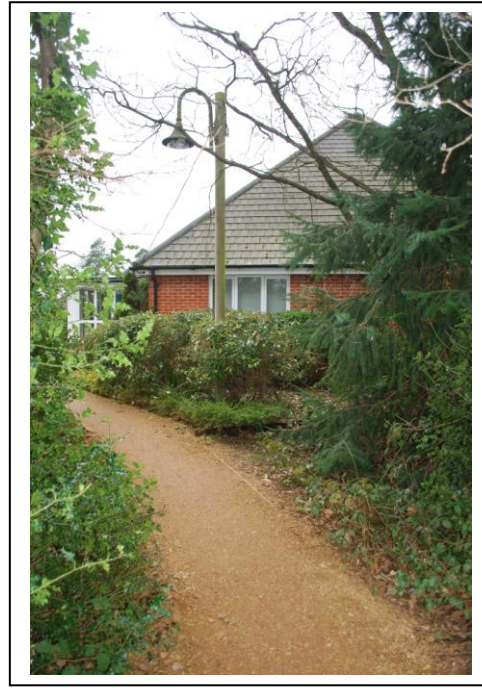


Patient Participation Group

Newsletter



Incorporating the Friends of the Badgerswood and Forest Surgeries

July 2013

Issue 10

Pain causes tension...

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



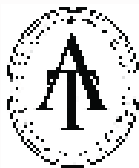
**Change your posture and improve
your health & well-being**

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*

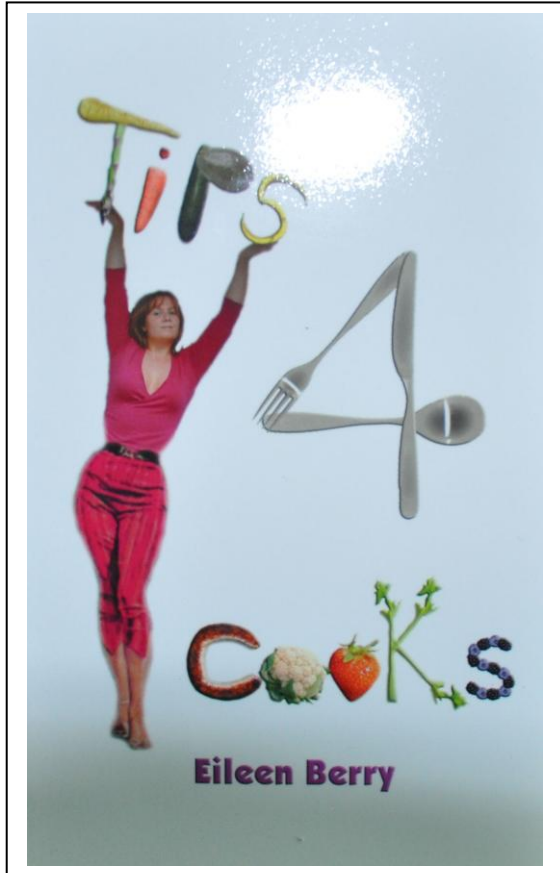


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www.stat.org.uk

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 and Vice-Chairman Report

Dr Rose will be retiring at the end of September!! The news has come as a shock to many in the Practice and to us in the PPG. We ask ourselves how someone who looks and acts so young could be retiring so soon. We wish him well but hope we don't lose contact with him. He has been a great support to the PPG and we will miss him immensely. Moves are already underway to find a new partner to replace him.

The PPG held its 2nd AGM in April in the very recently finished and extended Forest Surgery. We thank Dr Boyes and his team for allowing us use of his surgery for the evening. The meeting was well attended and we had an excellent talk by Col Alan Mistlin from Headley Court, the Military Medical Rehabilitation Unit. We are most grateful to Nigel Walker from our committee and Sue Hazeldine, our Vice-Chairman and the Practice Manageress, for organising the evening for us. The minutes of the AGM are available in this newsletter.

The Clinical Commissioning Group has now officially taken up office and the beds in Chase Hospital will definitely close. The Stakeholder meetings continue and the progress of the Group so far is reported in this newsletter, together with the official Chase Community Hospital Charter.

In June, NAPP, the National Association of Patient Participations, held their annual meeting and our treasurer, Ian Harper, attended and has reported on this for us. He found this a very useful and informative meeting. There are many pointers which we hope to take advantage of with our own PPG.

Our Educational Article this month is on 'Measles'. We drew your attention to this in a previous newsletter but feel a full article is necessary as the problem seems to be expanding and needs better control. Several members of the Practice team have contributed to this article.

Many patients are dependent on the Voluntary Car Services of both Headley and Bordon to get them up to Hospital or Surgery appointments or to the Dentist. We asked both to write articles for us and they make very interesting reading. Where would many of you be without these willing charitable helpers?

Many of you may have wondered why it takes 3 days to get your prescriptions ready at the pharmacist. Wanda Prain from Headley Pharmacy has written a very illuminating article explaining the background to preparing your prescriptions. It is a wonder that these are available within 3 days in almost every occasion!!

Dr Leung has forwarded to us a list of things we should do when preparing to attend for a consultation to make life easier for both you and the doctor / nurse. The list is simple and obvious but well worth a read and keeping handy for every occasion when you need to come to the surgery.

Again we discuss the changes that have occurred, or are about to occur in the Practice, since the last newsletter. Of note is that we are planning another **members' evening** in the autumn. Could all members please put the date in your diary? **Tuesday 29th October at 7.30pm**. Dr Rose will have retired by this time but has agreed to come back to speak to us on the topic of 'flu'. Come and join us once more.

We are again looking for funds. We want to install BP monitors in each of the surgery waiting rooms for all patients to be able to measure their own blood pressure as they arrive. An advert will appear in each surgery waiting room and as before, a thermometer chart showing how we are getting on will be attached to each entrance door. An advert appears later in the newsletter. Please help us again.

Finally, once again, any contribution to our newsletter would be most welcome. Please feel free to send us your ideas, suggestions, criticisms and praises, or even some anecdotal story of something which you think would be of interest.

Issues raised through the PPG

1. Can anything be done to facilitate the booking of an appointment out of hours via the website facility which seems to be permanently disabled?

This system was set up previously at a cost of £1000 / year for the package. It caused a lot of problems and was used by only 12 patients in the year. Also it only allowed access to a limited range of appointments. It is not possible to offer a full range of alternatives as would be available with a phone call. The system was therefore abandoned

2. It would be a great help if I were able to write to my doctor by Email. Can anything be done to facilitate this?

At our committee meeting, 3 potential problems were highlighted with this:

- i) a problem with information governance. Not allowed to transfer clinical information on a non-secure site i.e. unable to receive or transmit on a non-'NHS Email address'
- ii) a problem with giving information without a proper history / examination of the patient – Email too impersonal
- iii) this is like Triage by the doctor which is proving very unpopular with both patients and doctors when put into practice.

This may be an item which we could discuss in more depth with the GPs in the Practice and may make a good topic for inclusion in a future newsletter. We feel it has scope for development.

3. I am aware that with the changes about to occur in the next few months at Chase Hospital, one (or more) of the other Bordon GP Practices may move into the building. What measures will be taken to ensure that the car-parking at Forest Surgery will not be swamped by non-Forest patients if the Chase Hospital car-park is too small in the future?

This item has already been raised at Forest Surgery. It is unclear whether this will be a problem and it has been decided to see what happens in the first instance before taking any action. It is of note that the car-park has just been extended and has CCTV monitors already in place.

Minutes of the Annual General Meeting
held on 23rd APRIL 2013 at Forest Surgery

Col Alan Mistlin, Consultant Rheumatologist, was speaker for the evening, and spoke prior to the AGM about "Headley Court, Defence Medical Rehabilitation Unit". His talk discussed some historical facts about the Unit before illustrating the work being done to rehabilitate soldiers, mainly with major limb injuries.

After his talk and questions, the formal AGM was conducted.

Item 1 Welcome by Chairman – The Chairman welcomed all to the meeting. He explained that it was over a year since the previous AGM, the reason being to bring the AGM in line with the accounts which run annually to the end of March each year. He thanked the team at Forest Surgery for allowing the PPG to use the newly expanded surgery, Sue Hazeldine and Nigel Walker for organising the evening, Jane Baker for lending her digital projector and the Practice for providing refreshments.

Item 2 Apologies for absence – Dr Clark, Bengta Jordan, Jim Grevatt, June Duncan, Carol and John Wilson, Tina Hack.

Item 3 Introduction of committee The Chairman introduced each member of the committee individually and their role.

Item 4 Minutes of previous meeting 23 November 2011 – These had been displayed for all to see. These Minutes were agreed as an accurate record.

Item 5 Matters Arising from these minutes – None

Item 6 Chairman's Report –The Chairman reviewed the functioning of the committee, meeting approximately 6 weekly in alternate surgeries. The main aim has been as a liaison group, and several ideas have been handed in from patients, all of which have been actioned. Examples were given. However, to be more pro-active, the Group had run a satisfaction questionnaire with the Practice involving over 120 patients at the beginning of the year. Most patients were satisfied with the high standard of care from both surgeries, especially with the receptionists, doctors and nurses. Some minor changes resulted from this and a follow-up questionnaire confirmed greater satisfaction.

A newsletter is produced quarterly. Over 400 hard copies are picked up from the surgery receptions, nearly 100 are distributed by email, and many people read these while waiting in reception without removing a copy. The newsletters also appear on the Practice website, Headley village and Lindford village websites. The Practice pays for all paper and printing ink for us.

We have still small charity status, our turnover not being enough to apply for full charitable status yet, although this could change.

In the past year, the group has been opened to membership and for a £5 annual fee, the newsletter is distributed to members directly at the time of printing. Members are also kept closely informed of all PPG activities and it is hoped to involve members in some of our other activities eg we are in process of developing a carers' sub-group at present.

Our group is a member of the national group (NAPP) and the annual meeting is due to be held in Bristol in June. Ian Harper, our Treasurer, has agreed to attend and we hope he will write an article for our July newsletter on this for us.

We are active-fund raisers for the Practice. Funds come from various sources – specific donations, newsletter advertising, voluntary contributions, membership fees, etc, teddy-bear raffle, etc. We are always well supported by the practice, both in time and financially for printing and paper, travel expenses etc.

Item 7 Financial Report – Ian Harper, our treasurer introduced this item and talked to the report which had been kindly checked by Bob Wilson, Accountant, our Examiner of Accounts. He explained the income and expenditure, showing the items which had been purchased for the benefit of each surgery. He also listed our total membership.

Item 8 Election of Committee – The present committee had agreed to stand for re-election. They were proposed by Tony Goldman, seconded by Barry Parker-Smith and unanimously agreed. No other delegates stood for election.

Item 9 Any other items – There were none.

Item 10 Proposed date of next AGM – Tues 29th April 2014

What is happening at the Chase?

As you know, the Clinical Commissioning Group (CCG) took over the Health Care Budget on 1st April and from our point of view, one of the first decisions made was to close the beds at the hospital, despite much local opposition. What has happened since?

The CCG are still continuing the monthly 'Steering Group' meetings and are making major efforts to keep everyone informed and involved in the decision making processes. One of the first moves has been to draw up a 'Charter' outlining the plans for the future of the Chase Hospital and the Health Services for the region. Below is the Charter followed by a discussion of where things are at present.

A Charter for Health Services at Chase Community Hospital and for the population of Whitehill and Bordon and the surrounding communities of Blackmoor, Bramshott and Liphook, Grayshott, Greatham, Headley, Lindford, Oakhanger and Selborne.

NHS South Eastern Hampshire Clinical Commissioning Group is committed to keeping Chase Community Hospital open. We want to make sure that it is well used and provides a lively centre for health and related services in the surrounding area.

Over the next two years we plan to transform Chase Community Hospital and local community services and this Charter sets out what we promise to deliver.

Expanding services available at Chase Community Hospital

Our plans involve applying for a £2.9m investment in the Hospital building to refurbish the interior. We have applied for this funding and, once approved we will begin work on site.

The funding will be used to:

- Bring at least one GP surgery on to the site
- Bring mental health, community and social care teams together into an integrated team operating from one base
- Make sure the Hospital has the right IT and staff in place to support new outpatient services
- Expand outpatient services provided locally to include services such as:-

- Adult mental health services
- Contraception and sexual health services
- Dermatology (skin) clinics
- Education services for patients with long term conditions eg diabetes
- Frail elderly community clinics (including IV antibiotics & oxygen assessment)
- Healthy lifestyle initiatives and other wellbeing services for the public
- Minor Injuries Service within the GP practice(s)
- Nephrology (kidney) services
- Older people's mental health
 - Memory clinics
- Paediatrics
 - Community children's clinics
 - Acute children's clinics
 - Children & adolescent mental health services
- Phlebotomy (blood tests)
- Rehabilitation and physiotherapy
- Substance misuse
- Screening services such as breast screening
- Voluntary services such as day centre

Care in people's homes and at a nursing home

We will commission care in people's homes and at a local nursing home. This will be delivered by a new 'integrated care team' working in the community and at four nursing home beds in the local area.

This will involve closing the ward at Chase Community Hospital but we promise that patients from the above areas who need nursing care will still have this type of care.

The ward will not close until the new services are in place.

Integrated care team

The 'Integrated care team' will be made up of:

- GPs and practice nurses;
- 14 community nurses led by a community matron with input from therapists, specialist nurses and mental health nurses;
- support from consultant geriatricians and in reach nurses; and
- social workers, domiciliary care, community independence team and access to reablement beds.

The team will:

- visit patients' homes between the hours of 0700 and 2330, as required by their clinical need;
- provide night nursing between the hours of 2200 and 0700 if required;
- work with local GPs and the Out of hours GP service to admit patients to an acute hospital if the patient's condition deteriorates and admission is deemed appropriate by the GP
- help patients admitted to hospital to get earlier discharge so they have the opportunity to regain and maximise independence.
- make links and work with other community services (e.g. domiciliary care, community transport etc)

In the new model each patient will have:

- a designated care co-ordinator who will organise every aspect of the patient's care and act as a single point of contact for the patient and their carer and/or loved ones;
- a formulated care plan developed with colleagues in the integrated care team and with the patient, and
- a care plan that is shared with the out of hours GP service and the ambulance service.

Nursing home beds

The CCG will purchase up to four nursing home beds to ensure that people from the area who need to be cared for by nurses in a bed, still have access to this type of care. These beds will be available from Autumn 2013.

As there is currently no nursing home in Whitehill and Bordon the CCG will fund transport between the Chase Community Hospital and the nursing home for patients and their relatives. Overnight accommodation will also be made available at the nursing home for relatives of patients approaching the end of their lives.

Development of a nursing home in Whitehill and Bordon

The CCG will work with potential nursing home developers and planning authorities to attract a nursing home to the town. The CCG cannot guarantee at this stage that a nursing home will be built but is encouraged that there is interest in setting up a home and potential sites are available

So, where are we?

At present the £2.9m funding has still not been approved by NHS England but the CCG are confident that this will be allocated. Discussions are continuing assuming the money will arrive in full.

Two major subgroups have been set-up, one relating to the hospital development and the other to health care development. Six subgroups, called 'Task and Finish Groups' relate to health care:

- (i) Community Model
- (ii) Minor Injuries
- (iii) Outpatients
- (iv) Nursing Home Beds
- (v) Chase Hospital Operations
- (vi) Communications and Engagement Group

We wish to stress 3 points from the Task and Finish groups:

(i) **Timing** - The beds at Chase Hospital will not close until the beds at the Nursing Home are available to use at Liss. Work will not commence at Chase until the beds close, probably in September and it is aimed to complete work at Chase by April 2015

(ii) **Bed status** - The drop in bed numbers from 8 to 4 has indicated a need for more nurse facility and training to provide for example night cover as included in the Charter. The Integrated Care Team has almost doubled due to the needs of the local population. Training is on-going and we are assured that should more than 4 beds be needed at any time, these will be purchased.

(iii) **Minor Injuries Service** - We wish to indicate that this is going to be a very **minor injuries service**. The minor injuries unit at Havant deals with:

- a) lacerations which can be closed with steristrips
but any which require suturing are sent elsewhere.
- b) minor dislocation of finger or toe
- c) removal of foreign body from ear or nose
- d) drainage of blood from under nail
- e) dealing with an unblistered burn less than the size of the palm of the hand

The service at Chase may of course be very different. There is at present an on-going project called the Locally Enhanced Services or 'LES' Review of which minor injuries is one part, looking at what services could be provided in the future in this area.

The bottom line of course is, the major decision of bed closure and re-design of the local Health Service was made contrary to the wishes of many of the local people. Over 3,000 signed a petition. And what will happen if the £2.9m funding does not materialise, or comes only in part? This is unclear.

How to get the best from your appointment; top tips

- ☑ **Ask yourself:** How important is it that I'm seen quickly, or would I be better waiting for an appointment with a particular GP? If you have a long-term condition you'll probably benefit from a GP who knows you.
- ☑ **Don't be put off by a GP who runs late** – they may be spending needed time with patients. One day you may appreciate them running late for you.
- ☑ **It's tempting to bring a list of unrelated problems,** but consider what's achievable in 10 minutes. 4 problems in 10 minutes? that's 150 seconds each. It's often better to come back again and spend more time on a problem rather than squeeze as many as you can into one ten minute appointment.
- ☑ **Before you see the GP,** work out in your own mind what you're worried about, and highlight any particular concerns. Consider preparing short notes, including how you would describe your symptoms.
- ☑ **Get to the point:** don't beat about the bush and don't keep important issues until the end
- ☑ **Wear accessible clothing** if you're likely to need to undress for examination.
- ☑ **Make sure you understand what happens next, if you are not sure** ask to go through the plan again.
- ☑ **Have your say and get your views heard; join our patient participation group.**

Our Educational Article this month is on

Measles

We are very grateful to several members of the Practice who contributed to its writing and contents.

Sue Hazeldine

Practice Manager
and
PPG Vice-Chairman

Paula Henderson

Nurse Practitioner

Dr Anthony Leung

GP

Measles

In our October 2012 newsletter, we published an article entitled "Measles in Eastern Europe". In this, you were alerted to the fact that there was a major outbreak of measles in Eastern Europe, and were warned about the risks to children either travelling to or coming in contact with people travelling from, that area. Since then, there has been a major outbreak of measles in Cardiff. A rise in the number of cases in the UK from 374 in 2010 to 2016 in 2012 is certainly related to a reduced vaccination rate of the population. The highest numbers were in children born between 1997 and 2006. They would now be 7 to 16 years old.

Amongst all the headlines and publicity, we should remember that Measles is a **preventable** disease. There is no specific treatment and although most people will recover on their own, there can also be serious complications like pneumonia, convulsions and even death.

What are the signs of measles?

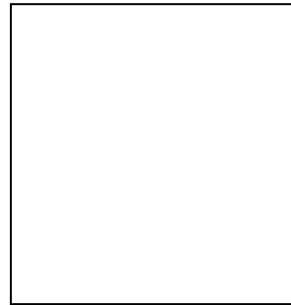
The vast majority of childhood rashes are *not* measles. In the first week, there may just be a cough and cold like symptoms. The rash comes on next, typically starting on the head and spreading to the trunk and limbs over the next few days. Along with the rash, the patient may have conjunctivitis, an aversion to bright lights, as well as a fever.

What can be done?

Here prevention is definitely better than cure. A combined vaccine with Mumps and Rubella (German measles) known as MMR is given. In 1998, there was a claim that the MMR jab could cause autism and the vaccination rates fell. This has now been totally disproved by numerous studies. It led, however, to a dilemma for many parents, and many decided not to have their child vaccinated. There are therefore many people in the country who have no resistance to measles (up to 50% in 1 area of London). Also, some parents decided to have their child vaccinated with a 'single' measles vaccine. This vaccine was a live virus derived from the measles virus, unable to cause the infection but able to cause antibody production. Because of lack of proper controls about storage, this vaccine was frequently stored at the wrong temperature and was therefore ineffective. People

who had the single vaccine may therefore have no immunity. This single vaccine has been withdrawn.

The MMR jab is given at around 13 months, with a booster before starting school. It is not uncommon to get 'measles-like' symptoms including a rash around a week after the jab. This usually clears up after 3 days. Vaccination rates for 2 year olds are now recovering. Uptake rates are still not ideal though.



What is the Treatment?

There is no treatment for measles. Being a viral infection, no antibiotic can help. As the infection runs its course, the body develops antibodies to the virus and eventually overcomes the infection in a couple of weeks. These antibodies remain in the system forever and it is therefore exceedingly rare to catch measles twice.

In the meantime, you should avoid bright lights, take paracetamol or ibuprofen to relieve the fever and aches, and make sure you stay hydrated by drinking plenty of water.

As for contacts, your body can actually develop protection faster with the vaccine than through natural infection, so known contacts who are not immune (e.g. those who have not had the jab) can be vaccinated, ideally within 3 days of exposure.

Catch-up Vaccination

In view of the increase in measles, a programme of vaccination is being introduced. Only the MMR vaccine is now available.

Young children should be vaccinated as suggested before. All 10 – 16 year olds are now being checked to see whether they have been properly vaccinated. If they were not vaccinated, only had 1 dose, or were given the single measles vaccine, they are now being offered a 2-injection course.

Anyone over 17 who has not been vaccinated, and wishes this, is being offered a 2-injection course. This is especially important for women who are planning pregnancy as the measles virus can be transmitted from the mother to the foetus, and the MMR vaccine cannot be given during pregnancy.

WHY THREE WORKING DAYS?

by Wanda Prain, Headley Pharmacy

Why does it take three working days to arrange for a repeat prescription? To answer this question, it is important to look at all the steps involved in generating a prescription, so here is some background information.

Although located on the same site, Headley Pharmacy and Badgerswood Surgery are two separate concerns. The Pharmacy is privately owned and does not have access to the medical records held in the Surgery which are strictly private and confidential. The only records retained in the Pharmacy are the details contained on the prescriptions brought to the Pharmacy by the patient. These originate, for example, from a GP, Hospital, Dentist, Nurse Practitioner or private clinic.

The first step in ordering a repeat prescription involves the completion of a request slip. This is the white piece of paper which accompanied the original prescription and is produced by the Surgery. Your Doctor has ultimate control over which drugs should appear on the request slip, the quantities to be supplied, the date when last issued, and the dosages. When you are nearing the end of your original or previous drug supply, you tick the boxes relating to the drugs which will need replacing, on the request slip and return this to the Surgery. If returned to Pharmacy, we will happily pass the request slip on to the Surgery for you.

It is not possible for the Pharmacy to generate any prescriptions (the green form, or FP10). The responsibility for this lies solely with your Doctor who may sometimes decide that different medication or altered dosage is necessary. Also some items might need checked before the prescription can be signed – eg blood checks for drugs like Warfarin, Methotrexate or Thyroxine. All this may cause delay. In addition the GPs have to set aside time from what is a very busy schedule to check each prescription very carefully before signing. This is very important.

Once the prescriptions (FP10's) have been signed, they are then passed to the Pharmacy to dispense.

If the prescriptions have a bar code running along the right hand side, the Dispensers can download the details directly onto the Pharmacy's PMR (Patient Medication Records). If they do not have a bar code then the Dispenser may have to re-type every detail on to the Pharmacy PMR. The number of items for one person can range from 1 to 20+. A label for every item is generated, ready for the Dispenser to 'build' the prescription.

We have two main wholesalers from whom we receive the bulk of our stock and they both deliver twice a day. However, many drugs have to be obtained from specialist wholesalers, or direct from the manufacturer. Currently, we deal with approximately 30 different companies in order to obtain specific drugs that have been requested. Sometimes we experience difficulty obtaining certain drugs.

Every week we receive a list from each of our two main wholesalers detailing all the drugs with a supply problem, sometimes as many as 120! The reasons given for these shortages are varied. When a drug cannot be obtained, we return the prescription to the Surgery informing your GP and requesting a prescription for a possible alternative medication.

Once the labels have been produced and the stock has been collected, every item is labelled and initialled by the Dispenser, then passed to the Pharmacist to be checked eg for name, date of birth, drug, dosage, expiry date, drug interactions etc.

Finally the prescription is completed and all items have been checked. The drugs are now placed in a bag to await collection.

After reading the above, I'm sure you appreciate why it normally takes 72 hours to prepare a prescription and why delays are sometimes unavoidable.

WE RARELY HAVE PRESCRIPTIONS READY EARLIER THAN 72 HOURS SO PLEASE DON'T COME TO COLLECT YOUR PRESCRIPTION SOONER!

We waste a lot of time looking for prescriptions that are not ready because patients come too soon!

Of course, repeat dispensing is not the only dispensing we do. As a Pharmacy, we provide a service to the general public and dispense prescriptions brought in to us at any time **from any Surgery, not just Badgerswood.**

The Pharmacy shop provides an additional service to the general public. The Pharmacist and Medicines Counter Assistant are regularly called upon for advice on 'P' line medicines (medicines that require the presence of a Pharmacist in order to sell) and OTC (Over the Counter) items. The Pharmacist is also happy to carry out MUR's (Medicines Use Reviews) and to administer flu jabs to those people not eligible to receive one on the NHS.

Some interesting facts and figures:-

In the four days preceding and the four days after Easter 2013 Headley Pharmacy dispensed 1,938 prescriptions and 3,890 individual items.

Of course, replacement stock also has to be ordered for every item dispensed. We received approximately 6,000 individual items of stock in that period.

PHEW!!!!

Please note that, although this article has been written from the perspective of Badgerswood Surgery/Headley Pharmacy, the procedures for Forest Surgery/Chase Pharmacy are similar and both Pharmacies work closely together. We strive to maintain a friendly and welcoming environment and will always try to meet every patient/customer requirement.

Love thy neighbour.....in the ecclesiastical area of Headley

The Story of Headley Voluntary Care

This is not a religious treatise, as such, but it is surely a good thing for neighbours to be aware of and help each other when times are hard, or support is needed. Certainly the Rev David Bentley practised what he preached when he, as rector of All Saints Headley at the time, and who became Bishop of Gloucester, established the group of volunteers in 1970 which eventually became Headley Voluntary Care.

In those days, talks and courses on a range of welfare topics were arranged, and the need for transport to doctors, dentists and hospitals began to emerge. Disabled children were taken to school and elderly people were taken to social events in the village.

In the mid 1970s a formal committee, with chairman, secretary and treasurer was formed, and in 1981 a new constitution was drafted by Sammy Musson and Eric Butt; both of them barristers of repute who certainly knew how to develop and present such a document. In 1988 the original name of Headley Community Care Group was changed to **Headley Voluntary Care** and here we are today, a thriving charity, 'looking after people' as our motto and website proudly claims.

So, what do we do? We offer help and support and friendship to any who need it, the elderly, the disabled, the sick and the poor.

Transport is a key provision supplied by the charity. Bus services are limited in English villages, and their timetables rarely meet the needs of our more elderly clients who have appointment times to meet. We have 48 volunteer drivers who are prepared to take people to hospitals, doctors and dentists; and occasionally to hairdressers, social events and the shops. All these magnificent people, men and women, are generous with their time, full of interesting conversation, and exhibit a degree of kindness unsurpassed by any other charity volunteers, I can assure you. We always need more drivers to support the few, and if any reading this article think they can help, please do contact us and we will welcome you with open arms. For the record, we arranged 521 journeys in our last financial year totalling over 14,500 miles, a round trip average of 28 miles. Petrol costs are refunded, by the way.

The system runs smoothly...most of the time...thanks to our nine duty co-ordinators who receive the calls for help, select drivers from our database, and advise the clients of the arrangements for the drive. These coordinators 'run the books' in two week sessions working from their own homes; again, we would welcome any volunteers to join this happy band! We invite our passengers to make a donation to the charity, appropriate to their circumstances.

In the rush of modern day living, some elderly people find themselves by-passed by the world, and can feel a little 'left out' and sad. We have limited resources, but where appropriate we can arrange occasional social visits from our team to sit and talk with them and help in a number of ways such as shopping and the collection of prescriptions. Some sort of personal contact of this kind is much appreciated.

Occasionally we use our charity monies for other causes. Last year, for example, we subsidised a coach trip for children and parents in Heatherlands, HeadleyDown, to go to the seaside. A jolly good time was enjoyed by all, and we were delighted to be able to help.

Like the BBC, we also like to 'entertain and inform'! We hold Spring and Autumn meetings each year, and invite guest speakers to come and talk to us. This May, for example, we had Pauline Fitter BEM who runs the Haslemere link for the Chernobyl Children's Lifeline coming to talk to us.

It is astonishing to think that children in that part of the Ukraine are still being born with deformities and are undernourished because of contaminated soils

On 9 October, the local historian J O Smith will come to us with nuggets of information about Headley village's history; and he will most certainly describe his study of Flora Thompson the author of 'Larkrise to Candleford' who lived in Grayshott, and his role as chairman of the Headley Theatre Club, the 'friendliest amateur dramatics society in the world'.

Other speakers in the recent past have included John Jackson on the history and development of Sandhurst; Col Alan Mistlin on his work at the Defence Medical Rehabilitation Centre at Headley Court; Alison Sutton, head of the local Community Care Team; and the Rev Donna Mistlin, our new Rector, who talked about her first impressions of the village....her 'View from the Pulpit'.

In mid Summer, we put on our shorts and tee shirts, and submit our bodies to the rays of the warming sun at our annual garden party, hosted by kind members of the charity, such as John and Wanda Rix. We have to admit that we immediately put on our longer trousers, and picked up our umbrellas with some alacrity as the heavens opened and the thunder thundered! Undaunted, everyone got on with having a really good time, glasses were filled and emptied, and eventually no-one noticed the flow of water down the backs of several necks! This year the event is to be held on Thursday 11 July in the garden of Robin and Phyl Smeeton; tickets will be on sale soon, and all are welcome.

If you can't wait till then to have a good time, why not come to one of our coffee mornings in the Church Centre on Thursday mornings from 10.30 am till noon? You are guaranteed good company, friendly conversation and a chance to win the raffle! It is a great opportunity to meet people and learn about the charity and its methods.

King of Headley Voluntary Care's castle is John Evans in his role as our Chairman. He is tall, charming, urbane and of goodish character, and he would be delighted if you could make his day (or days) by calling the charity to offer your services as a driver, duty co-ordinator, tea and coffee maker at the Thursday morning meetings, or just come along to the other meetings during the year. Supporting John is a committee of nine including Tony Pull as vice Chairman, Keith Henderson, treasurer, Lynne Milner, secretary, Lee Yates, transport officer, Peter Marsh, publicity, Anna Moverley and Barbara Symonds, visitors, Rosemary McLean, coffee morning co-ordinator, and David Lee.

So this is Headley Voluntary Care. We hope we are doing a good job for the community. Is there anything else I could tell you? I don't think so.

But yes! How do you contact us to volunteer? Silly of me. Here comes the number. Please make a note of it.

01428-717489

Peter Marsh
Publicity : Headley Voluntary Care

Bordon & Whitehill Voluntary Car Service.

The Bordon & Whitehill Voluntary Car Service began in 1994, at least in its present form. Mrs. Margaret Puce, who died last Christmas, was our last team member from the start. The service is organised to provide transport to local surgeries, hospitals, etc. anywhere in Hampshire as well as Frimley Park and the Royal Surrey, Guildford, and is intended for those in Bordon, Whitehill and the immediate surrounding areas who do not have their own, or family, transport. We have set charges which cover our expenses.

The team consists of:

Co-ordinators who receive calls from clients on a dedicated phone number and work a rota, answering the phone in their own homes. The dedicated number is switched to the Co-ordinator on duty, to their own phone. The Co-ordinator will set up a driver, and then ring back to the patient and advise the name of the driver and pick-up time. We have 2 Co-ordinators at present.

Drivers who use their own cars and are reimbursed to the maximum that volunteer drivers are allowed by the Inland Revenue. Drivers should notify their Insurance Companies but this does not usually affect their premium. Drivers take and wait for the clients. Most trips are to main hospitals and the waiting time could be up to 4 hours. Trips to local surgeries are much shorter. Drivers do not undertake any lifting so clients have to be sufficiently mobile. All drivers have a DBS check and anyone over 70 has a voluntary driving check which the service pays for. We have 10 drivers and we make it very clear to all our volunteer drivers that they do not have to take any trips that they do not wish. It can be very rewarding as they get to know the regulars. In a typical year we do about 600 trips.

A **committee** which meets on a regular basis and includes a Chairan, Secretary, Co-ordinators, Treasurer and drivers. We also meet twice a year for a meal in a local pub which helps to generate a team feeling.

Funding to keep the service going has been a problem in the past, but donations from individuals, the Bordon Charity shop, Whitehill Town Council, Drum Housing Association and a grant from the Grassroot Scheme, together with a tombola at the League of Friends Bazaar has helped to make our future more secure.

Another considerable problem is that we are all getting older and we really need more younger drivers. Newly retired people would be ideal.

We are part of a much larger organisation in Hampshire (Good Neighbours) and there are functions that members can attend eg Garden Party in the summer.

We look to the future and hope that the service will continue for many years.

Come and help us. We really need more co-ordinators.

Our number is

01420 473636

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Report of the NAPP Annual Conference

Once again the Annual Conference of the National Association of Patient Participation has proved a useful event for a member of our committee to attend. This year, Ian Harper, our treasurer, represented the PPG. The 2013 Conference took place on Saturday 8th June in Bristol. The theme was "**Primary Care in the Digital Age**".

This year is the 35th conference of N.A.P.P. I was one of 120 delegates from all over the country which included patients, practice managers and a variety of medical practitioners.

The conference was opened with a welcome from Dr. Patricia Wilkie, President and Chairperson of N.A.P.P. This was followed by a keynote presentation by Rodger Taylor, Director of Research and Public affairs in 'Dr Foster Intelligence'. He spoke about, how good collecting and publishing of healthcare information can help save lives, and better information, can make a safer, more efficient and more transparent NHS.

The next part of the conference was a series of workshops:-
A Patient Feedback and Surveys
B Patient Access to Online Medical Records
C Safeguarding patient information
D Empowering patients, Understanding Telehealth
Each delegate could attend two sessions.

In the morning I chose to attend the **Patient Feedback and Surveys Workshop**. This was of particular interest as I am very involved in the patient surveys we carry out at Badgerswood and Forest.

The main areas covered were: -

- Patient feedback methodologies

- The choice of Quantitative versus Qualitative techniques

- What types of questions to ask to get the information

- you want?

A comment I remember from the workshop was "Patients views and experiences are integral to successful improvement efforts"

My key words from this workshop are : - **Listening, Engaging, Feedback.**

In the afternoon I attended – ‘**Patient Access to Online Medical Records.**’ This was a misleading title as it covered a wider remit of digital patient/doctor collaboration.

The workshop included :-

- Electronic access to booking/cancelling of appointments

- Ordering of repeat prescriptions

- Secure electronic communication with GP surgeries

- Electronic access to general practise records (incl. test

- results and letters)

- Electronic registration with GP surgeries

The opening slide was – **The Challenge – “Seeing the patient as an active partner in care is a major cultural shift.”**

The second slide - **“Information is one sided power / Shared information is a relationship of trust.**

Then a quote from Dr. Richard Fitton **“Patients and information are the two most under-used resources in the NHS “**

This was a very interesting workshop.

The afternoon concluded with, ‘The Soap Box’, which was an opportunity for 8 delegates to talk on anything of interest. This was followed by the presentation of the Corkill Award.

This was won by the Winchcombe PPG from Gloucestershire, who have made great strides in forging links with the local community. For example, a link has been developed with a local school which has included visits by the head boy and girl. They have had a visit from the school nurse, which was reciprocated when the surgery gave a talk at the school on teenage health. Awareness events have been held on matters such as The Menopause, and Men’s Health. They have also made links with local life improvement groups such as yoga, Pilates, cycling and dancing.

The day finished with closing comments by Sir Denis Pereira Gray.

So ended a very interesting and busy day. I had not realised how big N.A.P.P. was, in a few weeks the 1000 PPG will have joined (Our number is 992 so I presume we are the 992nd group to have joined). If you wish to find out more about them and a more detailed account of this conference I strongly urge you to visit their WEB site at <http://www.napp.org.uk/>

Ian Harper

Changes at the Practice

Dr Rose is retiring at the end of September as mentioned in the Chairman Report. He will be sadly missed by everyone, all his colleagues, the members of the Practice, his patients who have known him so well and regard him so highly, and especially by us at the PPG.

He has been so helpful and positive as we tried to set up the Group. He tries to attend all our committee meetings which we hold at Badgerswood Surgery. Even after his clinic has run late, he still comes in to talk to us and tell us things we need to know and to encourage us. He Emails us every time we send him minutes or documents to say how well we're doing, and whenever we need advice about something, such as an article in the newsletter, he is always willing to spend time with us. We really will miss him. He attended both our AGMs, he spoke at our meeting in November and although he is retiring in September, he is coming back to talk to the members in October.

The Forest Surgery extension is now at last complete, and has been well worth the wait. It looks superb, fresh and tastefully decorated with more consulting rooms and extra space all round. We are so grateful to Dr Bowes and Tina Hack and all the staff for allowing us to hold our AGM there in April. We are now in process of arranging to have a water cooler fitted for the patients as we had agreed with Dr Bowes.

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Keith Henderson 01428 713044

Practice Details

| | <u>Badgerswood Surgery</u> | <u>Forest Surgery</u> |
|---------------------------|---|--|
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| Telephone Number | 01428 713511 | 01420 477111 |
| Fax | 01428 713812 | 01420 477749 |
| Web site | www.headleydoctors.com | www.bordondoctors.com |
| G.P.s | Dr John Rose Dr Anthony Leung Dr I Gregson Dr L Clark | Dr Geoff Boyes Dr Charles Walters Dr Mark Paterson Dr L Clark |
| | <u>Both Surgeries</u> Dr Stephen Carr-Bains | |
| 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
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Also, we are desparately 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

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