

Patient Participation Group

Newsletter



Incorporating the
Friends of the Badgerswood and Forest Surgeries

January 2012

Issue 4

Chairman and Vice-Chairman Report

We enter 2012 having held our 1st AGM held at the end of November in the Lindford Village Hall. Our committee and office-bearers are now officially elected but we are still short of committee members, so if you would like to help, please get in touch.

The funds for the cardiograph machine have been donated to the Badgerswood Surgery and the machine has been purchased. Forest Surgery is now in need of new baby-scales and we are helping to raise funds for these. One of the lamp standards fell down on the path from Forest Road a couple of months ago and we are hoping that the firm who repaired this may assist in sorting the pathway.

Many changes have occurred in the practice in the last 3 months and we outline these for you later on.

The educational article in this issue is on the 'Management of Acute Stroke' by Dr Clark from Forest Surgery. We think the standard of our articles is very high and very relevant to you. This is our 3rd article. If you want back copies, let us know.

We have had no further suggestions for improvements in the practice. We welcome any comments if you feel anything can be changed (forms available at surgery receptions)

Dr Walters from Forest Surgery has written an article for us on Clinical Commissioning. This was a topic which was discussed at the National meeting in July and Dr Walter's helps to clarify what is happening here for us.

The Patient Representative Study is now taking shape and we hope soon to have a cohort of patients to help us. This combined study by the Practice and the PPG should roll out in March.

Finally, we are now looking for patients and friends to become 'Members of the PPG'. Later in the newsletter is an article outlining how to become a member. 'Membership Request' forms are enclosed with this newsletter.

New Heart Machine at Badgerswood



The Badgerswood Surgery took delivery of their new Electrocardiography machine on 11th November. Dr Leung, together with Dr Boyes and Sister Henderson, received a cheque from Mr Ian Harper, Treasurer of the PPG, in the presence of Mr David Lee, Chairman and Mrs Parker-Smith, Secretary.

Headley responded well to the fund-raising request of the Group, the Open Gardens event of the village gifting £500, the Lions Club of Woolmer Forest £200, and the remainder coming from generous donations of local residents and patients. A 'thermometer' chart on the surgery door, which showed the rising level of the funds as they approached the target, encouraged the further donations needed to purchase the machine.

The machine is marked to show that this was purchased from donations raised through the PPG. A record of all the donors will be kept by the PPG and will be available for anyone who wishes to see this list but will not be available publicly as some donors wish to remain anonymous.

Membership of the PPG

Since the foundation of the Patient Participation Group of the Badgerswood and Forest Surgeries, we have struggled with the finances at our disposal to carry out the aims of our Group. We were fortunate at the outset to be given £200 by an anonymous donor but this is slowly being used up. We decided right from the start that any donations given for a Charitable purpose would be used entirely for that purpose and to this end, the £1855 given for the ECG machine at Badgerswood Surgery and the funds raised for the baby scales at Forest Surgery, will all be given away.

It is important that we carry out our remit – that we relay to you, the patients, your relatives and the public, what is happening at the surgeries, allowing you to input your thoughts, and educating you on medical matters which could be of critical impact to your health. Our newsletter, which has now been produced quarterly in-house, we feel is of very high quality and goes a large way to achieving this. It costs us about £150 - £200 to print each issue. Part of the cost of this came from the pockets of members of the committee and also from the practice funds. We are now looking at help from some advertising but don't want to swamp the newsletter or change its style with adverts.

We have other ideas of things that we want to do - improve our web-site, introduce health fairs and health education and talks locally. We want to be proactive to help our practice to improve even more its very high standards and to fund raise for equipment which is not funded by the Trust.

All this costs cash and we now want to ask if you would be prepared to help us by becoming a member of our PPG. This would help us in 2 ways. For an annual subscription of £5, it would give us some funding, but also it would give us someone who would express an interest in our Group. You could be someone we could turn to, to discuss plans and who would be prepared to advise us. In return we would send you copies of our newsletter – by Email if you wish. You would be come part of our Group. We enclose forms with this newsletter. Please come and join us and help us.

1. Welcome by Chairman – The Chairman welcomed all and explained that this was the first AGM of the PPG.

2. Introductions – The committee was formally introduced.

3. Apologies– Drs Leung, Walters, Boyes, and Clark.

4. Attendance Record - An attendance sheet was placed at the Hall entrance for everyone to sign.

5. Chairman's Report - The Chairman thanked past members of the committee, particularly Moira Clark, George Watt, Geoff Lewis and David Rhys-Vivien. He described the setting up of the Group, its aims and its Constitution. He listed its achievements in the past year drawing attention to patient communication and feedback, the quarterly newsletter and the fundraising efforts including the purchase of an ECG machine for Badgerswood Surgery and the present fund-raising activity for baby-scales at Forest Surgery.

He described how the administrative and donation accounts were maintained separately and how the Group was classed at present as a 'Small Charity'. Finally he discussed the desire of the Group to set up an annual membership and how this would function.

6. Election of Committee –No new names were proposed for election to the committee. The present committee was all prepared to stand for re-election, was proposed en bloc by Barbara Symonds and seconded by Wendy Bennett. This was unanimously accepted.

7. Financial Report - This was presented by Ian Harper, Treasurer. Although the official end of the financial year was 31st March 2012, the accounts had been checked to 31st October 2011 by Bob Wilson, Accountant and seen to balance with the bank statement. Since that date, the funds for the ECG machine had been donated to Badgerswood Surgery.

8. Appointment - Examiner of Accounts - 2011/2012 – David Lee, Chairman, proposed Bob Wilson, as official Examiner of our Accounts for the coming year. This was seconded by Ian Harper, Treasurer, and was unanimously accepted.

9. Any Other Items – None

10. Date of Next AGM –March 2013 - date TBA

The evening concluded with an informative presentation from Hampshire and IOW Air Ambulance Service.

Clinical Commissioning Group News

Dr Charles Walters

Badgerswood and Forest surgery, like all practices in England, has become part of a clinical commissioning group. Clinical commissioning groups are collections of practices that together will decide on which health services will be available locally. Parliament is currently discussing NHS reforms and it is planned that clinical commissioning groups will be fully functional in April 2013. In its current form, our commissioning group is working alongside Hampshire PCT (Primary Care Trust) to influence planning of local health services.

As a practice we are obliged to get involved with the commissioning group, work within our budget and collect data to help the commissioning process. Inevitably this means more GP and practice manager time is being allocated to this work

The final organisational structure for commissioning groups has not been fully decided. Our local commissioning group is called the South Eastern Hampshire commissioning group. It consists of 17 practices along the A3 corridor from Hayling Island in the south to Badgerswood and Forest surgeries in the North. A board of 5 GP's has been elected and is working with a management team from Hampshire PCT to help the PCT make commissioning decisions and develop the processes that need to be in place for April 2013. A number of meetings have been held with local practices, health service providers, patient groups and social services to develop local health care priorities.

Given the current economic climate it is not perhaps surprising that much of what has been discussed has been about keeping health service costs under control. Some of the areas where most NHS money is spent are emergency hospital admissions, attendances at A&E and Orthopedics. Much of the commissioning work will focus on encouraging the right patients to use the right services at the right time.

Changes currently being planned and discussed include

- developing an improved out of hours GP service
- improving access to community care services to help patients stay at home
- possible development of a local minor injury services
- improving current Musculoskeletal clinics to reduce use of hospital orthopaedic services

Your doctors are getting involved in this work to make sure that their opinions are part of any decisions that are made and that the interests of all our patients are taken into consideration.

This month's educational article is by

**Dr Laura Clark
Forest Surgery**

who tells us about

Acute Stroke



Dr Clark grew up in Weybridge, Surrey. After a successful education at Heathside and Strodes Sixth Form college she entered St. George's Medical School in London. Undergraduate studies were followed by 6 years working as a hospital physician in various hospital departments across the southern counties. A desire for family life led her into General Practice in 1995. Initially based in West Sussex, her husband's anaesthetic training brought them back to Surrey and finally to Farnham. Dr Clark worked there for 6 years before joining the Forest Surgery in November 2010. She has three teenage sons and when freed from the cooker enjoys running, gardening and hill walking.

'ACUTE STROKE' by Dr Laura Clark

What is a stroke?

Stroke is a term used to describe injury or damage to the brain as a result of blockage of an artery, or less commonly, leakage or haemorrhage. When the problem is blockage, the situation is similar to a heart attack - a 'brain attack'.

Normally the brain acts to tell the body what to do. It does this through a complex network of electrical wires called nerves which travel to and from the body. Depending which part of the brain is affected by a stroke will affect that part of the body controlled by the nerves from that brain part and the loss will be immediate eg paralysis of an arm or a leg or sudden difficulty in finding words. The results can be devastating. Once part of the brain is permanently damaged, it never recovers. The brain cells never regrow. and unless the blood supply to the cells is quickly restored, the cells will die, that part of the brain will stop working and never function again.

How does a stroke come about?

Our body needs oxygen to live. This is breathed in from the air by our lungs, transferred into our blood, then carried through our insides by a system of pipes called arteries to all the cells in our body. If an area of the body is deprived of blood and therefore oxygen, the cells start to die. Some cells are more susceptible to lack of oxygen than others and start to die more quickly and brain cells are very sensitive. Blockage of an artery to the brain eg by a blood clot (medically called a 'thrombosis') starves that part of the brain entirely of oxygen.

Why is it important?

Stroke is the 3rd most common cause of death in the UK, with one person affected every 5 minutes! There are ways of reducing your chances of having a stroke and there are treatments but nothing can be done once the cells are dead, and the cells die so quickly, you have to act **FAST**.

Most strokes occur in the over 55's and are commoner the older one gets. Initially it is difficult to tell how extensive the brain damage is and one third will recover within one month but most have long lasting problems and some people die.

What are the symptoms of a stroke?

Strokes are sudden, can last 24 hours and may occur while you are asleep. Remember the acronym from the last newsletter: **FAST**

- F** - **Face** - Drooping of eyes mouth or face
- A** - **Arm** - Difficulty in raising arm or leg
- S** - **Speech** - Slurred speech – not talking sense
- T** - **Time** - Time is vital - Time to call 999

Sudden loss of vision or dizziness may also suggest a stroke.

What do I do if I think someone is having a stroke?

Time is vital. **Call an ambulance. Don't call the surgery.** Say you think they're having stroke. There is clot busting treatment which can clear the thrombosis but it can only be given in hospital and within 3 hours of the start of the stroke. Ambulance crews are trained to assess from the moment they arrive.

What is a mini-stroke?

This is usually due to a tiny fragment blocking an artery and clearing within 24 hours. Medically it is called a 'Transient Ischaemic Attack' (TIA) and may lead to a major stroke so should be checked urgently with your doctor.

What can I do to reduce my chances of having a stroke?

- 1) **STOP SMOKING** Smoking doubles your risk of a stroke. It causes hardening of the arteries and increases the risk of thrombosis. Stopping is the single most important thing to do.
- 2) **ALCOHOL** Binge drinking and excess alcohol, increase blood pressure making arterial rupture more likely.
- 3) **WEIGHT CONTROL** reduces the risks of diabetes and high blood pressure both of which cause arterial damage.
- 4) **EXERCISE** Regular exercise keeps the arterial circulation and heart in good form reducing the risk of stroke.

Should I see my doctor because I'm worried about a stroke?

If you think you have an irregular heart beat, high cholesterol, high blood pressure, diabetes, or someone in your family has had a stroke, you are at increased risk, especially if you think you may have had a mini-stroke.

If you think this is you, seek a check-up with your doctor.

Secretary of the PPG



I moved to Lindford 20 years ago, having always previously lived in Hertfordshire and Buckinghamshire, with a year spent living in Kilmarnock, Scotland.

I have two daughters - 2 grandchildren and a new one awaited at Christmas!

I am District Councillor for Lindford and am in my fourth term (13th year).

I run Lindford Ladies (formerly Lindford WI), am a governor at Basingstoke NHSFT, President of the League of Friends Chase Hospital - so you can see I have a great interest in Health as I also sit on a Health and Well Being Board at East Hants District Council.

I don't have a lot of time for hobbies! I do however love reading, listening to talking books, playing with my dog, meeting friends, and of course seeing my family.

My husband is a parish councillor, so you can tell we both like to be involved and to help in our community. Before I retired I worked as a part time Office Manager in Alton for some 14 years.

I used to love to sing, but a recent illness seems to have damaged my voice somewhat!

How does our Practice Compare?

Our July Issue of the Newsletter provided us with data for our Practice compared to other Practices in Hampshire and the rest of England and you may recall the Badgerswood and Forest Practice fared very well. (Seeing a doctor within 24 hours - 96% compared to Hampshire 86% and England 84% ; seeing the doctor you wanted – 76% compared to 68% and 63%).

To expand this further, it has always been said that the UK NHS system offers a very high standard of care compared to the rest of the world but is this still the case? An independent study published this year compared the standards of Primary Health Care in 11 countries with highly developed medical systems. Not all had exactly the same system as ours but 27 different aspects of care were compared. The conclusion was that the UK came “top or near-top in most of the 27 items” examined.

Examples of the good care given are as follows:

1. Referral to a Specialist It is good practice to expect that the GP provide the Specialist with a history of the patient’s problem, enclose the results of any tests which have been performed, anticipate that the Specialist not repeat those tests which have just been performed as this is unnecessary, and that the Specialist write a communication back to the GP. The following chart compares the percentage failure of this to happen in the 11 countries.

As can be seen, the UK came out best.

2. “Medical Errors” (including minor errors). The UK and Switzerland had the least at 6% with the USA worst at 17%

Many other examples were given but the study concluded that the reason the UK did so well was because of the efficient co-ordination of all aspects of patient care by the GP system.

Recent changes in the practice

Practice Announcement

Dr Elizabeth Burrin has left the Practice
at the end of December.

She will be greatly missed and we would like to wish her all
the best for the future

As noted above, the practice wishes to officially announce that Dr Burrin has now retired from the Practice after nearly 6 years. In the last few months she had reduced her hours and taken on part-time sessions, but has now officially decided to leave. Two new salaried doctors will be starting on the 4th of January, Dr Ian Gregson and Dr Stephen Carr-Bains and they will be based between both Badgerswood and Forest Surgeries but also providing cover at Highview Surgery. Some of you may know Dr Stephen-Carr who was with us previously. This would leave Dr Chamberlain as the only female partner at Badgerswood Surgery. In order to help with the female GP slots, Dr Cooper from Forest Surgery will now spend 1 full day at Badgerswood.

Julia Lunn, Deputy Practice Manageress based mainly at Forest Surgery, left on the 21st September. She has now been replaced by Tina Hack who lives in Farnham and comes with 10 years experience in General practice. Her last post was in Dapdune House Surgery in Guildford and she started with us on the 5th December. Again she will be based mainly at Forest Surgery.

Practice numbers continue to increase and at present are approximately 11,630. The situation regarding Highview surgery is still under consultation but we hope a final decision regarding management of the practice will be made by Easter. Dr Stephen Carr-Bains appointment is planned to cover many of the sessions at Highview Surgery but at present patients from Highview Surgery can make appointments to be seen at either Badgerswood or Forest Surgeries and the GPs from both surgeries are conducting clinics there regularly weekly.

Practice Details

	<u>Badgerswood Surgery</u>	<u>Forest Surgery</u>
Address	Mill Lane Headley Bordon Hampshire GU35 8LH	60 Forest Road Bordon Hampshire GU35 0BP
Telephone Number	01428 713511	01420 477111
Fax	01428 713812	01420 477749
Web site	www.headleydoctors.com	www.bordondoctors.com
G.P.s	Dr John Rose Dr Anthony Leung Dr Anna Chamberlain (1 day/wk)	Dr Geoff Boyes Dr Charles Walters Dr Laura Clark (3days/wk)
	<u>Both Surgeries</u> Dr Susie Cooper (2days/wk) Dr Ian Gregson Dr Stephen Carr-Bains	
Practice Team	Practice Manager Sue Hazeldine Deputy Practice Manager Tina Hack 1 nurse manager 2 practice nurses 2 phlebotomists	
Opening hours	Mon	8.30 – 7.30
	Tues/Wed/Thurs	8.30 – 6.30
	Fri	7.30 – 6.30
Out-of-hours cover	Thamesdoc	Call 0300 130 1305

Committee
of the
Patient Participation Group
of the
Badgerswood and Forest Surgeries

Chairman

David Lee

Vice-chairman

Sue Hazeldine

Secretary

Yvonne Parker-Smith

Treasurer

Ian Harper

Committee

Maureen Bettles

Dill Williamson Smith

Nigel Walker

Contact Details of the PPG

www.headleydoctors.com

www.bordondoctors.com

or

via forms available at the surgery reception desk



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