care Association** also offers many groups which may be of interest - see **www.pdcca.org.uk** for more detailed information.

The **Silver Line** is a 24/7 national helpline service (started by Esther Rantzen) for older people who feel lonely or isolated, contactable on:

0800 4 70 80 90

PMG UPDATE

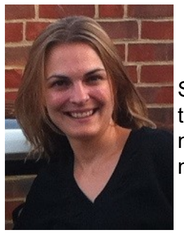
FLU CLINICS

I have received a lot of feedback from both patients and staff regarding the decision not to send out flu reminder letters last Autumn. We wanted to be 'green' and consider the environment, so we sent out texts and e-mails to patients instead. I have compared the figures from the previous year to see if this decision has had a detrimental effect on the uptake.

In 2018 we sent out 5200 invites to patients and 75% were vaccinated. 4100 patients have so far had the flu injection out of an eligible cohort of 5300, which is 77% - a slight increase on 2018/9. We are still vaccinating patients, so this figure will increase. Therefore we do not intend sending out letters this year; however we will do more to promote the times of the clinics as, on reflection, we felt this could be improved.

NEW TELEPHONE SYSTEM

We also had a new telephone system installed in December, which includes call recording. There were a few initial teething problems, but we hope that calls are continuing to be dealt with efficiently by our reception team. Please contact me if you have any comments about the new system.

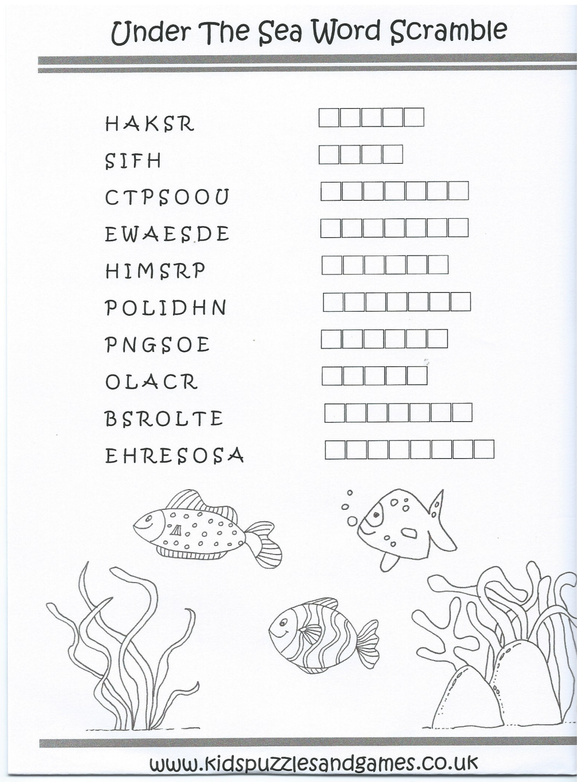


NEW PARTNER

Staffing-wise I am pleased to announce that Dr Eloise Scahill will become a Partner at PMG following Dr Tim Fooks' retirement in March.

We are looking for a doctor to replace Dr Fooks, but in the meantime patients registered with Dr Fooks will be allocated between the remaining Partners on his retirement. If you have a preference please either write in, telephone or call in at reception and we will do our best to accommodate your wishes.

Liz Eades
Practice Manager



Membership/Donation enquiries to:
robbier311@gmail.com or via PMG Reception
Newsletter/Public Meeting suggestions:
lae@ianellisassociates.com

"JUST A GP" - THE CHANGING TIMES OF GENERAL PRACTICE

by Dr Tim Fooks

Some years ago a patient presented to me with abdominal pain and headaches for which neither she nor I could find any explanation; but the pains were very severe and so I asked first one and then another consultant to see her in our local NHS hospitals. A year later, and when still no-one could find an answer, she went to specialists in London who put her through many further tests. Unfortunately, the pains continued without a cause being found and, three years down the line, we sat down in my consulting room for a review. "I'm sorry," I said "that despite all these tests I haven't been able to find out what has been causing you all this trouble". "Don't worry", my patient said with a sympathetic smile, "you're just a GP!"

For a moment I thought she was teasing me (or worse), but I quickly realised that she was reminding me, quite correctly, of the significant differences there are between the role of a doctor working in hospital - with all its 'on-tap' scanners and complicated equipment - and one who works in a practice in a moderate sized village in the middle of West Sussex. Indeed, as a way of practicing medicine, General Practice continues to fascinate me, and I have found it to be a very fulfilling role based upon the basic tenets of compassionate patient-centred care and multi-disciplinary teamwork. However, as you would imagine, in 28 years there have definitely been some changes in the way the job is done; in this article I have set out to describe just a few, both in terms of the local picture but more generally as well, with the most obvious being our premises.

When I started in 1992, my surgery was in 95 Lower Street, previously a bakery and now a funeral parlour. When we merged our practice with Barnhouse Surgery in 1999 we expected to move into new purpose-built premises after a couple of years, so a number of temporary arrangements were made. These included linking the IT systems in each building with a microwave which was beamed across the public car park. 2 years turned into 7 and the microwave connection stopped working, making running the practice exceptionally difficult. After many weeks and many bewildered experts, we realised that we had been in the same buildings for so much longer than expected that trees had grown up along the side of the car park, effectively placing 'leaves on the microwave line', blocking the signal.

Finally, the new Primary Care Centre, which is not owned by the GPs, was opened by Hugh Wyatt, the Lord Lieutenant, on August 6th 2007. It proved very successful as a place to deliver medical care, with enough space to link together the whole team including our GPs, community nurses, health visitors and pharmacy. We now had room to provide training for all these disciplines, a minor surgery suite to operate within and, next door, a supermarket to feed us and provide parking for our patients. We did query the one access road between the two sites with the planners, but we were assured that only one or two lorries would arrive a day – that 2 is now 12!

The new building brought about many changes in the way we worked. All of our outreach clinics in the front rooms and halls, that had been dotted about the 150 square miles we cover, ceased (patients had stopped using them). Through the help of the Community Association a community car scheme was set up, enabling more elderly patients to come to the surgery where conditions such as leg ulcers could be much more successfully treated.

But one of the most significant changes was in the provision of medicines. Back in 1992 we had a small dispensary in Lower Street where our dispensers were allowed to mix up all sorts of emollients with a touch of flowers of sulphur here and white soft paraffin there. Our doctors' bags were full with antibiotics, painkillers, pills and injections, including opiates, enabling us to deal with almost any emergency from a heart attack to delivering a baby. Patients were rarely on more than 4 medicines, with antibiotics used 'just in case' on a regular basis. Drug company representatives frequently visited us and the practice was awash with pens, pads and other promotional material encouraging us to prescribe their named product.

It is all very different now. Our ageing population (currently 30% are over 65) is more medicated than ever, and the pharmacists, working with us and in the excellent on-site pharmacy, have a crucial role in ensuring patients are able to take their myriad drugs reliably. Hundreds of patients receive their medicines within a Dossett box, with many more having them delivered to their home. Doctors' bags are empty apart from a stethoscope and gloves, and opiates are locked away and very carefully controlled; antibiotics are avoided wherever possible, as the reality of antibiotic resistance becomes widely understood; drug companies can support us with educational events but, nowadays, we buy our own pens.

Of course, developments in medical science have also created huge changes over the last three decades. There are too many to list, but the range of vaccines now available to keep us, our families and our communities protected from infection - and even cancer - is extraordinary. Heart attacks are much less likely to be a cause of death due to the introduction of statins. Many cancers, but not all, can be cured or held at bay for many more years using drugs which manipulate our immune system.

At the end of life, the development, about 15 years ago, of a fully co-ordinated palliative care service which linked together our practice, the community nurses and the domiciliary Macmillan service changed dramatically the number of patients and their families who were able to choose to stay at home. As one relative said of the service, "you have shown us a new dimension of healthcare".

However, the art of being a good doctor is not dependent on the latest changes in medicines and medical care, but on three characteristics which I remember first reading in 1991. They were: to be approachable, to listen and to get something done. And, after 28 years working and living in our area as just a very fortunate GP, I hope that these are the principles that will never change.