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PULBOROUGH PATIENT link

Christmas 2014
NEWSLETTER
Number 28

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CHAIRMAN'S LETTER

Stuart Henderson stood down as Chairman at the November meeting of the PPL Committee. All of us owe him a great deal for his work – not only the PPL Committee but all PPL members and indeed the whole Pulborough community.

Stuart was Chair for 5 years. With a great understanding of the workings of the NHS and numerous of its committees, he brought vast experience and knowledge to PPL's work. He achieved his goal of securing a wider diversity of people on the PPL Committee, and ensured a constant focus of attention on patients' queries and worries. He was active in pursuing concerns about the health service and spent many days representing the views of the PPL (and, therefore, *your* views) at various meetings. Thank you, Stuart. He will be a difficult man to follow and that task my fellow Committee members have asked me to take on. Fortunately Stuart is staying on the Committee to help us in the future. I hope that I can display the same energy and dedication to the job.

There is much to be done. We must continually listen to the voices of PMG patients and seek, in our discussions with PMG, to help them continuously improve their processes and procedures. For example, we know there is presently considerable concern about the appointments system. However we are aware of the pressures on our GPs. Therefore PPL must also continue to be a strong pressure group to reflect the views of patients to those in decision-making capacities higher up the pecking order.

Decisions on health are being taken at Government level without very much, if any, consultation with doctors or patients – the drive towards privatisation, the funding bias against mental health, even their promises to change what goes on in GP surgeries. If any of these are a concern to you in Pulborough, then we should seek to make this known to the appropriate authorities.

We always welcome the views of patients. Please email me on david@pulboroughpatientlink.org
or follow us on
Twitter at @pulboropatients

Finally, may I wish you a very Merry Christmas and a healthy and happy New Year

David McGill

Carers Support
Working with West Sussex Carers

A local Group for Dementia Carers started at the end of October, meeting for an hour and a half in Pulborough Village Hall; it was immediately so successful that a second Group is being considered.

If you are a Carer supporting a relative, friend or neighbour with dementia this might be of interest to **YOU.**

Sometimes there will be a specialist speaker for an hour, but 'most importantly there will be the opportunity to discuss and share experiences in an accepting and supportive environment' with the others in the group. 1 to 1 support is also available if requested.

If you are interested in joining a group, Carers Support would welcome your call or e-mail:

Karin – 0300 028 8888 / info@carerssupport.org.uk

For further information, see this website

http://www.carerssupport.org.uk/are-you-caring-/memory-loss-or-dementia

The Appointment Process

Being a member of the PPL Committee means hearing comments, good and bad, fair and unfair about PMG. One of the functions of the Committee is to be a 'critical friend' to the Practice, to have an exchange of views, to understand how some decisions are made, and to do our best to convey helpful suggestions to the Practice Manager and the doctors who attend our bi-monthly meetings.

The comment we all hear very frequently is that of not being able, at relatively short notice, to see 'our' doctor, mostly from patients who remember how things were many years ago. We are sure you have all had experience of needing to get reassurance quickly, and the system of being phoned to ascertain the degree of urgency (triaged) works extremely well. Many patients will also have chronic/long-term illnesses and are, therefore, given future appointments to ensure the continuity of care at the optimum interval.

You will be amazed to learn how many calls the Duty Doctors handle on a daily basis, with Mondays, not surprisingly, being by far the busiest day. There can be anything from 80 to 150 patients contacting the Practice with worries or concerns; these have to be assessed and dealt with in some way - patients will either receive advice over the phone (triaged) or the more complex/urgent cases will have a face to face appointment with either a GP or nurse practitioner, with the appropriate follow-up as necessary.

The problems we constantly hear about are relating to those 'in-between' situations where the query is a new one, is not urgent, but we would like to see a doctor and, preferably, one we know and who knows us. Looking at SystmOnline shows how difficult that can be and indicates what a difficult task Practices have to provide a service from which increasingly we all have come to expect more. Think of your average supermarket which has to decide how many check-outs to open; one minute there are no queues, but by the time you've done your shopping and are ready to pay it can be very different!

If you look back several decades, who would have dreamt that we would expect practically all parts of our body to be able to be replaced? Now, instead of having to live with all sorts of problems from a 'dodgy' knee to kidney or heart failure, we assume and expect that something can be done about it – and soon.

PMG are aware of all these concerns and are working with the PPL to produce a Patients' Charter that will outline clearly the appointments process. This will be ready for communication to you all early in 2015.

PMG's inspection by the Care Quality Commission rated the Practice highly, and I wondered how patients of other Practices round the country rated their Practice and whether the aspect of wanting to see 'their' doctor quickly was also an issue. Putting some questions to friends in various parts of the country confirmed that the pressures on Practices are enormous and you are unlikely to get a speedy appointment with 'your' doctor - unless they happen to be the Duty doctor.

As Dr Fooks said at our last meeting, "NHS planners could not have foreseen the additional needs of an ageing, active population" and this is what not only PMG but all Practices are coping with on a daily basis.

Spread the Word!

While helping at the last flu clinic (by giving out numbered tickets to ensure that everyone went in to see the nurses in the order in which they arrived) there was time to chat to many of the patients. I was really surprised to learn that, of those I spoke to, only 1 was aware that they could now book a doctor's appointment on line

There are three things that we, the PPL Committee, would encourage you to do to help not only yourselves but your Practice.

Firstly, it would make a difference to you if you were to book your doctor's appointment on line. You can see exactly when bookable appointments are available and with whom. Doing this would not affect in any way phoning in to speak to a doctor about any immediate concern, but could be done at a time to suit you. Initially you have to provide reception with proof of identity. You will then be given your log-in details (your 'username' - your name + date of birth, and your unique 'password' - which you can change).

SystmOne (as it is called) also gives you the option to order your medication on line, this being the second suggestion, and would save having to come to the surgery to put your repeat prescription into the box.

The third way in which we would like your help is by encouraging three of your friends and neighbours who do not currently receive information from Pulborough Patient Link to send their e-mail address to david@pulboroughpatientlink.org for them to be included in our mail-outs.

As you will know, we are now sending out information ourselves rather than through PMG which will enable us not only to provide you with Newsletters but also to exchange information with you.

Important communications will also be made more immediately through Twitter - @pulboropatients and @PMGdoctors.

We are currently communicating with some 1300 households by e-mail, with an additional 200 paying to receive printed copies, but we would like to be able to reach many more. **With your help we can do this.**

Editor

Proactive Care

What does this heading mean to you? I had heard the term, but until recently could not have told you exactly how it is designed to work. However, two people very much involved with this new initiative visited me to explain it. The enthusiastic and dedicated ladies who came were the Proactive Care Team Lead and Co-ordinator from the Chanctonbury and Rural Proactive Care Teams. A pilot for Proactive Care has been put in place in the coastal locality region starting on 1st March 2014 and is being rolled out across the country.

The process is designed to avoid unnecessary hospital admissions and enable patients to remain in their own homes for as long as possible. This is achieved by assessing patients most at risk and, with their consent and input, formulating a 'contingency plan' in case of an emergency. But I am jumping ahead a little!

The Proactive Care Team is employed by Sussex Community NHS Trust and provides the service to GPs. 'The Proactive Care Team' comprises a practice GP, community nurses, physiotherapists, occupational therapists, mental health practitioners, pharmacists, co-ordinators and social workers, all employed by the NHS, except the latter who are employed by West Sussex County Council.

The Team's aim is to reach those who would benefit from Proactive Care and provide support and advice in their own homes. Here are some examples of care:

- Exercises can be provided by the Physiotherapist to ensure that a patient strengthens muscles and thus avoids falling.
- The Occupational Therapist may evaluate a patient's home in terms of 'falls risk' and order equipment which enables the individual to navigate themselves safely around their accommodation. The OT does this by providing bath aids, beds, hoists, etc. to make living at home easier and safer.
- The Proactive Care Pharmacist is part of the team that reviews prescriptions to ensure the patients receive the full

benefit of their medication as well as providing information about administration.

The GP practice system is able to identify patients with chronic illnesses such as diabetes, dementia, asthma, heart disease. Once a patient is highlighted by the GP as potentially needing support the patient is then contacted to establish if he or she wishes to be in the Proactive Care scheme.

Information from the patient's contingency plan is shared with the patient, GP, the out of hours service (IC24), the ambulance service and West Sussex County Council.

The Proactive Care team is alerted as soon as an ambulance is called and in turn notifies the relevant doctors, nurses and, if needs be, social services. The Proactive Care co-ordinator will call A & E and impart relevant information from the 'contingency plan' which not only helps the medical staff, but also enables a more successful discharge process.

Organisations such as Crossroads Care 01903 790270 (who provide 72 hour emergency care) could be put in place in advance so if a patient (who is taken to hospital) has a spouse who is vulnerable on their own they could be cared for in their absence. Crossroads is subsidised and therefore the cost is not onerous.

The evidence that Proactive Care is working has been proved over the last three months by the statistics. In the coastal region 3,400 patients have been taken on by Proactive Care and added on to the ambulance system. In the past 67% would have been taken to hospital, whereas now, with Proactive Care contingency plans in place, only 32% of patients who call 999 go to hospital. This is great as I'm sure we all have friends or relatives who would far, far rather be able to stay at home in familiar surroundings, with their possessions around them and where visitors are able to pop in at any time. Editor

Flu Protection

We all know that newspaper headlines are designed to sell papers – which they do, but frequently leave us with the wrong impression!

There have been some very worrying headlines related to Ebola but, in practice, flu is far more likely to affect us here in the UK than Ebola which most of us had never heard of until a few months ago.

News of a passenger arriving at Gatwick and dying, reportedly of Ebola, not surprisingly sent many of us into panic mode. However, the patient apparently did not have the disease, but many will have been left thinking that is what caused the death. Most of us are far, far more likely to catch flu this winter than Ebola, which is why PMG invited all vulnerable patients to attend one of the many clinics available on Tuesday and Thursday afternoons in October.

We hope everyone offered the opportunity to have their injection took up the invitation as those strains of flu likely to be circulating will have been included. If you were unable to attend, flu injections are available from Corden at a small charge.

There are also various ways you can help to boost your immunity –

i) get plenty of sleep, exercise and fruit and vegetables
ii) the virus can live on surfaces for 24 hours so pay particular attention to cleaning such things as door handles, phones and the remote control
iii) be fanatical about hand washing
iv) consider carrying an alcohol hand cleanser
v) try not to touch your face as the virus attacks mucous membranes of the eyes, nose and mouth
vi) coughing is obviously an easy way to pass on the virus which can travel as far as a metre
vii) remember too that you are infectious for several days after your symptoms have appeared – going to work is probably not a good idea

Hi I'm Luke (Webb), one of the new GP registrars at the Practice, having started at PMG in August this year where I work 4 days a week and will be here until October 2015.

My path into the GP world started at Brighton and Sussex medical school in 2004, where I spent 5 years studying towards my medical degree. This particular school is known in university circles for its cutting-edge teaching methods through problem-based learning, with a focus on communication skills. It was during these formative years that I decided I could combine these skills with my interest in people and pursue a career as a general practitioner.

From Brighton I moved across the country to Gloucester, where I worked as a junior doctor and not only gained my full registration, but also valuable experience at Gloucestershire Royal Hospital and Cheltenham General Hospital, particularly enjoying posts in psychiatry, oncology and respiratory medicine. 2 years later I had not only acquired my licence to practise, I gained a wife (Katherine), 2 pet pugs (Millie and Eric) and a 1967 Volkswagen Split screen campervan (Bluebelle).

After several years enjoying the Cotswolds, South Wales and the forest of Dean, my wife and I returned to the south coast to commence our GP training and be nearer our families. We bought a home just outside Chichester, and it was not long before our darling baby daughter was born. Amelie is now 1 year old and has certainly brought more adventures into our lives, having inherited her mother's love of animals and the outdoors. The adventures will continue come February 2015 when baby Webb number 2 is expected to make an appearance (watch this space....!).

Family life has taken over somewhat, but when I do have some time for myself I have always loved DIY projects, especially those involving woodwork. In my opinion the more problem-solving and

challenging the project, the more satisfaction I gain. My latest creations are a potting table and a raised vegetable patch, with gardening of course being another passion of mine.

Sadly, our much-loved vintage campervan had to go to pastures new, but having developed my own set of basic mechanical skills after rebuilding its engine, I am already planning (and saving!) for a future classic car investment. My family think I am busy enough, but surely there's always room for a Mark III Austin Healey 3000!

Since moving to Chichester I have spent the last few years working in various medical specialties to expand my knowledge base. I worked at St Richard's Hospital in the Accident and Emergency, Acute Medicine and Paediatric Departments. I have also worked at St Wilfrids Hospice and in mental health at the Bedale centre. Earlier this year I passed my GP part 1 exam, and I'm now looking towards my part 2 (and final!) exam.

I am very pleased to be spending my final stint of training at Pulborough Medical Practice. It is a privilege to be part of such an excellent team in a modern practice, offering such a wide range of services. The town and surrounding countryside are beautiful, and it's a delight to behold the views on my drive to home visits and my daily commute. Fingers crossed for my final GP exam next year and let the adventures continue!

-o-o-o-

I'm Charlotte (Mance) also one of the new GP trainees joining the

Practice in August where I'll be for 2 days a week for the next 2 years, my final placement before hopefully becoming fully qualified as a GP.

I was at the Practice for a few months in 2010 so may recognise a few faces from back then. Since then I've had time off for maternity leave and completed various attachments in Psychiatry, A & E, Obstetrics and Gynaecology and general medicine.

I spent 3 years doing Clinical Medicine at Merton College, Oxford, graduating in 2006. Prior to that I was at Cambridge where I did my preclinical work and spent a rather interesting 3rd year learning about medical history and sociology. After graduating I moved to London and completed my first year's work at Guys and St Thomas', moving then to Truro, Cornwall and thoroughly enjoyed the contrast with central London. My next move was to Chichester where I have stayed.

These days my life revolves around my family and work, with my main relaxation being walking and occasionally, when feeling really energetic, running, with our 3 legged Greek dog. In previous times I enjoyed giving anything a go – rowing, rugby, the double bass and tae kwon do to name a few.

Like my colleague, Luke, I feel incredibly lucky to be living and working in such a beautiful part of the country with some stunning scenery to be taken in everyday. Coming over the top of the Downs certainly makes the drive to work pleasurable.

The challenge of becoming a fully fledged GP is quite daunting and I feel fortunate to be working at our supportive and dynamic practice.

-o-o-o-o-

Apart from information about our Registrars we have some news about our Partners.

At the end of this year we are saying farewell to Dr Peter Hard who has been with the Practice for a staggering 35 years and will be very much missed! He obviously has seen the move into the large, purpose built premises occupied now by PMG, together with many changes in the NHS. We wish Peter a long and happy retirement.

However, we are delighted to announce that, as from January 1st, we will have a new partner, the first female partner for PMG. We are sure you will all have seen Dr Nikki Tooley around PMG even if you have not had an appointment with her.

Congratulations to Nikki and we wish her well in her new role.

This Audiology Service is also available for housebound patients.

-O-O-O-

COST OF MISSED APPOINTMENTS

We were horrified to learn that 1,000 appointments in a six month period come into the 'no-show' category, ie 8 every day. And that is just at PMG; multiply that up in all the surgeries round the country, add all the hospitals - and imagine how much money is being wasted, money that we all hope is available to be spent on us when we need it!

Some of the missed appointments will have been unavoidable, but could some have been changed – or cancelled? We would be helping our doctors and nurses to help not only us but everyone if we could do this. Maybe you could sign up to SystmOne (see article on page 8) which not only shows your past appointments but any appointment you may already have booked – so if you're unsure, there it is in black and white! Repeat medication can also be ordered, all at the touch of a button.

PHONING 111 – A PERSONAL EXPERIENCE

One Sunday in July I was struck down by an illness that made it almost impossible to move around.

A friend suggested not only that I phone 111 for their advice, but also proposed taking me to A & E within the hour. My immediate reaction was to not phone 111, the out-of-hours telephone service to assist people who do not require immediate emergency care. There had been so many negative stories about the service (although I understand that the outsourced provider who attracted much of the bad publicity has been replaced by another – but still not NHS of course).

However I was desperate for help. So I phoned and my call was answered immediately by a woman who was friendly and listened to my story. Of course she asked a number of questions to try to get to the root of the problem. She said a doctor would call me back within 4 hours. I explained that a friend was driving me to the hospital as soon as I'd packed my bag. She agreed that this was a sensible next move.

Then about 20 minutes later, clearly responding to my earlier conversation, a doctor phoned me and we chatted about my condition. He agreed that I needed to get to A&E as soon as possible. I was reassured by the friendly conversation with someone who was obviously knowledgeable.

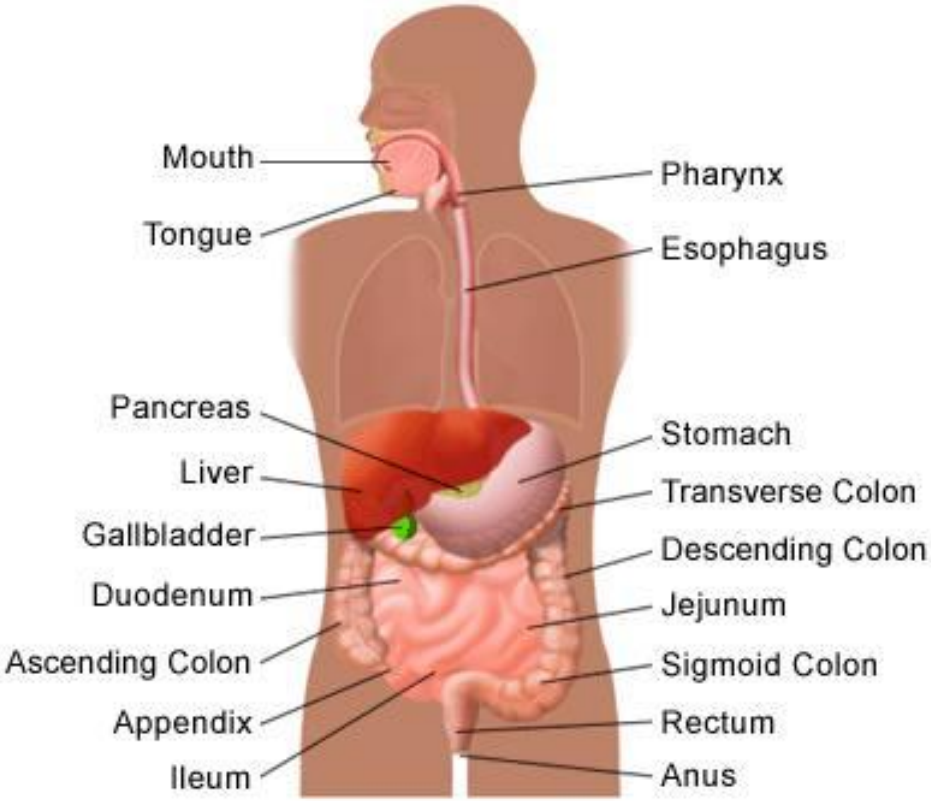
What happened then is another (happy) story.

This experience with 111 changed my attitude from one of scepticism about the service to one where I'd be very ready to phone them again (although I hope I don't have to). A&E Departments are not places to go unless it is absolutely necessary. So out-of-hours I'd recommend phoning 111 first. David McGill

Guts and Butts

Our most recent Public Meeting was held at the end of October and was all about the body's digestive system. The talk was very well received by the 100 or so audience, with plenty of questions posed both publicly and privately at the end.

Dr Adam Stone, consultant gastroenterologist at St. Richards and Nuffield Hospitals in Chichester, spoke for nearly an hour and succeeded in making us laugh on numerous occasions despite the subject! It is good that these are problems which patients are now willing to have investigated rather than pretending they don't exist as used to be the case. His talk was illustrated by approximately 50 slides and showed the sort of findings obtained from investigative procedures.



His first topic was dyspepsia, the symptoms being persistent, although not all of the time. Patients complain of some of the following:

- upper abdominal discomfort
- pain behind the breastbone
- anorexia
- nausea
- bloating after food
- fullness
- early satiety - after only a small amount of food

The main risk group is over 45 year old white males, with smoking and drinking adding to the likelihood of problems, and gastro-oesophageal reflux disease (GORD) increasing the possible seriousness by x 40. 4% of GP appointments are in relation to dyspepsia, with 10% of these being followed up.

If indigestion is a problem and/or you have had your gall bladder removed, it may help to:

a) have small meals
b) avoid fatty/spicy foods
c) eat early in the evening
d) consider propping up the head of the bed an inch or two as lying down makes matters worse

It was very interesting to discover some of the items which have caused patients to have potentially worrying symptoms, and these include the swallowing of false teeth or a ring, items which can block the oesophagus or lower down the digestive system!

Dr Stone went on to talk about the lower section of the digestive tract and showed how simply polyps and fibroids can be removed during an investigation as, left alone, they may become cancerous.
Irritable bowel syndrome (IBS) is frequently a problem for patients, and the four questions which would be posed to help its diagnosis would be whether you suffer from any of the following:

- abdominal distension
- pain relief with bowel action

- increased stool frequency at onset of pain
- diarrhoea at the onset of pain

Theories of the cause of IBS include lack of dietary fibre, food sensitivity, inflammation, infection and antibiotics. Treatment includes:

- a positive diagnosis, not one of exclusion
- natural approach
- dietary exclusions (symptoms can often be reduced by cutting out wheat and dairy products)
- drugs

Finally, he talked about 'the middle bit' of the digestive system which, until relatively recently, was unable to be studied. However, there is now a bullet-size capsule which can be swallowed by the patient and which takes 10,000 photos as it moves through the digestive tract. Originally these photos had to be studied manually, leaving scope for some small abnormality to be overlooked. However, this is now done by computer and is, therefore, very accurate.

Dr Stone also mentioned thrush, a condition which can present itself in various parts of the body; it can usually be helped with medication and maybe by eating yogurt. While thrush is usually easily cured, if it recurs, it can be indicative of a weak immune system which needs further investigation.

Improvement in medication for digestive problems in recent years has made a huge difference to the treatment of patients and means far less referrals to surgeons for more radical treatment.

Editor

CARE QUALITY COMMISSION - Alan Bolt, Managing Partner

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. The purpose of the CQC is to ensure that the health and social services provided to people are safe, effective and compassionate and offer high quality care. To do this, the CQC have an on-going programme to monitor, inspect and regulate services to ensure they meet fundamental standards of quality and safety, with the findings of CQC inspections available for public access.

The first inspections were undertaken as a Pilot Scheme and in February 2014, Pulborough Medical Group was inspected by the CQC and passed; I hope you have found time to read our report which is posted on the PMG website. First inspections were generally carried out by a sole inspector, usually with a social services, police or nursing background; there was a range of 28 outcomes of which 16 were identified as 'core' outcomes and the inspector would select 5-7 outcomes on which to focus their attention. Practices were then either passed or failed. Following feedback on the Pilot Scheme, the CQC have reviewed and implemented changes in the way the inspections process. In Primary Care, the Chief Inspector – Professor Steve Field - will be responsible for taking forward these changes and the new CQC Inspection Process which commenced on 1st October 2014. It was felt the CQC needed expert advisers to undertake the inspections, and for the process to be consistent, credible and robust and inspections will be undertaken by a team which will include an inspector, a GP and Practice Manager.

Earlier this year, I applied to become a CQC Inspector and, following an interview in London and a rigorous training programme in Birmingham by the CQC, I was accepted. I have inspected GP practices in Devon, Cornwall, Cambridgeshire, Gloucestershire, Herefordshire, Derbyshire and Norfolk. I was accompanied on one of my inspections in Cambridge by Professor Field which offered a real insight into the direction of travel for future GP inspections.

The new process looks at 5 domains, for 6 different populations groups – a total of 30 areas. The Domains are (1) Safe (2) Effective (3) Caring (4) Responsive and (5) Well-led.

These Domains are applied across the following key population groups:

1. Older people.
2. People with long-term conditions.
3. Mothers, babies, children and young people.
4. The working-age population and those recently retired.
5. People in vulnerable circumstances who may have poor access to primary care.
6. People experiencing a mental health problem.

The inspection process is designed to raise standards where necessary, to celebrate and share good practice and to identify failings and regulate as appropriate. Practices will be graded as Outstanding; Good; Requires improvement or Inadequate. Inadequate practices will have a notice served detailing the improvements required with a timescale for implementation and a date will be fixed for a further inspection. It is the intention of the CQC to inspect all 8,000 GP Practices by April 2016.

I carry out this work in my own time, often by taking annual leave. We know that the majority of GP Practices are good and we are seeing that as we extend the Inspection process to all parts of England. There are some examples of 'Outstanding Practice' and I am able to bring some of these to PMG to build on the excellent work we do here.

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"... just give me some Antibiotics!"

The Chief Medical Officer, Professor Dame Sally Davies, pictured here, has issued guidelines on the use of antibiotics, and these clearly show when we should be asking for antibiotics and, more importantly, when we should not.

Colds, most coughs, sinusitis, ear infections, sore throats and other infections often get better without antibiotics as your body can usually fight these infections on its own.

The more we use antibiotics the greater the chance that bacteria will become resistant to them so that they no longer work on our infections. *Antibiotics can cause side effects such as rashes, thrush, stomach pains, diarrhoea, reactions to sunlight, other symptoms or being sick if you drink alcohol with metronidazole.*

Guidance is separated into two parts: a) self-care and b) when you should get help

SELF-CARE:

This first part shows the infection and how long it usually lasts:

Middle ear	4 days
Sore throat	7 days
Common cold	10 days
Sinusitis	18 days
Cough or bronchitis	21 days

The general 'self-care' guidance for all of these (or similar) infections is:

- Have plenty of rest
- Drink enough fluids to avoid feeling thirsty
- Ask your local pharmacist to recommend medicines to help your symptoms or pain (or both).
- Fever is a sign the body is fighting the infection and usually gets better by itself in most cases. You can use paracetamol

(or ibuprofen) if you or your child are uncomfortable as a result of a fever.

Remember also that your pharmacist can give help and advice, allowing you peace of mind - and he or she will refer you to a doctor if they feel it necessary.

SEEK HELP

If you have any of the following symptoms they can be signs of serious illness and should be assessed urgently. Help can be obtained by calling Pulborough Medical Group or NHS England (dial 111).

a) If you develop a severe headache and are sick

b) If your skin is very cold or has a strange colour, or you develop an unusual rash

c) If you feel confused or have slurred speech or are very drowsy

d) If you have difficulty breathing – signs can include: i) breathing quickly; ii) turning blue around the lips and the skin below the mouth; iii) skin between or above the ribs getting sucked or pulled in with every breath

e) If you develop chest pain

f) If you have difficulty swallowing or are drooling

g) If you cough up blood

h) If you are feeling a lot worse

Less serious signs that can usually wait until the next available GP appointment are:

1) If you are not improving by the time given under the 'usually lasts' section

2) In children with middle ear infection; if fluid is coming out of the ear or if they have new deafness

Do please help not only yourself but everyone who may be involved in your health care (family, friends, doctors, nurses, carers) by not automatically assuming that what you need is a doctor's appointment so that you can obtain a prescription for antibiotics. If possible, give your body time to help itself.

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