

Patient Participation Group

Newsletter



Incorporating the Friends of the Badgerswood and Forest Surgeries

July 2012

Issue 6

Pain causes tension...

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



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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**
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- **Improve performance and prevent injury in sport and music**



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confidence & energy*



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Chairman / Vice-Chairman Report

Our PPG is now well established. We have a small and devoted committee but we still are looking for more members. If you feel you can constructively help, please contact us. The PPG membership is also increasing and we are grateful for their help with our recent Practice questionnaire. The main highlights are presented later in this newsletter under 'Patient Representative Group Survey'.

We think our newsletter is becoming more 'professional' and we thank our writers and advertisers for their contributions. Our educational articles are outstanding and we have no lack of professional volunteers to help us write these. Dr Cooper is our Educator this Issue and tells us how to avoid and treat the common problem of 'backpain'. We have in addition 2 articles to complement this, demonstrating the importance of professional input into the care of this problem when it becomes 'chronic'.

Once again a plea for help for fund raising has been met with willing contributions. Although it is important that the Group has a small 'kitty' to be able to function, we decided right from the start not to accumulate funds but to put all the excess money we acquire to charitable purposes locally, and this has helped to boost the funds for the BP monitor.

Kevin Wood, our Chief Pharmacist, tells us what conditions we should be going to see the pharmacist for rather than a medic. Increased use of his facilities would help to relieve some of the pressures on our medical staff.

In May the National PPG body, NAPP, held its Annual conference in Manchester, and a small summary is presented, especially taking note of topics which may be of interest to us.

In June, The Royal College of GPs presented our Practice with a certificate in recognition of the contributions made by the GPs and their team to primary care – we feel well deserved.

Finally, we hope to start a series of talks based on our Educational Articles. Does anyone have a digital projector they could lend us once a month in the evenings?

Issues raised through the PPG

1. Bookings appointments on-line

Since the introduction of a new appointments system, we no longer have the facility of on-line booking. Previously very few patients used this facility so it was felt that the lack of demand from patients did not warrant the cost of the system.

The on-line prescription ordering system, which is very popular, is still available.

2. Reading material Forest Surgery

There is a marked shortage of good magazine reading material at Forest Surgery most of the time. If you have any reasonably current, good magazines which would be suitable, the PPG would be grateful if you could drop them in to reception at Forest Surgery.

3. Retiral of female GP doctors

Over the past few months, many patients have approached the PPG to express their concern about the retiral and reduced hours of some of the female GPs in the Practice.

At present we have 4 female GPs attached to the Practice. Dr Burrin retired from full-time Practice in December but both she and Dr Chamberlain continue to carry out locum and part-time duties covering sick-leave, holidays, cover for attending meetings etc. These average about 2 sessions per week. Dr Clark works half-time and is at present considering increasing her duties.

I am sad to say that Dr Cooper, who has part-time sessions in the Rheumatology Department of the Royal Surrey, has been offered extra sessions there and will be leaving us at the end of July. We wish her well in this career move. No new female appointments are in the pipe-line at present (it is not possible to advertise specifically for female GPs with current employment rules).

The Practice is aware and shares your concerns and we plan to meet up with them soon to discuss this item.

Managing Minor Ailments

by

Kevin Wood, Principal Pharmacist

Do you struggle to get an appointment with your GP? Is your GP always fully booked. If so, consider the following:

Around 57 million GP consultations annually in the UK are for minor ailments which equates to about 18-20% of a GP's workload, or about one hour per day for each GP. The cost of this to the NHS is estimated to be about £1.8 billion, 80% of which is paying for the GP's time.

Most of these problems could probably be managed by the patient themselves, perhaps with a little help or advice from a healthcare professional. This would save time and trouble with bookings and waiting for appointments, and would allow the GP to focus their skills on more complex healthcare needs. Given the increasing numbers of such patients and the costs to the NHS, 'self-care' is becoming more important in helping to manage scarce resources. So, instead of heading to your GP's door, should you be visiting your local Pharmacist instead?

Your local pharmacist

Your pharmacist is highly trained in medicines and their usage, and is an important member of the healthcare team. As well as dispensing prescriptions and advising on medicines, he / she is ideally placed to help manage minor conditions and provide ongoing healthcare and lifestyle advice. In many parts of the UK, the NHS funds a 'minor ailments service' for pharmacists to treat minor conditions but this is not funded in our area.

One advantage of seeing your local pharmacist is you can visit at any time. **No appointment is necessary!** Many pharmacies are open at times when it would be difficult to access other healthcare services, eg weekends. Apart from advice, the pharmacist is able to **supply immediately available medications** appropriate for a range of needs, frequently available at **less cost** than a normal prescription charge. In many cases, these would be the **same medications** that would be prescribed by a GP and include **medicines only available from pharmacies** (unlike for example supermarkets) so you can be sure you are getting the best medicines available.

Concerned about confidentiality? Virtually all pharmacies have a private consultation area and all teams are bound by the same standards as GPs and their staff. Questions about the nature of the problem, relevant past history and regular medications may be necessary. This will enable correct advice to be given ensuring that medications offered don't react with current regular drugs being taken.

Prime consideration is given to health and welfare. If medications are not thought necessary or a visit to a doctor is required, you will be informed of this. A referral from a pharmacist may make it easier to get that appointment.

Minor ailments

What minor ailments can be effectively managed together with the pharmacy team? Generally most common, uncomplicated conditions are worth a visit to the pharmacy first. For example:

- Coughs and colds, including nasal congestions, sore throats, and fever
- Hay-fever and other allergies, including contact dermatitis and insect bites
- Aches and pains such as headache, earache and backache
- Minor cuts and bruises
- Skin conditions such as mild acne and mild eczema
- Gastro-intestinal and related problems, such as heartburn and indigestion, constipation, haemorrhoids, diarrhoea and threadworms
- Mild eye conditions, including sore and tired eyes, allergic conjunctivitis, and acute bacterial conjunctivitis
- Cystitis and thrush and period pains
- Warts and verrucas, mouth ulcers, and cold sores
- Athletes foot and fungal skin conditions such as ringworm, dhobie itch and seat rashes
- Childhood problems such as teething, nappy rash, chickpox, and head-lice
- Stopping smoking

So, think, **look at the list above**. Can you save yourself and your doctor some time by dealing with the ailment yourself? We look forward to seeing you at your local pharmacy soon!

Patient Representative Group Survey

We have now carried out a detailed review of the statistics of the questionnaire carried out with your help earlier this year at the Badgerswood and Forest Surgeries. In addition, we have been able to compare the figures with much of the data obtained from a postal study carried out by the Hampshire PCT in 2010. Rather than fill this article with lots of meaningless figures, we will highlight only those items which were relevant in terms of numbers or were of significant importance. Also we will bring in the occasional fact from the Hampshire study if relevant. We received 118 completed forms. The responses were very similar from the 2 surgeries so we have lumped them together. The Hampshire study fails to separate the Badgerswood and Forest Surgeries also.

45.3% of patients had consulted the Practice at least 5 times in the past year. The clinic times for appointments were suitable for 90% of patients. For the remainder, over half wished an evening slot and 20% a morning slot. Lunch-time was not popular and was regarded as the time which could be most easily closed to free for other slots. It was interesting to note in the Hampshire study that 6% of patients thought our surgery was open on Saturdays and 1% on Sundays and 25% who did not know if it was open either day.

We feel that ease of seeing a doctor is good. 92.7% can see a doctor urgently on the same day. Bad marks to you, the patients! 12.3% confessed to having missed an appointment without notifying the practice in the past year. It seems that only 5% of people recall being seen on time, but $\frac{2}{3}$ are taken within 20 minutes. Over 90% of patients are happy with this. Everyone seems happy with the telephone service although the telephone is frequently engaged (35.3% of the time). From the Hampshire study, there seems to be some concern about inability to speak to a doctor or nurse on the phone. This has been resolved here by a telephone appointment system. However, only 60.8% of patients were aware that they could book a telephone appointment to speak to a nurse or doctor. **We must highlight this service.**

The receptionists at both surgeries excelled. Over 90% of the time they were helpful, pleasant, knowledgeable, discrete, never seemed to pry, even when they seemed overstretched which was 68.4% of the time. 99% of patients were happy with the appointments system. Although 88.9% of patients ask to see their usual doctor, only 24.2% always get to see him / her, 44.4% get to see him / her most of the time, and 20.5% mostly get to see him / her. 20.7% of patients are not prepared to have an appointment with another partner.

Clinical care was rated very highly on both the doctor and nursing side. Time given, involvement in decision making and courtesy rated very highly.

We knew there was an issue with disabled parking at Bedgerswood Surgery and this has been highlighted again in the survey. It is a concern that if the disabled bays are full, that 40% of respondents with a disabled badge tell us that if they have to park in a normal bay, they are unable to walk to the surgery, and late appointments and even a cancelled appointment have been recorded because of this.

Facilities within the surgery are rated as good although 44.4% of patients would prefer a separate play area for children. Regarding reading material, we were rather disappointed to see that 68.6% of patients had **not** read our newsletter and 78.9% had not taken a copy home. Also only 40.7% found the educational articles useful.

We are pleased to note that the pharmacies are providing a good service at both surgeries with prompt and efficient service.

Looking for a venue for your function or group activity?

Lindford Village Hall

offers:

- a 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.

Beds at Chase Hospital

Chase Hospital has 8 open in-patient beds. These are used by local GP's for a variety of reasons including end-of-life care and admission of patients from home, usually elderly with acute medical problems such as chest infections and falls, but not for respite care. The beds are generally well used. The hospital also provides many out-patient services and houses the Harmoni out-of-hours emergency GP service.

We are told that this small number of beds at the hospital is expensive to run as staffing costs are disproportionately high and there is therefore major concern that, with financial cut-backs, this will result in closure of the ward putting the future of these in-patient beds in jeopardy with re-allocation of the funds.

A strong case has been made for all in-patient services to move to Petersfield which means that such patients from this area would be looked after by the GPs from that area rather than our own GPs. If this were to happen, to help manage this situation locally, funds may be made available to enhance out-patient services and facilities here, such as extra community nursing and social care to assist end-of-life care etc at home, hopefully to reduce the need for patients to have in-patient care.

We feel however that this would be a downward step in the care of patients in this area. Patients requiring in-patient GP care and particularly those who know their GP well and who enter hospital at the end-of-life, would suddenly be looked after by a new doctor, in surroundings which would be distant and more difficult for their relatives to visit, perhaps less frequently. Also if the Bordon Eco-town goes ahead, it is likely more in-patient facility would then be required locally.

Much discussion has taken place and is still on-going, but when a final decision is made, we hope the patients are foremost in everyone's' minds. With discussion we are sure the right choices can be made but if these are made contrary to sound local opinion and problems arise down the line, these opinions have been recorded and will not be said to have been silently accepting of the situation and the decisions made.

Dr Susie Cooper
MB BS, BSc (Hons), MRCP, MRCGP

We are very fortunate this Issue to have an article written by Dr Cooper, one of the Practice GPs, who now holds clinics in both Badgerswood and Forest Surgeries. As you can see from the summary given below, she is in a highly qualified position to give us an account about the management of back-pain

Dr Susie Cooper qualified as a doctor in 1993 from St Mary's Hospital, Paddington. Whilst there she also did a degree in neuro-anatomy. She initially worked in many of the London hospitals - Ealing (where she worked for one year on the HIV / AIDS Unit), Charing Cross (oncology) and King's College Hospital. She completed her general medical training before going on to specialise in Rheumatology in King's.

Enjoyment of General Practice encouraged her to become a GP but she continued to work as a Spinal Musculoskeletal Physician at Farnham and Haslemere Hospitals and as a Rheumatology Specialist GP at the Royal Surrey County Hospital. She works one day per week with Dr Charles Li and Dr Cai Neville there, where the majority of work is in treating patients with rheumatoid arthritis, SLE (lupus), gout and osteoarthritis. Of course low back pain, shoulder pain and other tendon / muscle problems are also dealt with in this clinic.

She lives in Grayshott with husband, 4 children and 2 dogs and enjoys walking, cycling, playing the piano and having fun with the children!

Since Dr Cooper wrote her article for us, we have heard that she is leaving us. She has been offered extra sessions in the Rheumatology Department at the Royal Surrey Hospital in Guildford and will be leaving at the end of July. The changes in the Practice are recorded later in the newsletter.

LOW BACK PAIN

by

Dr Susie Cooper
Forest and Badgerswood Surgery

At some point most of us have experienced low back pain (LBP). It may be due to working in the garden or lifting heavy objects badly, can be frightening, debilitating and is one of the biggest causes of sick leave. Usually it is 'acute', settling in a few days, but it may not subside, becoming 'chronic'.

Anatomically the back is a very complex structure consisting of 24 bones (known as vertebrae) stacked one on top of each other with cushions or 'discs' between. The lower back consists of 5 of these known as lumbar vertebrae. Each vertebra can move on the one above or below by bending forward or arching back or rotating and has a set of joints, but is held in place by strong spinal muscles and ligaments. Down the middle of the vertebrae passes the main spinal cord or nerve of the body and out between each vertebra comes a set of nerve branches or roots from the cord. These pass to all the muscles of the body directing movement, or carry feelings such as pain from the body to the cord, then up to the brain. Trapping of a nerve root may cause pain along the distribution of the nerve eg sciatica.

It is important to realise that the spine is such a complicated structure that the causes of LBP are many, and therefore the treatments are varied, and depend on the cause.

The most common causes are 'mechanical' (also known as non-specific). These include arthritis in one of the joints, bulging of one of the intervertebral discs due to sudden tear (so called 'slipped disc') or 'wear and tear', forward movement of one of the vertebrae out of line on one of the others (spondylolisthesis), or where the spinal canal gets narrower due to disc prolapse or osteoarthritic bony changes causing nerve squashing (spinal stenosis). Rarely infections, tumours, fractures (especially due to osteoporosis) and inflammatory conditions (such as ankylosing spondylitis) can also cause problems.

Understanding where the pain is coming from and its cause helps management. **The more you understand your back, the easier it will be to cope with, the more quickly you might improve.**

Investigations eg Xray or MRI. often make little difference to treatment. They are mainly indicated when pain is persisting longer than it should eg worsening sciatica, or when the patient presents with complaints which worry the doctor. These are:

Inability to pass urine or open bowels
Sudden loss of sensation in legs or bottom

These may be due to a sudden compression of the spinal cord and nerve roots and require URGENT decompression.

You must seek medical advice urgently in this situation.

Failure to have this treated quickly may mean these nerves never recover.

What to do if you have back pain?

Acute pain

If your back suddenly 'goes',
rest for a few hours till the pain eases
ice packs
simple analgesia (paracetamol, ibuprofen)

Chronic pain

Lifestyle changes are critical

1. Regular exercise incorporated into a daily regime
 - pilates style / core stability type of training
 - Alexander technique
 - lose weight
 - avoid bad posture/ sitting too long/ slouching
2. Type of exercise important
 - rowing machine to be avoided
 - swimming incorrectly can make things worse
 - seek professional advice
3. Drugs
 - pain-killers regularly and for acute pain
eg Paracetamol
Anti-inflammatory drugs (beware side-effects eg stomach ulcers, inflammatory bowel disease, kidney problems)
 - vit D / anti-osteoporotic drugs
4. Hospital referral not commonly needed but may include the following
 - Musculo-skeletal clinic (MSK)
 - orthopaedic / pain team consultant
 - facet joint / epidural injections
 - rarely surgery is indicated

For **Self help ideas** look at **Arthritis UK website**

Now follow 2 articles illustrating how professional help really can help arthritic and back problems

Our Treasurer, **Ian Harper**, wonders, have you:

Ever thought of Pilates?

I have been a fairly active person for many years. The company I worked for had a gym which I used most days. About 3 years ago, I noticed a pain in my left hip, which soon became constant and people were asking me why I was limping. Being a man I felt like it would go away; it did not. So in the end a visit to the doctors became inevitable.

X-rays showed I had an arthritic hip. Being a fairly young man, the consultant's words not mine, the doctor's advice was to delay replacing the hip for a few years. However I began to find moving around hard work and physiotherapy did not help much. Two years later I took early retirement and at a 6 monthly blood pressure check mentioned to Dr Leung that I was fighting my weight, that going for walks was more difficult and exercise in the gym was becoming too painful.

"Ever thought of Pilates?" he asked.

"No", I said, thinking real men don't do Pilates.

Soon after, I saw an advert in the local paper, "..... Pilates, Beginners Welcome". I decided to give them a ring and spoke to Hannah. No problem with men doing Pilates, she said, I run an all male class on Wednesday evenings. The advert had given different levels and times and now being retired with my wife still at work, I thought the beginners' class on a Tuesday morning would suit me better. That's fine she said but you would probably be the only male in the group. I hesitated. Do you think the ladies would mind? I'm sure if you don't have a problem with it nor will they. Feeling slightly concerned I signed up. That's great, said Hannah, see you in September.

Still with a month to go I had time to reflect. I had paid for a three month course, doing something I had no idea what it was, in a class of what looked like all ladies. What had I done? Suddenly it was the morning of the first lesson. What should I wear? What did I need to take? Should I stay at home and play flight simulator? Come on don't be silly. Wearing my gym kit and track suit bottoms I drove to the club.

I was the first to arrive. I could still do a runner, but no, two ladies were walking towards me. Within 5 minutes our group had reached 10, and yes I was the only male. In a few minutes the door opened and Hannah ushered us in. I made for the furthest corner and stood in silence.

What followed was a lesson of discovery. I discovered I had a pelvic floor, not only that, it had 10 levels and using an internal lift I could raise to 100% and lower to 50% and for exercising even hold at 30%. I discovered I should practice Thoracic Breathing when exercising. This involves expanding the lungs and ribs with the inhale and allowing them to deflate and contract on the exhale. To put it another way, breathe in through the nose and out through the mouth. I discovered muscles I did not know I had. I also discovered Pilates can be fun.

Pilates is not like working out in a gym. It is a system that uses exercises to focus on stretching and strengthening all the body. It improves posture, flexibility, muscle strength and balance. You can work at different levels in the same class so it can be done by anyone irrespective of age or ability.

I am now in my second year of Pilates. My hip pain has nearly all gone. I go for long walks again. I go to the gym and swim 4 or 5 times per week. Pilates on its own did not change my life, retirement helped, but I am sure Pilates played a big part.

As we get older, it is important to understand that the better we look after our bodies now, the better they will look after us in old age. So why not give it a try?

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Keith Henderson 01428 713044

Alexander Technique

by Jane Baker MSTAT

Do you feel tense at the end of the day with neck, back or shoulder pain? Keep getting the same sports injury? Do you wake up stiff? Are these recurrent problems? We all have habits around the way we stand, sit, walk or even work out. Some of these postural habits are less than ideal and cause strain and tension in our bodies. The problem with muscular tension is that very quickly, it starts to feel the “norm”, we don’t realise that it is happening and it causes us discomfort. The **Alexander Technique** can help...

What can cause tension?

- **Pain**

Often our response to the stimulus of pain is to tighten. We also try to protect the area that hurts and start to compensate. The effect of this is to make our bodies unbalanced and uncoordinated, which in turn means we have to use more effort and tension to keep ourselves upright.

- **Stress and anxiety**

How often do you find your shoulders up round your ears when you are upset or anxious...you get a tension headache and a “pain in the neck”! This tension distorts our structure.

- **Poor body “use”** e.g.

At work – when we are concentrating on the job in hand we forget about how we “use” our bodies. So for example even the best ergonomic workstation setup will make very little difference if you are sitting poorly for long periods of time.

Sport – We get fixated on the end goal, at getting a better result but often at the expense of how we achieve it.

How does the Alexander technique work?

The Alexander Technique (A.T.) helps to re-establish the natural relationship between the head, neck and back, which is the “core” of the body. The head is pivotal to this...Have you considered how heavy it is? An adult head weighs roughly 4Kg (8.81lbs). Therefore if it is not balanced freely on top of your spine you will have to use much muscular tension, particularly in the neck to hold it up. Unbalanced, it has the effect of pushing the head and neck down, which compresses the spine. It pulls us down and narrows us, constricts movement and creates tension throughout the body but when it is balanced, you get a lengthening up and opening out of the body, lightness and far more freedom of movement.

The A.T. is a **self-help** technique so in sessions you will learn –

- How to be more **aware** of how you think and move
- How to **monitor** and **release** tension before it builds to become a problem
- To improve **balance** and **posture**, initially when standing and sitting to counter slouching
- How to improve body “use” in movement by refining both **coordination** and **balance**
- Body mapping i.e. being more aware of where and how your joints work, which makes a big difference to **natural movement**

The A.T. reminds our bodies of the good **poise** and **posture** that is inherent in all of us and can be seen naturally in small children. From the first session you will be able to take away “tools” to use in your everyday life that will make a difference. You can regain control of your body to **alleviate pain, improve posture** and **enhance performance**.

To understand more about A.T. or to find a practitioner visit The Society of Teachers of the Alexander Technique – **www.stat.org.uk**

N.A.P.P. Annual Conference

Manchester 26th May

The National PPG organisation (NAPP) held its 34th Annual Conference in Manchester this year. The conference title was

Empowering Patients, Supporting Practices

Keynote address

‘Striking a new deal with patients in support of care and service’

Prof Rajan Madhok, Council Member, General Medical Council

“No decisions about me, without me”

Prof Madhok discussed the developing role of the GMC from the date of its foundation in 1858, to the present day, looking at registration, standard setting, medical education, fitness to practice, and revalidation, especially in General Practice.

Workshops

A) PPG Commissioning Champions: ‘Biting the Bullet’

This workshop was designed to empower PPGs to engage in all aspects of commissioning and explained how to get involved.

B) PPGs and the Care Quality Commission (CQC): Working Together

At present the CQC independently regulates health and social care in England, checking whether hospitals, care homes and care services meet government standards. In April 2013, the CQC will start to monitor GP and other primary care services. This workshop discussed how PPGs could be involved.

C) Empowering patients: Harnessing the potential of PPGs to support self-care for minor ailments This workshop discussed the NAPP high profile campaign encouraging patients to self-help better when they have a minor ailment or illness.

D) Striking a new deal with patients: Building partnerships for the future This workshop discussed the unique partnership which has been developed between NAPP and the Royal College of GPs (RCGPs). NAPP is also collaborating at present with the Practice Management Network.

Presentation following Corkill Award for 'PPG of the year'

This award was won by a Bradford PPG with 10 committee members set up about 2¹/₂ years ago. The Practice covered 2 surgeries with 10,000 patients. Contact had been made with patients through parents at the local secondary school, a mums and babies group, at local galas held in each of the 4 main catchment areas, and patients in the waiting rooms.

The achievements of the Group since being set up were: a notice board and a suggestion box in each waiting room, 2 arm-chairs in each waiting-room, regular gritting arranged for one of the surgery driveways where necessary, the organisation of a flu clinic, PPG information evenings, and an arthritis evening held in one of the surgeries with a guest speaker. Between Sept / Dec 2011, a research study was carried out into the efficiency of the receptionists answering the telephones in the mornings which showed that Monday mornings were much busier than other mornings. Throughout however the attitude of the receptionists was noted to be very pleasant

Closing Comments Sir Denis Pereira Gray, Patron, NAPP

The Patron, Sir Denis Pereira Gray, then gave a talk about the imminent abolition of the Regional and Strategic Health Authorities which have been in place since the formation of the NHS in 1948, and their replacement by Clinical Commissioning Groups next year, and the implications of this.

Unlike in 1948 when the NHS promised full care from cradle to grave, funds can no longer sustain this. Life expectancy is now increasing by 3 months on average every year. GDP was rising by 4% in 1948 and is now not growing at all but health care demands have been growing at 9 – 10% annually till recently.

Therefore commissioning will have a great responsibility. The NHS is now switching from central to local groups and this was about to happen, even under Labour control. There will be a new differentiation by area and services will be tailored for local problems

I would like to thank the Practice for reimbursing the booking fee and travel expenses for the day

Changes in the Practice

As mentioned earlier, we are sad to say that Dr Susie Cooper is leaving us at the end of July. We hope that she may return to help us with some locum duties in the future if the opportunity arises.

Dr Mark Paterson was appointed to the Practice at interview in February. He commenced duties at the beginning of June with 4 sessions per week and will soon increase these to 6 sessions.

Dr Rose tells us that he is planning to reduce his clinical sessions to 3 days per week in order to cope with the demands of increasing governance of General Practice and to have to appraise other GPs in North East Hampshire for the Wessex Deanery.

We are still waiting a decision regarding Highview Surgery and the patients registered there, but hope we may hear something soon.

Flu Vaccination

We shall be running
Flu vaccination clinics
commencing
1st Saturday of October.

At-risk patients and the over-65s
should **book an appointment**
with
Reception at the Surgery
from the
beginning of September

Practice Details

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Surgery

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G.P.s

Dr John Rose

Dr Geoff Boyes

Dr Anthony Leung

Dr Charles Walters

Dr Anna Chamberlain

Dr Laura Clark

(3days/wk)

(1 day/wk)

Both Surgeries

Dr Susie Cooper (2days/wk)

Dr Ian Gregson

Dr Stephen Carr-Bains

Dr Mark Paterson

Practice Team

Practice Manager Sue Hazeldine

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WE NEED YOUR HELP AGAIN!!
WE NEED A 24 HOUR BLOOD PRESSURE MONITOR



High blood pressure usually causes no symptoms and most people are unaware of the problem unless this is detected at a medical examination or when a serious complication results.

Unfortunately the emotion, excitement, worry, or anticipation of attending the Surgery, can make your blood pressure rise and a single reading may not be a good measure of your actual blood pressure.

Therefore, before a decision is made about starting what may be a life-long treatment, a continual measurement over a 24 hour period under no stress, may be essential.

For this a 24 HOUR BLOOD PRESSURE MONITOR is needed.

The number of patients who need this test is growing rapidly.

Our Practice has one machine but needs another.

Can you help the PPG raise the necessary £1200 for another monitor?

All donations to be handed to reception please.

Any cheques to be made out to "Friends of Forest Surgery"

Please leave your name and contact details so we can record your donation

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

Contact Details of the PPG

ppg@headleydoctors.com
ppg@bordondoctors.com

Also via forms available at the surgery reception desk



**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.

Call **The Furniture Helpline on
01420 489000 or
www.furniturehelpline.co.uk**

**We support low income families in the area
by redistributing previously owned, good
quality furniture and electrical appliances
at affordable prices. If you have any
unwanted, good condition furniture or
electrical appliances, please get in touch.**

**We also provide a removal and house
clearance service.**

**Also, we always need helpers to collect
and deliver, answer phones, and fund-raise.**

**The Furniture Helpline is a registered charity
number 1128070**

Do you need
low cost
furniture or
electrical
appliances?

Phone
01420
489000
or
01420
489000

Do you
have good
condition
furniture or
electrical
appliances
you no
longer
want?





**Next to Badgerswood Surgery
OPEN TO ALL**

**NOT JUST A
PRESCRIPTION DISPENSARY
BUT
OVER-THE COUNTER MEDICINES
CHEMIST SHOP
RESIDENT PHARMACIST
CALL IN FOR ADVICE**

Tel : 01428 717593

Opening hours

Mon – Fri 09.00 – 13.00
14.00 - 18.00
Sat 09.00 - noon



**Next to Forest Surgery
OPEN TO ALL**

**PHARMACY TO
FOREST SURGERY
AND
CHASE HOSPITAL**

**PRESCRIPTION DISPENSARY
OVER-THE-COUNTER MEDICINES
CHEMIST SHOP
RESIDENT PHARMACIST
LIPOTRIM WEIGHT-MANAGEMENT SERVICE
Tel : 01420 477714**

Opening Hours

Mon-Fri 09.00 – 18.00

