PULBOROUGH PATIENT link

Open Doors at PMG

SPRING 2011 NEWSLETTER

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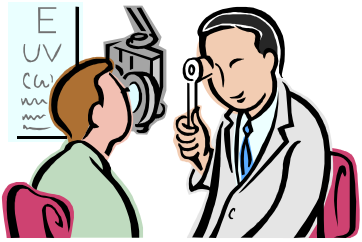
PULBOROUGH PATIENT LINK
invites you to

FOCUS ON THE EYES



Presentation by Mr Sal Rassam

Consultant Ophthalmologist
Worthing & St Richard's Hospitals

Monday March 28th
Pulborough Village Hall
Doors open 6.30pm, AGM 6.45pm
Presentation 7.00pm

Please join us. Seats to be allocated on "first come first served basis"
Refreshments by PPL

Chairman's Notes

Tell us What You Think

Pulborough Medical Group (PMG) believes that honest opinions from patients are essential if services are to improve. All of you will have received the letter from Dr Fooks with the new practice brochure, explaining that computers are to be available for patients to give feedback immediately after being seen at PMG. In the future we also hope to arrange feedback about hospital care and community services This is wonderful news.

Meanwhile, PPL has held a second meeting with patients concerned about PMG services, and again the chief concerns were about the appointments system and access to a preferred doctor. PPL has shared these views with PMG and we believe that these meetings should continue as they help to increase understanding between patients and their doctors.

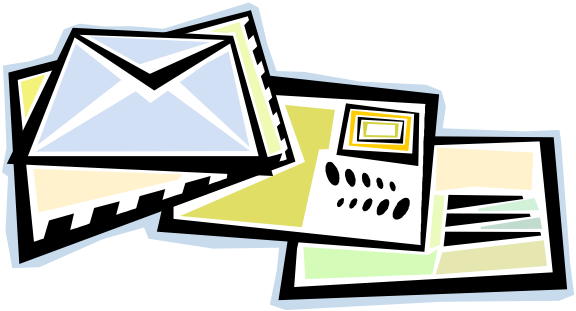
NHS Reorganisation as it affects Pulborough

Elsewhere Gwen Parr has highlighted some concerns being expressed about the reorganisation of the NHS in general. I shall focus on Pulborough where progress is very advanced. PMG is part of the Coastal West Sussex Federation. From April 1st the Federation will operate with limited responsibility to the Primary Care Trust, particularly for finance. Within 12 months it should be legally and financially independent, responsible for a population of around half a million with a budget of about £600 million. The area covered is the natural catchment area for the merged Worthing & St Richard's hospitals. (Western Sussex Hospitals' Trust) which should improve links between hospital staff and the GPs. Dr J Sarjeant is on the Trust Board.

Dr Katie Armstrong, an Arundel GP is chairman of the Federation and there is a senior management team based on the Primary Care Trust (PCT). Steven Pollock, from the PCT

is interim managing director. Individual GPs will be limited in commissioning their own services, which will be the task of the Federation. Experienced professionals will manage the finances but the GPs will be in the majority on the board. Patient involvement will be through a Public Reference Panel whose members come from the GP practices forming the Federation. Two people from this panel will sit on the Federation board. There may be a clash of priorities between the GP groups represented on the Board but whilst this may be a difficulty it is also possible that it will ensure full debate of various proposals and hence emerge as a strength.

The Primary Care Trust will join Brighton and East Sussex PCTs to form a "cluster" to oversee development of GP groups and help with commissioning of acute hospital services. Very importantly, West Sussex County Council will have more responsibility, for together with the new "HealthWatch" it will be the local health service watchdog. WSCC will also continue to be responsible for Public Health and via the well established Health Overview & Scrutiny Committee it will be monitoring all aspects of local health services.
I hope this will help everyone to understand the changes afoot and above all to clarify exactly how these changes will affect health care in Pulborough
Stuart Henderson



Letters

Christmas Holiday

I recently visited a friend who, though ill herself is caring for her seriously ill husband at home. She said that she was impressed by the care they received from Pulborough Medical Group over the recent very long Christmas holiday. There were visits around this time from both Community Nurses and doctors from PMG. Such long holidays do worry those with serious illnesses and I thought this information would be of interest.

Jean Seagrim

Out of Hours Cover:

As Mrs Seagrim indicates, the recent Bank Holidays were very long as both Dec 25th and New Year's Day fell on a Saturday. I am hoping that more patients will come forward to tell us at PPL just what has been their experience with the "Out of Hours Service" when Harmoni provides the cover. My own experience some years ago was not a good one but I understand that great improvements have been made since. We should like to hear how patients fare with these services, so if you have used them recently, please let us know about it.

Comments from David Soldinger (PPL committee member)

PMG Health Guide 2011-12

In the PMG Health Guide 2011-2012, there are two issues which I consider need to be addressed. On page 7 there are details of transport agencies working with PMG. I was very concerned-and disappointed- that no mention is made of the Coldwaltham Village Help Scheme (VHS). A few volunteers run this efficient, effective service. Established 35 years ago VHS it works closely with Pulborough Community Transport, relieving pressure on them for both surgery and hospital trips.

I would have expected a draft of the transport section to have been sent for comments to the Pulborough scheme co-ordinator, (himself a member of our VHS committee), so that such an oversight should not have occurred.

Secondly, there is a worrying contradiction in the advice concerning alcohol. On page 26 advice is to consume alcohol in moderation. However what concerns me is the statement "Enjoy alcohol. It is good for you----". This cannot be consistent with alcohol advice on page 37: "alcohol is a drug that depresses the brain." Clearly, the two statements are in conflict and I am sure the medical team would not wish to send confusing messages. On balance the guide seems helpful and useful but in the light of the omission and the mixed advice about alcohol, I wonder whether the guide contains other inaccuracies.
IJM

Request for more letters
Please write to the editor about any aspect of the NHS, and, of course, the PPL Newsletter. **Your views are very important**. Letters (of up to 200 words), stating your name, address and phone number should be sent to The Editor, Lordings, Station Road, Pulborough, RH20 1AH. Your letters may be published bearing either your name, or if you prefer, simply your initials if you wish your name to be kept confidential to the editor. Please bear in mind that formal complaints need to be made through complaints procedures. Details of this procedure for Pulborough Medical Group will be found in the Health Guide 2010-2011, available at PMG reception desk.

Meet Alan Bolt Our New Practice Manager

There is a link between the rugged Cairngorm Mountains and the gentle slopes of the South Downs. Meet Alan Bolt, the new practice manager at Pulborough Medical Group. For the past three years Alan worked as the Business/Practice manager of Aviemore Medical Group in the Cairngorms. Initially the job was part time but soon Alan was asked to become full time as the practice was expanding into new areas. This change was due to the partners' deciding to provide first rate emergency services in the community for the large number of injuries that happen where skiing, mountain biking and mountain climbing draw many visitors throughout the year. They wanted to ensure that patients could be treated on the spot rather than needing to be taken many miles to the nearest hospital. The organisation of staff training programmes, arrangements for installation of the very best diagnostic equipment and developing a new Primary Care Facility were just 3 of the exciting aspects of Alan's job. When Alan decided to move to southern England to be closer to his family, it was the keen interest at Pulborough Medical Group in the provision of excellent patient services in the community which helped him decide that Pulborough was where he wanted to be.

Born in Edinburgh, Alan was 6 when his family moved to Fiji where his father worked as a lecturer and the family lived for 4 idyllic years before traveling to England, where Alan went to secondary school. When he was 18 Alan promptly joined the Royal Air Force in the hopes of traveling the world. Sadly there were no trips to Fiji from Kinloss where Alan was based for 13 years as a member of aircrew flying Nimrods around the North Atlantic, the North Sea, USA and the Mediterranean. He also spent 3 years flying a desk in Military Intelligence which gave him experience of administration and also some very welcome time to be with his wife and 2 young children. Before returning to active flying duties Alan accepted an

opportunity to leave the service as he felt family life needed him more that the RAF.
Never averse to taking risks, Alan and his wife then bought a hotel and spent 14 years developing a successful business based on good understanding of customers' needs and delightful opportunities to extend their mutual love of good food and wine.

Alan Bolt on Holiday in New Zealand

Flying was still paramount, however, so a job as Chief Flying Instructor, CAA Examiner and test pilot at Inverness airport provided exactly the right opportunities for the next 3 years until change called once again.

They might have been there still had not persistent offers from a determined buyer caused them to move on yet again. After 18 months traveling with his wife Alan set off with his brother

to raise funds for the Highland Hospice by climbing up to the base camp of Everest. For each foot climbed, sponsors paid £1 and in total the two Bolts raised £16,000.

When he began as a practice manager Alan found that the skills gained in his years of owning and managing a business were transferrable in dealing with general practice administration. There can be no doubt that his ability to manage risk and perhaps most importantly his customer orientation would both have been invaluable in managing the innovative programme under way at Aviemore, and it was also a good place to continue to be involved in fund raising for the Highland Hospice.

The determination of PMG to further increase the availability of care closer to patients' homes and to tailor this provision to what patients most need is a real challenge and Alan feels this is just one of the great attractions of his new job. Alan and his wife will now be living close to many in their family, including their only son who is a Mechanical Engineer, although their daughter has taken off to Australia where she works as a doctor and this, of course, provides an excellent excuse for more traveling. Alan will no doubt be able to continue his interest in good food and wine here in Sussex but his other hobby of “Bagging Munroes” means he will have to return to Scotland to push his score up from 68 towards the ultimate of 283. We hope Alan and his wife will be very happy here in Sussex and we look forward to Alan's becoming a familiar face in our medical practice.

PMG News

New Practice Manager

Following the retirement of Liz Coulthard on 31st December 2010, Alan Bolt has now taken over as Practice Manager. (Please see the article on Alan on page 7 of this Newsletter).

GP Trainees

Dr Sara Bella – our third year trainee – is still in post and she has been joined by Dr Sam Sewell and Dr Shahzeb Chaudhry both on four month attachments from December 2010 to end of March 2011. Both these Doctors are in their first year of specialist GP training.

Staff Training

The Practice continues with its programme of "designated protected training sessions" which ensure that our staff are trained in various areas where regular updating is essential, and also that they are able to do this as a team. On 19th January there was a course on Cardio Pulmonary Resuscitation and use of the defibrillator. (All clinical staff are required to receive an update in this training every 18th months. All non-clinical staff must have training every 3 years.) The most recent session on 15th February at Chichester Medical Education Centre was for non clinical staff and covered such topics as patient registration, chaperoning and appointments. For GPs there will be orthopaedic sessions on the spine, hips and shoulders. Nurses and Health Care Assistants will be given development training and the dates for this programme and others in the future will be posted on our website.

Staff Changes

We welcome Natalie Nelson as a full member of our reception team. Natalie has been covering on a temporary basis but has now been given a permanent contract. We are also delighted to welcome two new Practice Nurses – Gail Hadlow and Beverley Richards. These two new appointments will replace those hours lost when Janine Barnes and Wendy Costello left in the summer. Gail and Beverley will also take on additional hours to cover maternity leave for Karen Morgan who is expecting her second baby later this year.

Patient Feedback System

Netbuilder, as you will have seen from Dr Fooks recent letter to all households, is our new computer system designed to allow patients to give us their feedback immediately after appointments at PMG. We hope to have this system in use early in March.

"Gwen, practicing with her favourite tipple, (elder flower champagne; recipe from A Kaiser)

Getting on a Bit

In Horsham District 19% or almost 1 in 5 of us is 65 or over. The Office of National Statistics believes that by 2033, 30% of our district's population will be 65 or over. As Gwen is well over 65 she is looking for good news about oldies and was pleased to read the following account of research conducted at the University of California, Berkley. “Emotional intelligence peaks when people enter their sixties, making then more sensitive and empathetic than younger people. They are also better at seeing the positive side of stressful situations. It appears that their lives centre on social relationships and caring for and being cared for by others”. Apparently it is easier for older people to see that the glass is half full rather than half empty and your editor wonders if that is just because we oldies have had more time to practice with glasses

Experiences of Mental Health Services

Preface

What follows is an account of recent experiences of a severely ill mental health patient in West Sussex. The road to recovery was a long one and in this summary inevitable omissions have occurred. Nevertheless here are remarkable insights into both the illness itself and the important role of the staff of the service and of the methods used, such as Cognitive Behaviour Therapy and group work. A.T. Provided this account in the hope that it would be helpful to others who might have similar problems and we are greatly indebted to this patient for allowing us to publish the story.

A Patient's Journey
By A.T.

Being self employed is wonderful until business declines, which happened to me in 2009. I needed to sell my house which was too big but I could not face selling up, finding a new home and then a move. Anxiety overtook me. I could not sleep, despite sleeping pills from my GP, and I had to decline the few offers of work that came. My GP then arranged for a Community Psychiatric Nurse (CPN) to visit me. Despite her kindness I deteriorated, lapsed into a paralysed hopelessness, unable to look after myself and was grateful when I was admitted to Dove Ward in Crawley Hospital.

Sweltering summer heat worsened matters and increasingly tense, I could only pace restlessly around, beset by panic. A doctor visited occasionally; sitting on my bed and asking questions but I felt like a specimen under a microscope and we had no rapport. I took no pleasure in anything, was unable to co-operate in kind attempts to help me and began to feel suicidal.

Then I heard I was to be seen by the consultant psychiatrist. This seemed like good news and I went to the appointment hopefully. Unfortunately, instead of a private session this was a nightmare exposure to the gaze of 6 people ranged around the room. These sessions continued every week for some months and apart from my kindly CPN the other people were all strangers. I could not remember either their names or roles as they introduced themselves. Again I seemed to be under a microscope with no rapport with my inquisitors. I could only mumble incoherently and stumble out of the room after a few minutes. Once when I refused to attend, 2 nurses took my wrists and dragged me forcibly to the session: a very unpleasant experience. By and large the nurses were kind and understanding so this exception stands out in my mind. An occupational therapist kindly took me for short walks in the hospital grounds and I was also being seen by a wonderful psychologist. Her gentleness and patience were very encouraging and these sessions shone like a beacon in all this dismal time, Her genuine rapport with me meant that I began to confide in her and to believe her patient, repeated assurances that people had come through what I was suffering and I would also come through, despite my own conviction that recovery was impossible.

After six months in hospital I was discharged to supported accommodation on a large array of assorted medications. Whilst in hospital I had done nothing for myself apart from showering, dressing and turning up to meals. Just before Christmas I was in an unfamiliar town and new surroundings where I had to do everything myself, apart from my hot mid day meal and evening sandwiches, which were provided. I lived in a studio flat and although carers were available 24/7 to care for the older and needier residents I had to make breakfast, tidy my room, change my bed, do my laundry and go shopping. Christmas holidays meant it took about 3 weeks to get a local doctor and get a prescription for my necessary

dietary foods for my coeliac disease; a very worrying time. Prescriptions for medications are for only 2 weeks at a time to protect mental heath patients; meaning frequent trips to the surgery. New to the neighbourhood, I could not find my way and got lost several times, causing further anxiety. The residence had no street maps and staff did not live locally and so could not help.

Shopping was a nightmare for I had not handled money for 6 months and I was sure it would soon run out. The huge, unfamiliar local supermarket was highly confusing. A kindly Community Support Worker (CSW) did my shopping for the first 2 weeks and later took me with her to show me around. The residence's care workers did supervise my medications at first, then I had to manage alone. I made careful lists, but suffered extreme anxiety, fearing errors of every kind. The residence dining room terrified me as I felt everyone was staring at this strange trembling person who could not sit still and I became thoroughly depressed. My CPN was able to visit me once again as I was out of hospital, and this was really helpful. The psychologist from the hospital also visited me at times which was a great comfort. Nevertheless, I was not improving. I had, however, begun to walk around locally. On one of my walks I met the minister from the local church and eventually members of the congregation. They were all very friendly and eventually I managed to participate fully and this was very helpful as formerly I was an active church member.

After about 2 months I saw a community psychiatrist whom I trusted as she was gentle and patient. She changed my medications and I gradually began to improve. After about 4 months I went with my very supportive family and one of my close friends, to a case conference with the local Community Mental Health Team. This was difficult but I agreed with their conclusion that I should have a course of Cognitive Behaviour

Therapy (CBT) and also attend a local self-help group. My CBT therapist struck me as a very kind man at our first meeting but he had a shaved head, which to me carried a message of rough youths whom I had always found frightening. After a while I realised I could trust him and soon I was able to tell him of my previous fears. We laughed together when he told me he shaved his head to disguise early baldness. With his help CBT became a useful tool in managing my illness myself and I was even able to complete a feed back questionnaire for him.

The local self-help group was difficult initially but knowing now that I must try to benefit by all that was offered to me, I persisted. Slowly I began to feel comforted by being with other people who were living in the community and who had similar problems to me. Whilst not everyone came regularly, they all tried to be helpful when they could. Meanwhile my increasing confidence allowed me to travel by bus and at last I found the town library.
My life has been spent with books and this opportunity came as pure refreshment. Not only books, but also local maps were available and at last I could find my way around the town on foot. Then In my doctor's surgery I found a leaflet about mental health problems which recommended a book on CBT which I immediately read and found very helpful. In addition my increasing contact with friendly local people, ability to take an interest in the world again and the improving summer weather were all factors helping me to follow the way to recovery outlined by the members of the health care team. So many professionals have helped me and I am very grateful to them all, as I am also to my family and friends. I now feel sure that the improvements will continue until I am really well once more.

Questions from the editor:

1. Why did this patient have to endure over 3 months of the frightening weekly conferences at the hospital? A. T. thinks that the group interview was designed to reduce time spent by health team members in listening to patients individually. This patient's distress increased, however, and it is possible that this delayed recovery. Time spent by the team should surely be secondary to individual patients' needs and in the long run this could save time and money as less time might be needed in hospital.
2. It should surely have been possible to arrange hospital discharge at a time when a local GP had been fully informed and had agreed to take A.T. on his list?
3. Is there a better way to bridge the gap between total dependence in hospital to resumption of self care? Despite help from the carers in the residence and from community workers A. T. was still not up to coping for some time and as a result became more anxious and depressed.
4. Surely when strangers arrive in supported care residences, local maps should be available to enable them to gain independence?
5. People known to have a bookish background could perhaps be introduced to the help to be found in suitable leaflets and books, rather than stumbling on information by accident?
6. Is there a way to assess a doctor's ability to establish rapport with mental health patients and try to encourage those without this valuable attribute to work in other branches of medicine? For A. T. those capable of developing a human relationship were the only people able to help.
7. One kind of approach can not fit everyone and here, where one important approach did not go well, there seems to have been an inability to see that perhaps it was necessary to change the approach, in A. T.'s interest

The following letter has been received from Neil Waterhouse (Service Director, Sussex Partnership NHS Foundation Trust), in answer to the questions arising from A.T.'s story. The whole team involved (including the consultant psychiatrist), formulated this reply.

PPL is most grateful to them for their thoughtful response. It is surely most heartening for patients to know that their concerns can not only be voiced, but that action is taken to improve the services provided. It is worth emphasising that the patient concerned did express gratitude to those who helped in the recovery process which A.T. for so long believed to be impossible. This was thanks in no small part to the efforts of many NHS staff as well as A.T.'s own determination to get well again.

Dear Editor,

Firstly please allow me to thank you for giving us an opportunity to reflect on AT's article and respond.

We were pleased to see that parts of AT's journey were positively supported by the Community Psychiatric Nurse, Psychologist and Community Support Worker.

Since AT's time on Dove ward June to December 2009 much has changed and further is planned to change over the next 6 months.

We are sorry to read AT's description of an experience they had regarding the ward round. As a Trust it is very important that people have a good experience whilst receiving care in our services.

The description of the ward rounds that took place on the ward at the time is acknowledged, and it is recognised that a lot of people find such meeting quite intimidating. The current ward team has implemented more private meetings with patients that are separate to care reviews held with professionals, in order to ensure assessment of individuals is not affected by heightened levels of anxiety or fear. Individual patients do at times need and often want to attend larger meetings of professionals; however they receive support from relatives, carers or advocates. These meetings ensure they are involved in discussions with regard to diagnosis, plans for treatment interventions or to plan for their discharge.

As part of ongoing development within our wards, the continued practice of ‘ward rounds’ will be further phased out when the introduction of dedicated ‘inpatient’ Consultant Psychiatrists is implemented with the move of Dove ward to Langley Green Hospital in the near future. This will introduce the practice of individual personal care reviews being held ‘as required’ for those admitted to the ward, these will take place on any day convenient to the patient and family or carers as the Consultant will be focused on those individuals admitted as inpatients (allowing the patient to have more 1:1 contact with the medical team), as opposed to having to prioritise and divide their time between community and inpatient teams. We believe that this potentially as well as development of crisis (home treatment) teams, is likely to reduce the length of stay for people on inpatient units, as professionals delivering care along a patient’s journey will be focused on a particular part of their journey. We recognise that it can be daunting for some people to attend ward rounds, however, our hope is that personalised care reviews will provide a better opportunity for patients, family or carers to discuss progress and ask questions in a smaller attended meeting.

Reduced lengths of stay remain a goal for all acute inpatient units. Our patients have told us they would prefer for their care to be delivered at home. In order to achieve this the changes in Older Persons mental health services also include extension of Crisis Resolution Home Treatment teams to deliver care to those of 65 years and over, thus offering an alternative to and avoidance of admission to an acute inpatient ward, as well as expediting discharge by offering access to supported discharge.

Development and extension to other areas of treatment to those of 65 years and over such as Acute Day Services combined with the adoption of a more intensive 'Recovery' based approach will ensure that only those who are assessed and identified as requiring an inpatient admission for further assessment and treatment for their mental illness will need to be in hospital. This approach will also improve access to those professionals identified by AT as offering the most effective parts of the care pathway, such as CBT therapists, psychologists and community support workers.

We recognise and acknowledge feedback from users of our services and would agree with the observation that one kind of approach cannot fit everyone. We believe that extending access to services that have not been previously available to people over the age of 65 will improve the choice of options and enhance patients' experience.

Developing access to information is again recognised as essential. Our Trust provides a variety of information relating to different types of management of mental health problems both electronically and in printed format. Access to books on prescription (also previously available for those under 65 years of age) is also being made available to those of 65 years and over.

As an organisation we expect those working for the trust to undergo yearly appraisal of their capability to carry out their roles with a 6 monthly review. Therefore, when an employee is failing to meet the requirements of their position, this is brought to their attention and training/help made available in order to make any improvements required. However, it is essential that those who use our services feel able to feedback any concerns, comments or complaints and we have introduced a system that allows individuals to do this anonymously following discharge. This feedback along with the more formal complaints we receive are used to inform service developments and changes such as those mentioned above, but are also used by teams throughout our services in order to reflect on the 'softer' issues on quality that would not otherwise necessarily be recognised. Thank you again for allowing us the time and opportunity to consider this very well written, thoughtful and balanced view of the AT's experience of our services.

Warfarin Tests

1,400 blood tests are done each year at PMG, to control warfarin doses. I get my results by email. The morning blood sampling takes about 10 minutes or so and I get my results by 5pm the same day. I recently sent some questions by email to Dr Stross and quickly had answers. This is a splendid service which only a few years ago could not have been dreamt of, so I should like to thank all those concerned from the Health Care Assistants who carefully take the blood, to the driver who takes it to St Richard's and the staff in Dr Stross' laboratory who deal with it so efficiently.
Gwen Parr

Bank Holiday Cover, by Gwen Parr

As you will see from our letters, the subject of medical care at holiday periods is something that interests people. At our January meeting we had a report from Dr Fooks describing how on Christmas Eve he and other staff of PMG worked to ensure continuity of care for the very sick patients in Pulborough who were being cared for at home. Two steps were carried out. Firstly, all palliative care patients, whose care was also being provided by the Community Nurses and Macmillan service, were reviewed at the Monday multi-disciplinary meeting before Christmas. Secondly, on Christmas Eve the practice updated the Special Notes update board on the clinical computer system of Harmoni (the Out of Hours Service) to ensure that Harmoni had accurate information regarding the current clinical state of all 'high risk' patients. Care was also adjusted where necessary and in all about 50 cases were reviewed that day for situations as diverse as end of life care to child protection issues.

PPL Meeting Heart Matters: Dr C Reid & Dr C King
25th October 2010.

Resumé by Dr Chris King

I was very touched to be asked to speak at your last PPL meeting. Dr Reid and I were medical students together and he looked after me during my illness in 2007. He spoke about the major advances in cardiology over the past 50 years or so, which are:

1 <u>The ECG.</u> This shows the pattern of electrical currents occurring as the heart muscle contracts. It provides a basic understanding of the functioning of the heart in question and is now simple to do and can be read by a computer and further interpreted by cardiologists.

2. Cardiac catheterisation depends first on the insertion of a tiny tube into an artery. Then under X ray control the tube is followed until it comes to the coronary arteries where dye can be carefully injected so as to show the blood vessels to the heart. This has long been the cornerstone of the diagnosis of coronary disease.

3. The development of cardiac surgery has involved huge amounts of technology, expertise and time. Heart lung machines keep the blood circulating and allow surgeons to stop the heart so they can operate on the heart safely and effectively.

4. The development of special coronary care units has revolutionised the care of patients suffering from heart attacks and the resulting complications.

5. The advent of the defibrillator. This means that patients with life threatening disorders of heart rhythm can be quickly treated and restored to a normal rhythm. Rhythm disorders are very common in patients in the early stages of heart attacks. Paramedics in the Ambulance Service are trained to use defibrillators. Wonderfully, we also have "First Responders" in our area. These volunteers have been trained to treat patients at home in those vital minutes before the ambulance arrives, so contributing to improved survival.

6. Surgery to narrowed coronary arteries via a tube inserted as in (2) above. This avoids opening the chest. The coronary artery can be unblocked by inflating a balloon in it (angioplasty). Alternatively a small cylinder (a stent) can be inserted through the blockage via the tube. Thus normal blood flow may resume.

7. The development of pacemakers. These are electrical devices implanted in the muscles of the chest wall to keep the heart beating regularly. As a result, output of blood from the heart returns to normal, blood pressure is maintained and most importantly, enough blood can get to the brain, thereby maintaining consciousness.

8. The development of medicines which either prevent or treat existing cardiac problems. Examples are: statins to lower cholesterol, ACE inhibitors to reduce high blood pressure and protect the heart, and aspirin and warfarin to thin the blood.
9. The echocardiogram. Similar to ultrasound methods used to examine pregnant mothers, echocardiograms show the beating heart in a non-invasive way, revealing both the structure and function of the heart.
10. Heart transplant surgery can offer increase in life span with an acceptable quality of life to patients with otherwise untreatable heart disease.
11. MRI and CT heart scans examine the heart without sticking needles into the patient. Both structure and function can be studied while at rest and during exercising.

Having undergone coronary artery bypass surgery myself in 2007 for acute coronary syndrome with great success at Southampton Hospital, I can tell you I have road tested all of the above apart from the stent and the heart transplant. It is very important to dial 999 immediately when symptoms of acute coronary artery disease occurs, ensuring early transfer to hospital where there is access to all the interventions mentioned above. Our local First Responders arrived quickly when I was taken ill and they played an important role in stabilising things while the ambulance was on its way. "If in doubt, shout" (for help), is my motto.

All Change Again for the NHS

Health secretary Andrew Lansley has promised to return power to doctors and to create and publish proper outcome measures. Doctors are to be at the helm, and patients needs are to be the first consideration in deciding on the course to be taken. This is good news for all patients but we need to have the right outcome measures and they need to be clearly presented so that we all understand them.

Prices of Medicines

First let's give 3 cheers for Andrew Lansley's new way of paying the pharmaceutical industry for the medicines sold to the NHS. For the past 50 years the price of medicines has been regulated by a secret and complex formula negotiated annually between each pharmaceutical company and the government which aims to regulate the profit each company can make. The Office of Fair Trading reported in 2007 that this scheme was unrelated to the value of the drug in treating patients and was leading to wastage of NHS money. From 2013-2014 the government plans to base prices of all new medicines on the value of the medicine as decided by an independent body; a commission on the value of medicines. Experts at NICE (who already understand economic evaluation of treatments) will submit their views, not to NHS managers or prescribers but to this new body which would take other factors into account and then advise the government on the value of the medicine. This looks promising.

NHS Overall Organisation Changes

Many people remember the frequent changes in the NHS over past years. It is thought that the reorganisation just beginning is the biggest since the NHS began. Disruption to staff, time wasted, decline in staff morale, (common to reorganisations in all sectors) means that it becomes harder and harder to focus on the job in hand. Thus it seems right to ask some questions before it all begins in 2013.

1 General Practitioners will take over the job of buying care for their patients in 2013. For every GP; every referral to a specialist, every blood test, every X ray, and every hospital admission, will be paid for out of the budget allocated to the practice concerned. GPs may appear to be doing the

unpleasant task of rationing patient care. Will this be acceptable to the majority of doctors? Will GPs receive the opprobrium formerly reserved for NICE and PCTs, when certain treatments are refused?

2 Commissioning will be monitored by the new independent NHS Commissioning Board on the basis both of financial management and the quality of outcomes achieved. How will the balance between financial and clinical outcomes be arranged?

3 Primary care trusts have many staff experienced in buying health care, whereas GPs are new to this work. According to David Nicholson, the NHS chief executive, primary care trusts are in meltdown as management costs are reduced and staff start to bail out. 2000 staff at PCTs have already taken redundancy deals. The best commissioners may be taking jobs in private sector organisations which are gearing up to provide staff to GP commissioners. Will this mean that the NHS has to hire the same people at higher rates than they were paid at PCTs?

4 Can we be sure that the reorganisation now in progress will not distract managers from their work of improving services to patients between 2011 & 2013, because they need to focus on where and what their next job will be?

5 Will the cost of the reorganisation be kept within budget, or is it likely, as is well known from both private and public sector experience, to be more expensive than planned?

6 Care closer to home can prevent unnecessary hospital admissions and can save lives and money, but will community services be adequately financed to ensure that this happens?

7 New services are expensive to set up. For instance a programme of falls prevention can save money for the ambulance service, the orthopaedic services and social services, but are the different parts of the patient care system sufficiently integrated to encourage such programmes to be undertaken and above all to be funded?

8 In rural areas patients tend to choose hospitals because they are accessible. Some of us are not equipped to make choices, for the information available is overwhelming or unintelligible or both. A recent study of how patients choose a hospital shows that many different assumptions figure prominently with different patients (e. g. did a relative die in that hospital, perhaps many years ago?) and the quality of service presently available is only a small contributor to most decisions taken. Patients need help in assessing information about clinical care . Such an education programme (mooted via the new HealthWatch England), will take time to implement, and money to run it. Choice is often illusory and would it not be better to focus first on providing a high quality, accessible service to all, and once this is done, to offer choices?

9 If patients are at the centre of all that is done in the NHS, then patients should have a seat on the board at all levels of the NHS. Is this likely to happen? If not, what is the reason for refusal?

10 How will commissioning be done if and when a GP consortium decides, perhaps because of staff changes and so on, that it no longer wishes to commission care itself?

The Future of the LINk in Pulborough

A local HealthWatch will be established to work with WSxCC to offer advocacy, advice and information to patients. We hope this body will work with Pulborough Patient LINk so our local HealthWatch will be a genuine voice for patients. Pulborough is at the forefront of establishing a patient group, for only about half the GPs in Sussex have such a group. Pulborough Medical Group has worked hard to establish this platform for the patient voice and building on experience to date we look forward to an interesting and useful future once ways of working are fully clarified.

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