

Patient Participation Group

Newsletter



Incorporating the Friends of the Badgerswood and Forest Surgeries

January 2014

Issue 12

Pain causes tension...

Learn how to -
Release tension to improve posture
and reduce pain



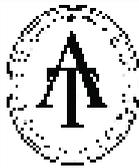
**Change your posture and improve
your health & well-being**

Alexander Technique

- **Relieve muscular tension and stiffness**
- **Help back, neck and shoulder pain**
- **Learn to manage the symptoms of stress**
- **Become more attuned to your body and aware of bad postures and movement habits**
- **Develop better balance and co-ordination**
- **Improve performance and prevent injury in sport and music**



*Good posture promotes
confidence & energy*

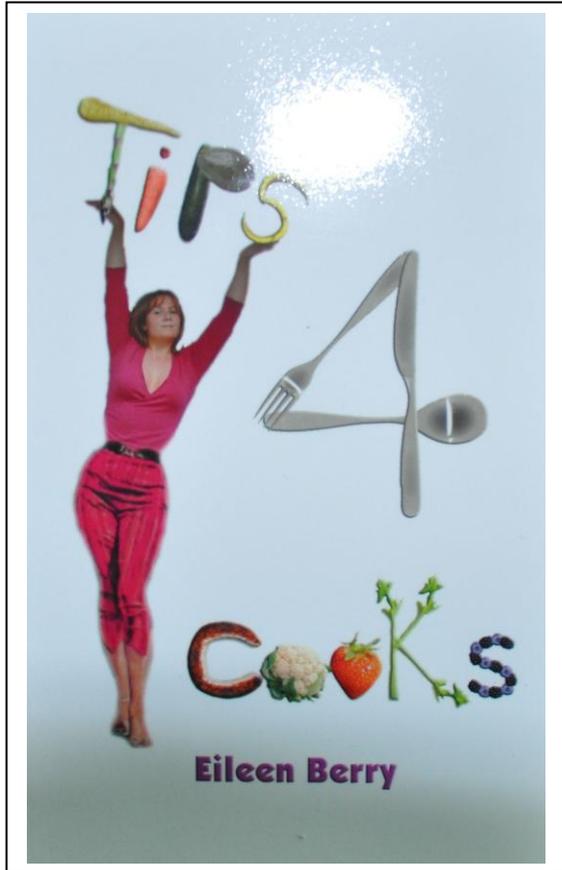


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Fundraising – Tips 4 Cooks



Brian Donnachie is a patient of Badgerswood. He has very kindly given the PPG copies of this book "Tips 4 Cooks" to sell to raise money for our latest projects. It was written by his wife Eileen who sadly passed away recently

We would recommend a minimum donation of £2. Copies are available in the receptions of Badgerswood and Forest surgeries. Please support us and give a thank you to Brian by buying a copy of "Tips 4 Cooks".



**HEADLEY
VOLUNTARY
CARE**

(covers Arford, Headley, Headley Down, Lindford, Standford)

**Do you need help to go to
a hospital, doctor or dental appointment?**

Call 01428 717389

Also we need more volunteer drivers and co-ordinators.

Petrol costs and expenses reimbursed.

Can you help us? Call us on the above number.

YOU can make a difference to a family in your community

Many parents need help, friendship, advice or support during those early years when children are young. Your experience as a parent can help others. There are a variety of ways you can volunteer for Home-Start WeyWater.



Home visiting Volunteer – Home-Start provides a unique service for families –recruiting and training volunteers to support parents with young children at home.

Trustee - with your skills and experience you will have an input on how our scheme runs and develops in the future.

'Friend' - you can help us raise our profile in your community and help with our ongoing fundraising.

Home-Start WeyWater, c/o Chase Children's Centre,
Budd's Lane. GU35 0JB

Tel – 01420 473555 E-mail – office@homestart-veywater.org.uk

**Help us to combat the silent, common problem of
High Blood Pressure**

**The PPG has already raised funds for
Ambulatory BP monitors**



**We now want to install
BP monitors in the waiting rooms
for all patients to use as they arrive.**

**Every patient can check their own level and report this
to the GP or nurse during their consultation.**

A monitor for each surgery costs £1674

Can you help us by making a donation, however small?

**Every patient detected and treated may prevent a stroke
or a heart attack. It may be you!!**

All gifts to be donated to the receptions at either Badgerswood or Forest
Surgery. (Please leave your name and contact details so we can
acknowledge your gift).

Chairman and Vice-Chairman's Report

Our 2 new GPs, Dr Carrod and Dr Mallick, seem to be settling in well to the Practice and we have already received good reports from several patients. Dr Rose is still around however, helping out with the occasional locum, and some patients have tried to manipulate their appointments to coincide with his clinics. However, Dr Rose is already heading down the route of many retired doctors - "just as busy but doing his own thing in his own time and learning to say 'No' to those things he wants to avoid". Holidays, gardening, major building works, fishing, running, seem to be taking a priority now. Quite right!

Dr Rose's retiral dinner at the Headley Village Hall was a major success and members of the PPG committee were invited. Ian Harper gives us an account of the evening together with some pictures.

In October Sue and Nigel organised a meeting for our members and we are pleased to say that we had a good turnout. Dr Rose kindly came out of retirement to give us an excellent talk about 'Flu'.

Soon after Dr Mallick arrived, a decision was made to replace the examination couch in his room which was rather 'Victorian' and unstable. The PPG was able to pay for this partly funded by a kind donation from Headley Voluntary Care.

Encouraged by our secretary, Yvonne Parker-Smith, we decided to fund a table at the 'Chase Hospital League of Friends' village fete held recently in the Masonic Hall in Bordon. The event attracted some new members. Unfortunately the overall turnout of visitors was small so I'm sure if we repeat it, we can do better. We must try again, having learned from our experience this time.

The developments at the Chase Hospital progress slowly and again we have an article to keep you informed. The Business Plan from the CCG should be submitted very soon and hopefully the £2.9m will be acquired to allow the building works to progress by the beginning of next year. There has been a problem however which has arisen which may cause a minor delay in the building programme. This is explained by the CCG later in this newsletter.

Sara Tiller, Chief Development Officer of the CCG, has written an article for us looking at the health service needs in this region in the future.

Much work and thought has gone into this and I think this article is excellent. It is well worth a read and time should be spent reflecting on its content.

Our Educational Article this time is on 'Hypertension' or High Blood Pressure, written for us by Dr Carrod from Forest Surgery. This highly important disease, which is usually silent, can lead to serious or even lethal complications. The PPG is looking into ways that can help to identify patients suffering from this disorder. At present we are fund- they visit the surgeries.

Out-of-hours calls are now triaged by tel. no. '111' which has gone live in this area.

As mentioned in our last newsletter, we have now compiled and edited a booklet of our "Educational Articles". This was a more complex undertaking than we originally thought it would be. Each article appears as originally printed in each newsletter but now also has a summary highlighting each chapter's major points. Dr Leung has kindly written a forward to the booklet. Copies are now available via the PPG website

After the extension and re-building of Forest Surgery comes the prospect of needing to extend Badgerswood Surgery. In the near future we may see plans being submitted to build more consulting rooms and extend the pharmacy. Watch this space.

We have altered the date of our AGM next year. Please put this into your diary. This is planned for Wednesday 30th April 2014 at 7.30pm. Depending on numbers, we plan to hold this again in Forest Surgery.

We are awaiting a visit from the Care Quality Commission who have now reported on their first 1000 Practices visits. We have written an article about this as some of you will be asked to participate when they visit us.

Following discussion with the Pharmacies, we have been asked to print discount vouchers with the newsletters. You will find a voucher on the back page of this newsletter which you can tear off and use in either pharmacy if you wish. We are also in discussion with the pharmacies and hope we may soon be able to obtain special offers for our members.

Finally from the PPG and the Practice, may you all have a healthy 2014.

Issues raised through the PPG

On-line booking

This issue was raised in a previous newsletter. As you may know, the Practice attempted to run an on-line booking service previously but the demand for this was so poor, it had to be abandoned. However, it would appear that there is renewed enthusiasm for this service and therefore we would encourage anyone who wishes to use this, to register for this service.

On-line Booking for appointments is now available. The practice now has the facility for online booking of doctor appointments through the practice website - www.headleydoctors.com or www.bordondoctors.com

To register for this service, please speak to reception at Badgerswood or Forest Surgeries to obtain your personal user i.d. and password.

Please note that this service is separate from the repeat prescription service which will continue to run as before. The i.d. and password are separate for each service.

3 day prescription service

We have had several comments about the fact it takes 3 days to issue routine prescriptions, and some patients seem to have been upset about the notice which has appeared with their medication asking for them not to call for their medication within 3 days of their request going in. However, we would like to impress that it does take 3 days to prepare a routine prescription. The request has to go to the doctor for the prescription to be written and then has to come to the pharmacy for the drugs to be sorted and checked and packed. Emergency drugs, such as antibiotics have to take priority, and where patients call early asking for their medication, this only causes a delay to the system.

The pharmacies have tried to impress on you by notices in the pharmacy, an excellent article in one of our newsletters, and now a note with your medications asking for your assistance not to call early, but all to no avail.

Please, please, don't call for your standard medications within 3 days of putting in your request. They simply will not be ready!

Educational Articles Booklet

Now for sale, containing all the educational articles from the first 11 PPG newsletters, with added summaries as highlights.

Available for purchase at Surgery reception desks or by contact via the PPG Email addresses for £2 to cover the cost of printing.



Badgerswood Surgery
Headley



Forest Surgery
Bordon

PATIENT PARTICIPATION GROUP

Educational Articles

from the quarterly newsletters

Issues 2 to 11

July 2011 to October 2013

Edited by: David Lee, Chairman,
Badgerswood and Forest Surgeries PPG

Progress with the Chase

On 20th December, the Clinical Commissioning Group (CCG) received an early Christmas present. East Hampshire District Council gave conditional planning permission for:

- a new, additional, car park at the site in Conde Way
- a new entrance for the GP surgery planned for the hospital.

The conditions include that the works being undertaken protect some of the trees in the hospital grounds and that the redevelopment will start within three years of the planning approval. The NHS is not required to submit plans for the internal redevelopment of the site, which will account for most of the £2.9m required for the total scheme.

The new car parking area will provide an extra 23 spaces for the site. The new entrance to the GP surgery – or surgeries, if a second practice also moves in - will facilitate the different opening times of the hospital and surgery and give patients to the GP services a dedicated entrance, with a ramped access and handrail. No other material changes are required externally. Building work on the redevelopment is due to start next year. The hospital will remain open during the construction works.

By now the CCG should have submitted its Business Plan and we hope in the New Year that this will be approved and the £2.9m grant be awarded. Work on the re-development of the Chase can then begin.

Regarding the future use of the Chase, the 2 areas which seem most important to us at the PPG are a) the **development of more consultant led out-patient clinics integrated into Trust care-plans** and b) the **introduction of a minor injuries service**. We are still unclear how both of these are developing but will continue to press for more details. The transfer of 1 or possibly 2 existing GP Practices from 1 site to another, i.e.the Chase, will have no major impact on improving patient care in the region and we do wish to ensure that any proposed new services provide maximum benefit to local patients.

We approached the CCG with queries over 2 issues

- 1) We are informed that there is to be a delay in the development of the hospital. Could we have some clarification about this and whether this may affect the funding?
- 2) What is happening about the clinics? There have been rumours that some of the present clinics may be stopped or relocated elsewhere, as previous contracts have not specified a location for the provision of services. We must remain vigilant that we do not witness this occurring, and ensure that new clinics and services are provided as promised in the CCG Charter.

Why is there a possible delay in the start of work on site?

This is because of a change of roles and responsibilities of the various NHS organisations as a result of the national reorganisation and restructure of the NHS. New processes are being developed by national organisations and this had led to various delays. Up until March 31, 2013, the Chase building was run, owned and maintained by the former Hampshire Primary Care Trust (PCT). But from April 1, 2013, PCTs were abolished and replaced by clinical commissioning groups (CCGs), and South East Hampshire Clinical Commissioning Group (SEH CCG) became responsible for planning and commissioning health services in Whitehill and Bordon and the surrounding villages. The ownership of hundreds of NHS buildings nationwide also changed with a new organisation, NHS Property Services Ltd, taking over the Chase. In the lead-up to the abolition of the PCTs, SEH CCG worked with Hampshire PCT to plan the redevelopment of Chase – but it now has to work in partnership NHS Property Services, as the new landowner.

NHS Property Services has informed the CCG that there is a potential delay to the start of works on site because of a number of new procedures and approvals required internally. There is nothing that the CCG can do about this, although it is continuing to work with NHS Property Services to mitigate any potential delay by 'fast-tracking' other elements of the redevelopment to try to make up any lost ground. Even if there is a delay to building work starting on site, it is hoped to make up for some of the lost time by shortening other parts of the programme.

Some £2.9m was earmarked for the scheme. This money can't be released until the full business case for the redevelopment has been approved by several NHS organisations, including the CCG's own governing body. Work on the business case is continuing and is expected to be completed early next year. The outline business case has already been approved.

What is the latest news on the clinics? Are the eye clinics closing?

The CCG has started work on identifying the new services that might be commissioned at the Chase in future. This work is expected to take several months and further details will be shared with local people as this work progresses. But we are very happy to give the same reassurance about the future of the eye clinics now that we gave to GPs a few weeks ago when this was raised. The eye clinics are not ceasing – this was a rumour. The provider, North Hants Hospitals, has confirmed that they are not withdrawing this clinic and we shared this information with the last meeting of the stakeholders' Steering Group.

A Call to Action
by Sara Tiller, Chief Development Officer,
South East Hampshire CCG

NHS England is calling on patients, the public and staff to join in a discussion about the future of the NHS so it can plan how best to deliver services, now and in the years ahead. This is an opportunity for everyone to contribute to the debate about the future of health and care provision in England with a view to gathering views, data and information which can be used to develop national and local three and five year strategies setting out NHS commitments to patients.

Before the foundation of the NHS 65 years ago, many people faced choosing between poverty if they fell seriously ill or foregoing care altogether.

Some interesting facts. Currently:

- The NHS treats 1,000,000 people every 36 hours
- Between 1990 and 2010, life expectancy in England increased by 4.2 years
- 88% of patients in the UK described the quality of care they received in the UK as excellent or very good.

There have already been changes to make savings and improve productivity. However, without further changes, a high-quality yet free at the point of use health service will not be available to future generations. Not only will the NHS become financially unsustainable, the safety and quality of patient care will decline.

Here are just some of the things we need to consider:

- 71% of people agree that the NHS is one of the best health services in the world
- 45% of people say that the NHS makes them feel proud to be British
- Over 15 million people have a long-term condition and account for over 70% of all NHS spend
- People living in the poorest parts of England will, on average, die seven years earlier than those living in the richest areas, yet it is estimated that only 15-20% of inequalities in mortality rates can be directly influenced by health interventions
- Nearly 2/3rds of people admitted to hospital are over 65 years old
- There are two million unplanned admissions per year for people over 65 years, representing 70% of all hospital emergency bed days

- The proportion and absolute numbers of older people are expected to grow markedly in the coming decades and particularly in the over 85's

It is estimated that in England, the number of diabetics will increase by 29% in 2025 to 4 million and the number of over 80 year olds will double by 2030. There is an increasing demand for 7 day primary care access and it is estimated that if we do nothing, by 2020 the NHS will face a gap in funding of £30bn.

So, where will be the main challenges of supply and demand?

- Demands**
1. Ageing Society
 2. Rise of long-term conditions
 3. Increasing expectations

Supply of NHS Services

1. Increasing costs of providing care
2. Limited productivity gains
3. Constrained public resources

What will stay the same?

Doing nothing is not an option – the NHS cannot meet future challenges without change

This is **NOT** about

- Privatising the NHS
- Charging for services
- Restricting access

BUT

- Preserving the values that underpin a universal health service, free at the point of use, will mean fundamental changes to how we deliver and use health care services

South Eastern Hampshire

South Eastern Hampshire Clinical Commissioning Group covers 150 square miles, including Havant, Waterlooville, Petersfield, Bordon and part of the South Downs National Park.

The area has 203,092 local residents including:

A more elderly than average population

- 6,000 people who are over the age of 85 years
- More people aged 65 plus than under 19 years old
- A higher than average number of people aged 45 to 60 years
- Lower than average numbers of young people

Life expectancy

- for both men and women in East Hampshire is higher than the England average whilst it is similar to the England average in Havant
- We expect the population to grow over the next few years and particularly in the over 65s.

Deprivation

- South Eastern Hampshire CCG is the most deprived in Hampshire
- 17% of children in the area live in poverty

Births and deaths

- Cancer is the leading cause of death for adults
- There are around 2,500 new births every year.
- As a result we expect the population to grow over the next few years and particularly in the over 65s.

The health of local people

As you might expect within a diverse area, the health picture for our population varies. Economic and lifestyle factors can be a big influence on health and we know that there are areas of significant deprivation in the local area and this can have a big impact on people's health and wellbeing.

We know that:

- People in the more affluent areas of South East Hampshire are likely, on average, to live around 2.7 years longer than those in more deprived areas
- The proportion of people living with cancer is greater than the national average
- A higher proportion of people have chronic heart disease, stroke and hypertension than compared to other parts of the country
- The proportion of people with mental illness or dementia in our area is similar to figures nationally, however estimates suggest that dementia rates will increase significantly over the next 20 years.

What are the local challenges and opportunities?

We face challenges in the local area. These include:

- Higher rates of all types of cancer than England
- Increasing numbers of people with one or more long term conditions
- A significant rise in the number of people with dementia by 2020
- An increasing older population **with older carers**
- High levels of inappropriate attendances at the Emergency Department
- Low uptake of the MMR vaccination
- Increasing spend on prescribing in primary care
- A budget of about £1,040 per person.

There are enormous opportunities that could help us to tackle these including:

- Redirecting resources to prevention and early diagnosis
- Giving patients greater control over their health
- Improving the diagnosis and management of long term conditions
- Harnessing new technologies to deliver care differently
- Closer working and integration for community services with social care, the voluntary sector and other partners
- Rebalancing what we spend on treating different diseases
- Continuing to improve productivity within existing services eg. treating more patients out of hospital and reducing emergency admissions.

We need your views on what you value about NHS services, what you think our priorities should be and what changes we could make now.

- 1 What is most important to you and your family in terms of healthcare and why?
- 2 Do you think our priorities are right?
- 3 What do you think we could change or do differently?
- 4 What do you think we could do now that would help us make changes more quickly?
- 5 What do you think are the main difficulties and opportunities for the NHS over the next five years?

For more information and to complete a survey to share your views visit the South Eastern Hampshire CCG website at <http://www.southeasternhampshireccg.nhs.uk/a-call-to-action.htm>.



**Badgerswood Surgery
Headley**



**Forest Surgery
Bordon**

ANNUAL GENERAL MEETING
of the
PATIENT PARTICIPATION GROUP
of
BADGERSWOOD AND FOREST SURGERIES
to be held on
WEDNESDAY 30TH APRIL 2014 AT 7.30pm
at
FOREST SURGERY
followed by a talk by
PROFESSOR ROBERT MASON
PROFESSOR OF SURGERY
GUY'S AND ST THOMAS'S HOSPITALS

Wine and cheese will be provided

ALL PATIENTS OF BOTH SURGERIES WELCOME

If anyone wishes to stand for membership of the PPG committee,
either please leave a note at a surgery reception or Email
www.headleydoctors.com or www.bordondoctors.com at least 24 hours prior to the
meeting

Dr Sarah Carrod - Forest Surgery

I am delighted to join the team at the Forest and Badgerswood Surgeries. I have very much enjoyed the last few weeks settling into my new role and meeting the many very welcoming patients and extremely dedicated staff.



I grew up in South Africa and returned to England with my family in 1992 and after completing my A-level studies at Yateley Sixth Form College gained a place to study medicine at King's College London. After completing my junior doctor placements at Kings College Hospital and Mayday University Hospital, I gained a place on the Kings Surgical rotation and undertook posts in Orthopaedics, Vascular, Colorectal surgery and Paediatric Surgery. After passing the surgical exams, I opted for a career in General Practice as I enjoyed the holistic approach to patient care, the continuity in care and diversity of medicine that this career offers. I have not looked back. I love being a GP and caring for patients.

After completing posts in paediatrics, psychiatry and elderly care and passing my general practice examinations I qualified as a GP in 2008. Whilst undertaking salaried GP posts in Dulwich, and then in Basingstoke, I undertook an MSc in Primary Health Care which I completed in 2012.

My specialist areas include paediatrics, minor surgery, women's health and I enjoy getting involved in primary care research to help further our knowledge and practice of primary care.

I work two full days and two half days a week to allow time for my two young daughters, the oldest of whom has just started school. They keep me very busy outside of work but when I can, I enjoy running and the challenge of the occasional half-marathon. I may however have to give myself some time off to recover from the most recent Farnham Half-Marathon! What a gruelling one that is!

HYPERTENSION *by Dr Sarah Carrod*

This article aims to explain the meaning of hypertension and the values used to determine whether one is hypertensive. The main body will highlight the important elements for optimising blood pressure control and finally end with a paragraph to help clarify the common misconceptions that exist amongst patients about hypertension.

What is Hypertension?

Hypertension is raised blood pressure and is a risk factor for the development of heart disease, stroke, kidney disease and blindness. Blood pressure is the force of blood against artery walls. It is measured in millimetres of mercury (mmHg). Blood pressure is recorded as two numbers – systolic (when the heart contracts) over diastolic (when the heart relaxes between beats). Both are important in assessing risk. See figure 1 below, for the values.

Blood Pressure Level for Adults			
Category	Systolic (mmHg)	Diastolic (mmHg)	Result
Normal	Less than 135	Less than 85	Good for you!
Stage 1 Hypertension	135-149	or 85-94	Your blood pressure could be a problem. Follow the advice below on how to lower your blood pressure. A GP review is recommended.
Stage 2 Hypertension	150 or higher	or 95 or higher	You have high blood pressure – seek advice from your GP on how to control it.

Figure 1. Blood Pressure Levels for Adults

The higher your blood pressure the greater the risk of developing complications such as heart disease. The aim is to keep your blood pressure below the 'stage 1 hypertension' level of 135/85 (figure 1). Once your blood pressure starts to rise above this level, you may need further evaluation of your blood pressure.

Blood pressure however does often fluctuate. A visit to the doctors can often send it up! This is recognised and there is a move now towards ambulatory blood pressure monitoring for those who have newly detected raised blood pressure values. This allows you to continue your usual day to day activities whilst wearing a blood pressure monitor. Several daily readings are taken and these are averaged to give a more accurate picture of your true blood pressure level. This type of monitor is arranged through your GP and fitted by one of the practice staff. Another option is to take home blood pressure readings yourself with an automated blood pressure machine. It is recommended that 2 readings be taken more than a minute apart, whilst seated. This should be repeated twice a day for seven days. The first reading of the day is discarded and the remaining blood pressures are averaged. It is this blood pressure which will be used to determine which of the categories you fall within (see figure 1 above).

Who gets high blood pressure?

Approximately half of adults aged over 65 have high blood pressure¹. It is more common in the following groups of people:

- Those with diabetes
- From Afro-Caribbean origin or from the Indian subcontinent
- Those with a family history of High Blood Pressure
- Those with certain lifestyle factors such as those who are overweight, eat a lot of salt, do not eat enough fruit and vegetables, do not take enough exercise, drink a lot of coffee or other caffeine rich drinks or drink a lot of alcohol.

What can I do to help lower my blood pressure?

Lose Weight Blood pressure appears to rise proportionately to weight gain and therefore every pound of excess weight that can be lost will have a positive impact in helping to lower your blood pressure.

Regular Exercise The recommendation is to undertake half an hour of exercise every day for five days per week. This includes any physical activity that brings you out into a light sweat or makes you slightly short of breath. Following this advice could reduce your systolic blood pressure by 2-10mmHg¹.

Healthy Diet If you have a poor diet, a switch to one which is low fat, low salt and high in fruit and vegetables, can lower you blood pressure by up to 11mmHg¹. One should aim to reduce total and saturated fat, sugar and sugary drinks, refined carbohydrates, and excessive caffeine.

Studies support the adoption of the **DASH** diet (**D**ietary **A**pproaches to **S**top **H**ypertension) together with a low salt diet. The link below will take you to a document which will provide all the information you need about the DASH diet including how to get started.

www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf

Low Salt Diet Lowering salt is important in reducing your risk of high blood pressure. There is evidence to suggest that lowering salt intake has as similar an effect as adding a blood pressure tablet! Guidelines recommend no more than 5-6grams of salt per day. Look for foods which contain less than 0.3g of salt per 100g or 0.1g sodium per 100g.

Alcohol in moderation If you drink heavily, cutting back to recommended limits can lower high blood pressure by up to 10mmHg. The recommended limits are:

- Men – no more than 21 units alcohol per week (no more than 4 units in any one day)
- Women – no more than 14 units alcohol per week (no more than 3 units in any one day)

(one unit = half pint of normal strength beer, two thirds small glass of wine or one small pub measure spirits)

Stop Smoking Whilst smoking does not directly affect the level of your blood pressure, it greatly adds to your health risk if you already have high blood pressure¹. If you smoke and are having difficulty in stopping then pop along to our new smoking cessation clinic which runs on a Monday afternoon at the Forest Surgery. It is an excellent clinic with up to 50% success rates in helping patients to quit smoking. Why not give it a go?

Some common misconceptions about high blood pressure

1. High blood pressure is a temporary illness that will resolve.

No. For the majority it is usually life-long. However implementing the strategies discussed above can help to reduce your blood pressure.

2. Many think that stress is a main cause of high blood pressure.

Whilst stress may be a factor it is more likely that the other factors listed above are more important - weight gain, a poor diet high in salt, lack of exercise, excess caffeine or alcohol, etc – and don't forget 'at risk groups'.

3. Patients may present with headaches and dizziness when their blood pressure is not well controlled.

The majority are symptomless. Once on medication some patients experiment with stopping their medication to see if their symptoms recur. This is not advisable as not everyone will have their symptoms recur yet may still have high blood pressure. The longer your high blood pressure goes undetected or untreated the greater the risk to your health.

4. Many patients worry that use of medication may be harmful as they worry about drug tolerance, dependence or the drug 'building up' to harmful levels.

The two former are most unlikely and your GP will arrange for blood tests to help ensure no ill-effects from the medication.

Reference: Kenny, T (2012) *High blood pressure (Hypertension)*
www.patient.co.uk [02.12.13]

Mind over Matter

Some people strongly believe that if you put your mind to it, you can sometimes overcome physical disease such as cancer. You hear comments such as “I’m going to fight this”, but in the end, the disease always seems to win. But does it always? The thought of being able to overcome such a disease simply by setting one’s mind to this rather than through physical or medical treatments, has always been an attractive proposition to some.

But is there any evidence that a person, determined by will-power to get better, has a more successful outlook than someone else less motivated? Some people believe that the mind may stimulate the immune system which may have an effect against cancer. No doctor, however, would ever not treat a patient believing that their mind-set alone could win.

Before I retired from my previous life as a Consultant Surgeon, I dealt with many patients with cancer and weekly had to discuss with patients about their diagnosis and predicted outlook. I was fortunate because the type of cancers I dealt with in the main had a good prognosis after treatment and therefore the news to the patients, though serious, was usually up-beat. Patients however, clearly fell into 2 distinct categories – those who took the message ‘on the chin’, accepted what was told and at subsequent consultations were very positive, and continued life in a very positive way. The others found the diagnosis difficult to deal with and no amount of reassurance, or passage of time, made it easier for them to cope. Even those who were up-beat, when the cancer recurred, remained up-beat throughout, and their attitude to their disease always remained very positive even when their disease was obviously going downhill.

But can ‘Mind’ influence the way the disease progresses? Do people who are up-beat have a better out-look than those who are despondent and pessimistic about their prognosis? Is there anything in their behaviour which may influence their disease?

I think the up-beat patients I dealt with were very expecting of what we could do. When the first line of treatment failed and the cancer recurred, the up-beat type of patient expected, almost demanded, to know what was going to be done next to control this. They knew there was a treatment option, but not just that. It was almost “So what are you going to do now to get rid of this?”

Other patients tended to accept treatment, but were not necessarily expecting a cure. We were not physically pressurised by the up-beat patient, but rather mentally pushed to make sure that what we were doing was going to work.

We didn't do anything different between the 2 groups. In fact we didn't even recognise them apart at all. But we were just aware that some patients expected more of us than others. Some patients expected a result and could not accept that the medical profession on occasions did not have all the answers.

Did they do better at the end of the day? Did they have a longer disease-free interval before their cancer recurred? Almost certainly not. Did they respond better to treatment? Probably, no. Did they live longer at the end of the day? No

But did they cope better with their disease? Yes they did and they probably lived a life ignoring their problem most of the time apart from when they came to see me or when they needed any treatment. And there seemed little we could do to help the rather worried patients from worrying. Did they worry all the time? I hope not. Some gave me the impression they did.

Did I ever see a patient who 'bucked the trend' and seemed against all medical odds, to cure themselves. I can only remember 2 patients and they were remarkable

- 1) was a teenage boy. When I first met him I thought he looked rather strange – dyed blonde hair shaved at the sides to look like a Mohican Indian with numerous ear-rings and studded leather clothes. He presented with a large, evil feeling neck lymph node and my worries were confirmed when we biopsied this and he proved to have secondary melanoma. A thorough search failed to find a primary source of the tumour. The boy told me however that for years he had had a mole on his neck which had grown bigger and bigger and really annoyed him. In his mid-teens he had become very religious and one night before going to bed, he prayed that this mole would disappear, and the next morning, it had gone! Just like that. Six months later, he noticed this node in his neck just under where the mole had been.

I could only think that the skin melanoma was the primary, but how he could have managed to get this to go by prayer as he believed, and yet the nodes to carry on growing, I could never think that through. Unfortunately his node disease was extensive and he died within about 6 months. Melanoma is the one tumour which does seem to respond to medical immuno- therapy.

- 2) Many years ago I had a patient with stomach cancer which was blocking the outlet of her stomach. I operated planning to remove this tumour but at surgery, the growth had spread to her liver and was incurable. I simply did an operation to by-pass the obstruction. I took a biopsy of one of the liver secondaries and histology confirmed her stomach cancer secondary. Six months later she was still alive and very well which was unusual for advanced stomach cancer, and 2 years later she was still well – very unusual! She told me she had dreamed that her cancer had gone and wanted me to investigate again. I arranged a scan and her liver looked normal. She persuaded me to re-operate on her as she believed in her mind that her cancer really had gone. At surgery, there was no evidence of stomach cancer or liver secondaries. Stomach cancer never disappears but she believed she had wished it away.

Can Mind change the pattern and behaviour of a physical disease like cancer? I don't know. The medical literature is littered with such cases. Whether these have been 'Mind over matter' one can never tell. I'm sure these patients believe it is – but they are very rare.

David Lee

Looking for a venue for your function or group activity?

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The Care Quality Commission
How do I perceive that our Practice will meet the standards
expected from a CQC visit?

As mentioned in previous newsletters, the CQC started a programme of inspections of GP Practices around the country in April of this year and will at some time come to inspect our Practice here in Badgerswood and Forest Surgeries. All Practices are given 48-hours' notice to prepare for the first visit. These inspections are important. Failure to set an acceptable standard in even 1 part of the inspection, can lead to significant back-lash to the Practice with further more stringent inspections and penalties. As you know however, our PPG has worked closely with the Practice in the last 3 years including carrying out 2 extensive patient surveys with a 3rd on-going from both surgeries, and we are confident that the standards here are high.

Out of the 28 regulations which govern the work carried out in GP Practices, 16 essential standards which directly relate to quality and safety of care have been identified and it is these that the Inspectors will focus on. These relate mainly on how the Practice provides care to you, the patient, and in its web-page, the CQC states:

“Our inspectors will spend most of their time on an inspection talking to the patients and staff or, where established, members of the Patient Participation Group. Wherever possible they will observe the interaction of staff and patients (for example in the reception area).”

During the time available, the inspectors will only be able to cover 5 of these standards during their visit.

1000 Practices have now been inspected and reported. 34% have failed at least 1 inspection standard and 10 Practices (1%) are said to have serious failings. Unfortunately the media have published this as a serious problem with our GP service in the UK overall. In return, 74% of GPs polled after their CQC assessment, were critical of the CQC system and stated that they “did not believe that this was a fair way of assessing the GP system”. They also criticised the method used by the CQC for reporting as “disproportionate and inflammatory”. It seems therefore that the CQC wants to find fault rather than to praise which is a pity.

As Chairman of the PPG, I am in a unique position because not only do I have the role of PPG Chairman, but also I am a patient who attends the surgery regularly, and was also a doctor so am aware of the medical feeling and input into this. I can see this from all sides.

Since some of you may be asked to help these inspectors when they come, I thought it may be useful if I went through the 16 Essential Standards and how I would respond (The numbers below correspond to the Regulation Numbers).

Outcome 1: Respecting and involving people who use services

I have always found the receptionists, nursing and medical staff pleasant, cheerful and very helpful at all times. The PPG, together with the Practice, have completed 2 surveys involving both surgeries. All members of staff received an almost 100% satisfaction rate from all patients randomly surveyed. Personally, any decisions about my care have always been fully discussed with me before any action is taken, and then only with my agreement.

Outcome 2: Consent to care and treatment

I have attended the nursing and medical staff numerous times. Examination or treatment has only been given to me after my consent has been asked.

Outcome 4: Care and welfare of people who use services

I have no chronic disability but I know that the GPs in this area have fought hard to provide the best services that can be given to their patients in this area.

Outcome 5: Meeting Nutritional Needs

There is no water dispenser and no food provision. I don't think this is necessary for the majority of patients. I wonder if this may be needed for patients at diabetic clinics if running late

Outcome 6: Cooperating with other providers

Helen Heywood, our Practice secretary, provided us with a lengthy article in our last newsletter, outlining the methods of communication from the Practice to the hospitals. It also provided us with the methods we could use to find out how our appointments were progressing. Whenever I need a hospital appointment, the letter is dictated while I am in the clinic room and I hear what is said in the letter so I am kept fully informed.

Outcome 7: Safeguarding people who use services from abuse

We have 2 separate surgeries with 2 different types of populations. Each is treated with the same respect and dignity. We don't have a full time female partner at Badgerswood Surgery and the PPG hears occasional comments from female patients about their desire for this, but the Practice has part-time and locum female doctors who are previous female partners who fill regular weekly sessions.

Outcome 8: Cleanliness and Infection Control

On every visit, there seems to be continual cleaning and scrubbing. The PPG newsletter has tried to impress on patients not to attend the surgery with common colds and flu symptoms, childhood rashes, etc, although a good article was written about meningitis to help clarify this. There are surgical gel dispensers on site but no enforcement of usage either by patients, staff or visitors. The PPG has highlighted this to the Practice.

Outcome 9: Management of medicines

Both surgeries have their own attached pharmacies. GP prescribing of medicines is very controlled.

Outcome 10: Safety and suitability of premises

Forest Surgery has recently undergone extensive expansion to accommodate more patients, following the closure of one of the other Practices in Bordon. The number of patients in Badgerswood Surgery continues to increase monthly, and there are plans now to extend the building here also. At present, the building is suitable for the size of population but only just. Its layout is ideal apart from the reception desk which is within the waiting area and telephone conversations are audible to all patients in the waiting room. Care is taken with confidentiality but I gather plans are likely to change this with the new extension.

Outcome 11: Safety, availability and suitability of equipment

The PPG is very aware of old, obsolete, unsuitable, or dangerous equipment and fund-raises to replace. In the past 2 years we have replaced an ECG machine, an unstable examination couch, provided BP 24 hour monitors, pulse oximeters, and we are in process of fund-raising for patient self-measuring BP monitors. Any equipment which is unsafe is reported to us and we go fund raising to replace this. At present we are unaware of any dangerous item.

Outcome 12: Requirements relating to workers

As far as we are aware, all staff are fully qualified and competent.

Outcome 13: Staffing

We are not aware of any chronic staff shortages

Outcome 14: Supporting workers

We believe that all staff are properly trained and supervised and encouraged to improve their skills as they wish.

Outcome 16: Assessing and monitoring the quality of service provision

Our 2 surveys were conducted in conjunction with the Practice. We, at the PPG, made up the questionnaire, forwarded them to the doctors and nurses at the Practice, who modified them. Both surveys were run by the PPG enlisting the help of the PPG members, and by the Practice asking sequential patients who came through the reception doors of both surgeries. The PPG then analysed the results and submitted these to the Practice. Areas of excellence were praised in the newsletter, and areas which we thought could be improved were discussed and in some cases changed. In the end there was little that you felt you wanted to change.

Outcome 17: Complaints

There are different routes for patients to complain. Medical complaints go straight to the Practice to be dealt with directly. Complaints about service provision, especially those of a more constructive nature, tend to be encouraged through the PPG. These are discussed first at the PPG committee with the Practice Manageress (she is our Vice-Chairman). Occasionally the issue may be resolved at this level, sometimes an issue may need to go to the GP committee. Occasionally a suggestion may be very constructive and result in an improvement in patient service. A good example was where a change in the Practice booking system was made to coincide with the Voluntary Care Car Service to the benefit of both the Practice and the car service.

Outcome 21: Records

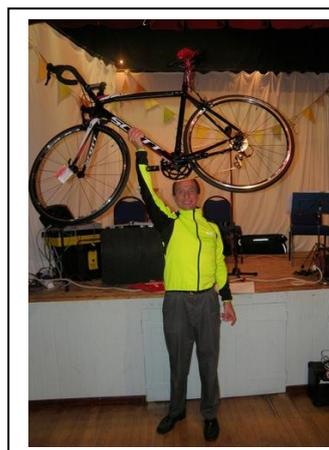
All my records are typed in front of me while I sit there and I can also see my previous notes. The notes seem very comprehensive. I can also clearly see what drugs I am taking. My records seem very orderly and concise and up to date.

These are the 16 essential standards that the inspectors will draw from to look at our Practice, and if you are asked to help, you will be asked to respond to one or more of these. The answers I have given above are mine.

Just another point to note. Despite the 'Data Protection Act', the Inspectors have the right to look at your case notes. They need to do this to inspect the format of the note keeping and are unable to do this without looking at your notes. They are forbidden to discuss the content of your notes obviously and we, and you, cannot prevent them from doing this!!

Good Bye Dr. Rose.

When the practice asked Dr. Rose what he would like for a leaving party he said at first nothing, but when pressed said, "O.K., A Barn Dance with Corned Beef Hash". So in early October, in the Headley Village Hall his colleagues arranged a Barn Dance to say good bye. The PPG was represented by me, my wife and the PPG secretary Yvonne with her husband.



The evening began with a rendering of "Nobody Does it Better" with specially adapted lyrics for Dr. Rose, performed by a local super group of, Dil Williamson-Smith former Practice Manager on vocals, Former Senior Partner Dr Paul Beech on lead guitar, Dr Marcus Saunders, who was a trainee with the practice in 1990s, on trumpet, Jo Smith on bass guitar and Sue Hazeldine our practice manager on piano.

This was followed by an excellent barn dance lead by the ceilidh band "Second Front" which tested everyone's concentration and dexterity to the limit.

A toast to Dr Rose was fittingly made by Shirley Morgan, the longest serving member of the practice.

Dr. Boyes spoke movingly about what the surgery owed to Dr. Rose. Thanking him for all the care, time, effort and dedication he had given over so many years. At the end of his speech he presented him with a gift of a mountain bike.

We all tucked in to an excellent meal of Corned Beef Hash, prepared by Wendy Downes, followed by cupcakes by Pru Harrold.



Paula, one of our practice nurses, had made a wonderful cake decorated with every type of medical equipment.

It was great to see that as well as his family and friends, Dr. Rose was joined in the evening by a number of past colleagues. A great time was had by all and Dr. Rose was given a truly appreciative send off.

PPG Members' Evening 29th October

You can never keep a good man down

Just after I retired I saw a t-shirt that said "The trouble with retirement is you never get a day's holiday. " To prove the point, when the PPG was looking for a guest speaker for its autumn members' meeting the first person we thought of as a guest speaker was Dr. Rose. The meeting was held on the 29th October at Badgerswood Surgery organised by Nigel Walker. Invitations were sent to all members of the PPG and we had nearly 30 attend. The evening started with wine and cheese which had been arranged by Sue Hazeldine our Practice Manager. We would like to thank Sue and the Practice for supplying this. Our Chairman David Lee gave a short update on the PPG. He then presented Dr. Rose with a book on fly fishing and some flies as a thank you from the PPG committee. Dr. Rose gave a very interesting presentation on Influenza. This included its history, how it is spread, the different types and how to protect by vaccination. He finished by illustrating how dangerous a pandemic can be with a short film of a map of the world and how its population has grown. The evening finished with more wine and cheese and an opportunity to chat with other members of the group.

Ian Harper , Treasurer

League of Friends Table

On the Saturday, 30th November, the League of Friends of Chase Hospital, held its Annual Christmas Fair at the Masonic Hall in Bordon. The PPG decided to have a table at this event. We had never been to such an event before and were unsure how to prepare for this.

Maureen raffled her teddy bear. Ian sold copies of the cookery book which had been kindly given to the PPG to sell for fund raising. Copies of our current newsletter were available for people to pick up and our Educational Article booklet was on sale. The Practice had also loaned us 2 Blood Pressure cuffs and we measured the blood pressure of anyone who wished as they passed.



Unfortunately the numbers of people of who turned up that day were fewer than expected. We sold some cookery books

but only 2 educational books. Several people came to have their BP recorded. One was mildly hypertensive on an initial check but normal on a recheck a few minutes later. Three people decided to join us as members.

I think we learned much from our experience and we have decided we will repeat this at some future event. We need to organise a proper table layout, a good banner publicising ourselves, again a blood pressure screening system, selling of our booklets and cookery books and aim to attract more members.

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Recent Changes at the Practice

It has been decided not to purchase a water dispenser for Forest Surgery. There are several reasons for this. Although the PPG has saved enough funds to buy the machine, the costs of plumbing and drainage, even from the cheapest quote, is more than twice the cost of the machine itself. Added to this, there are running costs such as frequent servicing and cups which were not budgeted at the time of the original estimate. However, the main reason is that the new flooring in the surgery has a guarantee which would be rendered void if there is water ingress under the flooring. Worries that spillage from the dispenser, despite a good extraction system from the drip tray, may result in damage to the floor, loss of the guarantee, and this has led to the decision not to install the water dispenser.

The Practice web-site is about to change. Dr Boyes forwarded the new home web-page for the PPG to view. It is a big improvement, very attractive and will be very 'user friendly'. We hope that the PPG will have its own site which should be able to connect to the Headley and Lindford village web-pages where the PPG also publishes its newsletters. We look forward to this coming on stream soon and will keep you informed.

New examination couch for Badgerswood Surgery

'Thank you' Headley Voluntary Care.

The PPG hands over a cheque for £1052 for a new examination couch at Badgerswood Surgery. The couch was purchased using funds donated thanks to a kind gift of £500 from Headley Voluntary Care and from funds acquired from adverts in the newsletter and subscriptions etc. The photograph shows the couch being tested by our Treasurer, Ian Harper, while the Chairman, David Lee, hands over a cheque to Dr Mallick.



Practice Details

	<u>Badgerswood Surgery</u>	<u>Forest Surgery</u>
Address	Mill Lane Bordon Hampshire GU35 8LH	60 Forest Road 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 Anthony Leung Dr I Gregson Dr F Mallick Dr A Chamberlain	Dr Geoff Boyes Dr Charles Walters Dr S Carrod Dr L Clark Dr A Chamberlain
Practice Team	Practice Manager Sue Hazeldine Deputy Practice Manager Tina Hack 1 nurse practitioner 1 practice nurse 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	Call 111	

Committee of the of the PPG

Chairman	David Lee
Vice-chairman	Sue Hazeldine
Secretary	Yvonne Parker-Smith
Treasurer	Ian Harper
Committee	Maureen Bettles Nigel Walker Heather Barrett Barbara Symonds

Contact Details of the PPG ppg@headleydoctors.com
ppg@bordondoctors.com

Also via forms available at the surgery reception desk

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
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