

Patient Participation Group

Newsletter



Incorporating the Friends of the Badgerswood and Forest Surgeries

October 2013

Issue 11

Pain causes tension...

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



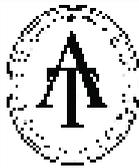
**Change your posture and improve
your health & well-being**

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*

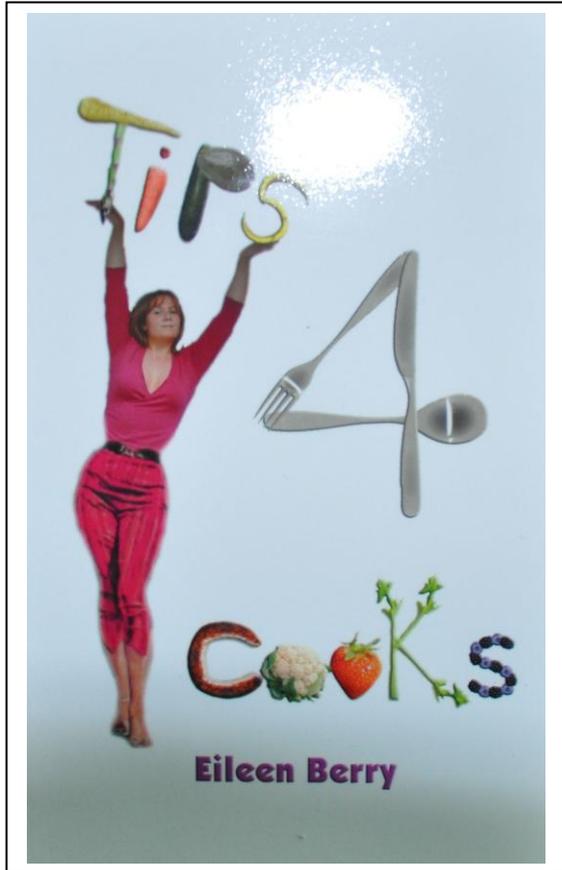


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Fundraising – Tips 4 Cooks



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

Chairman / Vice-Chairman Report

As you know, Dr Rose has now retired from the Practice, and we have also lost Dr Paterson! The big question everyone is asking is "Who is going to do the flowers at Badgerswood Surgery next year?" Will Dr Rose still creep in with his bedding plants even though he no longer works here. We did spy a patient coming out from the surgery with her son at the beginning of September who stopped to do some weeding and went off with a bundle of rubbish in her car. I don't know who she was – blonde in shorts. Maybe she will return to take over. We'll need to wait and see.

What a dramatic change is happening with our doctors as outlined later in the newsletter. Thank goodness Dr Leung and Dr Gregson are still here at Badgerswood and Dr Boyes, Dr Walters and Dr Clark at Forest. We're particularly pleased that Dr Chamberlain is coming back. Did we also see Dr Burrin?

Dr Rose has written an article for us on changes that have happened since he started in GP Practice. So much has taken place since then, he feels this calls for a series of articles starting with the impact of changes in surgical premises over the years. I'm sure this will all prove to be interesting reading.

Chase Hospital continues to cause concern and we hope this is not going to be a downward spiral. We have articles on this later in the newsletter - a series of questions to the CCG followed by formal articles both from the CCG and from Dr Boyes.

We thank Helen Heywood, our medical secretary, for her contribution. She gives an excellent account of her working day and tells us how your referrals and appointments are prioritised and made to different clinics. She also gives us an insight into other urgent and important tasks she is faced with, and how she has to fit these in – a busy and important member of the team.

The PPG have been very active in support of the Practice over the summer and in particular Ian Harper our Treasurer has been putting in a lot of time and effort. We asked him to pen an article for you to keep you informed of what he has been doing.

We have been approached by the CQC (Care Quality Commission) who have the remit to check all GP Practice Units around the country to ensure they are meeting acceptable standards. They are aware already that we have been covering many aspects that they may wish to look at.

In the last newsletter, Ian wrote an article about the Annual Meeting of the National Association (NAPP) in Bristol and he returned enthusing about many ideas. Over the summer, I've had the chance to look at some of these thoughts and was taken with a list he produced of things which other PPGs do. Many PPGs do completely different things from each other and I've printed the list of 20 examples of work done by other PPGs. I've highlighted in red those things which we already do.

Our Educational Article this time is on the management of a patient who **blacks-out or faints**. It might seem simple but if not managed properly, could be disastrous. I recommend you read this and also the Notice-board article which follows.

At present we are fund-raising for Blood Pressure monitors for the waiting rooms for both surgeries. These will be available for all patients to check their own BP on arrival (or if they simply wish to pop in to check). We thank you for any donations.

Finally, I hope you have been interested in our Educational Articles over the past series of newsletters. I think they are in fact quite unique in their presentations. I have chosen topics which I feel are very important to you, the public, as being either

- a) an illness which you may have without realising it (eg diabetes),
- b) a condition which, if it happens, you should know how to handle (eg stroke, or faint),
- c) a condition which you should get checked (eg meningitis), or
- d) something you can prevent (eg DVT).

They have all been written, I hope, in a way that are very readable and understandable to make you very aware of the importance of what to do in certain situations. Many of you may still have copies of all of the newsletters. However, we now have enough Educational Articles to print these as a booklet. For a donation to the PPG funds of say a minimum £2, copies will soon be available at our surgery receptions.

Issues raised through the PPG

On-line booking

In the July Issue of the newsletter, we quoted an Email : “Can anything be done to facilitate the booking of an appointment out of hours via the website facility which seems to be permanently disabled?”

The Practice has now received funding for 1 year for an on-line booking system. It is likely that this may be re-introduced by the end of this year and if successful, will probably continue thereafter. The system may offer only a limited range of appointments compared to telephone appointments. The PPG newsletter will keep you fully informed.

Defibrillators in Public Places

We wish to draw to your attention that availability of defibrillators to aid resuscitation of patients who have had a cardiac arrest before expert medical or para-medical help arrives is a great advance BUT IT IS IMPORTANT TO REALISE that the time between the cardiac arrest and arrival of the defibrillator is a ‘Golden Time’ during which resuscitation still needs to be carried out. It is vital not to wait around for a defibrillator. Please look at our ‘Educational Article’ and our ‘Notice-board’.

Flu Vaccination Clinics

If you are **over 65, a carer** or in an **at risk category** (diabetic, asthmatic, pregnant, low immunity, chronic respiratory, heart, liver or kidney disease, or have a neurological disease), **you should book in at reception for Flu Vaccination at one of our clinics starting**

Saturday 12th October	Forest Surgery
Saturday 19th October	Badgerswood Surgery
Saturday 26th October	Forest Surgery

Shingles Vaccination

is now available to those aged exactly 70 or 79 on the 1st September 2013. **Phone reception at either Badgerswood or Forest Surgery to book an appointment with the Practice Nurse**

HEADLEY CHURCH CENTRE

Is available for hire for

receptions, activities, parties

Kitchen facilities, ample free parking

Accommodation up to 70 people

Very reasonable hourly rates

For further information, please contact

Keith Henderson 01428 713044

Progress report on Developments at Chase Hospital

Things are happening at Chase Hospital and we want to keep you up to date as best we can. Our article is in 3 parts:

- We gave a list of factual questions to the CCG about the current state of play for simple direct answers
- We asked for a formal article from the CCG. This is simply the article that appeared in the September Chase Times
- We asked Dr Boyes to give his opinion

Queries

1. Has the 2.9m funding for the changes at the Chase been acquired? **The funding has been approved by all the relevant authorities when they approved the outline business case. But we do not have the funding yet. We expect funds to be released in early 2014 when the full business case is approved. If the business case is approved, construction work will start shortly thereafter.**
2. Is there any news of a nursing home opening in Bordon? **No, but we are working closely with other agencies to attract nursing homes to the area.**
3. What happens if extra beds are needed at present and the nursing home has no spare capacity? **The NHS has flexibility to commission extra beds at Liss. If none available, arrangements are in place to use Petersfield Hospital as a backup.**
4. Will the nursing home at Liss accept all the same types of patients as were accepted at Chase Hospital? **Yes, patients can be admitted for the same reasons (step-up, step-down, end-of-life-care) and the clinical criteria are virtually the same but nursing home patients cannot be admitted for stays over two weeks.**
5. What has happened to the staff from Chase Hospital? **The CCG is working hard to try to ensure all staff remain employed within Southern Health Foundation Trust**
6. There is extra home care provision for the terminally ill to reduce the need for hospital admission. What extra **medical** provision has been put in place? Where day-time medical care has tried hard to keep a patient at home, will this information have been relayed to the out-of-hours care?
Medical provision is exactly the same as was available to the Chase beds. An End-of-Life Register is currently in the testing phase for out-of-hours and emergency services holding information about a patient and their wishes.
7. What transport and for whom will the CCG provide to Liss if relative admitted? **See CCG article**

8. What is the present out-of-hours medical care for Headley and Bordon and surrounding areas? Has this been expanded since the Chase beds have been closed? **See CCG article**
9. Are the **consultants** in agreement in principle to set up extra clinics at the Chase or is there opposition? **No direct discussions as yet with any consultants but we are working with the Trusts who employ the consultants.**
10. What is happening about the 'Minor Injuries Service'? **See July 2013 Newsletter regarding the possible procedures to be catered for. There may be the opportunity for more procedures. GPs moving into the Chase will provide a Minor Injuries Service**
11. Is the Xray department likely to expand? Will ultrasound be available? **This will depend on the out-patient and minor injuries services set up in Chase and their demand**

'A new era for your healthcare' from the CCG

Patients are the focus of a new era of healthcare in the Whitehill and Bordon area. As part of its near £3m plans to develop Chase Community Hospital, NHS South East Hampshire Clinical Commissioning Group has introduced an enhanced model of care in the community which is already operating successfully in other parts of the county. The GP-led organisation has the twin objective of delivering improved care for patients in their own homes – and transforming services at the hospital in Conde Way.

The eight-bed Macllwain Ward in the Chase was decommissioned on 31 August. The move was part of the development of a new multi-skilled integrated care team which is working extended hours to provide the enhanced model of care – supported by the availability of four nursing home beds for NHS patients.

The CCG has commissioned the four beds at Wenham Holt nursing home in Liss for patients who either need extensive support or end-of-life care.

The ICT (Integrated Care Team) is working in the community 24/7 to support patients who attend the following surgeries:

- Forest / Badgerswood
- Pinehill
- Liphook Village
- Liphook and Liss (Liphook Practice)
- Woolmer

Southern Health NHS Trust, one of the CCG's major healthcare provider organisations, has recruited extra nursing staff to strengthen its previous community care team, which has become part of the new ICT. The team has nearly doubled from 8.6 to 14 full-time equivalent posts in the past 10 months, as part of the plans to prepare for the changes. It includes community and specialist nurses, therapists, social workers and mental health nurses working alongside GPs and practice teams who liaise to provide the best package of care for each individual patient.

Staff visit patients' homes from 7am to 11.30pm, depending on each individual patient's needs, and provide out of hours care from 11pm to 7am if required. They work with local GPs to enable direct admission to hospital if a patient's condition deteriorates. They also work closely with domiciliary care agencies, the community independence team, and community re-ablement support, to help patients get back on their feet.

The team also works with Macmillan nurses and the Rosemary Foundation to ensure that end-of-life patients receive the palliative care and support they need to stay at home, or close to their home, if that is their choice.

Clinicians believe that the vast majority of patients previously admitted to Chase could have received highly appropriate healthcare in other settings – including their own homes, provided they are properly supported by NHS professionals. One patient was referred to the nursing home in the first ten days of September.

GPs from Whitehill and Bordon will not have to travel to Liss as medical cover for patients in those beds has been agreed with the GP Alliance – and will be carried out by GPs from the Liss area.

Dr Barbara Rushton, a Liphook GP who chairs the CCG, said: "We recognise and appreciate that there was a lot of concern in the community about the model of care and how it might work. But working closely with Southern Health, we are doing everything possible to ensure that every patient gets the best and most appropriate healthcare. We obviously kept local GPs fully informed of developments along every step of the way.

“GPs have already noted an improvement and an increased resource in community services – as well as the ability to increase the care package for an individual patient at short notice. We see the whole redevelopment of Chase as a win/win for the community, which will benefit from the improved and an increased number of health services on its doorstep.”

Contract signed with nursing home for beds

As announced in mid-August, the NHS has secured four beds at a nursing home as part of its £2.9m plans to redevelop Chase. The beds – 6.3 miles away from the Chase at Wenham Holt, in London Road, Liss – have been in place since 1 September as part of the model of care in Whitehill and Bordon

The beds will be used for patients who still require bed based care:

- step-up – for patients needing nursing and medical care but who do not need admission to an acute hospital
- step down – for patients ready to leave an acute hospital
- re-ablement – to help patients who have been in hospital get back on their feet
- and for end-of-life care

The contract is an interim measure until a new nursing home can be built closer to Chase. The CCG is continuing its efforts to work with local authority planners to attract a nursing home provider to Whitehill and Bordon. Several potential sites have been identified.

Free transport to nursing home

Relatives will be offered free transport to visit NHS patients from the Whitehill and Bordon area who are referred by a GP to Wenham Holt. The move is recognition by the NHS that Wenham Holt is 6.3 miles from the Chase and that limited public transport in the Whitehill and Bordon area could be a big problem for visitors who don't have private transport.

Chase Project Director Sara Tiler said: “We anticipate that a fair number of people visiting loved ones who are referred by their GP to Wenham Holt will be able to travel by car. But equally we appreciate that for others the lack of public transport could prevent them from visiting loved-ones, so we have taken firm action to address this.”

Wenham Holt staff will liaise with patients and their relatives on

an individual basis about plans for transporting relatives to and from the nursing home. Key carers and loved ones will receive free transport for as long as the patient is at Wenham Holt. There will also be free overnight accommodation for the relatives of patients at the end of their lives. The nursing home has its own mini bus and taxis can be used when the vehicle isn't available or its use isn't appropriate. The contract with the nursing home is to provide four beds and is for three years – with the transport costs built in. There is no separate extra cost for the local NHS.

Building work to start next year

Building works inside the Chase are due to start in early 2014. They will be completed in April 2015. Between now and the end of the year, the project team will:

- continue to develop its full business case
- submit its planning application
- work up its detailed design for the building
- tender for the works

The project remains on target.

[A Personal View of the Closure of Macilwain Ward and proposed redevelopment of the “Chase Health Centre”](#)

Dr G Boyes

It was with great sadness and a heavy heart that we witnessed the closure of the 8 remaining beds at the Chase Hospital, with the dispersal of the high quality team that ran the unit, at the end of August, so ending a 25 year in-patient service valued by the people of the local area. Despite community beds remaining open in hospitals in Alton, Petersfield and Haslemere, the CCG felt that the closure of beds could be seen as a long term gain to health provision locally, as they have explained in their press release. I would beg to differ.

The community nursing team has benefitted from extra investment increasing from 8.6 WTE by an additional 5.4 WTE (whole time equivalents). However the previous team was chronically understaffed prior to this change and it was recognised that the team were already 7 WTE short from nationally accepted levels of service. Unfortunately the existing staff now have had the hours they need to cover increased from 9 -5 to the present 7.30 – 11.00pm, so the

additional staff, though very welcome, have to cover an additional 7 ½ hours a day. I feel this still leaves the team very short to take on the intense work that will be generated covering the “Virtual Ward” where patients are looked after at home rather than in the Chase Hospital as before.

The CCG has commissioned nursing home beds at Wenham Holt. These are the standard beds at the care home not in the more intensively staffed continuing care bedded unit that also exists in Wenham Holt. At present there is no formalised training established from the Macmillan Unit for the staff to upgrade skills to help them deal with terminal care patients. This has been commissioned in other nursing homes that the Macmillan Unit covers.

The CCG state that clinicians have concluded that the vast majority of patients admitted to the Macilwain ward could have received appropriate healthcare in other setting. I would like to point that that local GP's (apart from Dr Barbara Rushton) were not the clinicians involved and we strongly disagreed with that point.

The CCG imply that local GP's can use the new care home beds easily. This was not borne out with the 2 page protocol that was produced for local GP's to follow to before an admission was arranged. It included the requirement that patients must be medically stable for 2 days prior to admission, which is a strange requirement as the major trigger for any admission in my experience is deterioration in wellbeing. I see this as a major difficulty in arranging admissions into Wenham Holt, with resulting additional admissions into major hospitals. The huge advantage that local GP's had of looking after our own patients in the Chase was seamless continuity of care, and this is lost when we pass that care to another GP whom we may not know and who does not know the patient, and use a new unproven facility.

The £2.9 million grant for redeveloping the hospital has yet to be applied for with a full business case, and it is not a formality that it will be granted. Planning applications have not yet been applied for the redevelopment of the Chase. Full agreement has not been reached with potential occupants of the Chase.

At present no additional outpatient facilities have been provided, and over the last year we have lost the geriatric day hospital assessment unit, the diabetic clinic has been relocated to Alton and the dietician no longer attends the Chase. The CCG's have approached other Trusts to provide new outpatient clinics but no consultants have yet agreed to provide increased services here at the Chase.

There has been the implication that minor injuries would be provided locally as an additional service, and the request for this was strongly identified during public consultation. This project has now been delayed until at least 2014, and will not be a scheme designed specifically to meet local needs caused by our relative isolation from major hospitals, rather a nationally agreed service to suit all, delivered by GP practices. The minor injuries service will not a stand alone unit, as they have in Alton and Petersfield.

We were initially led to believe that cost was a major concern with the expense of running the Macilwain ward and that savings would be made by closing this facility. In an e-mail from Richard Samuel and Dr Andrew Douglas on behalf of SEHCCG, in August we learn that "**Taken as a whole, the changes are expected to be cost neutral**". I feel this is a severe indictment of the whole project that has undermined local health care provision and yet has produced no savings. I do not feel proud of our new CCG, which was supposed to reflect local GP's needs and aspirations, in choosing the closure of the Chase beds as its first major decision.

No site has yet been found for a nursing home in Bordon and I feel it could be many years before one is built by a private provider, if it will ever be bought. A new unit needs to have 50 – 60 beds to be financially viable, and the CCG's offer to support 4 beds may not be a big enough incentive to attract outside investment of the scale needed.

My conclusion to all of this is that I feel the closure of the beds was unnecessary but when imposed has been done before full preparations were in place to provide the additional services that are so needed here in Bordon.

Dr Boyes would like to confirm that these are his personal views.

This month's Educational Article is on

Faint or Blackout

The importance of this topic arose because of 2 events

One was because of an event in Headley village where someone collapsed and survived because of the quick action of a friend who was familiar with basic First Aid procedures.

The second was a newspaper article where a 17-year-old boy died at a party because when he fell and bumped his head, no-one knew to turn him on his side, and he simply choked to death.

Read the article and the 'Noticeboard' afterwards.

We wish to thank Dr Leung for reviewing this article for us.

Blackout / Faint

The medical term for a simple blackout or faint is **syncope** and indicates a **temporary** loss of consciousness. The underlying cause is a sudden lack of blood supply to the brain.

The cause is usually obvious. It may be due to standing up too quickly and suddenly feeling dizzy and is due to the body not having had enough time to re-distribute the blood flow properly. Perhaps standing for a long time on a hot day and not drinking enough, such as frequently happens with a soldier at 'Trooping the Colour', where the blood 'pools' to the lower part of the body with not enough circulating to the head. This can be made worse if the person has a fever or viral illness because all the blood vessels in the body tend to dilate or widen in this situation causing blood pressure overall to drop. All these things result in reduced blood flow to the brain and a blackout can result.

The treatment is an immediate check of the patient's vital signs. **Check their 'A – B – C' - Airway, Breathing and Circulation** (pulse). If all is well, lie them flat, rotate them into the **Recovery Position** (lying on their side), incline them head-down to improve the circulation to the brain, and they should recover quickly. Fluid replacement and slow mobilisation are then essential.

However, if there is no obvious reason for the faint, if the patient is prone to recurrent attacks, if there seems to be an unduly lengthy recovery time, or if there is anything unusual in the pattern of the faint, medical advice should be sought.

All patients who present with an atypical faint must be investigated. This may indicate an underlying cardiac or vascular problem, a neurological or some other problem and it is important that this be diagnosed and treated as sometimes it may be very serious indeed. If untreated, the next fainting attack may have very dire consequences!

Cardiovascular problems This is by far the commonest group. Any patient who is known to have had any heart or vascular problems previously must be referred to a doctor urgently. A complaint of chest pain or tightness, breathlessness, an irregular pulse, a persistent low blood pressure after recovery especially if lower than any known previous records, all indicate a need for an urgent cardiac check.

Some patients on cardiac medication may be on drug treatment which slows the heart rate eg β -blockers, and may faint if they try to exercise too energetically and the heart cannot speed up to cope with demand. Also, as noted in a previous article on 'Stroke' by Dr Clark (Issue 4 January 2012), any temporary minimal facial or limb weakness, or any slurring of speech, may herald a full-blown stroke and needs urgent attention.

A weakness in the wall of a blood vessel to the brain may rupture causing a cerebral haemorrhage. It is usually obvious that something major has happened, and patients may complain of violent headaches and avoid looking at bright lights.

Neurological problems Patients who faint occasionally twitch, but a clear convulsing episode, especially if associated with biting of the tongue or urinary incontinence, may suggest an epileptic seizure. This needs investigating to find the cause.

Other causes Other conditions such as hormonal problems, rare types of epilepsy, brain tumours, especially haemorrhage into the tumour, are uncommon.

In olden times it was common for women to faint at appropriate times and to be recovered with 'smelling salts'. The fainting was brought on by a combination of tight underwear and breath holding and was occasionally fatal if not managed properly!!

So, what to do if someone faints?

1. If the circumstances seem appropriate for a simple faint, check their A,B,C, manage their unconscious state and if they recover well and this is their 1st episode - fine
2. If the faint is unusual – no reason for the faint, recurrent attacks, long time to recover - medical advice should be sought.
3. Any cardiac history, symptoms or signs demand an **urgent** cardiac assessment
4. Check for any features of a minor stroke and if so, this demands an **immediate** referral
5. Severe headache and bright light intolerance needs emergency referral
6. If features suggest an epileptic fit, this requires further investigation, especially in the over 40 year old
7. **Learn how to manage the unconscious patient – ABC assessment – recovery position – cardiopulmonary resuscitation (See Notice Board Page – next page)**

NOTICE-BOARD

FIRST-AID

We noticed an article in the newspapers last week about a 17 year old who 'died from a minor head injury'. In fact he did not actually die from the head injury as such. He had a head injury which concussed him and knocked him out and he should have recovered well from this. Unfortunately he lay on his back unconscious and no one knew how to look after him. He choked on his tongue which blocked his airway and he died from being unable to breathe. Had someone been around who knew even a little about first aid, he would have survived simply by being repositioned on his side in the 'Recovery Position'. Our Educational Article this Issue is on the management of a Simple Faint. This includes a passing comment about the care of the Unconscious Patient.

The Red Cross and St John's Ambulance run good courses and produce good booklets on how to manage the unconscious patient. The principles are simple, the application is easy and it takes little to save a life when a lack of knowledge frequently results in someone dying simply from lack of proper care and not from their illness or injury.

We have discussed several times at the PPG committee meetings about setting up First Aid courses but before looking into this, we would need to have a rough idea of numbers of people who would be interested in attending such a course. If the numbers are such that it is worth doing this, we will obtain pricing and feasibility.

If you are interested, without any commitment, please contact us via one of our Email addresses:

ppg@headleydoctors.com or ppg@bordondoctors.com

or leave a note for me David Lee, Chairman, PPG at either the Badgerswood or Forest reception desks.

Care Quality Commission

In our April 2013 Issue of the newsletter, we drew to your attention that the Care Quality Commission (CQC), which is “the independent regulator of health care and adult social care services in England”, would start to inspect all the GP Practices in England and Wales as from April this year. We suspect this task for the CQC will probably be more difficult than inspection of hospitals, nursing homes etc, which have a more rigid environment.

A pilot study was carried out in November 2012 and has concluded that “Where a practice had **an independently chaired** PPG, if the CQC inspector contacted either the chair or another representative from the group, the information gathered was useful and was helpful in reaching a decision about whether the practice was meeting the essential standards of quality and safety.” Although our Practice has not yet received notification of a visit from the CQC, the PPG have already been contacted by the CQC hoping that when they visit, they will be able to spend time with us discussing the Practice and its standards of care.

Following our 2 surveys of patient satisfaction with the Practice, we have good objective data to provide to the CQC. Also our newsletter has over the past few years accumulated a small list of patient suggestions and concerns which we have tried to address. Our PPG has a close relationship with both surgeries and any suggestions and ideas have always been considered very seriously and carefully. We feel our PPG must therefore be in a good position to meet the CQC when they arrive and to discuss patient related issues with them.

The representatives of the CQC may also wish to speak to some of the patients in the waiting areas when they arrive. It is possible therefore that you may be asked to assist the Inspectors in their role of assessing the Practice. Your GP will have been asked to ensure that you are fit enough to participate and will have agreed to your being asked. Any help you can give to the Inspectors would be appreciated. Please do not hesitate to make comment – complimentary or critical.

We have no idea when they may arrive. The Practice will only get 48 hours notice.



Helen Heywood - Medical Secretary

I am the medical secretary covering both Badgerswood and Forest Surgeries. There are approximately 12,500 patients across both surgeries and all correspondence (dictated by 8 GPs and any passing locums) is typed by me. There are approximately 260 referrals dictated each month and numerous other letters including 'to whom it may concern' letters, letters to hospital, letters to patient, invoices etc. I also spend a lot of time contacting hospitals, trying to help patients with queries regarding their referrals / letters and any other little jobs the GPs or practice manager see fit to throw my way!

At the Badgerswood and Forest Surgeries I am very lucky that we have a wonderful digital dictation system that enables the doctors to dictate at their desk and at the click of a button the dictation is with me. So even if a letter is dictated at Forest Surgery I am able to access it to type at Badgerswood and vice-versa. Before this, when letters were dictated on to tapes, if an urgent letter was dictated at one surgery while I was at the other, it may not have been typed until the following day. The dictation system is also set up to prioritise dictations, so any urgent letters go straight to the top of the list. So now nearly all urgent referrals are typed the same day they are dictated and the same day the patient is seen by the GP. The exception being when a patient is seen later on in the day and I've gone home!

Some of the different types of letters are:

NHS Referrals – these can be classed as routine, urgent or 'soon'. Urgent and 'soon' referrals are always faxed to the hospital as soon as typed and checked to avoid delay. The hospitals we usually refer to are Basingstoke and North Hampshire Hospital, Royal Surrey County Hospital, Frimley Park Hospital or Queen Alexandra Hospital, Portsmouth. **Unless specified otherwise, the referral will be sent to Basingstoke and North Hampshire Hospital as we are in Hampshire.** Patients referred to Basingstoke and North Hampshire Hospital can sometimes be seen at the Chase or Alton Community Hospitals depending on the department.

Different hospitals have different procedures for receiving referrals, and it is handy to know this in case you want to 'check up' on the progress of your referral. Basingstoke & North Hampshire Hospital like all their referrals to be sent to a central registration point and it is from there that they are passed to the specific departments. Royal Surrey County Hospital and Frimley Park Hospital have theirs sent direct to the specific department. Therefore, if your referral has been sent to Basingstoke and North Hampshire Hospital, do not be surprised if you call the consultant's secretary and they say they haven't got the referral yet as it is probably still going through the system.

Outpatient telephone numbers –
Basingstoke & North Hampshire Hospital – 01256 313131
Royal Surrey County Hospital – 01483 571122
Frimley Park Hospital – 01276 604201

Private Referrals – Private referrals are typed within the order that they are dictated unless prioritised as urgent. Whilst you may be fortunate enough to get an appointment within a short space of time, it would be unfair to prioritise a private referral over an NHS one. However, should you need your referral typed sooner, this can be done after usual working hours for a fee. Some consultants are happy to see patients without the referral letter as long as they know one will be done at some point. Please check with your consultant's secretary or insurance company if necessary.

To whom it may concern letters – these can be for a whole variety of reasons, for example taking your medication on a plane, housing issues, unwell so unable to take an exam or go on a holiday. There will be a charge for these letters of usually £20. Even if a doctor waives their own charge, they have to cover the administrative costs including my time.

Please make sure we have up to date contact details (address, landline and mobile number) for you so that you don't miss out on any hospital appointments.

I am not completely on my own though as sometimes I have time off for good behaviour. On those occasions, Jenny Vaughan-Griffith takes time from her Badgerswood Surgery duties to step into the breach.

You may also sometimes see me on reception of an evening helping out. Forest Surgery patients will also have heard my voice as I recorded the messages for the new telephone system!

Changes in General Practice in my Working Life-time

Dr John Rose

When asked to write an article about how general medical practice (GMP) had changed over the last 30 years, I seemed spoilt for choice on topics to write about. It is difficult to think of any area that hasn't changed. Waking at 3.10 this morning my mind was buzzing with topics. GP premises, computers, improvements in medicine (medications, vaccinations, surgery), out-of-hours care, technology in medicine, the doctor-patient relationship, the consultation, referrals to hospitals, the government and GPs, women in medicine, and so on. All seem worthy contenders and each topic could take a chapter. The following are my own views, not any official view nor those of my partners.

The first on the above list, GP premises, might seem mundane but it isn't. What you can do in general practice depends on the facilities available to you. Even parking itself is very important nowadays and a common reason why practices become time-expired. In 1983 when I first started general practice, many GPs were still practicing from their own homes, with patients waiting in the front room, and being seen in a small room allocated for consultations. However, things were on the move and by this time, most GPs had or were moving in to purpose-built premises with dedicated consultation rooms for doctors and practice nurses. Some buildings incorporated notes storage areas, treatment rooms or nurses' rooms, and some even had facilities for healthcare workers such as health visitors and midwives. This change started the break in the close and personal link between the doctor's own home, and the premises from which he or she worked. In essence there were two sorts of GP buildings: those which were privately built and owned by the GPs themselves, then rented back to the health service under a scheme called the cost-rent/notional rent scheme, and those built and owned by the local health authority. Locally, I started working as a GP in Lindford in 1987 in a small purpose-built surgery, a bungalow in Frensham Lane with a car park for about a dozen cars with very poor vehicular access and no disabled parking bays. As this building became quite inadequate for its purpose, my then partner, Dr Paul Beech and I started looking for another site (we also worked with Dr Williams-Thomas and Dr Boyes who worked at the Forest

Surgery in Bordon – their building then being on the corner of Chalet Hill, in a building now converted to a veterinary surgery). Looking for another site for a GP surgery is very difficult. Essentially, one is looking for a site with enough space for the surgery and for a car park at an affordable price. In developers' eyes, this is a site big enough for two houses – one where the surgery would be and one for the car park. This consideration alone made many plots either too small or unaffordable. We looked for 7 years with several projects falling by the wayside (at considerable personal cost in financial and time terms) before finding our present site at Badgerswood. This site has been fantastic, as the original property was a bungalow which we thoroughly enjoyed converting in to the surgery seen today, with an extension in 2008 adding the Headley Pharmacy, a meetings room and note storage area. The beauty of the current site is that it still has space to accommodate more facilities, and when we purchased the plot in 2004, we knew that we wouldn't have to move site again in our working lifetimes. Most patients seem to be surprised that GPs often own the premises from which they work, believing these to be NHS premises owned by the government. The Badgerswood and Forest Surgeries are not owned by the government in contrast to the excellent Wilson Practice in Alton which is an NHS-owned facility. The difference between the types of ownership is significant because it determines who has to pay for maintenance, alterations and improvements. In our surgeries, we do, paying for changes out of our own pockets. In NHS-owned premises, the NHS foots the bills, but the partners working there have less influence over what happens and when. To return to the point over 'What has changed?' So many things. There are more consultation rooms for more doctors for not many more patients. This is because patients are attending the doctor more frequently than ever before for more things for longer. So, we now have consultation rooms for more doctors and nurses, but also for midwives, health visitors and counsellors. Both surgeries have pharmacies with pharmacists, dispensers, and counter staff, and don't forget the administrative staff and accommodation needed to support the surgeries and pharmacies. And we would like rooms for physiotherapists, physical medicine practitioners (osteopaths and chiropractors), and visiting specialists –hospital consultants coming to GP practices to save the patients from having to travel so far to hospital for things that can be done more efficiently and more cheaply in general practice.

Picture Badgerswood or the Forest Surgeries 26 years ago with about 20 car parking spaces between them. Now we employ more staff than that. There wouldn't be any parking space left for the patients. This trend won't stop. I believe that parking space will tax the utility of many surgeries thought to have adequate space just 10 years ago.

Now I ought to go on to computers. But it's now 04.40, so I think I'll go back to bed and leave that for another day. A lot has changed over the last 30 years, but my need for sleep hasn't!

**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).

My Summer at the Practice

by Ian Harper, Treasurer of the PPG

In addition to my normal treasury work of maintaining the membership list, banking our funds and maintaining the accounts I have also been involved in a few extra activities this summer.

On a beautiful sunny day back in June, I attended the Annual Conference of the National Association of [Patient Participation](#) in Bristol. As reported in more detail in my report for the last newsletter, I learned much about the workings of other PPG groups and was able to bring back many useful ideas for the practice.

In August I was very pleased to be asked to join the interviewing panel for the appointment of a new Partner for the practice. This was held on a Saturday morning at Badgerswood. We broke into two interview panels and I joined Dr. Boyes, Dr Gregson and Sue Hazeldine. The candidates were seen by both panels and questioned on their training, experience, research and reasons for moving. I was able to contribute to the process from a patient's point of view. At the end of a long morning it was decided that two candidates would be invited back for a second interview by our senior doctors. I would like to thank the Practice for inviting the PPG to be able to help in this process.

Periodically doctors and practices are required to carry out assessments. This is achieved by patients completing a questionnaire. We are starting this process at Badgerswood and then continuing at Forest. I expect some of you have already been asked to complete the "General Practice Assessment Questionnaire". Each doctor must have at least 35 returns and then the results collated so that feedback can be given to the Practice to help them identify areas of successes but also of improvement. I was asked if I could do this, following on from similar work I've done in the past. So far I have produced an excel spreadsheet to carry out this work. I am now ready to start inputting the data. With over 45 questions per form and having received over 85 questionnaires from Badgerswood alone, this should keep me out of mischief for a few weeks.

Last but not least, two weeks ago, we were able to hand over two cheques to the Practice totalling £1,273 for a new Treatment Chair and 5 Oximeters.

So you see, summer has been a busy time, and finishing this, looking out the window, at some depressing weather, it looks that summer is now over. So as I open my excel spreadsheet with a pile of questionnaires next to me, I look forward to an equally exciting winter.

Some examples of the work other PPGs do

A) PPGs provide the patient perspective by

1. conducting patient surveys or collecting feedback in the waiting room
2. advising the practice and patients of new systems and treatments
3. sharing good practice by networking with other PPGs
4. sitting on recruitment panels for new staff, including GPs
5. lobbying to improve a whole range of health services

B) PPGs promote health matters by

6. organising presentations on important health needs
7. producing a directory of self-care support groups
8. running courses within the surgery on health topics
9. raising awareness of key public health messages
10. running volunteer support services

C) PPGs improve communications by

11. distributing regular newsletters
12. building two-way relationships between patients and the practice
13. promoting awareness of and access to local health services
14. developing a patient library or information resource centre
15. improving the practice leaflets and website

D) PPGs influence the development of services by

16. advising on the development of new or existing practice premises
17. representing patient views on the purchase of health services
18. co-ordinating with other PPGs to improve wider healthcare delivery
19. bidding with the practice to provide new services
20. fundraising to provide services not covered by the NHS

Items in **RED** are those which our PPG already cover. Some of the other items are partly covered eg in passing discussion with members of the Practice or within articles in the newsletters. Do you feel that any of the topics NOT covered by us, should be covered by us? Are you willing to help? Either Email or contact us (see 'Practice Details' page near end of newsletter)

Educational Articles

We are about to publish copies of our Educational Articles which have appeared in newsletters over the past 2 years or so. These will be available from the surgery reception desks or if you wish to contact us at our Email address (see details at the end of the newsletter).

We are not asking a specific price but only a donation for our PPG, of a minimum of £2.



Badgerswood Surgery
Headley



Forest Surgery
Bordon

PATIENT PARTICIPATION GROUP

Educational Articles

from the quarterly newsletters

Issues 2 to 11

July 2011 to October 2013

Recent changes in the Practice

Dr Rose retired at the end of September and so many patients, who have known him and trusted him over so many years, will sadly miss him. We are also sad to see Dr Paterson leave. He had only recently joined the Practice but left in the middle of September. He contributed to our newsletter and was an excellent clinician. The main reason for his departure was not related to the Practice or in any way related to relations with colleagues or patients. We wish him well for the future. Dr Carr-Bains has left to take up full time work in Guildford

Our Treasurer, Mr Ian Harper, was invited to sit on the appointment's committee of our new GPs. Dr Anna Chamberlain is returning to Badgerswood to do 3 sessions per week and possibly also some sessions at Forest. Dr Laura Clark is also increasing her sessions at Forest Surgery. Dr Sarah Carrod has been appointed as a Partner to Forest Surgery and started with us on the 16th September. Dr Farhan Mallick has been appointed as a Partner to Badgerswood Surgery and is joining on the 1st November. We look forward to meeting and working with them.

We had hoped that the water cooler would have been installed into the Forest Surgery by now but there has been an issue with the plumbing (wrong side of the door for the cooler and will cost extra to put in more pipes). We hope to have this resolved soon. Otherwise the surgery is proving to be as wonderful as had been hoped.

Fund raising and Donations

Following some generous donations, the PPG have now been able to hand over 2 cheques to the Practice for:

A Nurse's Treatment Chair at Badgerswood Surgery	£1075
5 pulse Oximeters for measuring patients' pulse and tissue oxygen levels	£170

Looking for a venue for your function or group activity?

Lindford Village Hall

offers:

- large, light Main Hall with semi-sprung wood-block floor;
- a Committee Room ideal for small meetings: and
- a fully equipped kitchen.

Contact Derek Barr 01420 479486 to discuss bookings.

Practice Details

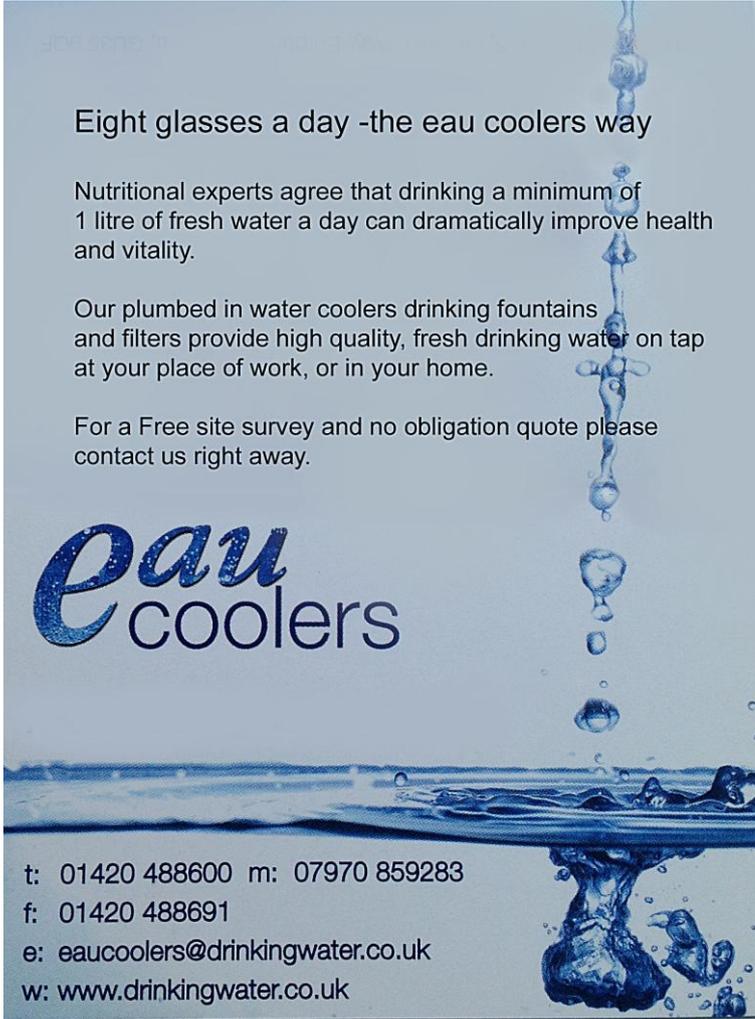
	<u>Badgerswood Surgery</u>	<u>Forest Surgery</u>
Address	Mill Lane Bordon Hampshire GU35 8LH	60 Forest Road Hampshire GU35 0BP
Telephone Number	01428 713511	01420 477111
Fax	01428 713812	01420 477749
Web site	www.headleydoctors.com	www.bordondoctors.com
G.P.s	Dr Anthony Leung Dr I Gregson Dr F Mallick 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	Hampshire Doctors on call	01962 718697

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 Sharon Morrow

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

Also via forms available at the surgery reception desk

A vertical graphic of water splashing and bubbling, running down the right side of the page. It starts with a single drop at the top, followed by a series of smaller droplets and bubbles, culminating in a large, dynamic splash at the bottom.

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