

Patient Participation Group

Newsletter



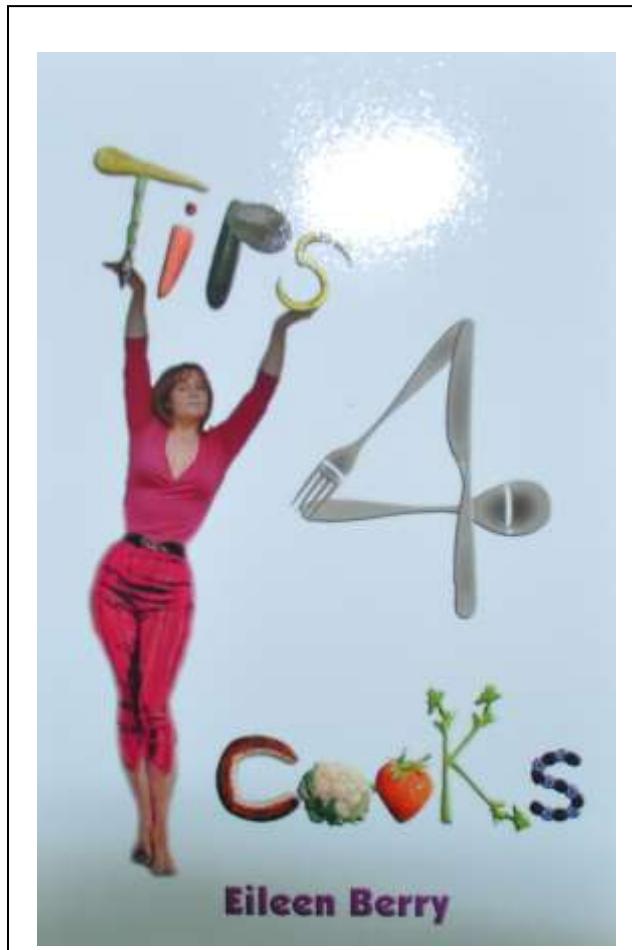
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Incorporating the
Friends of the Badgerswood and Forest Surgeries

April 2016

Issue 21

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”.

Educational Article Booklet

Containing all the educational articles from the first 11 PPG newsletters, with added summaries as highlights.

Available at surgery reception desks or by contact via the PPG email addresses. Donations welcome to cover the cost of printing (recommended £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

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



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-weywater.org.uk

Chairman / Vice-chairman Report

Our 5th AGM is due to be held at Lindford Village Hall on Tuesday 26th April at 7.30pm and we hope as many of you as possible will come. This is an open public meeting so bring husbands, wives, relatives, neighbours and friends. It is not essential that people who come are patients of our Practice. Sarah Coombes is our speaker for the evening and many of you will recognise her as one of our receptionists. She is speaking about some of the "Doctors of Vanity Fair" and her talk is fascinating. The Practice again will provide drinks and nibbles for the evening and if anyone wishes to join our committee, please make sure your name is handed into reception or forwarded to our PPG email address at least 24 hours beforehand with proposer and seconder.

Sarah writes our "Great British Doctor" series. She has chosen to write about a more recent and eminent Professor on this occasion, Professor Michael Woodruff, the first surgeon to carry out a renal transplant in the UK, but he had a fascinating life. She is now gathering quite a series of great British doctors. No lack of people to write about.

The Educational Article this month is about the problems of "Sepsis" especially with "Meningitis" in young children. Dr Gregson wrote an article about this for a previous newsletter. We feel this problem is so serious, that we decided to publish this article again.

I had a chat with Michelle Dawson, one of the physios from the Royal Surrey Hospital in Guildford, who runs our musculoskeletal clinics here at Forest and Badgerswood. The physios have previously written some educational articles for us. We discussed how to continue to highlight the main points of all past articles and our thoughts appear later in the newsletter.

We have had many comments about the problems which arise when phoning early in the morning to make appointments, especially to Badgerswood Surgery. I had a meeting about this with Tina Hack, Manager at Forest, Dr Mallick and Dr Walters, who are in charge of organising this for the Practice including for Badgerswood and we have written an article clarifying this for you. Please remember that if you phone for a GENUINE emergency, you will be seen.

We are having a real problem with our phlebotomy (bloodletting) service. The Practice and the PPG are working together with the CCG and Southern Health to sort this out properly for our patients.

A couple of weeks ago, I was at a meeting with Martin Hodge, the PPG Chairman for one of the Practices in Liphook, and he was saying that the patients in his Practice did not use the EMIS facility well. I asked him to write an article for our newsletter which he has done. His article states what is available to do with EMIS.

You may have noticed the Logo on the front cover of this edition of the newsletter. If you are a regular reader of our newsletter, you will have recognised the name “Healthspring” and our association with this group. We are now becoming more involved with this group.

We are almost in the position to set up our own First Aid Training group. We have now been donated / loaned First Aid training equipment and hope to start classes soon. This is about to coincide with Headley Parish Council placing a defibrillator in the old telephone box adjacent to the Holly Bush pub in Headley High Street.

We think we may soon have enough funds to purchase our 24 hour BP monitor. Thank you to everyone who has donated to this. We will announce when this is purchased.

We are at present carrying out 2 surveys, one relating to car parking and the other to research what clinic times are suitable for you to attend and particularly, would wish to attend. We have written an article about these 2 surveys and we are very grateful to everyone who fills out forms for us.

Finally to mention that we were involved in the discussions with NHS England about the Bordon Healthy New Town development and we are delighted to confirm that NHS England is keen to support and become involved in this development with us. Their support and guidance should be invaluable. The re-structuring of the health services in Bordon affecting the Chase, will have an effect on the whole region, and it is important that the people of Headley and Lindford are involved and kept informed and do not regard this simply as a development within Bordon and Whitehill.

On 16th March we attended a MISSION ABC event in Liphook and we have written about the progress of the respiratory service led by Professor Chauhan’s team. This must be one of the most far sighted and innovative NHS services to be developed in recent years and every effort must be made to support this venture. We hope that our CCG sees the benefits to this both to the patients and to the NHS from health provision and cost savings.

Issues raised through the Practice

The tannoy for calling patients at Forest Surgery is very difficult to hear when doctors or nurses are calling for patients especially for the hard of hearing.

This item will be raised with the practice and we will publish their response in a subsequent newsletter.

With our Friends and Family Test forms, we have had only about 12 forms returned per month between both surgeries. From neither surgery has anyone raised any issue or made any comment for us to respond to. Please don't forget to fill out a form each time you attend the surgery.

Again we have looked at NHS Choices and there have been no comments here about either Surgery in the past 3 months.

Badgerswood & Forest Friends and Family

December 2014 to February 2016

How likely to recommend services to friends and family

	Total	%	
Extremely likely	318	79.7%	399
Likely	65	16.3%	
Neither likely nor unlikely	6	1.5%	
Unlikely	8	2.0%	
Extremely unlikely	2	0.5%	
Don't know	0	0.0%	
	399	100%	

Extremely likely + likely 96.0%

As at 8/3/16
Data start date December 2014

Healthy New Town

What do they mean by the term “Healthy New Town”? If you search in Google or other search engines, the phrase does not appear. The first town to adopt the term ‘New Town’ was Welwyn Garden City built just after the First World War with long grass lined boulevards, parklands, leisure facilities including 3 golf courses, and a large sports complex with swimming pool. It did not have the term “Healthy” but this is the sort of place that Healthy New Towns aspire to.

At present, many ‘New Towns’ are springing up around the country, some are new builds in rural areas, some are on brown field sites. Many aspire to be designated as ‘Healthy New Towns’ because with this comes a lot of extra baggage. By claiming to develop your ‘New Town’ as a ‘Healthy New Town’ you are claiming to ‘develop towns with health and well-being’ at the heart of the development plans. You are planning it such that it will be forcing people to do things which will make them healthier, such as do more exercise, less easy to smoke, less easy to eat junk food, less likely to have accidents. They should be less obese, live healthier lives, live longer, and remain more independent longer.

For those towns which are making a major effort to design their towns this way, extra support is available for them. NHS England ran a selection process to look at those ‘Healthy New Towns’ which were in process of being developed to see which were really making an effort. 114 applied to be considered. 16 were shortlisted to come to London to present their proposals. Whitehill and Bordon was one of these 16. 10 were eventually chosen to be designated as truly able to be called “Healthy New Towns”. Whitehill and Bordon is one of these.

So, what is Whitehill and Bordon planning to do that won them this award from NHS England? And what are they receiving by winning this accolade?

Whitehill and Bordon

East Hampshire District Council has set up a partnership to transform Whitehill and Bordon following the departure of the army. This partnership includes 16 members such as landowners, developers, Hampshire County Council, GPs, Southern Health, CCG, Radian housing, Community First and others but remarkably no local patient representation.

The design is broken into 4 main parts – Place, People, Provision, and Prevention.

Place is the delivery of a broad range of social and economic facilities such as schools, a leisure centre, arts and cultural facilities, outdoor and sports facilities, and activity based use of open spaces. All of this will be located within a short walk or cycle ride of healthy, technology enabled homes in which people can live independently regardless of health.

People A new school will be at the heart of the Healthy New Town. A new job for each new home will be created to improve employability prospects and encourage healthy work environments.

Provision A new Health Campus and care village with supported living houses for a variety of health and social care needs for elderly and frail people. People with long term conditions will be supported to manage on their own through digital innovation and a network of community and voluntary sector support.

Prevention The aim is for people in this area to live a more healthy existence for longer and more independently. There will be less need for health and social care provision and this will result in more savings. Overall we want everyone to live a better life longer.

NHS England

The association with NHS England brings:

Expertise There is much experience and expertise within NHS England which should be able to help direct development here in the right direction for a Healthy New Town. NHS England also has many contacts who can help with this and have worked with other healthy projects.

Health NHS England should be able to work with the new Health Campus in developing better healthcare for the people of Whitehill and Bordon and the surrounding region.

Seal of Approval Association with NHS England and this badge of approval will demonstrate that Whitehill and Bordon's regeneration project is aiming to be one of the healthiest in the country.

This project should not be regarded as solely centred on Whitehill and Bordon, but will affect surrounding areas such as Lindford, Oakhanger and Headley. Lack of patient involvement at the start is of concern and the PPG has expressed their opinion about this.

Remember, a Healthy New Town provides facilities to make it easier for people to be healthy. Let's hope everybody grasps this opportunity.

Using the online access to your Doctors computer records

This article submitted by

Martin Hodge, Chairman, Liphook Village Surgery PPG

Your doctor's surgery uses the on-line Patient Access system (EMIS) designed and provided by EMIS Health for the NHS. Web address www.patient.emisaccess.co.uk. This system allows patients to access the following areas of their medical records in order to achieve the following:-

- 1) See your regular drugs list and therefore order repeat drugs online
- 2) If your surgery has activated access you can view online some details from your medical records.

(In some surgeries, doctors' appointments can be booked through EMIS but in our surgery this is booked through a different system.)

Note This access can be done directly on a PC (Some surgeries can access through an app on your phone but this is not available to our surgeries).

Any information regarding EMIS will be available on the Surgery Website or by speaking to a member of your Doctors' Surgery staff.

How do Patients access this EMIS system?

- 1) You need to follow your surgery's specific registration requirements. In many cases you will need to fill in a form provided by the Surgery (either online or in the Surgery) and also provide the necessary ID to the Surgery. Once this is done then the Surgery will provide you with an EMIS reference number and an initial password for you to set up your account.
- 2) Once this is set up and you have been provided with your own password then you can access the system as required.

What can I do with the access?

- 1) Access your regular medication and order repeat prescriptions.
- 2) Look at a restricted amount of data related to your medical records, where this facility has been activated by your Surgery.

Limitations of System

- 1) Only repeat medications can be accommodated.
- 2) Certain medications cannot be included in the repeats. These will have to be ordered by alternative methods such as email to the Surgery Reception. The Email address will be on your Surgery website.

Advantages of the system

- 1) Saves phone calls to the Surgery, benefiting patients and reception staff
- 2) Speeds up the ordering of repeat prescriptions and documents this online.
- 3) Controls your medication more easily and efficiently, saving last minute requests for repeats.

Future possible Improvements to EMIS

- 1) If neighbouring surgeries are linked to your practice in the future, you may be able to book Doctor appointments sooner at a nearby practice.
- 2) Provide other types of appointment.
- 3) Any new ideas providing help to patients
- 4) The possible move for all hospitals and other NHS departments to change to EMIS will mean easier communications between these establishments in the future.

HEADLEY CHURCH CENTRE

Is available for hire for

receptions, activities, parties

Kitchen facilities, ample free parking

Accommodation up to 70 people

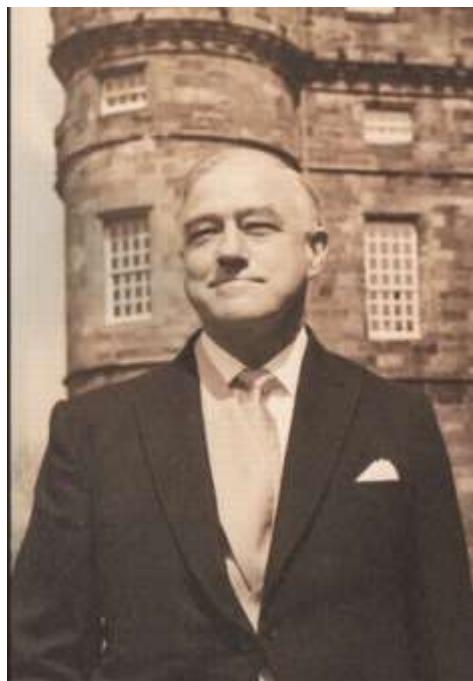
Very reasonable hourly rates

For further information, please contact

Keith Henderson 01428 713044

Great British Doctors No. 9

**Professor Sir Michael Woodruff
(3rd April 1911 – 10th March 2001)**



‘How Bizarre’

Professor Sir Michael Woodruff is famous for carrying out the first renal transplant in the UK in 1960. He was born in April 1911 in Mill Hill in London, the son of a vet, but moved with his parents to Melbourne when his father was appointed Professor of Veterinary Medicine in Melbourne in 1913. When the 1st World War broke out, his father joined the Australian Army, was sent to Egypt and Michael Woodruff with his mother and brother returned to London to stay with his aunt for the remainder of the war.

After the war he re-joined his father in Australia. In 1933 he entered the University of Melbourne and graduated in Medicine in 1937. With the outbreak of WW2 he joined the Australian Army Medical Corps but remained in Melbourne to finish his Master of Surgery degree in 1941. He then moved with the army to Malaya but when the Japanese entered the war after the attack on Pearl Harbour, he was moved to Singapore. He was taken prisoner soon afterwards when the Japanese took control and was imprisoned in Changi prison camp.

While in Shangi, Woodruff was given permission by his Japanese captors to research into methods of extracting nutrients from grass, soya beans, and

agricultural waste using machinery he found in the camp, helping to prevent vitamin deficiencies in his fellow prisoners. He eventually published his works entitled "Deficiency Diseases in Japanese Prison Camps".

After the war, Woodruff returned to Melbourne, met and married one of the research workers a year later and in 1946, moved back to the UK to complete his surgical training. In 1947, he passed the FRCS of the English College (Woodruff always claimed that this was aided by the fact that one of his examiners was a fellow prisoner in Changi).

Woodruff expressed a very keen interest in research and took up an appointment in Sheffield but the surgical unit there had no extensive research facilities at the time. However the pathology department was at the forefront of research into immunology and tissue rejection. Woodruff therefore moved sideways and took up an appointment with the pathology department and developed a life-long interest in this sphere of medicine.

In 1948, he moved to Aberdeen, Scotland as Senior Lecturer in Surgery, where there were good research facilities and he obtained a grant for his wife to assist him in his laboratory work. In 1953 he was appointed Professor of Surgery in Dunedin, New Zealand, but the department and the population there, proved too small for the type of ongoing immunological research he was now doing into graft and donor rejection work, so he started to look for another post.

This came in 1957 when he was appointed to the Chair of Surgical Science in the University of Edinburgh, and he now could spend half his time on clinical work and half on full time research. His research now centred on 3 areas. 1) Immune tolerance – looking at the body's techniques of accepting transplanted tissue rather than rejecting 2) autoimmune haemolytic anaemia and 3) immune responses to cancer.

Woodruff had come to realise that tissue transplantation, and particularly transplantation of an organ, was more likely to be accepted if the 'tissue type' of the 2 individuals was very similar. This is like blood donors needing the same blood group. Tissues can be typed and are less likely to cause a reaction and be rejected. The closest match one can get is between identical twins.

Woodruff decided that if he was going to do an organ transplant, the first one had to have the best chance of success so had to be between identical twins. He went looking for identical twins, one with renal failure needing a transplant – and in 1960, he found them. However, despite their reassurance that they

were identical and had always looked identical, the twin with renal failure was so ill, the twins did not look at all like each other, and Woodruff had difficulty believing them.

At this time, by chance, the police were developing ‘fingerprinting’ as a method of detecting criminals. One idea was that perhaps the pattern of fingerprints may run through families, in a way that we now know happens with DNA. It was thought it may be possible to detect an individual by comparison of fingerprints by looking at the pattern of fingerprints in a family to see if they were all similar i.e. do my finger prints look similar to my father’s and my mother’s and my brother’s? This is now known not to be the case except that identical twins have almost the same fingerprints! The people who were working on fingerprints at the time heard about Prof Woodruff’s dilemma and asked if they could finger-print the 2 patients. Their prints were so similar that Prof Woodruff was informed that they were identical from fingerprint evidence and on the strength of this he proceeded to transplant one kidney from the healthy twin to the ill twin. Within 3 months they looked identical again! James Ross, the President of the Royal College of Surgeons of Edinburgh, removed the healthy kidney and Prof Woodruff transplanted this to the ill twin. Both recovered well and no rejection occurred. Interestingly both twins died exactly 6 years later of advanced stomach cancer. A genetic problem? A problem transplanted from the healthy twin to the ill twin with the kidney? No-one knew.

In 1969, Prof Woodruff was knighted for his work into surgical immunology and transplantation.

He continued his work into cancer immunology, particularly trying to stimulate the immune system by various methods to counter cancer growth and spread.

He retired in 1976 but continued in almost full time research into cancer immunology in Edinburgh for a further 10 years with some limited success especially with the use of a low grade septic agent known as *C parvum* in inhibiting the growth of some solid tumour, especially melanoma and breast cancer.

He died in Edinburgh in 2001. Although known famously as the first kidney transplanter in the UK, his ‘anti-lymphocytic serum’ used as an anti-rejection agent is still one of the main agents used for this purpose today.

Our Educational Article this month
Is a repeat of an article which we published in April 2013
and was written for us by our GP
Dr Ian Gregson
on the subject of
Meningitis

Our committee have asked that an article on Sepsis and Meningitis be published and we make no apology for repeating this again.

Since this article was originally written, a vaccine has been produced for Meningitis B which is the serious meningitis of childhood.

This is now available in the UK to all children under the age of 2 and there is a large public demand to have this made available for older children and teenagers.

The incidence of this disease in older children is low (the peak age at which it occurs is 5 months with another very small peak in adolescence). There is no evidence yet that vaccination of older children will be effective in preventing the disease and the company which produces the vaccine cannot keep up with world-wide demand.

It has therefore been decided not to extend the vaccination programme until there is better evidence of its effectiveness in older children

Dr Gregson's article helps tell us how to deal with this very serious condition.

Meningitis

by **Dr Ian Gregson**

Meningitis is inflammation of the meninges, the protective membranes that surround the brain and spinal cord. It is usually due to an infection from bacteria and viruses and can sometimes be associated with septicaemia, or blood poisoning. Some of the common bugs that cause meningitis are covered by the childhood immunisation program and this reinforces the importance of ensuring that all children receive full vaccinations.

Symptoms

Meningitis can be very serious and can cause death or permanent brain damage. Although the disease can develop very quickly, even in a few hours, the early symptoms may suggest a more minor illness, frequently mimicking a mild viral illness such as flu. Progression to the more typical symptoms of meningitis of high temperature, headache, confusion and a stiff neck with intolerance to bright lights or loud noises should alert that there is something more serious. Not everyone gets all of these symptoms however.

Children with meningitis may begin by simply having a fever or being more tired than usual. At an early stage they commonly develop leg pains, cold hands and feet and their skin may look pale, dusky or blue-tinged.

Babies in particular will often have non-specific symptoms. They may cry excessively or in a high-pitched way, different to their usual cry. They may have a fever, breathe rapidly, not take feeds, be irritable especially when picked up, or become very drowsy or sleepy and difficult to wake.

Rashes

Rash is often talked about as a key sign in meningitis. A typical rash does develop in certain types of meningitis. At first it looks like small red spots that do not disappear when pressed on, such as when you roll a glass over the skin. As the rash develops the spots get bigger and darker and can start to join together.

However, absence of a rash does not mean that the person or child does not have meningitis. It is often a late sign and the patient is frequently seriously ill by the time the rash appears. As it is a condition that is best treated early, it is risky to wait until a rash appears.

So what is important?

1. Meningitis can occur at any age.
2. It can be difficult to diagnose in the early stages especially in babies or young children.
3. Not everyone with meningitis develops a rash.
4. The typical rash of meningitis is commonly a late sign.
5. Treatment must be implemented as soon as possible.
6. Meningitis can progress rapidly from onset to serious illness, even only if a few hours.
7. The sooner treatment is started, the less likely will be brain damage or death.
8. Do not wait for a rash to appear before seeking advice

So what should you do?

1. Any **concerns about an infection which seems excessively severe** and especially if there are symptoms as described above, **you MUST call the surgery urgently**.
2. Do not assume if there is no rash that the illness is not meningitis. **Do not wait for a rash to appear**
3. Since meningitis can start with non-specific symptoms in the early stages and be difficult to diagnose, your doctor may find it difficult to be sure of the diagnosis initially. Do not assume always that a certain diagnosis has been made. Since meningitis can worsen quickly, **WE WOULD ALWAYS WANT TO SEE SOMEONE AGAIN IF THEY WERE TO BECOME MORE UNWELL AFTER BEING SEEN**.

Remember:

At the surgery, we are always happy to see anyone urgently who is concerned about possible meningitis.

For more information please check the website shown below.

<http://www.meningitis.org/>



A Breath of Fresh Air in Asthma, Breathlessness, COPD

In our January newsletter, Jayne Longstaff and Dr Ellie Lanning wrote an article for us about Mission abc (Modern Innovative Solutions Improving Outcomes in Asthma, Breathlessness and COPD) which was being launched by Professor Chauhan's respiratory team from the QA Hospital, Portsmouth.

On 16th March, a Project Launch Stakeholder Event was held in Liphook, the programme included the following speakers and topics:

<i>Mission ABC Introduction</i>	<i>Prof Anoop Chauhan</i>
<i>Asthma Up-date</i>	<i>Dr Tom Brown, Respiratory Consultant</i>
<i>Vocal cord dysfunction/</i>	
<i>Dysfunctional breathing</i>	<i>Ruth De Vos, Respiratory Physiotherapist</i>
<i>COPD update</i>	<i>Dr Ben Green, COPD Respiratory</i>
<i>Heart failure update</i>	<i>Dr Kafra, Consultant Cardiologist</i>

Over the past 2 years, the Wessex Academic Health Science Network, Wessex Asthma Network (www.wessex-asthma.com), Portsmouth Hospital Trust and South East Hampshire CCG have been piloting new ways of working in partnership. Patients in our Practice who suffer from asthma or COPD (Chronic Obstructive Pulmonary Disease that includes bronchitis and emphysema) have benefitted from clinics run in Badgerswood and Forest surgeries by Prof Chauhan's team. The team have also investigated patients coded with the term "breathlessness" with no previous lung or heart condition to try to make a more specific diagnosis.

These clinics have been exceedingly well received and have won national awards including HSJ Value in Healthcare award 2015.

'MISSION ABC' project aim is to bring the services and tools, usually found in hospitals, to the community, delivering care in the GP surgery without waiting for an outpatient appointment. From these surgeries, a small number of patients with severe disease can then be selected and invited to a one day clinic in the main hospital for specialist assessment e.g. CT scans, heart scans, dietician review, social worker review or psychologist etc.

The project is also bringing on board new innovations - new diagnostic tools, new ways of delivering home support, new diagnostic platforms for monitoring home care, and ways of involving healthcare companies.

MISSION ABC hopes to expand this project through South-Eastern Hampshire. With support from SE Hampshire CCG, the costs of delivering a respiratory service this way should not only provide a superior service for patients but result in significant cost savings to the CCG and the NHS in our region.



Professor Chauhan's' MISSION ABC core clinical team



The Innovators and Dr Tom Brown

Healthspring

We have discussed ‘Healthspring’ in previous newsletters. Over the past 18 months to 2 years, Professor Gautam Sen in India, has been driving forward the development of Primary Care (GP) units in Mumbai (Bombay) with the view of having a Primary Care service throughout the whole of India. He now has approximately 20 surgeries in Mumbai and 4 in adjacent Pune and hopes to open surgeries in Delhi, Kolkata (Calcutta) and Chennai (Madras) in the near future.

He has approached our Practice and PPG asking for help in the training of his doctors and we are in process now of setting up a teaching programme for him. Dr Sherrell and Dr Mallick are both trainer GPs for Wessex Deanery and together we have discussed how we can develop a teaching and training programme for Healthspring from our Practice.

Most of the doctors who are now working for Healthspring are female (at least 70%) and have at least 15 years post-graduate experience. Throughout India the Universities set very different standards and therefore the basic knowledge and skills of their graduating doctors is very variable. Following qualification as a doctor, many entered into different specialities such as paediatrics or obstetrics and became highly experienced in these fields. After several years, many retired to have families which have now grown up and these doctors now wish to return to medicine but do not wish to spend much time developing a practice and doing a lot of administrative work. They would rather return to a post where they could simply work as doctors. Healthspring is ideal for them, providing a surgery with patients and covering most of their administrative work for them.

Healthspring therefore has doctors with a great variety of experience, knowledge and ability. Some doctors are poor in some areas because of their basic teaching but many doctors have gone on to develop a great expertise in some areas but are very deficient in others.

Our teaching programme will therefore need to have several facets. A knowledge based part which will be comprehensive of all areas to the correct level for a GP. This could be done by a distance learning programme over an 18 month period and Dr Sherrell and Dr Mallick are prepared to take charge of this. The outline of this programme has already been prepared.

But in addition, there will be a need for direct teaching of communication and practical skills such as examining skills, basic surgical, minor injury and first

aid skills and these can only be taught by direct presentation and direct contact.

The aim ultimately will be to bring the doctors in India up to a standard equivalent to that in the UK. Healthspring will be aiming to equate to a level of competence expected by the GMC in the UK and to the standards set by NICE (the National Institute of Clinical Excellence). At the end we wish to award all the doctors with a certificate to say they have achieved the standard in all areas taught. We want this certificate to be awarded by some higher authority in the UK, perhaps one of our major Universities or equivalent, and we are in discussion about this at present.

However, we want this programme to receive an Indian award also. We perceive that at some future date, some of these doctors may progress further after they have completed this basic teaching programme and would become the teachers, mentors, trainers, assessors, standard setters and the future leaders in India to take the development of Primary Care forward for India, perhaps with the development of some higher body, such as a College of Primary Care Practitioners of India.



As part of its mission statement, Healthspring wishes to have its patients' wishes at the forefront of its guidelines and protocols. In a previous discussion, we talked about the role of PPGs in our Badgerswood and Forest practice and the idea was eagerly listened to by Professor Sen. Healthspring is now in process of setting up PPGs with its Primary Care units and a meeting was held by one of its units.

A PPG meeting in Mumbai earlier this year.

A photo of their first PPG 2016 meeting is attached, probably the first PPG meeting in India!

If this all works, we perceive that Badgerswood and Forest Surgeries will have played a major role in helping to develop Primary Care for India I would like our name included in this process somewhere, not forgotten and remembered with pride.

Although each doctor will go through an 18 month teaching programme, the programme will run continually as more doctors are appointed into Healthspring, and we are approachable to helping other doctors outside Healthspring if we feel they are setting the same standard of clinical care and trying to achieve the same goals in Primary Care.

What should we do with our Educational Articles?

Michelle Dawson, Physiotherapist from the Royal Surrey County Hospital, Guildford, helped us with the production of several Educational Articles for some of our newsletters recently. We have now reached our 21st newsletter and have accumulated a large series of excellent educational articles. When we reached our 11th newsletter, we printed an 'Educational Article' booklet of all the articles we had produced up till that time and distributed these asking for a donation simply to cover printing costs. This did not distribute well and we still have many copies of this booklet.

However we feel that it would be sad to lose all of the articles that have been produced over the last 21 newsletters as so many have been so good but we do not feel that to produce a 2nd edition book would be the correct way to preserve these. Michelle and I therefore discussed how to action this and we have come up with the following suggestions:

- 1) Highlights from each article could be put on the television screen in the reception of Badgerswood Surgery, appearing for 30 seconds to 1 minute at a time. Articles could rotate, changing every 2 weeks.
- 2) Each education article could be summarised into a single page and printed as a handout in each surgery reception
- 3) A list of all the topics produced should be made available to all PPG members and if anyone wishes a full copy of a particular subject, they could contact on the PPG email address and request this.
- 4) A 2nd booklet could be prepared and only 1 copy printed for demonstration. If anyone wished a copy, they could request either the 1st or 2nd edition and this could then be printed on demand at a cost of £3 per booklet to cover printing.
- 5) For non-PPG members, a list of all topics should be made available for everyone to see and a full copy of that article could be printed on demand at a minimal charge.

A list of all 'Educational Article' topics which have appeared in our newsletters till this issue, is printed on the following page.

Anyone who wishes a full copy of any of these articles, please contact

ppg@headleydoctors.com or ppg@bordondoctors.com

or leave a note at either surgery reception.

For members of the PPG, there will be no cost for individual articles either by email or post.

For non-members, we ask for a donation of 50p / article with no charge for email. £1 in total for post and package.

List of Educational Articles

1. I wonder if I'm diabetic
 2. Flu
 3. Acute Stroke
 4. Macula Degeneration
 5. Low Back Pain
 6. Asthma
 7. Screening
 8. Prostate Cancer
 9. DVT and Pulmonary Embolism
 10. Meningitis
 11. Measles
 12. Faint / blackout
 13. Hypertension
 14. The thyroid gland
 15. Dysphagia
 16. Breast Cancer
 17. Obesity
 18. Basic Life Support
 19. Painful Red Eye
 20. Eczema and Psoriasis
 21. De Quervain's syndrome
 22. Plantar Fasciitis
 23. Sore throats
 24. Osteoporosis
 25. Managing acute back pain
-

Defibrillator Telephone Box at the Holly Bush

Just a note to say that Headley Parish Council is about to install a Cardiac Defibrillator in the old telephone box in the High Street adjacent to the Holly Bush pub. We understand that this will be secured by an alarm button which will link the caller to ambulance control and when the button is pressed, ambulance control will inform the caller of the key pad number to allow access to the box to retrieve the defibrillator and also will send an ambulance. We gather that the installation is not yet ready and may be a while yet before this happens

With installation of the defibrillator comes 2 hours of First Aid Training.

However, we at the PPG have just received a kind donation of First Aid training equipment and are hoping to set up First Aid Training courses. We plan to liaise with the Parish Council to ensure that everyone adjacent to the telephone box will be proficient in resuscitation i.e all the shop-keepers, Holly-Bush owners and house owners in the vicinity, as these are the people likely to be called if an incident occurs, especially if at a time when the Badgerswood Surgery is closed.

Patient Surveys

The PPG is at present conducting 2 surveys and we are very grateful for everyone who is helping by completing our forms. We would like to explain the purpose of the surveys:

1. Transport Survey

We are conducting a simple survey regarding car parking needs at the 2 surgeries, Badgerswood and Forest. I'm sure all of you will be aware of the proposed changes occurring at Bordon with the departure of the military last year and the desire to develop Bordon as a "Healthy New Town". Part of the aim is to try to improve people's mobility and reduce the needs to drive and be driven where possible.

When Badgerswood Surgery expanded, there was a move to expand the car parking. There never seems to be enough car parking spaces at surgeries or hospitals. But in Bordon, with the proposed development of a new surgery, there seems to be a push to reduce car parking space to encourage people to walk or cycle to the surgery. We have a concern about this and we want to see how many people drive, or are driven, to the surgery compared to how many really need to drive. An actual need for transport to the surgery could then be fed to the developers at Bordon to make a realistic parking space at the new surgery in their plans. Data from Badgerswood about the actual spaces used and figures from Forest about how much seems needed would be very helpful in making a solid case here.

2. Clinic desirability survey

As you are well aware, the government has pledged 7 day a week opening in GP Practices which is a major commitment. In the past we have conducted 3 pro-active surveys over 3 years about patients' desires for various things. We now have the opinions of just under 500 patients. In these surveys we asked about clinic opening times and all 3 surveys, which were from a cohort of different patients, resulted in similar answers, in that 91% of patients were happy with the present clinic times and just under 20% wanted other clinic times, meaning that some people wanted additional evening and weekend opening. In all 3 surveys only 2% of people wanted Sunday opening.

The surveys however were restricted because the data was limited in not asking such facts as, did the 2% who wanted Sunday opening want this time because they could not come at any other time, or did they say this simply because they were free then but were they also free to come on Saturdays

and evenings as well? And also, would they have preferred not to have come on a Sunday if there was another slot available at another time? In short, do we need Sunday opening? Was it worth taking a GP away from a busy weekday clinic to do a Sunday which was going to be very quiet?

We are therefore running a detailed survey looking at people's availability to attend clinics, and also at their wishes. Are they free during the weekdays but also at evenings and early mornings and weekends, but do they want to attend these days? When is their actual preferred time? We will then feed this back to the Practice and discuss with the GPs to try to find out what would be the best way to run this to the patients' overall satisfaction.

We approached Pinehill Surgery PPG to ask if they would run this with us in Bordon but received no reply which is a pity as numbers from another local practice would have been good. However we have tried to include patients locally who are registered with other practices as we feel their opinions are also valuable.

We plan to include the data from this survey in an application for the 2016 Corkill Award.

Early morning calls

Have you ever had a problem calling the surgery first thing in the morning to make an urgent appointment? Do you find the line continually engaged? Do you have to call again and again before you speak to the receptionist? Are you worried that all the available slots will be taken and you won't be able to be seen that day?

The problem is more of a problem at Badgerswood Surgery than at Forest Surgery. Badgerswood Surgery does not have a voice mail system while Forest Surgery has a system that keeps you in a queue and holds you in place according to the time you phoned. But don't worry. We've been reassured that if the request is an emergency then they will try to organise an appointment or telephone consultation.

The PPG held a meeting with Dr Mallick, Dr Walters, and Tina Hack from the Practice who are responsible for organising the Practice bookings for both surgeries, to discuss the problem.

Emergency appointments should be given according to the seriousness of their conditions. The Practice however, aims to give appointments to everyone who calls for an urgent appointment on the day. On average 7 GPs work between the 2 surgeries every day. Each GP has approximately 12 vacant slots for urgent calls every day making over 70 slots. In addition each of the 2 practice nurses have 6 vacant slots for emergency appointments.

So, what can be done if all the slots are filled?

The GPs are prepared to add an extra patient or so to the end of their clinics if it is an emergency. Also, having 2 surgeries in the Practice is a bonus, since if all the vacant slots for emergency appointments in 1 of the surgeries are filled, patients can be seen at the other surgery where there may be slots still available. The GPs also provide up to a maximum 'telephone consultations' of 3 per day, so patients can discuss their problems over the phone and, if necessary, the GP can arrange for the patient to come in if needed.

As mentioned in our January newsletter, many conditions can be seen by our nurses or pharmacists instead of by the doctors and this would ease the burden on the GP appointments. To be able to refer appropriately, or 'triage', the receptionists would need to know what the patient's problem is. It is interesting that patients at Forest Surgery are more willing to divulge their problem to the receptionists but more patients at Badgerswood feel that the receptionists are being intrusive. This means that more patients with conditions which could be dealt with by the nurses are being booked to the doctors at Badgerswood.

The Practice is considering installing a telephone system at Badgerswood similar to that at Forest.

However, it would help the Practice if you were happy to give the receptionist a brief reason for requiring an appointment so you can be:

1. given an appropriate appointment with the doctor or nurse
2. signposted to the pharmacy for advice and treatment
3. given an appropriate routine appointment slot at a later date.

Changes in the Practice

Phlebotomy

The Practice has always been responsible for obtaining blood samples from its own patients (Phlebotomy services) and receives funding for doing this service. Since April 2013, the SE Hampshire CCG has been responsible for commissioning of all NHS Services in South-East Hampshire

Due to a change in service provision by the SE Hampshire CCG we are disappointed to announce that the practice is unable to continue to take blood tests at Badgerswood & Forest Surgery under our current contract. This change comes into effect from 01/04/16.

However, following a conversation with Southern Health, who are likely to become the providers long term for this service, the practice will continue to undertake phlebotomy until 01/05/16. Thereafter it is hoped that Southern Health will continue to provide the service in-house to our patients. The practice and PPG are working hard together with Southern Health and the CCG to ensure that an in-house phlebotomy service is delivered and maintained to our practice population. We will inform you as soon as the new service is confirmed.



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and business buffets made to order**

2 High Street
Headley
Nr. Bordon
Hampshire
GU35 8PP
01428 714348

Practice Details

	<u>Badgerswood Surgery</u>	<u>Forest Surgery</u>
Address	Mill Lane Headley Bordon Hampshire GU35 8LH	60 Forest Road Bordon Hampshire GU35 0BP
Telephone Number	01428 713511	01420 477111
Fax	01428 713812	01420 477749
Web site	www.bordondoctors.com	
G.P.s	Dr Anthony Leung Dr I Gregson Dr H Sherrell	Dr Charles Walters Dr F Mallick Dr L Clark Dr Laura Hems
Practice Team	Practice Manager Deputy Practice Manager 1 nurse practitioner 3 practice nurses 2 phlebotomists	Sue Hazeldine Tina Hack
Opening hours	Mon Tues/Wed/Thurs Fri	8.30 – 7.30 8.30 – 6.30 7.30 – 6.30
Out-of-hours cover	Call 111	

Committee of the PPG

Chairman	David Lee
Vice-chairman	Sue Hazeldine
Secretary	Yvonne Parker-Smith
Treasurer	Ian Harper
Committee	Nigel Walker Heather Barrett Barbara Symonds Gerald Hudson Sarah Coombes

Contact Details of the PPG

ppg@headleydoctors.com
ppg@bordondoctors.com

Also via forms available at the surgery reception desk.

**PINK Personal Training
NEW YEAR ...NEW YOU?**

I can help.

I offer personal training designed to suit you.

Weight loss with improved muscle tone?

Thinking of entering a sporting event?

Need extra motivation?

Locally I am recognised more in my capacity as a
Pilates Instructor.

Headley Village Hall

Mondays (Improvers) 10 am – 11 am

Mondays (Beginners) 11 am – noon

Wednesdays (Improvers) – 9.15 am – 10.15 am

Grayshott Social Club

Mondays (Improvers) 6.00 pm – 7.00 pm

I also have a qualification in pre and post-natal exercise and generally take clients on a one to one basis for these sessions

Tel: 01428 712876

Email: pinkpersonaltraining@talktalk.net

www.pinkpersonaltraining.co.uk

I am regularly updating my qualifications and hope to gain my GP referral qualification in May 2015.

If any of my services or classes appeal to you

. please feel free to ring me or drop me an e-mail

Thank you.

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.



You can choose to be treated privately at Spire Clare Park Hospital or Clare Park at Guildford without having to wait, whether you are insured or not.



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Our treatments and clinics include:

- Cyst and mole removal clinic
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For more information or to make an appointment call 01252 895 490 or visit www.spireclarepark.com

Spire Clare Park 1868.indd 1

24/10/2013 09:37

Back2Health



- Offering chiropractic and osteopathy at Forest and Badgerswood Surgeries both privately and on the NHS with manipulative therapy and other types of evidence based care.
- Offering therapy for back, neck and shoulder pain
- State registered ensuring patient safety, continuing professional development and standards are maintained.
- Techniques use recommended methods of manual therapy (joint manipulation, mobilisation and massage) as recommended by guidelines for the management of acute and chronic back pain.
- For a private appointment call 01730 267423 when a receptionist will be happy to arrange this for you.



Bordon and Whitehill Voluntary Car Service

We take people in the Bordon and Whitehill community who do not have their own transport to Hospitals, local Surgeries, Dentists, etc. If you need help please call us.

Also, we are desperately in need of **co-ordinators** to help us take telephone calls from patients and arrange drivers. They do this at their own home. Can you help us?

Our telephone number is

01420 473636



Bower Chiropractic Clinic
Gentle & Effective McTimoney treatment for the Whole Body.
Sports Massage & Spinal Acupuncture

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Headley
GU35 8BT

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The Gentle nature of the McTimoney method makes it suitable for people of all ages. It's proven to be effective in treating the following conditions: Back, Neck and Shoulder pain.

Pain, discomfort and stiffness in joints, migraine, muscular aches and pains, sports injuries and arthritic pain. To make an appointment or for more information please call 01428 715419.

Headley Pharmacy

Opening hours

Mon - Fri	0900 - 1800
Sat	0900 - noon

Tel: 01428 717593

Visit the new expanded pharmacy in Badgerswood Surgery.

Chase Pharmacy

Opening hours

Mon – Fri	0900 – 1800
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Tel: 01420 477714

The pharmacy at Forest Surgery, adjacent to Chase Hospital

**Both pharmacies are open to all customers
for**
Prescription Dispensary
Over-the-counter medicines
Chemist shop
Resident pharmacist
Lipotrim weight-management Service

**You don't need to be a patient of
Badgerswood or Forest Surgery to use either pharmacy.**