PRIMARY CARE NETWORKS

Primary Care Networks (PCNs) are a key part of the NHS long term plan, with all general practices being required to be in a network by July 2019, and Clinical Commissioning Groups being required to commit recurrent funding to develop and maintain them.

PCNs are based on general practice registered lists, typically serving natural communities of around 30,000 to 50,000 patients. They should be small enough to provide the personal care valued by both patients and healthcare professionals, but large enough to have impact and economies of scale through better collaboration between general practices and others in the local health and social care system, including community pharmacies.

A PCN must appoint a Clinical Director as its named, accountable leader, responsible for delivery, who will also provide strategic and clinical leadership to help support change across primary and community health services.

All PCNs will have a Network Agreement which sets out its collective rights and obligations. It will also include a patient data-sharing requirement, in order to support safe and effective delivery of patient care.

Which PCN does Pulborough Medical Group belong to?
Pulborough Medical Group (PMG) is part of the Rural North Chichester PCN. The other member practices are: Loxwood Medical Practice, Riverbank Medical Practice in Midhurst and Petworth Surgery. We have a combined list size of just under 40,000 patients of which PMG have 13,000 patients.

Our Clinical Director is Dr Emma Woodcock – a Partner at Loxwood Practice.

We have been working closely with the other 3 practices for the past couple of years on joint projects such as setting up a social prescribing service and staff training events.

A major project which is still in its early stages is the setting up of a frailty hub in Midhurst on the site of the former community hospital. The practice managers and GPs from the member practices meet regularly and we look forward to developing improved services for this rural area.

PMG UPDATE

We are aware that the signage in the Primary Care Centre can be confusing for patients and visitors – I know I was confused when I came for my interview!

So I have started looking at improvements. The first stage of this process has been for me to walk through the care centre with an experienced sign consultant and identify areas needing attention. I have also met with the president of the Macular Society who has advised me about signage needs for those with sight impairment. Another group of patients for us to consider are those with confusion or dementia and I will be meeting with a representative of the Alzheimer's Society during August to do some further research before ordering the new signs. Once this project is completed I am sure it will bring benefits to all of our patients, not just those with specific medical requirements.

Dr Nikki Tooley will not be in the surgery for six weeks during the summer, as she is taking extended leave to travel around the USA. Other doctors will be looking after her patients while she is away.

I am very sad to announce that Dr Dave Murphy will be leaving us on 15th October 2019. He has been offered a Partnership at Cowfold Medical Group, which is a great opportunity for him and we wish him every success in the future. Dr Murphy has been with PMG for 3 years and is a valued member of the clinical team. We are looking for a replacement and will let you all know when an appointment is made.

We will be welcoming Dr Leigh-Anne Bascombe back in mid-August following a period of maternity leave. Dr Bascombe will be working Mondays, Wednesdays and Fridays and her appointments are available to book.

I would also like to remind patients that as part of the **Improved Access Scheme**, we are offering **doctor and nurse appointments during the weekend and evenings**. These appointments are now available to book online as well as with our reception team.

Finally just to let you all know that the **surgery will be closed from 12.30pm on Thursday 26th September 2019** to allow the doctors and staff to participate in an organised training event.

Liz Eades
Practice Manager

NEWSLETTER NUMBER 49 AUGUST '19

Pulborough Patient Link

pulborough
patient
link
- your voice in local health

DATE FOR YOUR DIARY

Our next Public Meeting will be in Pulborough Village Hall on

Monday 14 October

7.00 pm Talk – approx. 8.30 pm

Refreshments and Raffle Draw

CLINICAL RESEARCH

Pulborough Medical Group has been involved with Clinical research for over 10 years and is a member of the National Institute for Health Research Clinical Research Network of Kent, Surrey and Sussex (NIHR CRN) with its head office at the University of Brighton; it is hosted by the Royal Surrey County Hospital NHS Foundation Trust. The NIHR CRN is funded by the Department of Health and Social Care to improve the health of the nation through research. PMG believes that being involved with Clinical Research Trials is vitally important as it is at the heart of all medical advances. Clinical trials look at new ways to prevent, detect, or treat disease. Treatments might be new drugs, new combinations of drugs, new surgical procedures or devices or new ways to use existing treatments. The goal of clinical trials is to determine if a new test or treatment works and is safe. Clinical trials can also look at other aspects of care, such as improving the quality of life for people with chronic illnesses.

As part of this network of research fellows, PMG are informed of all research opportunities available in our locality. Following a review of these with the research clinical team here at PMG who have been specifically trained in such trials, we ask to join the trial. There are strict guidelines that medical professionals have to abide by in order to undertake any research, with regular audits and training being essential, so all of our research clinical team are trained in Good Clinical Practice (the international ethical, scientific and practical standard to which all clinical research is conducted). This team at PMG consists of Drs Tim Fooks and Ray Ghazanfar as Principal Investigators, Nurses Anna Harrison, Stephanie Marchant and Sara Green as the Clinical nursing team and Julie Eldridge as research facilitator - and some or all of the team may be involved in a particular project.

Some of the research we, and possibly you as our patients, have been involved with over the years has included 'The Garfield Study', which was a worldwide observational study to enhance the breadth and depth of understanding of stroke prevention in Atrial Fibrillation, ultimately providing strategies to improve patient outcomes. We also took part in the 'Vidal' study, (Vitamin D and Longevity - VIDAL) Trial, which was a two year trial sponsored by the London School of Hygiene and Tropical Medicine which recruited 1615 participants via 20 GP practices across the country in a blind trial to take vitamin D oil (or a placebo) in the 65 to 84 age group. It is thought that people with low vitamin D blood levels seem to be at increased risk of several diseases including heart disease, various infections and some types of cancer. We have also just completed the HEAT trial, which was a trial based on the link between aspirin use and peptic ulcer bleeding in people predominantly infected with the ulcerogenic bacterium 'Helicobacter Pylori'. And we have just signed up to the CLASP Renewed Study, a study for patients which offers tailored support in primary care for cancer survivors, to improve their quality of life. This study aims to evaluate Renewed Online - an online intervention offering lifestyle and wellbeing support for cancer survivors.

Ultimately being involved with clinical research is down to patient choice but we thank all patients who have considered or have been involved with any of the research we have undertaken over the past few years.

Julie Eldridge

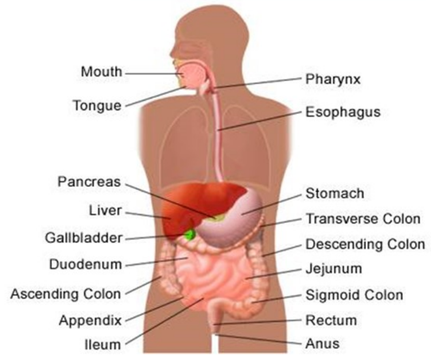
We are most grateful to our advertisers for sponsoring our newsletters.

GUT FEELING

We were delighted to welcome Dr Adam Stone to talk to our Public Meeting in June, some 5 years on from his previous talk, ‘Guts and Butts’. Again, the hall was full, with nearly 100 of us keen to learn more about our digestive system.

He told us he was a junior doctor in London but has been at St. Richard’s for 17 years, dealing with the alimentary canal, ie from the mouth to the anus.

Scopes can be used to look at the majority of this ‘canal’, with an endoscopy (using a thin flexible tube with light and camera) investigating from the mouth to the duodenum, with a colonoscopy looking at the colon. Usually our ‘gut feeling’ is indicating a benign problem, but sometimes it can be significant.



Dyspepsia (indigestion) is a very common problem, the risk groups being:
white
male
aged >45 (x 4)
smoker (x 6)
drinker (x 8)
reflux (x 40).


with this picture used as his example

He indicated that 4% of GP appointments are related to dyspepsia and each year 2% of the population will have an endoscopy. Symptoms will be a combination of: upper abdominal discomfort, anorexia, nausea, bloating after food, a feeling of fullness, pain behind the breastbone, feeling satisfied after only a small amount of food. Reflux leads to pain when swallowing (odynophagia: odyno – pain, phagia – swallowing) and dysphagia (dys – difficulty)

He also mentioned thrush (candida) which can affect various parts of the body but which, when severe and recurrent, can indicate a reduced immune system. In the mouth it can be raw and uncomfortable to swallow, creating a burning sensation and possibly reflux when lying down at night. Symptoms of reflux are similar to those of cancer of the oesophagus and so do need checking.

Dr Stone went on to tell us about various ‘bugs’ that can live in our digestive tract and, if not treated, can over the years lead to cancer. Helicobacter pylori live in the stomach, causing gastritis or ulcers which can become infected increasing the chance of cancer. However, the infection can be diagnosed using a ‘breath test’ and then cleared with antibiotics.

Polyps are possible in various parts of the body – if in the stomach they will not turn into anything nasty and are, therefore, left. In the colon they can grow but can be removed by snaring and ‘twisting them’.

We were amused to hear of the variety of foreign objects found during investigation – eg rings, wrappers, batteries, pins, staples, a pearl earring. Depending on where they are and how ‘embedded’ they may well be left alone.

He went on to talk about the lower end of the tract – anus, rectum and colon. The sort of symptoms which will need investigating are: diarrhoea, constipation, bleeding and changes in your normal bowel habit, such as frequency, consistency or needing to ‘go’ in a hurry.

A colonoscopy is performed to investigate these symptoms. Such an investigation gives a ‘bird’s eye view’ and will show haemorrhoids/piles which can bleed, are usually benign and are more frequent in ladies than in men. These can be easily removed like docking a dog’s tail. They are uncomfortable but rarely dangerous.

He then explained that diverticular disease is when pouches form on the outside of the bowel and then food becomes trapped, causing pain and infection; again the infection is treated with antibiotics, although occasionally parts of the bowel have to be cut out. Polyps in the large bowel can grow and bleed, but will be removed as they are pre-disposed to cancer; they will have a ‘snare’ put around them and an electric current passed along the snare to ‘cook’ them.

Other possible problems with the colon are IBS (irritable bowel syndrome), ulcerative colitis (which can turn into bowel cancer) and Crohn’s Disease, all with similar symptoms – bleeding, diarrhoea, pain or gurgling noises. Stools can be dark and with mucous, with diarrhoea occurring 10, 15 even 20 times a day, possibly resulting in anaemia and protein levels falling. Treatments vary depending on the diagnosis, but can be diet (cutting out wheat and dairy), exclusion of gluten and steroids. Hookworm is also fairly common and easy to treat, although Dr Stone does not see it much in West Sussex due to better hand-washing. Tape worms, symptomized by an itchy bottom, can be up to one metre in length, with the cure being to find the head and ‘cook’ it.

Symptoms of IBS include bloating, pain which is reduced when you’ve had your bowels open, diarrhoea/frequency. Often the cause is not known but can be due to lack of fibre, food sensitivity, inflammation, infection or antibiotics – the ‘mayhem from bugs’ lasts as antibiotics change the balance of good and bad bacteria in the gut. Sometimes natural treatments like peppermint oil or aloe vera help, as can a wheat and dairy free diet, the FODMAP diet (types of carbohydrates called **F**ermentable **O**ligo-, **D**i-, **M**ono-saccharides **A**nd **P**olyols) or antispasmodic drugs. He also told us that almost all over 70 year olds will have diverticular disease, but that this does not necessarily lead to problems. The advice is to eat a high fibre diet and to avoid pips, eg in tomatoes.

The pancreas can also cause us complications with the two main problems being cancer and jaundice. If it is inflamed it can make you very sick which can be at any age.

The ‘middle section’ (small intestine/ileum) used to be more difficult to investigate as CT or MRI scans show the general shape but not what is happening inside. However, there is now a capsule the size of a broad bean which has a light and camera and is swallowed, taking between 6 and 36 hours to travel through the small bowel, taking 20,000 photos. Previously the results were dependent on being studied manually; however, this is now done by computer and is, therefore, very accurate.

The last section related to the liver and Dr Stone explained that it is the largest organ in the body and is ‘upset’ by drugs and alcohol, giving little warning that it is not coping. The first sign is jaundice, eventually presenting with a build up of fluid in the abdomen (ascites) which can, to a certain extent, be treated with water tablets; however, if more acute this fluid can be drained off. Ultimately some patients will require a liver transplant due to their overuse of alcohol; tragically despite surviving this very expensive and risky operation, not all these patients, such as George Best, will stop drinking. Dr Stone ended saying **“Please look after your liver – it is a big organ and it does a lot for you.**”

Dr Stone then invited questions, one being about listeria – which, we were told, is caused by poor hand-washing, resulting in contaminated food, and can also be in soft cheeses. It can cause serious problems for those with weak immune systems and particularly for pregnant ladies causing defects in the unborn child. In hospital there might be one case per year.

When asked why polyps in the stomach are not removed, the answer is that they do not turn into cancer; however, in the colon they may be problematic within 2-5 years.

There was also a question about babies and their digestion – boys in particular can suffer from 12 week reflux with projectile vomiting, but will usually grow out of it, generally the cause being immaturity or possibly a cow’s milk allergy.

Our gall bladders are ‘residual’ from the way we have evolved and, although they store bile are not essential. If your gall bladder is causing problems avoid things like fish and chips and be cautious with your diet.

Coeliac disease is intolerance to gluten, with symptoms including bloating and diarrhoea; confirmation of this disease is a simple blood test or a biopsy. It was discovered in Holland in 1944, when some children fed with flour made from tulip bulbs instead of wheat, seemed to have a better bowel function, only to worsen again when bread became available after the war.

Finally, with regard to the health benefits of probiotics, Dr Stone said that there is little evidence for the current ‘rather basic’ products we can buy, but he expected, in the next 20 years, this may well change as they are made to contain a ‘far greater concoction of bugs’.

Thank you Dr Stone for your time telling us rather more about our digestive system, hopefully enabling us to look after ourselves better. Editor