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**AUTUMN 2012
NEWSLETTER
Number 22**

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Dr Peter Venn

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Pulborough Village Hall

Monday 29th October 2012

Doors open 6.30pm

Talk 7.00 – approx. 8.30pm

Refreshments and Raffle Draw 8pm

Update from Corden Pharmacy.....

HELLO from us all at CORDEN PHARMACY. Autumn is upon us so we would like to take this opportunity to update you on our services.

OPENING TIMES

Monday to Friday	8am to 7pm
Saturday	9am to 2pm
Sunday	Closed

FLU VACCINES

We are pleased to be able to offer private flu jabs for those people who do not qualify for one on the NHS. Appointments will be available and you will be asked a few questions at the time of booking to ensure that you meet the criteria of Pharmacist led clinics. Please ask pharmacy staff for information.

WHAT HAPPENS TO MY REPEAT PRESCRIPTION REQUEST?

Whether you request your medication by phone, voicemail, in person or on 'my repeats' your request is passed on to Pulborough Medical Group for processing. Requests left after 11am will take a full three working days before they should be ready for collection. Sometimes this may be a little longer if we are having problems sourcing stock.

When you order medication it is processed as follows:

- 1 Repeat request ordered
- 2 Request passed to PMG
- 3 Script room staff process, referring any items that require re-authorising to the GP (YOUR MEDICATION IS REGULARLY CHECKED AND RE-AUTHORISED BY YOUR GP)

- 4 GP returns re-authorising to script room.
- 5 Scripts are issued and sent to GP for signing
- 6 Signed scripts sent to Corden Pharmacy for ordering, labelling and dispensing, unless you request to collect the paper script only
- 7 Items ready for collection

NEW PHARMACIST

We are delighted to welcome David Howells to our team of pharmacists. David has completed his pre-registration year here at Corden and is now a fully qualified Pharmacist.

REMEMBER.....Our pharmacy team are here to help, especially if you feel you don't know whether to bother the doctor. They will refer you on to your GP if appropriate.

CHRISTMAS

Can't find what you are looking for? Come and look around if you need some new ideas.

...and keep an eye out for our opening hours during the Christmas and New Year period

Sue Oliver - Superintendent Pharmacist

--0-0-0-0-0--

NEWSLETTER ARTICLES

Hopefully you have found this Newsletter of interest; each edition is reaching increasing numbers of patients as more become members of the PPL.

If you know anyone who would like to receive the Newsletter, please let PMG Reception know.

Any topics you wish to see included or any comments? Please drop a note in to the medical centre marked for the attention of the PPL Newsletter Editor – we would much appreciate your input.

EIGHT CARE-GIVING MAXIMS FOR DEALING WITH PERPLEXING BEHAVIOURS

- Don't try and stop people with dementia from doing something just because it isn't being done 'properly'. Don't take over – give them time to do things in their own way and at their own pace.
- People with dementia understand far more than they are ever given credit for. Take care what is said in their presence and don't exclude them from conversations or decisions. Exclusion of any kind can produce anger.
- Bossiness is Just Not On. It's very easy to confuse 'caring' with 'controlling' and nothing winds up any one of us more than the sense that someone else is controlling our lives. And if the person we're caring for can't find the words to protest, then resistance or aggressive actions will ensue. So walk away, try again later or distract with music of their taste.
- Ask the question 'Who is it a problem for – the person with dementia or us?' If it's us, we should just let things ride. Does it *really* matter that he wants to go to bed with his trousers on, eats mashed potato with her fingers, says there are little green men in the garden? Don't scold, argue, contradict or try to make things 'normal' again – you'll only exhaust yourself. Go With The Flow, however bizarre it seems.
- Preserve their autonomy for as long as possible by giving them choice (e.g. what clothes to wear – and not the whole wardrobeful, just between 2 garments!) Celebrate what they can still do, rather than bemoan what they can't. Is the bottle half full or half empty?

- There's nearly always a reason for perplexing behaviours – often something/somebody in the environment or events in their past history. Try to spot the cause and change it if possible. 84% of people with Alzheimer's misinterpret what they see in their environment.
- If they can't enter our world, we must enter theirs and affirm it. Be prepared to time-travel backwards into their personal history and enjoy fantastic adventures with them in *their* 'real' world instead. If we have to indulge in a few evasions – such as answering the 'fact' that "I need to go home and make the children's tea" with "What's their favourite?" – when was it a sin to make someone happy? Failure to recognise an elderly family member, or confusing generations may be because the person with dementia is living in their head many years ago.
- Look behind the illness and reach out to the frightened person still in there who needs to feel secure, respected and cherished.

Barbara Pointon

This is part of the most excellent presentation that Barbara gave at our last public meeting in June. The complete (28 page) presentation can be found at www.pmgdoctors.co.uk, and then by clicking on the PPL News section of Pulborough Patient Link, and it is listed under the title 'Helping People to Live Well with Dementia'.



**pulborough
patient
link**

- your voice in local health

Pulborough Bereavement Support Group

Pulborough Bereavement Support Group was started about 9 years ago by Mary-Anne Elliker, who was then one of our Community Nurses. During the course of her work she met many people who had lost a loved one. For weeks, months, even years after bereavement, isolation and loneliness can set in. When someone is at their lowest ebb, they then have to pick themselves up and start a new chapter in their life.

Often people are offered counselling, but many refuse not wanting to talk to a stranger. The Support Group is a self-help group - somewhere where people who find themselves in similar circumstances can meet up and just make contact with others, knowing that everyone present understands, to a degree, how they feel. It is a gathering where everyone can feel safe in the knowledge that what is said in the meeting stays in the meeting. We treat everyone's feelings as if they were our own.

It is not a sad group; in fact it is very cheerful – which sounds odd, but we don't talk about bereavement. That is the elephant standing in the corner – we all know it's there so we have no need to mention it. Of course if someone wants to talk about anything privately on a one-to-one basis with another member, that is their decision. Mary-Anne and I are always there to listen and help if we can.

It is a very casual meeting lasting about 2 hours, held once a month. We sit around and have a cup of tea or coffee and a piece of homemade cake, and generally have a good chat. We try to find a speaker to give us a short talk about any subject that might be of interest to all. We don't always manage this, in which case we just have a good tea party!

Every summer we go out as a group for afternoon tea, and every Christmas we have a special lunch nearby. For the past two years we've been to the Crown in Cootham which has put on a very good spread for us.

In addition, I organise coach outings throughout the year using Roadmark Travel, and we go all over the place on day trips. It gives people who are by themselves the chance to go to various places with friends. Recently we have been to the Tower of London, Blenheim Palace, Kensington Palace, Leeds Castle and Buckingham Palace to see the Diamonds exhibition - plus many more.

Many lasting friendships have been made at the group, and we tend to look out for each other, offering support and advice if needed.

You can find us on the 2nd Tuesday of every month at 2pm on the ground floor in Pulborough Medical Centre – turn right through the double doors and we're last room on the right. The only exceptions to this are June when we go out for tea and December when we go out for lunch.

Anyone who has been bereaved is very welcome – it doesn't matter when this happened - recently or years ago. You don't need to be referred by a doctor or nurse, although many are - just turn up or leave your name, address and contact phone number at the Surgery's Reception Desk marked 'For the Bereavement Support Group'. We will pick up the messages at the monthly meeting and contact you.

The first step is the most difficult, but you can be assured of a warm welcome. There is no need to feel alone; come to a meeting and make new friends.

Sue Jahan - Joint Group Leader

Chairman's Note

Camilla Cavendish wrote in *The Times* recently that 'unless the NHS becomes dramatically more efficient, care will get dramatically worse'. We are now at the point when these changes must begin to be implemented. Within the next few weeks Coastal West Sussex will become an authorised statutory body and, by the end of March next year, the old PCT system will have gone and been replaced by a new system which still requires legislation to complete the structure.

The majority of the savings have to come from the way the acute hospital services are used and misused. A greater proportion of the budget has to be diverted into providing improvements in care in the community, especially for the elderly, and for those who suffer long-term conditions like diabetes. Wherever possible, these patients should not be attending acute hospitals like Worthing and St. Richards. Then the acute services have to be better organised – based on providing better patient care in fewer specialist units where more experienced clinicians and equipment can produce better results. This will mean closure of some services in the present hospitals and indeed some hospital closures. It will mean patients facing longer journeys for better treatment.

Some of the proposals and targets are, in my view, aspirational – like cutting £20 billion from the total NHS budget. However, there are also wide variations in the quality of care provided so, while the economies are needed, it is even more necessary to identify the best services. The new Secretary of State, Jeremy Hunt, faces the challenge of making what many believe to be unacceptable to be the best way of providing a more efficient and economic NHS.

This must affect us. So far the unification of St. Richards and Worthing into one Trust has not delivered significant savings or improvements. Some of the community hospitals are small and antiquated, comparing badly, for example, with Horsham Hospital. So I hope that when changes are put forward the public and the politicians will analyse the argument for change rather than making an immediate knee-jerk reaction.

Stuart Henderson

The Work of the PPL Committee

I am often asked what the Committee does and whether membership is worthwhile.

Most of the committee members have a role – membership, finance, advertising, etc. – and we all work to make the public meetings a success. However, every two months the committee meets and discusses with Dr. Fooks and Alan Bolt, the partnership manager, developments of the PMG services and their performance. We mention problems that patients have raised with us and which are of general interest. The telephone and appointments arrangement system is constantly under review and, at present, the Practice is aiming to improve the way calls are processed so that patients can be looked after more quickly. These and the Netbuilder patient experience system are subjects on which committee members have expressed concerns and supported efforts to improve the way patients' concerns are met.

The Committee does need new members so that some of us who have made a contribution over several years can move on.

Can you help – it is interesting and worthwhile; do please contact me, Stuart Henderson, on 01798 812017.



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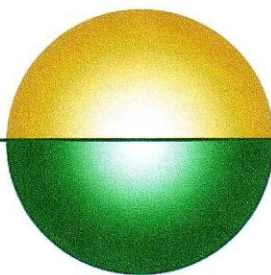
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A DIFFERENT DAY IN THE LIFE OF A PULBOROUGH GP

Rowing in the Queen's Diamond Jubilee River Pageant

On June 3rd at 2.30pm the Steam Locomotive, 6201 Princess Elizabeth, stationary in the centre of Battersea Rail Bridge, blew its whistle long and hard thereby announcing the start of the Queen's Diamond Jubilee River Pageant. Immediately there was a tremendous response from the horns, whistles and klaxons of a vast range of vessels and, slowly and majestically, the 18-oared royal barge Gloriana

made its way to the head of the 1000 boat flotilla. Then, with the crash of oars and colourful bunting fluttering from every possible attachment and a myriad of cox's' commands, the



man-powered vessels began their 5 mile procession: the nation's nautical celebration of the Queen's Diamond Jubilee.

And, just behind the Gloriana and its three smaller sister barges, was the six-oared fixed-seated Thames Waterman Cutter in which I was fortunate to be rowing for the Worshipful Company of Leathersellers. This Company is one of several ancient City Guilds that had elected to play a part in this very memorable and unique (in our lifetimes) occasion. Although many Livery companies retain links with the trades from which they take their name, some, like the Leathersellers, are also significant grant-making trusts and continue

to fulfil an important role in the maintenance of the City of London as a centre for global trade. Each Livery Company is granted a Royal Charter (the Leathersellers' dates from 1444) and, therefore, the links with the monarchy are strong. Some of the senior twelve Livery Companies had dignitaries on a motorised vessel further back in the fleet, but the Leathersellers were delighted to participate in a more energetic manner.

And so at 9am that morning, the crew of 6 Liverymen, the Master, the Clerk and the Beadle gathered at Mortlake Boat club to prepare



our 30 ft vessel for the day ahead. By 11am we were on the water and began the 5½ mile row to the start. It was a rather grey day with the constant threat of rain; however, on the water, the weather wasn't

important; everywhere you looked there were wonderful boats of every description.

Cutters with glazed cabins decorated with intricate gilded carving and manned by uniformed oarsmen, mixing with Maori canoes, kayaks, wherries, skiffs, gigs, gondolas and even a pirate longboat with imitation cannon on its bow. Robin Hood and his merry men somehow made an appearance and rowing clubs and water based organisations of every description seemed to be represented. As we made our way toward the start, we moved down through the lines of motor vessels due to follow us down the river. With every

stroke we were powerfully aware of the fabulous sense of bonhomie that has gone on to be such a feature of this incredible summer.

Once we were in our holding positions, the final preparations were made to ensure the Queen was safely installed on the Spirit of Chartwell and then, with the wind whipping the steam away from 6201 Princess Elizabeth, and the ever-increasing sound of



the huge cheering crowds, we started to follow the peeling church bells down the river. As planned, once we were through Prince Albert Bridge, we stopped to salute the Queen; as one, the crews of every man-powered vessel tossed their oars or paddles to a vertical position – and hoped they were not going to capsize! It was a dramatic sight and a surprisingly moving testament to the affection in which the Queen is held.

However, there was no time to meditate and, with the sight of a horde of vessels behind us, we set off behind Gloriana at a steady 4kn to the cheers of the thousands of onlookers hanging onto every possible viewing point along the river side.

5 miles later we came through Tower Bridge and the official end of the Pageant was 200 yards further downstream. At this point the Easterly wind picked up markedly and the rain fell heavily and horizontally.

There were still 4 miles to go to return our cutter to its home in Deptford but, thankfully, the river current was still being controlled by the closure of the Thames Barrier. It was certainly a good moment when we



finally reached the slipway that marked the end of the hard work, but all of us were aware that we had taken part in something unique, worthwhile and unforgettable.

And it was certainly different from the day job!

Tim Fooks

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Mental Health/Temporal Lobe Epilepsy

I developed anorexia as a shy thirteen year old having become severely depressed due to a series of distressing events – my uncle’s suicide, my grandfather’s death (caused largely by depression over the loss of his son) and also my father’s depression following redundancy. I had never experienced the death of a close relative before and became scared that I would eventually lose everyone I loved.

It began when I put myself on a Weightwatchers Eating Plan that my mother was following. As my weight fell I finally felt there was something in my life that I could control. Although I got thinner and thinner, the person I saw when looking in the mirror was still huge, and I was convinced no-one would ever love me if I kept putting on weight. I tried to keep my eating habits secret – skipping breakfast, throwing away packed lunches and wrapping food in tissues to throw away when my mother wasn’t looking. I also exercised obsessively, weighed myself constantly and became obsessed with cooking for other people, never eating any of it myself.

Despite my anorexia I worked hard at school, getting ten GCSEs and A grades in A-level Chemistry, Physics, Maths and Further Maths. By now I had developed bulimia nervosa as, in order to have a social life, instead of avoiding food entirely, I secretly vomited in the toilet after meals. Now I was eating again, my weight returned to a normal level, but my chaotic eating habits continued while I completed a BSc in Mathematics and a Masters in Medical Statistics.

I then worked as a medical statistician for a leading pharmaceutical company in Middlesex for three years, but in 2001 had a nervous breakdown due to my illness and work stress and returned to live with my family in West Sussex. Now that I was unemployed my mental health deteriorated further. I felt that life wasn’t worth living and that my family would be better off without me. So on 7th October 2002, aged 26, I told my family that I was going swimming, but instead drove to Worthing where I jumped from a multi-storey car park.

I had massive blood loss and multiple fractures to pelvis, limbs, jaw and ribs, damage to my liver, one kidney and one lung, plus a head injury. Worthing A & E performed emergency surgery to reorganize me and next day I was transferred to Hurstwood Park Neurological Unit for emergency brain surgery. A week later I was taken back to Worthing where I remained in a coma for six weeks, eventually regaining consciousness, but remaining on a ventilator with a tracheotomy, unable to speak, move, eat or reorganize anyone for 3 months. After Christmas I was transferred to Southlands Hospital for rehabilitation where a team of psychiatrists, psychologists, physiotherapists and speech therapists treated me. The left temporal lobe of my brain was damaged, but fortunately not the centres controlling speech and movement, meaning no permanent paralysis or loss of verbal communication like so many other head injury and stroke patients. In March I was finally discharged to receive further care in the community. Although very distressing for both me and my family, this failed suicide attempt finally gave me the motivation to tackle my eating disorder. Once well enough, I received cognitive behaviour therapy at St. George's Hospital, Tooting, which was brilliant and helped me to develop a far healthier attitude to food.

As well as the excellent treatment I received at Worthing, Hurstwood Park and Southlands, I also had great support from Pulborough Medical Group and from my psychiatrist who I still see there regularly. I now eat healthily and my temporal lobe epilepsy (due to electrical impulses bouncing off scarred brain tissue) is fully controlled by medication. Fortunately, the epilepsy had been diagnosed by my psychologist when I described to him the scary flashbacks of my suicide attempt.

Life still is far from perfect but I feel far happier and healthier now than I did before my fall. Unfortunately, aged 35, I still live with my parents, unable to find permanent employment, but at least I do now hope that one day things may improve – after all, I never expected when leaving hospital nine years ago that I would get this far. I still worry about the future – it is hard enough at the moment for anyone to find work, and even more so for me as I lack confidence after a long career gap. I also feel uncomfortable explaining the gap to

employers because a great stigma still surrounds mental illness, head injury and epilepsy.

The symptoms of epilepsy are widely misunderstood – the word ‘epilepsy’ generally evokes images of someone collapsing with uncontrollable muscle spasms. Most lay people do not understand that the symptoms vary depending on which part of the brain is affected. The temporal lobe plays an important role in organizing input to the brain from sense organs, auditory perception (the interpretation of sounds received by the brain from the ears), language and speech production, as well as memory association and formation. Possible symptoms of temporal lobe epilepsy include temporary absences (total lack of awareness of surroundings), tiredness, flashbacks, hallucinations, déjà vu experiences and memory loss, all of which I have experienced – but there are many others. However, epilepsy can often be totally controlled by medication. I have been seizure-free for over five years. Although areas of my brain are damaged, I was young so my brain could develop new pathways, and most of the initial symptoms have now subsided. Although I do still have slightly impaired short-term memory and take longer to learn new skills, I can deal with this by writing lists and by learning complex new skills through written rather than verbal instructions, allowing me to absorb them at my own pace – for example, I have just completed an AAT Diploma in Accounting.

So instead of dwelling on my problems I try to remind myself that things could have been so much worse – but being a perfectionist I will never consider it to be good enough!

In these stressful times mental illness is very common, but people should not be ashamed to admit they are suffering or to consider it a sign of weakness – instead they should discuss it with their doctor and be proud of themselves for having the determination to fight it.

Doctor 'Vignettes'

*To try to help improve clinical contacts with our new GP and with our new Trainees, we asked them half a dozen questions – and start with **Dr. Carole Campbell** who began working in Pulborough at the end of August on Wednesdays, Thursdays and Fridays.*

What made you want to be a doctor?

At school I enjoyed both science and languages. Both my sisters had studied languages at university so I decided to focus on science. Medicine allowed me to do this in a caring fashion.

Why did you choose general practice and why do you wish to work in Pulborough?

When growing up in Northern Ireland my family doctor inspired me, so I knew even before entering medical school that I wanted to be a GP. My husband and I recently moved to Billingshurst so I was pleased to find a new job closer to home.

Where did you do your medical training?

I studied at Guy's, King's and St. Thomas' Medical School in London, with house jobs and senior house jobs in Canterbury, Lewisham, Worthing and Maidstone. My GP training was also in Maidstone.

What do you most enjoy about general practice?

The variety of general practice and find looking after patients and their families over a period of time very rewarding - I believe that continuity of care is very important.

Are other family members doctors?

My husband is a doctor, but not of the medical variety! Perhaps more relevant is that my dad is a retired hospital engineer.

Do you find differences between rural and urban practice?

The practice where I trained as a GP in Maidstone was quite rural, but my first job as a qualified GP was in Lewisham. There are many similarities; however, deprivation can sometimes play an important

role, particularly in urban practices. In Lewisham all of my home visits were within walking distance, but I see that the Pulborough catchment area is much bigger!

Do you have a special medical interest and if so could you say what in particular attracted you to it?

I felt that dermatology didn't receive the attention it deserved in medical school, especially given the number of patients in general practice with skin conditions, and two years ago I completed a diploma in dermatology from Cardiff University. Although not calling myself an expert, I enjoy managing patients' skin conditions and hope to build on this foundation.

What hobbies do you have?

Last year I became a parent for the first time and my young son keeps me busy! I also like to go running with my husband and my dad as my parents now live not far from us. I ran the Alf Shrubbs 5 mile cross-country race in Slinfold two years ago and am contemplating trying it again this year.

These same questions were put to Drs. Ray Ghazanfar (fulltime trainee until 6th August next year), Sam Sewell (she is a part-time trainee and will be at PMG until August 2014) and Christina Windler (integrated training post for 4 months, spending 2 days a week in Pulborough with the remainder doing paediatrics at St. Richards) and they have also kindly told us a little of themselves.

[Dr. Tim Crane will follow Christina, also for a 4 month period.]

Ray Ghazanfar

- 1) As a child I was in awe of my distant uncle, a neurosurgeon, and there were other doctors in the wider family - their stories of human foibles and courage in the face of physical frailty left an indelible mark. Later I was inspired by our family doctor and saw myself as a country GP in his mould.

- 2) After a few days in general practice I recognised that I had found my vocation, one that suited my personality, interests and experiences and enjoyed my 4 months in Pulborough last year.
- 3) Having studied medicine at Guy's & St. Thomas' hospitals in London and a BSc in Psychology as applied to Medicine at Guys, I spent several years as a junior doctor in surgical specialties, teaching medical students anatomy at Guy's and undertook medical research in the Ph.D. programme at Imperial College.
- 4) The human condition, in all its rich and varied forms enters your consulting room. As a family doctor it is a privilege to be entrusted with another person's private concerns, their thoughts and fears and to use one's training and experience to help.
- 5) The wider family included two GPs, an ENT surgeon and a Neurosurgeon. My father-in-law is a retired GP and my wife a consultant anaesthetist at the Royal Marsden.
- 6) There is a richness to working in a rural or small town practice. Continuity of care, getting to know one's patients and them you – and generations of one family - a sense of community and communal purpose; these are some of the elements that are more likely to be found in rural practice and enrich what we do in general practice if we choose to nurture them.
- 7) A joy of general practice is that you get to be a generalist, aided by previous experiences. Particular interests are health psychology, older people's mental health, orthopaedics, care of sick children and men's health, all areas of hospital experience.
- 8) My wife and I play tennis, walk, mountain bike, are keen National Trust members and support several charities. My passion is skiing and playing the guitar (a Fender Stratocaster) and I have undertaken treks, most notably to Everest Base Camp and the Galapagos Islands. I enjoy reading, including Confessions of a GP.

Sam Sewell

- 1) I wanted to be a doctor because, coming from a scientific background, I found that although I enjoyed the theory, I missed the human element.
- 2) I chose GP after initially training in psychiatry because I was drawn to the variety, but also the idea of providing continuity of care to people at the many different stages of their lives.
- 3) I trained at Leicester.
- 4) I most enjoy having no idea what is going to come through the door next!
- 5) No-one in my immediate family is a doctor, but I believe there is a distant cousin in Chicago who is an anaesthetist.
- 6) Rural and urban practices are different, more driving for one thing!
- 7) I am especially interested in women's health through the phases of their life, but naturally feel very comfortable with mental health issues.
- 8) I enjoy spending time with my family and try very hard never to miss my weekly spin class (*stationary indoor cycling to music*).

Christina Windler

- 1) I have been very interested in science and wanted to start a career in research; however, during my time in medical school I changed my mind as the clinical work seems to suit me much better.
- 2) My stay here is part of my training rotation. I had not been to Pulborough before but I really like what I've seen so far!
- 3) I trained at the University of Zurich in Switzerland.
- 4) I like the variety of people and medical conditions in General Practice that can make every day so different.
- 5) I am the only doctor in my family.
- 6) I have never worked in an urban practice before, but I am sure this has to be very different!
- 7) At the moment I am trying to get my head around the broad spectrum of General Practice and am interested in everything.
- 8) I love swimming and hiking.

Previous Newsletter Articles

Additional services at PMG: Autumn 2011
Alcohol Addiction - Addaction in Action!: Summer 2012
Alcohol and us 'What's Your Poison?': Autumn 2011
Appointment time: October 2009
Appointments System: Summer 2010
Aspiring Athlete? – Physio advice: Summer 2012
Blood Pressure – 24 hour monitoring: Summer 2012
Breast Cancer: Spring 2012
Carers 'Accepting Gift of Support': Spring 2012
Carers: October 2009
Cholesterol: Spring 2010
Coldwaltham Village Help Scheme: Spring 2012
Community Nurse – Day in the Life of: Spring 2010
Community Transport: Summer 2007
Computer system – Q & A: Autumn 2011
Continence – Trouble with the Drains: Autumn 2010
CWS Planned Expenditure: Spring 2012
Depression – Crime Scene: Autumn 2010
Dietician – day in the life of: Spring 2005
Dutchman-Bailey NHS Sussex: Autumn 2011
ECG: Spring 2012
Foot (Anatomy article) – The Human Foot: Autumn 2008
Hay fever and allergies: August 2005
Health Care Assistant – Day in the Life of: October 2009
Health Information from the web – Safe Surfing: Summer 2010
Infection Control: Spring 2010
Kids – Medical Comic Books for Kids: Summer 2011
Long-term conditions: October 2009
Medical Student – day in the life of: Spring 2008
Mental Health – Experiences of Mental Health Services: Spring 2011
Netbuilder report: Summer 2011
NHS – All Change Again for the NHS: Spring 2011
NHS – The New NHS: Summer 2011
Osteopath – day in the life of: November 2005
Out of Hours Service - Harmoni: Spring 2012
Palliative care: Spring 2010
Pharmacy – What Can Your Pharmacy Do For You: Spring 2010
Physio – day in the life of: Summer 2004

Podiatrist – day in the life of: Autumn 2008
 PPL objectives: Summer 2004
 Prescription – The Journey of a Repeat: Autumn 2008
 Samaritans – David’s Way Round: Summer 2012
 Shingles: Spring 2012
 Skin (Anatomy Article): Spring 2009
 Steroids: Summer 2011
 Swine ‘flu: October 2009
 SystemOne: Spring 2012
 Trainee Reflections on Final Year - Sarah Martindale: Summer 2012
 Travelling abroad: Summer 2011
 Warm – Keep Well, Keep Warm: Winter 2006
 West Sussex Link: October 2009



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