

BETWEEN FRIENDS

THE NEWSLETTER OF THE FRIENDS OF HENFIELD MEDICAL PRACTICE

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Chairman's Report

We know that many patients of the Henfield Medical Centre look out for this newsletter, so first of all please accept our apologies for the slightly late appearance of this issue. It is no fault of our hard-working editor, Doreen Webster, whose second issue this is, and it is well up to the standard set in her first issue last Spring.

The impending retirement of Dr Malcolm McLean in many ways marks the end of an era. When we came to Henfield over 40 years ago, there were just two doctors in the practice, Drs Squire and Wellings. I joined Paul Wellings' list, and when he retired Malcolm McLean joined the practice with Robin Norman and became my doctor. What changes we have seen in the intervening years ! Many of us in the Practice owe a great deal to Malcolm, and we wish him a very happy and healthy retirement. He lives in the village and will still be around, and indeed still active in the Medical Centre in the early part of 2014.

Various items in this issue illustrate how active the Friends are. We were particularly pleased at the reaction to our stall on the Common when the home-made smoothies produced through exercise bikes made a healthy drink, while raising valuable funds. Our thanks go to Swains, Jeremy's and Budgens all of whom generously donated quantities of fruit for the smoothie-making process.

You will also find some details of recent purchases that will all benefit patients, including an *Action for Deafness Crescendo 50 loop* system at the reception desk, to assist communication with patients who have hearing problems. A major recent purchase is a special DVT (deep vein thrombosis) testing kit. This equipment is new to the market, and can also be used for extra tests such as bloods and triptin levels. This will save time and should also save a trip to A&E for some patients. We have also purchased a second Spirometry machine for asthmatic patients, to test lung function. The last purchases can be seen in the waiting room – an easel with wipe-clean magnetic toys for the children, and an update for the *Envisage* screen.

In closing, the committee of FHMPT would like to wish all our members and readers a very happy Christmas, and all you would wish yourselves for 2014.

Peter J Bates, Chairman of FHMPT

Editors Note

We hope that you are all feeling more fit and healthy after our lovely summer and mild autumn and have had your jabs to ward off the winter ills. This edition is a good blend of practice news, useful advice and accounts of various staff exploits. We hope you will enjoy this variety. My experiences of the French health service were very much as Dr. Crawford Clarke tells us in her entertaining article-satisfactory but different. My son also did the 3 Peaks Challenge and is a marathon runner.

There are obviously going to be changes in the NHS and our local experience of it, but let's hope they are good ones for all of you. In the meantime our very best wishes for the festive season and the New Year when we will look forward to meeting you at the interesting talks that are planned for 2014. Meanwhile look at page 7 for details of an event this month

Doreen Webster

MULTI-MARATHON ILIDIA

The London Marathon is an incredible race. The course, crowds and atmosphere are unlike any other. On the morning of the big day there's such a great buzz. I love it - it's tough but seeing the thousands of heads bobbing in front of you, streaming over Tower Bridge, is an amazing experience. But what raises it from superb to superlative for me is the fantastic support I get from patients and staff at Henfield Medical Centre. Ilidia Campbell

Ilidia has run over 20 marathons, mainly London, Brighton, Barcelona, and recently she ran the Clarendon marathon (Salisbury to Winchester). She has also run four ultra marathons all 30 miles. She usually trains four times a week and spins twice a week (on a stationary bicycle). In the past Ilidia has raised money for Chestnut Tree House Children's Hospice, Well Child, Worthing Hospital for a new scanner, Henfield Medical Centre, the Stroke association, Cancer research, and for the past two years for Alzheimer's society. This year when running for the London Marathon she raised £1,150, thanks to the generosity of the patients and staff at the medical centre, and is very happy to report that she has secured a 'good for age' place at the 2014 London Marathon. Watch out for Ilidia's sponsorship forms at the Medical Centre and Woodlawn in the Spring.

1988

2014

So this is Goodbye then?

Dr McLean to leave the Practice in the New Year

That I landed up in Henfield as locum, then partner ,in April 1988, less than ten miles from where I was born (in Shoreham), was never planned nor foreseen. My journey here had taken me via Cambridge, London, Cornwall and Paris; the first, where I had studied, and the others, where I had worked in hospitals. I had planned to be a hospital physician but gave general practice in the Roseland Peninsula in Cornwall a try-out and, much preferring it, gave up my consultant aspirations. Married to Cristina, from Valencia, Spain, and with Duncan, our oldest, only one year old, we found Cornwall to be a bit too far away from all family and friends so moved back to Sussex.

We have loved living in Henfield, still in the same house we bought from Dr Debbie Rogers who was leaving the practice just as I was joining it. We love the landscape around the village and river as well as the nearby Downs; I have walked, run, cycled and ridden a horse along the myriad foot and bridle paths through this beautiful scenery since our arrival. We have also been lucky to have made good friends here, many via the Henfield Joggers club I helped found in 1990. We are not planning to move so hope to continue to enjoy even more the countryside and our friends for a few more years yet.



What to write about my work as a GP here for just over 25 years? Whilst I recognise that I myself have changed since I arrived, there have been huge changes in the world of general practice, the NHS and in the Henfield practice itself over that time. It hardly seems possible, now that we are used to our bright twice-extended Medical Centre, that we managed in the relatively tiny surgery at Hewitts. Likewise that we used to be looking after our patients 24 hours a day, 7 days a week and 365 days a year between ‘3 and a half’ of us. Now we have seven doctor-partners as well as Katie Hill our Managing Partner; a nursing team four times the size of back then and far more admin staff. Yet we feel under more pressure during the working day than ever before!

The pressure we, the GPs, feel comes from a number of sources. Patient numbers have nearly doubled in those 25 years; work has moved from hospital to general practice, such as high blood pressure, heart failure, diabetes, chronic lung disease and so on. Expectations have increased dramatically, both from many patients and from the government; that we manage chronic diseases according to endless guidelines, keep to budgets for prescribing and referrals, and generally ensure complex accountability for all this.

For about the last fifteen years I have had an additional role, that of GP Training and later GP Tutor. We have been a Training Practice for something like thirty years;

first Robin Norman, then me, then Karen Crawford-Clarke and John Derrett. The doctors we are training to be GPs have usually done 4 years or so of hospital posts since qualifying before they come to us. The GP Tutor job involved facilitating education and preparation for revalidation for established GPs in the area. These extra roles probably added to the general pressure of my work but at the same time increased job satisfaction. Having a bright keen younger doctor to teach the art of General Practice with them working closely alongside me for a whole year has been a great privilege and I am sure I will miss it.

On the theme of missing aspects of my work as a GP, obviously the main element is looking after patients especially those whom I have got to know well over the years. Because the relationship between doctor and patient can be strong, because people can be so very different and because due to illness or stress people can feel things strongly, this relationship does not always work. That said, it has been for me the greatest source of satisfaction and, again, a feeling of privilege.

When anyone at the surgery says they will miss me when I leave, I'm afraid I know that at best it will be true for a couple of weeks if that. With the pressures of each day, they just have to get on and deal with whoever is around at the time. I, on the other hand, really will miss being a partner GP at the surgery. It will be a massive change to my life. I am very happy to be able to feel that I leave behind me a team of doctors who are all of very high quality and who have a very good working relationship between them. They are also extremely fortunate to have Katie Hill in charge as managing partner with Karen Crawford-Clarke, executive partner. The nursing team, led by Fiona Ordidge, are all wonderful. We still congratulate ourselves for our wisdom in appointing her even though she had no primary care experience. The 'girls' in the office do a fantastic job as well as dealing with us stressy doctors and our moods, especially when on duty. They have created such a warm friendly atmosphere in the surgery over many years. I will most definitely miss that.

DIABETIC RISK ASSESSMENT

Boots the Chemist have introduced a new *Boots Diabetic Risk Assessment* developed by Diabetes UK. It will help you work out how likely you are to get Type 2 diabetes in the next 10 years, give you advice and information to help manage your risk and if necessary generate a referral letter to your GP.

It is better to take action as early as possible– so ask about it the next time you visit a Boots store or go to boots.com/diabetesrisk

IMPORTANT MESSAGE FROM NHS ENGLAND ABOUT YOUR DATA

Care Data

Information about you and the care you receive is shared, in a secure system, by healthcare staff to support your treatment and care.

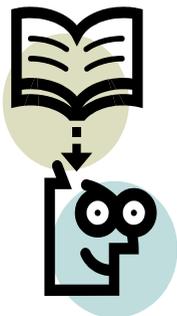
It is important that we, the NHS, can use this information to plan and improve services for all patients. We would like to link information from all the different places where you receive care, such as your GP, hospital and community service, to help us provide a full picture. This will allow us to compare the care you received in one area against the care you received in another, so we can see what has worked best.

Information such as your postcode and NHS number, but not your name, will be used to link your records in a secure system, so your identity is protected.

Information which does not reveal your identity can then be used by others, such as researchers and those planning health services, to make sure we provide the best care possible for everyone.

You have a choice. If you are happy for your information to be used in this way you do not have to do anything. If you have any concerns or would like further information please download a copy of the leaflet "How information about you helps us to provide better care" from the Henfield Medical Centre website, or pick up a copy from Reception. If you wish to prevent your information being used in this way please email henfield.receptionists@nhs.net or telephone the surgery.

We need to make sure that you know this is happening and the choices you have.



Have you looked at the bookshelves in the Henfield and Partridge Green waiting rooms recently? Both always have a great selection of titles which change very regularly. They are a good source of money for the Practice and great bargains for you. Please hand your unwanted books to the receptionists or, if you are having a big clear-out, ring Peter on 01273 493172

LIVING WITH PAIN

Living with long-term pain : a guide to self-management has been produced by Arthritis Research UK and aims to offer a lifeline to those people who feel they have exhausted the usual avenues of NHS treatment. About 10 million people in the UK live with long-term pain which can have a significant impact on their lives which can only be partially addressed by painkilling drugs. The new guide has been produced in response to patient demand.

The guide explains the different types of pain where people can get treatment and advice such as pain management centres and clinics, and has sections on specific treatments such as cognitive behavioural therapy and physical rehabilitation approaches. There is also an interactive section which outlines ways in which people can manage the pain themselves encouraging them to complete pain diaries and set achievable goals.

Living with long-term pain: a guide to self-management is available to order or download at www.arthritisresearch.org, by email from enquiries@arthritisresearch.org by telephone on 0300 790 0400 or by post to Arthritis Research UK, PO Box 177 Chesterfield S41 7RQ.

Stop Stroke FAST

Did you know that every five minutes someone in the UK has a stroke?

Stroke or 'brain attack' is one of the country's biggest killers. And when stroke strikes it affects more than just the person concerned - it affects everyone who loves them.

You must act **FAST** when someone has a stroke. If you notice any of these symptoms : facial weakness, arm weakness or speech problems—**it is time to dial 999.**

The sooner someone gets medical attention and the correct treatment the better their chances of survival and recovery.

A DATE FOR YOUR DIARY

Please do join us for our evening on Self-Care on Thursday 28 November - *Who Needs Antibiotics ?*. Led by Fiona Ordidge, the Practice Self-Care champion, the evening will also feature two of the doctors and other nursing staff. It promises to be a very interesting evening.



Reflections on working abroad in other health care systems

I took a three-month break from Henfield Medical Practice this summer to explore what it was like working in France and Bermuda. My family came too and enjoyed the holiday while I worked!! It was a huge challenge having to consult in French and to try and grasp the different ways that GPs work. In a short space of time I mastered two new computer systems, two new systems of payment, and I had time to reflect on the different ways of working in these two countries. In this article I am just going to compare France and the UK – the system in Bermuda is a completely different kettle of fish!

France has a reputation for having an excellent health service and I wanted to see it first hand. There are anecdotal reports of patients getting super-fast, excellent service. They have higher life expectancy than the UK but lower “healthy life years”. They spend 11.8% GDP on health compared to 9.8% GDP in the UK. Both countries have good access to health for rich and poor, but the UK has longer waits for surgical procedures (but not for GPs). France has higher self-reported unmet care needs.

I made some lovely new friends for life in France as I spent the first week shadowing the GP and living with his family. We worked together, swam in the beautiful lake Geneva, climbed one of the Alps, the Dent d’Oche, and had enormous family meals with all the cousins, uncles and grandparents. They were so kind and generous and patient, as it took me a good three days of shadowing the GP to feel confident in the GP system there. Well, I can confirm that French bureaucracy is not a myth. In the months leading up to my sabbatical I nearly gave up trying to work there so many times because of the bureaucratic barriers that were constantly put in my way. In the end, I just had to believe that it would happen, pay for travel and PI insurance, and hope the final documentation would follow. Luckily it did. At work I saw the French addiction to the stamp or “tampon”. Every consultation involved at least one form or certificate that needed to be stamped on each copy. Every prescription or referral letter also required a stamp. Le tampon was the non-verbal cue for the patient to get out the chequebook because I had to take 23 euros for each consultation.

The French system of general practice has not developed in the same way as the British system. The French work as we did in the 70’s. It is not necessarily

worse but probably less efficient. We can look after almost twice as many patients on our list by using the skills of the health care team. I haven't worked out of course how much it costs to have all the other team members – nurse , health care assistant, secretary, phlebotomist, manager, compared to just employing another GP.....One thing is sure, patients consult their GP more frequently in France (consultation rate per patient per year is 5.0 in the UK and 6.9 in France). However, in the UK we also have a lot of nurse consultations, which are rare in France, and increasingly we do telephone consultations, almost unheard of there. The patients feel more cossetted by the GP in France and they expect more from the consultation in terms of time and prescriptions.

In France the GPs and specialists are paid on a “fee for service” basis. In the UK we are paid partly on our patient list size and partly on whether we hit targets of good care. Our pay is NOT related to the number of patients we see. In France the GP takes the money after each consultation and the patients claim it back through one of the three big insurance companies. Therefore handing over money does not reduce the consultation rate. Paying a fee for service therefore incentivises the GP (perhaps subconsciously) to see the patients more often. They certainly have no financial incentive to deal with the problem on the phone or arrange a nurse consultation instead, whereas we do. However, the French, being slightly hypochondriacal culturally are happy to oblige and lap up the extra attention!

In the UK we are way ahead in terms of computerisation of patient records. I feel more confident with our advanced computer records that we are less likely to make prescribing errors, we prescribe more uniformly and cost-effectively, and our patients with chronic disease have better measurable outcomes ...because we are paid to measure them! Our patients see a health professional less often for advice and support. This must have all evolved because of the systems imposed on the GPs by government, starting with the NHS in 1948, because our basic principles of wanting to care for and do the best for our patients is the same on both sides of the Channel.

The admin costs of the NHS must be significantly higher in General Practice, although I don't have any figures. In France I worked mainly alone with a receptionist for 4 hours a day and no one else. In Henfield I seem to employ a whole army of staff to do the administrative work of collecting all the data we have to provide, and also to deal with a larger list size. I do think the NHS has gone too far now in its demand on GPs to provide endless outcome data. The actual work of the GP is different, well in Henfield anyway, because we don't see much of the minor illness or routine reviews for chronic illness anymore, so almost all our consultations are more complicated, with no quickies to catch up, and we have to consult more quickly anyway, and it is probably more mentally draining,

consultations are more complicated with no quickies to catch up. We have to consult more quickly anyway which is probably more mentally draining, though consulting in French was pretty tiring for me!

Finally the system of referring to specialists is very different. In France I would telephone a local specialists private clinic, write a hand-written letter which I would give to the patient and they would go to the clinic. The wait for the appointment depended on how well served we were in that particular speciality, and for Rheumatology there were no local specialists at all! The secondary care service was therefore more fragmented than here. We follow referral pathways in the UK now, with the hope that this will minimize unnecessary referrals and direct the patient to the most appropriate department. We have protocols to ensure the right tests are done prior to referral. In France the GP could order any test they wanted – thus sometimes exposing patients to unnecessary radiation from MRI scans etc. There is no monitoring of referral rates in France as there is here,

So overall a fascinating experience, and I returned , again feeling grateful for our NHS that gives equal access to all echelons of society and a pretty excellent service for the money that we put into it.

Dr. Karen Crawford-Clarke

There are lots of references to energetic pursuits (jogging, running marathons, climbing mountains) in this issue of Between Friends. They are possibly not for all of us but walking can be just as beneficial for our general fitness. If walking is also a social activity it can be even better.



Horsham District Council has an extensive programme of walks. There are one or more every day starting at many locations in the area. Every one has an experienced leader. They are graded into three categories according to ability and range in length from two to five or more miles. You may need a car to get to the starting point but some are very close.

A full list is available on Horsham.gov.uk/leisure or you can get a copy from the library.

Why not give it a go?

Patients in PARTRIDGE GREEN please note that the surgery will be CLOSED from Christmas Eve until 2nd January



IT IS NOT TOO LATE TO PROTECT YOURSELF THIS WINTER

Influenza

We have been vaccinating patients against flu throughout October in our Walk-In and Saturday clinics. It is not too late to have the vaccination. We will continue to give vaccinations throughout November and December by appointment. Although flu is generally a mild illness, it can cause serious complications for people in the 'at risk' groups. It can also make long-term medical conditions worse.

The Department of Health and NHS England recommend the following groups be vaccinated:-

Over 65s and patients at risk with any of the following diseases: respiratory, heart, kidney, liver, neurological disease, diabetes.

Children's Flu Protection for children AGED 2 and 3 on 1st SEPTEMBER 2013

A new vaccination programme has been introduced to protect Healthy Children aged 2 and 3 against Influenza.

The Vaccine FLUENZ is a NASAL SPRAY and can be given by our Practice Nurses

Pneumococcal Vaccination

This is a one off single injection given subcutaneously or intramuscularly into the arm and is only given once in a lifetime.

Invasive pneumococcal disease (pneumonia) is a major cause of morbidity and mortality, especially among the very young and elderly population.

The vaccination can be given by our Practice nurses this winter and is available to any adults who are eligible for the flu vaccination.

Shingles Immunisation 2013

Available to Patients **AGED 70 and 79 on 1st SEPTEMBER 2013**

A new vaccination programme has been introduced to protect older people against shingles. This vaccination can be given by our Practice Nurses

For further details please visit our website henfieldmedicalcentre.co.uk or contact us on 01273 492255

NEWS FROM THE PRACTICE

In September we said goodbye to Dr John White as he had completed his training programme with us.

In August we welcomed Dr Farhana Badshah and Dr Josse Emanuel who are both doctors in their third year of training to be a GP.

We have also recruited a new receptionist, Emily Black, to join our front of house team.

Dr McLean will be retiring at the end of December, but you may still see him in the Practice in the New Year as he has offered to help us out during our busy times in January.

Samantha Strachan, Practice Nurse, has recently gained a diploma qualification in Contraception and Sexual Health after completing a six month Brighton University course.

We are currently working on a project with our fellow Chanctonbury Locality Practices looking at the problem of people who fall regularly and ways to help prevent this.

Being proactive in preventing ill-health and helping patients to stay well and manage their ailments through self-help is very much on the NHS agenda. The Friends of Henfield Medical Centre are supporting this initiative with their educational evening on 28th November and by helping us promote the Self Care Leaflets that can be found on our website and in the entrance to the Medical Centre.

For those aged over 65, or any age and at risk because of a chronic disease – such as diabetes, heart or respiratory disease, one of the most important and easiest ways to protect your health at this time of year is to have an annual vaccination against flu and we will be continuing to offer the vaccination all through the winter.

Lastly, and forgive me if it is too early to say it, may I take this opportunity to extend best wishes to you all from the GPs, Nurses and Practice Staff at Henfield Medical Centre for very Happy and Healthy Christmas!

Katie Hill, Managing Partner

Simplifying Bereavement Admin.

Making several phone calls to inform various authorities when a relative dies can be very painful. The Government's **Tell Us Once** service makes this a little easier. Once a death has been registered, you can report it to all the relevant departments in one go. Visit gov.uk/tell-us-once for more information,

Advice and Help Outside Surgery Hours

If you need urgent medical advice outside surgery operating hours i.e. 6.30 pm to 8.00 am Monday to Friday and at weekends **telephone 111**. Call handlers will ask you questions and depending on the answers will respond in one of the following ways. Advise you to contact your surgery when next open Advise you to attend A & E. Send an ambulance.

Refer you to the out-of-hours service and arrange for you to attend a base (local ones are located at Horsham Hospital, Princess Royal Hospital or Worthing Hospital) or have an out-of-hours doctor either telephone you or visit you at home.

Urgent Advice and Help During Surgery Opening Hours

Think GP not A & E

Henfield Medical Centre always has a health professional on call for on-the-day problems during the hours 8.00 to 6.30 Monday to Friday, as well as a minor illness nurse who can often help and treat, Although we do not offer a 'walk-in' service, we would always prefer that, before considering an Accident and Emergency Department, patients phone us first. We will help if we can, thereby taking the burden away from busy A & E Departments and saving NHS resources. Each patient attending at an A & E Department raises a monetary charge which is taken from this area's commissioning budget. This is not NHS money well spent if we could have offered the service at the Medical Centre.

Please don't forget that for general guidance on non-urgent matters at any time a Pharmacist can often help or the NHS Choices website can be very helpful. The GPs and nurses at Henfield Medical Centre also recommend the website Patient.co.uk.

Our very grateful thanks go to these local businesses who have generously supported this issue of 'Between Friends' with donations and therefore enabled us to reach more people.

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And Ascent Hearing Care


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MY THREE PEAKS CHALLENGE

In January of this year in a moment of madness I volunteered to take part in the 'Three Peaks Challenge' – climbing Ben Nevis, Scafell Pike and Snowdon in 24 hours over the weekend of Saturday 6th July and Sunday 7th July 2013.



I decided to raise money for 'ChildLine' and 'Battens Disease Family Association' both really worthwhile causes that I believe need all the support that they can get in this current climate.

Training started in January in the winter months, battling snow, sleet, hail, rain, and occasionally sunshine (although not often!)

We decided to travel up in a minibus the night before, and finally arrived in Fort William at 11am the following morning, having not slept for 28 hours in the most uncomfortable transport ever!

And so the challenge began at 3pm. Enthusiastic though very nervous, we made good headway until the weather changed dramatically after 3 hours of walking, and visibility became difficult. The temperature dropped and our main hazard was crossing the snow crevice safely in order to reach the summit. Our journey down was hampered by the fact that I fell due to the weather and poor visibility and we lost valuable time. On reaching the minibus our spirits were very much deflated!

Travelling overnight to Scafell Pike in wet clothes, feeling cold, tired and hungry, with lots of aches and pains was the real 'Challenge'!

Arriving at Scafell Pike in the Lake District at 5am in the morning was a wonderful experience. It was sunrise, the weather was beautiful and with dry clothes we were ready to start again. Only one more to go!

Scafell Pike was very different. The terrain was extremely hard but the scenery and weather were wonderful, although as we had not trained in any really good weather the heat was a burden!

Down from Scafell Pike at 11am and straight on to North Wales and Snowdonia. At least we managed two hours sleep and were refreshed and eager to go. Snowdon was an enjoyable experience. The views were magnificent. The heat at some times was unbearable but by now we knew we would not finish in 24 hours so decided to enjoy the final mountain. Coming down in the dark with head torches was another experience altogether!

We achieved the 3 Peaks Challenge in 32 hours and I have the certificate to prove it!

The grand total raised for my charities was £900—so a big thank you to all those sponsors who believed in me.

Also a big thank you needs to go to Adrian Schouten, Physiotherapist at Henfield Medical Centre for ensuring that not only could I achieve the challenge, but for also repairing the damage afterwards.

Vaneessa Snuggs, IT Manager, Henfield Medical Centre

COUGH.....SLAP.....SQUEEZE

More than 200 people choke to death in the UK every year—both adults and children And it is a terrifying prospect to face. If someone starts choking try the following three actions in sequence.

1.COUGH Get them to cough up what is causing the choking. If that does not work.

2. SLAP. Get them to lean forward, support them with one hand in the centre of the chest and give them a hard slap in the centre of their back with the heel of your other hand. You need to be firm. If the first slap does not dislodge the object slap them again. Each time check whether you have managed to clear the obstruction but, if not, give up to five firm back slaps. If that does not work

3. SQUEEZE Grasp the person round the middle from behind. Put your thumb into the palm of your hand and close your fingers round it to form a fist. Then with the thumb side of your fist, press it into their abdomen half way between the belly button and the bottom of their breast bone. Put your other hand on top and squeeze tightly, pressing inwards and upwards with a quick thrust (this is called the Heimlich

Manoeuvre) Check to see if this has dislodged the object. If not do it again. Do up to five of these abdominal thrusts and then go back to five back slaps.

If the problem continues get someone to call an ambulance while you continue the cycles of slaps and abdominal thrusts. Even if your thrusts have been successful the person should always be checked in case there is any internal damage.

This technique can be used on children who are old enough to walk . If a young baby is choking just adapt the techniques slightly. For the slaps the baby should be placed face down on your forearm while he or she is slapped firmly on the back with the other hand. For the squeeze lay the baby face up on your forearm and using two fingers poke hard downwards and slightly towards the head on their breastbone, in the centre of the chest just below the nipples.

As with an adult, get someone to call an ambulance if the initial back slaps and thrusts have not worked and ensure that the baby is checked if you've had to do any abdominal thrusts.

For further information on dealing with choking see the NHS Choices website or The BBC Health website.



ADRIAN SCHOUTEN

Chartered Physiotherapist

MSCP (England) MAPA (Australia) MCBF (Holland)

Providing Total Rehabilitation & Injury Care

National Provider Code: 8DP54

BUPA Provider Code: 81048497

Henfield Medical Centre, Deer Park

Henfield, West Sussex BN5 9JQ Tel: 01273

DATES FOR YOUR DIARY

**Thursday 28 November 7.30 pm-Henfield Medical Centre
Who Needs Antibiotics? Self Care**

Christmas Opening Times

Christmas Eve: 8am - 6.30pm (*Reduced service from 3.00pm*)

Christmas Day - CLOSED

Boxing Day - CLOSED

**Partridge Green closed from Christmas Eve
until January 2nd**

New Years Eve: 8am - 6.30pm (*Reduced service from 3.00pm*)

New Years Day - CLOSED

**Thursday 20 March 7.30 pm-Henfield Medical Centre
Pain Management with
Dr. Stephen Ward and Lord Richard Luce**

CONTACT DETAILS

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