

Patient Participation Group Newsletter



Incorporating the Friends of the Badgerswood and Forest Surgeries

January 2019

Issue 32



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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?

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Badgerswood Surgery



Forest Surgery

ANNUAL GENERAL MEETING
of the
PATIENT PARTICIPATION GROUP
of
BADGERSWOOD AND FOREST SURGERIES

to be held on

TUESDAY 7TH MAY 2019 at 7.30pm

at

LINDFORD VILLAGE HALL

followed by a talk by

NICK BROUGHTON

Chief Executive

Southern Health Foundation Trust

Nibbles and refreshments will be provided by the Practice

ALL WELCOME

If anyone wishes to stand for membership of the PPG committee,

either please leave a note at a surgery reception or Email

www.headleydoctors.com or www.bordondoctors.com at least 24 hours prior to the meeting

Chairman and Vice-chairman Report

It is now nearly 8 years since the formation of the Badgerswood and Forest PPG and during this time we have produced a quarterly newsletter. This has always been produced and printed 'in-house' but we now feel the time has come to have this printed professionally. To cover the costs of this, we need to advertise in our newsletter to produce a revenue and the latest newsletter reflects this. In fact most of our newsletters go out electronically but all the adverts will also be circulated with these. We now have an overall distribution of about 500. We thank the advertisers for their support and those members of our committee who have been organising this, especially Liz Goes.

Every issue contains an Educational Article and this time we have an article written by Alan Mowatt who is our highly skilled and trained physiotherapist working in our Practice under the banner of 'Backtogether Physiotherapy'. Alan has now written several articles for our newsletter. His advice this time, regarding "The Management of Chest Problems with Physiotherapy" is invaluable, as is his assistance with this in time of need (and I speak from personal experience).

Our 'Great British Doctors' series, written by Marcia Hammond, continues with Professor Robert McWhirter, one of the pioneers in radiotherapy treatment for Breast Cancer. He was instrumental in changing the direction of care for women with breast cancer which has resulted in many of the advances in modern surgical care for women with this common disease.

We include an advert / small article about 'Signposting' written by Carole Humphries. If you need assistance in finding help with factors which may affect your health or want to discuss personal or medical issues with Trained Volunteers, Carole's article will indicate where to come to.

We continue our 1st Aid Training courses ably assisted by Marcia Hammond, Ian Harper and Liz Goes and this past few months have been concentrating on teaching school children at Bordon Junior School. Marcia is now undergoing a certificated course to become a full-time 1st Aid trainer funded by PPG funds given to us specifically for 1st Aid Training. We have now taught nearly 300 children. If you collapse now and need help, make sure you do this in Bordon when a 9 year old is passing! We have now arranged basic courses in Life Support for Headley and Bordon starting next year - 16th January and 18th March,

but more courses will be arranged if demand dictates. Apply via surgery receptions or www.headleydoctors.com or www.bordondoctors.com

Our AGM in the spring is to be held on 7th May in Lindford Village Hall. We had planned to host this again at Acorn, but this institution is moving after the New Year and closing their centre in Bordon, so we are returning this year again to Lindford, part way between Headley and Bordon. We are very fortunate this time to have Nick Broughton as our speaker. He is Chief Executive of the Southern Health Foundation Trust. I have now heard him speak on several occasions and he is an excellent speaker. I encourage you all to attend.

After a major fund-raising effort, we have now purchased FeNO machines for both surgeries. The machine at Forest Surgery is also available for Pinehill Surgery to use whenever they need this therefore covering the whole population of Bordon. This machine is now an essential for the diagnosis and care of patients with asthma. This now brings our fund-raising total during the 8 years of our existence to over £24,000, this being used for the purchase of equipment etc, for the Practice for items not funded by NHS England. We would like to thank all donors for their support towards the FeNO machines, especially East Hampshire District Council, Headley Voluntary Care, Thorne-Legget undertakers, and members of our fund-raising committee, especially Barbara Symonds, Liz Goes and Gerald Hudson. As always, all donations are used solely for purchase of equipment etc and no donated funds are used for any other purpose. We have a policy of spending all our funds leaving us always only with a small float for essential items., aiming never to have more than £500 in the accounts if possible.

A medical journal, Jen Reviews, contacted us with an article for publication on the care of head-lice, using alternative techniques. We plan to keep in touch with this group and if possible we may share some further articles of interest with you.

Yvonne Parker-Smith, our secretary, has forwarded to us an article written by Cllr Derek Barr about the “Lindford Maple Tree” and the Canadian soldiers in Lindford during the 2nd World War. Unfortunately the tree has been vandalised and will need replanted. A very interesting and well-illustrated article.

Issues raised through the PPG

In the past quarter, NHS Choices has received 1 comment regarding Badgerswood Surgery and no comment regarding Forest Surgery. Badgerswood rating stands at 4.5 Stars and Forest at 4 Stars.

Comment re Badgerswood Surgery

“OK once you get there

Waiting time for a routine appointment (if there is such a thing) is about two weeks. For an urgent appointment the "Ring at 8AM" rule applies. My wife started ringing at 7.59 this morning: the number was engaged. Finally answered at 8.19 to be told there were no appointments today so try tomorrow. A few years ago she was signed up for a scheme to reduce elderly patients' admission to hospital. This 'guaranteed' a conversation with a medical professional on the day of the telephone call. It now seems to have died away. The staff are good once you manage to speak to them.”

Awarded Badgerswood 2 stars

Reply from PPG

Please note – the telephones at Badgerswood Surgery only click in at 8am precisely and at Forest Surgery at 8.30. You will get no answer and not be put in a queue if you phone at 7.59 to Badgerswood Surgery or at 8.29 to Forest Surgery. If you do phone at these times you will have to re-dial. Each caller who calls at the correct time will be put in a queue as they call so please hold on until the receptionist replies or you will lose your place. Also we have been in discussion with the Practice and there are many emergency slots available each day so a caller who calls at 8am should be able to find a slot that day. There is a limit to the number of emergency slots available in a day however but normally the Practice can accommodate all essential cases. A really urgent case is always seen. You will be aware that there are “emergencies” and “emergencies”. Each case is assessed.

Responding to the request for a routine appointment, there may be a waiting time of up to 2 weeks if for example you wish to see a particular GP who happens to be very busy or may be on holiday or study leave at that time.

Badgerswood and Forest Surgeries Friends and Family Test December 2014 to end of July 2018

How likely to recommend services to friends and family

	Total	%
Extremely likely	796	79.1%
Likely	165	16.4%
Neither likely nor unlikely	17	1.7%
Unlikely	11	1.1%
Extremely unlikely	15	1.5%
Don't know	12	0.2%
	1006	100.0%

Extremely likely + likely = 95.5% as at 28.10.18

We have had 3 comments via the F & FT this quarter.

One patient was **Unlikely** to recommend the practice because:

He/she had *"been 3 times. Twice appointment was an hour late and today been waiting half an hour and not yet seen."*

We apologise for this. This is not the norm for this Practice and we have figures to prove this.

One patient was **Extremely unlikely** to recommend the practice because:

"I don't understand why the NHS don't fund 7 day practise rather than continue to slice and dice the GP services as with all other services just for sake of profit for outside profit making companies."

I'm not sure whether this is a complaint about the NHS or the Practice or both.

In fact I'm not sure what the complaint is about.

There was one other complaint but did not give a F & FT rating

"£45 for a signature to say I'm healthy (Disgraceful) £25 in Liss"

The fees depend on the amount of work performed collecting data to produce a report.

First Aid Training

Our 1st Aid training programme has continued this past session, mainly centred on teaching the young children at Bordon Junior School the skills of Basic Life Support. We now have taught these primary skills to about 300 children and all seem very keen and most receptive to acquiring this theoretical and practical knowledge.

We teach them how to contact the emergency services and what must be said. We then instruct them on the care of the unconscious patient, identifying and dealing with the patient who is breathing and the patient who is not. They are taught about the recovery position, management of the airway and how to do cardiac massage. Assisted ventilation is discussed and they are shown how to use a defibrillator. The instruction is all combined in a very interactive session. They are made to feel confident in their ability to deal with an emergency situation.

Time permitting we also instruct how to look after someone who is bleeding and the care of a nose bleed is discussed. Burns and scalds are also covered.

We strongly believe that this is the ideal age to teach the principles of 1st Aid and we hope that the knowledge that we impart will be remembered forever. Bordon is labelled as a developing 'Healthy New Town' and a growing population who are all knowledgeable in Basic Life Support must help to support this label.

Our 1st Aid courses are continuing in 2019 with courses starting again in January in Headley and Bordon. All our courses are free and run by a medically qualified trainer. We encourage everyone who wishes to attend to contact us. We have placed an advert for these courses with this newsletter and look forward to as many people as possible contacting us to register with us for instruction. All courses are run to the standard outlined by the Resuscitation Council (UK).



Surgery Signposters

by Carole Humphries

In order to help you manage your own wellbeing, health and happiness, Badgerswood Surgery now have a team of trained volunteers who are available for you to talk to in confidence on any of the following issues:

- Coping with Dementia
- Addictions
- Parenting problems, babies, toddlers, teenagers
- Finances
- Dealing with isolation, loneliness, depression and anxiety
- Newly or pre-diagnosed medical conditions
- Bereavement

You can book a 40 minute confidential appointment with a Trained Volunteer Surgery Signposter who will listen sympathetically to your situation and then suggest the various organisations in your area that may be able to assist you in order to improve your wellbeing.

In order to access this service simply call Badgerswood reception and ask to make an appointment with a Surgery Signposter on 01428 713511

The Lindford Maple Tree, what it means to us.....

We planted a maple tree on the triangle three years ago to commemorate the seventieth anniversary of the end of the war in Europe and remember the Canadian soldiers that had been billeted here in Lindford and surrounding area.

Unfortunately, the tree has been vandalised. We are now going to plant a more substantial tree with protectors and we will place a plaque to commemorate those Canadians.

With a bit of research, we were able to discover that the soldiers here were from the Fort Garry Horse, a cavalry regiment turned tankers. Unfortunately, it seems their tanks took some time before being brought up to strength.

The HQ squadron was stationed at Hatch House Farm. From the regimental diaries it can be seen that the long barn was used to entertain the troops with film shows as well as all day to day operations of the squadron.

Kenneth Sharman tells me that as a child he had been to two Christmas parties put on by the Canadians for the locals. The soldiers carved out wooden toys and dolls as presents. Lots of good food and ice cream. However it seems most of the children hadn't seen ice cream before and went home sick through over eating. They had been picked up and were taken home on troop carriers. Sounds like a great success to me!

Ken also says they used to say locally that there was a Canadian under every bush apparently, and there was!

The rest of the regiment seems to have been distributed around Headley and other local villages. The regiment was brigades with the fusiliers and first hussars. They took part in the D Day invasions on 6th June 1944, with HQ squadron being held in reserve.

They also took part in operation Totalize to close the Falaise gap. Heavy casualties were taken in the fighting. They fought through France, Holland, Belgium and into Germany to the end of the war.

Canadians, as part of empire but now commonwealth, have given continuous support to our country and our tree is a small memorial to them. Recently the Canadians have been mounting the guard at Windsor castle.



our
given
our
very
have
castle



Author Cllr Derek Barr with help from historian John Owen Smith and Ken Sharman.

(Editor note - for details of Lindford Village Triangle and other Village items of interest can I suggest the following?)

http://www.lindfordpc.org.uk/documents/village_design_statement.pdf)

This issue's Educational Article is on
**The Management of Chest Problems
with Physiotherapy**

written by
Alan Mowatt,
our private physiotherapist



Badgerswood Surgery now has top-level private physiotherapy available on site. Alan Mowatt currently holds clinics on Monday and Thursday evenings.

A local man who grew up in Haslemere, Alan brings a wealth of physiotherapy experience to Badgerswood, having graduated from the University Of Birmingham in 1997. Since graduating he completed his junior rotations in the NHS at Frimley Park Hospital, gaining post-graduate qualifications in acupuncture and orthopaedic medicine, before specialising in musculoskeletal outpatients as a senior physiotherapist there until 2011.

From 2001, Alan has also worked in the private sector in Camberley. Here, he works alongside local GPs and consultants to provide a highly regarded service to both NHS and private patients. During this time, Alan has also worked extensively with elite sportsmen and women in a multitude of sports including martial arts, American football, athletics and basketball. He was recruited to provide elite-level physiotherapy to the England team at the Commonwealth Games in Melbourne 2006. Alan has a special interest in knees & spines, but is extremely comfortable in assessing, diagnosing and treating all areas of the body.

He works under the banner of “Backtogether Physiotherapy”, providing private patients with high quality hands-on physiotherapy assessment, diagnosis and treatment of musculoskeletal conditions and is recognised by all major insurance companies. There is no waiting list for treatment.

Reducing Shortness Of Breath And Clearing The Lungs With Physiotherapy



Many people are unaware of the role that physiotherapists play in the management of shortness of breath and clearing the lungs. In the hospital environment, respiratory physiotherapists routinely treat inpatients in order to keep their lungs clear and functioning during periods of bed rest or even unconsciousness. However, many of these treatment techniques and principles apply in the outpatient setting and everyday life. Here we discuss some of these...

Shortness of breath can occur for a number of reasons, from exercise induced to smoking and illnesses. Put simply, it is due to the body requiring more oxygen than it is receiving through the lungs. Exercise induced shortness of breath can usually be simply resolved by reducing the level of exercise being undertaken.

A faster recovery can be achieved by fixing the hands or arms against an object. This enables us to recruit more muscles around the chest to expand the lungs further and take deeper breaths. Most of us will do this automatically by leaning against a surface or putting our hand on our hips or knees (see picture).

Shortness of breath is not necessarily a bad thing, if it stresses the heart and lungs to a level where they adapt and become more efficient. The aim of cardiovascular exercise is to achieve controlled 'slight breathlessness' (making it difficult to hold a conversation). This will also typically achieve exercising in what is known as the 'training zone' to improve cardiovascular fitness. Many athletes train specifically to achieve this and need to work harder the fitter they become. To this end many will undertake cardiovascular training at altitude, where there is less available oxygen, and similar techniques. A physiotherapist can advise you as to the correct level of exercise you should undertake to achieve the best results.

However, for the non-athletes among us, shortness of breath is commonly caused by illnesses. This can range from the common cold to more serious pathology, but they have common traits and solutions to help clear the lungs and breathe more easily.

Firstly, **posture** is very important in keeping the lungs well oxygenated. Sitting or standing in a slouched position reduces the ability to fully expand the lungs and breathe deeply. This, in turn, can encourage secretions to build up which further reduce lung capacity. In cases of immobility (e.g. bed rest) this is more severe and can lead to a host of other problems such as constipation, osteoporosis, depression, etc. Therefore, it is vitally important that these patients are encouraged to be mobile whenever possible and undertake regular breathing exercises (see below) to clear secretions and keep their lungs healthy. A physiotherapist can also apply and teach postural drainage and percussion techniques to assist this.

Secondly, **breathing from the diaphragm** should be encouraged. This means that the bases of the lungs are being well ventilated and involves expanding the lower ribs and abdomen when you breathe in, rather than raising the shoulders.

Staying well hydrated is also important, by drinking adequate amounts of fluid through the day. Being dehydrated can cause secretions to thicken which makes them harder to clear.

To effectively clear secretions without excessive coughing, which can irritate the airways and cause tightening known as bronchospasm, a simple exercise known as the 'active cycle of breathing' is advised.

The 'Active Cycle Of Breathing'

Firstly, ensure you are in an upright posture with your arms fixed to a surface and are well hydrated. Next, take a slow deep breath in through the nose, pause for a couple of seconds, then breathe out through the mouth. (This encourages air to slowly get behind secretions before being pushed out more rapidly, which starts to move them upward). Repeat this approximately 6 times.

Then, when exhaling, now 'huff' as if steaming up a mirror. (This produces a faster outward air flow which moves secretions further upward.) Repeat this approximately 3 times.

Finally, and if you haven't already, have a good strong and deep cough.

Repeat this process in cycles of three or four so that dizziness is avoided and shoulder tension discouraged.

Hopefully, you will be able to clear secretions easily and effectively with this technique.

Of course there are many contributing factors to breathlessness or secretions on the lungs. Any symptoms not improved by these physiotherapy techniques should be investigated further, by initially consulting your doctor.

For further information or to arrange a physiotherapy appointment, contact Alan Mowatt at Backtogether Physiotherapy on 01428 609975 or email backtogetherphysiotherapy@gmail.com

Great British Doctors No. 19
Professor Robert McWhirter
8 November 1904 – 24 October 1994



©BMJ 1995

This great British doctor is notable not only for his medical achievements but for his persistence and having the courage of his own convictions in standing up to those who opposed his beliefs. By reliance on results, rather than traditions, McWhirter was able to prove his assertions and to substantially change the standard treatment of breast cancer, to the benefit of thousands of women.

Early influences

Born in Ayrshire in Scotland, Robert McWhirter was the son of a schoolteacher who enthused him with a wonder of nature – biology in particular – and for the need to check facts. After continuing to be inspired by (as well as question!) those who taught him, McWhirter graduated from Glasgow University in 1927 with a degree in Medicine with High Commendation.

Introduction to radiology

Despite the development of imaging technologies such as MRI, CAT and PET scans, medicine still relies heavily on X-rays, for both diagnosis and treatment (radiotherapy for cancer). But when McWhirter entered the medical world, the value of X-rays was just beginning to be realised. It was only after he admitted that he had difficulty diagnosing consolidation of the lungs (where the lung tissue is filled with fluid instead of air) by tapping or listening to the chest, that McWhirter's elder brother (also a doctor) suggested he rely on chest X-rays for definitive diagnosis

instead. This was the start of a lifelong interest and study of X-rays for diagnosis and treatment.

The future path in radiology

For the first four years after qualifying as a doctor, McWhirter was an assistant at a general practice and suggested that they should install an X-ray unit in their nursing home. As a result, he became proficient in diagnosis by means of X-ray and developed a name for himself in Scotland in what was then a new technique. Having diagnosed tumours, such as lung cancer (rare at the time), he decided to develop his interest in radiology and oncology (cancer) and undertook further studies. At that time, surgery was virtually the only treatment for cancer, so he studied to obtain the Fellowship Diploma of the Royal College of Surgeons of Edinburgh. He also studied for the Diploma of Medical Radiology and Electrology, which at the time was the only qualification in radiology. To expand his clinical experience, he studied at the world-renowned Mayo Clinic in America, even being offered a staff post there. He learned much at the Clinic and described the standards there as 'far beyond' his experience in Britain.

Treatment of breast cancer

Surgical removal of breast tumours had been practised since the early 1800s. But before the development of anaesthesia and antiseptic practices, it was rarely carried out because of the pain of surgery and risk of infection. Although the development of effective anaesthesia and antisepsis made it more feasible, recurrence of disease after breast cancer surgery was very common, so it was rarely a cure. In the 1880s, the American surgeon, James Halstead, proposed 'radical mastectomy' as a surgical method of removing all the cancer ('radical' in this case was from the Latin word for root). This meant removal of the whole breast, the muscles of the chest beneath it, and all the lymph glands in the armpit of the affected side. The procedure was drastic, disfiguring and could lead to lifelong problems as fluid would not naturally drain from the affected side, leading to a heavy swollen arm. But at the time, it was considered to offer the only possibility of cure.

Radiotherapy for cancer

By the end of the 1800s, X-rays had started to be used as treatment for cancer, as well as diagnosis, both in the UK and abroad. In 1896, the 'medical electrical department' at the Royal Infirmary in Edinburgh was established and breast cancer patients were among those treated with renowned breast cancer surgeon, Geoffrey Keynes, that advanced

breast cancer could be effectively treated with radium (radiation). This innovation led to Keynes abandoning radical mastectomy, causing him to be derided and isolated by his surgical colleagues who disagreed.

By 1937, the Royal Infirmary's radiology department was in dire need of modernisation and McWhirter assisted in the task before taking over as head of the department. Before the modernisation, McWhirter described the X-ray equipment as positively dangerous, with risk of exposing the whole body to radiation or electrocution!

Radium implants had started to be used in the treatment of cancer by generating X-rays close to the tumour. This was normally undertaken by surgeons but McWhirter was asked to take over after impressing by demonstrating that a 'tumour' he was asked to treat was nothing more than a deep boil.

McWhirter delivered a number of memorable lectures on the use of radiation in the treatment of cancer and in 1943 was made a Fellow of the Royal Society of Edinburgh. In 1946 he was appointed Forbes Professor of Medical Radiology at the University of Edinburgh, a position he held until his retirement in 1970.

Controversy among cancer experts

Initially McWhirter focussed on treating cancers of the brain, thyroid and bone. But he later turned his attention to breast cancer, remembering what Geoffrey Keynes had said about radiation reducing the need for radical mastectomy. Many surgeons were unconvinced, but results from patients treated in this more conservative fashion started to prove Keynes' assertion and McWhirter tried to convince his colleagues. The topic became so contentious that a meeting was organised at the Royal Society of Medicine in London, and McWhirter invited to speak. The gathering was prompted by two well-known surgeons and those who attended it described the atmosphere as combative, as the surgeons sought to discredit McWhirter and Keynes' beliefs. But, in characteristic fashion, McWhirter stood his ground and used evidence to back him up while pointing out the flaws in his 'opponents' statistics. He used clinical results which showed that radiotherapy combined with simple mastectomy (removal of breast tissue only, leaving the chest and armpit intact) produced the same results (about 40% survival after five years) as radical mastectomy alone. The difference to the patient being that they avoided the disfigurement and psychological distress of the radical procedure. As recently as 2014, a large study found that in breast cancer patients with involvement of a lymph gland in the armpit, radiation is as effective as surgical removal of the glands and better tolerated by patients.

Later career

Toward the end of his career, McWhirter sat on a number of committees, including the Scottish Home and Health Department. His work had helped establish Edinburgh as a centre for breast cancer research and paved the way for the foundation of the Edinburgh Breast Unit in the early 1970s. The Unit, opened a year after McWhirter retired, became the largest test site for the mammography screening trials of the 1980s, which changed the way breast cancer was managed in the UK.

Long service and recognition

As an internationally-recognised expert in the treatment of breast cancer, his influence extended outside the UK and he advised governments in South Africa, Australia, Ireland and Nigeria.

He was President of the Medical and Dental Defence Union in Scotland, advised the National Society for Cancer Relief for many years and was awarded their Gold Medal in 1985. He had already received a CBE in 1963.

And just as McWhirter had been inspired by his early influences, so he appears to have left a mark on those he trained: 20 of his trainees went on to lead radiotherapy departments all over the world.

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Treatment options for the management of head lice

From an article by *Jen Review*

1. Wet Comb

This is the step that will accompany every one of the following steps. No matter what method of exterminating head lice is used it must be followed by wet combing. This means that once the hair is washed, it must be combed with a nit comb while wet. This is to eliminate the nits.

2. Tea Tree Oil

[Melaleuca oil or tea tree oil](#) is a natural repellent for lice. Its ovicidal properties were reported in a [medical study](#) where it achieved 100% mortality of all head lice among participating children.

Take 5-7 drops of tea tree oil and massage into the scalp. You may need more depending on the volume of hair. Cover with a towel and keep for a minimum of 4 hours. The ovicidal activity on nymphs and eggs has been identified to take about 240 minutes, so after 4 hours you can fine comb the hair for dead lice and nits. Wash with a [shampoo](#) and repeat the wet comb process. Repeat for a week and five days after the appearance of the last dead louse.

3. Mayonnaise

This works on the anti-motility principle. Mayonnaise prevents the movement of lice and once immobilized they die. Massage a generous amount of mayonnaise, cover with a shower cap and leave overnight. Wash off the lice with a shampoo and conditioner and then wet comb for nits. Repeat this every 3 days. Mayonnaise can be messy and does not affect nits so this is not a foolproof treatment.

4. Olive oil

Olive oil prevents the nits from sticking to the hair shaft. This makes it easy to use a nit comb. Apply oil to the hair, cover with a towel and leave overnight. Nit comb in the morning, wash out hair with a shampoo and repeat wet comb a second time. Repeat daily for ten days.

5. Vinegar

The [acetic acid in vinegar](#) loosens the bond that cements the nits to the hair and so is an effective method of killing the nits. Use one part water and one part white vinegar (3-5%) and wet the hair and scalp with this

mixture. Soak a towel in [white vinegar](#) and wrap around the hair. Leave it on for 30 minutes. Wet comb the hair to remove dead lice and nits. Repeat the wet comb after shampoo. Follow-up with this procedure after a week. If you can't use white vinegar you can replace it with any other vinegar available. Also remember that vinegar is an acid. Shield your eyes when you apply this to the scalp.

6. Neem Oil

Neem oil has been proven to be effective as a pediculicide because it [blocks the aeropyles](#) or respiratory passage of both lice and nits, thus cutting off their oxygen supply.

Mix four drops of neem oil to your shampoo. Apply for ten minutes. Rise off and nit comb to remove dead nits and lice.

7. Alcohol

Benzyl alcohol (5%) is a pediculicide approved by the FDA (United States Food and Drug Administration) for use in children above the age of six months of age. It works like neem oil, asphyxiates the lice.

Apply benzyl alcohol solution to the hair and leave it on for thirty minutes. [Clinical trials](#) have shown that it is 100% effective after thirty minute treatment. Rinse hair with a shampoo and nit comb to get rid of dead lice and nits. Repeat weekly for best results and for a week after the last louse appears.

8. Baby Oil

Like most oils, baby oil causes the hair to become slippery and facilitates the nit combing process. Apply baby oil liberally to hair. After thirty minutes nit comb and then wash off with shampoo. Do a wet comb and repeat the baby oil application daily for ten days.

9. Garlic

[Garlic](#) has a very strong odour that can suffocate lice. Crush 10-15 garlic cloves into a paste. Apply this paste onto the scalp and hair. Leave it on for thirty minutes. Nit comb the hair. Wash off the paste with a shampoo and then repeat the nit comb. Do this every three days until a week after you've seen the last louse.

10. Eucalyptus oil

Eucalyptus oil is effective against malathion resistant lice.

Eucalyptus oil like garlic acts as a fumigant. Studies have shown that eucalyptus oil is effective against malathion resistant lice. Eucalyptus oil being potent is usually combined either with coconut oil or olive oil and then applied to the scalp. Leave it covered with a shower cap overnight. In the morning nit comb and rinse off with a shampoo. Wet comb after washing the hair to remove any remaining nits and lice. Repeat weekly.

11. Salt

Salt kills the nymphs and adult lice acting as a dessicant, dehydrating them. Because by itself it doesn't completely eliminate the problem, it is used in conjunction with vinegar. Use 1/cup salt and 1/cup vinegar to make a solution. Spray or apply this solution to the scalp and hair. Cover it with a shower cap for two hours and then nit comb. Rinse off with a shampoo and do a wet comb. Do this three to four times a week until all the nits are cleared.

12. Petroleum Jelly

This works on the anti-motility principle as well. It suffocates the lice as they are unable to move in the viscous jelly. Apply copious amounts of petroleum jelly to the scalp. Leave covered overnight. In the morning, apply some olive oil to your nit comb so that you can run it through the hair. Nit comb three times and then rinse the hair with shampoo. Do a wet comb and then repeat this two to three times a week.

13. Baking Soda

Baking soda immobilizes lice. Dust the hair with baking soda and use olive oil or coconut oil to prevent lice from climbing or sticking to the roots. Cover overnight and nit comb in the morning. Rinse it off with shampoo and do a wet comb. Repeat process every other day until nit free.

14. CAY Spray

CAY spray contains coconut oil, anise, and ylang-ylang oils. It has been evaluated in two studies where it was found to be effective in killing lice. It works by coating them with an oil film and obstructs the respiratory system thereby suffocating them.

Apply CAY spray to dry hair and scalp. Leave it on for 15-20 minutes. Rinse off with a shampoo and then wet comb the hair. Repeat this process in a week.

15. Combination Therapy

Make your own anti-lice treatment solution or shampoo

You can also combine the above ingredients to create your own mask or solution. Get an oil based or coal tar based shampoo and a conditioner of your choice. Mix half a bottle of shampoo, a quarter of the conditioner, thirty drops of tea tree oil and eucalyptus oil because of their ovicidal and pediculicide properties. Add a cup of vinegar to this solution. Shake well so that the emulsion is fully incorporated. On damp hair, apply this mixture, leave it on for twenty minutes. Rinse hair in the [shower](#) and do a wet comb.

A multi-pronged approach seems to work better for those with a full-blown infestation.

Long-Term Strategy

Launder your clothes in hot water (130°F).

Prevention is indeed better than cure when it comes to head lice and one of the things you must do is examine your child's scalp every week to see if reinfestation has occurred or if he or she has picked it up again from someone else.

- Use a nit comb after every wash to get rid of any nits before it progresses into a full infestation.
- [Launder your clothes](#) and bedding in hot water (130°F). Dry them on high heat in a dryer. The CDC reports that lice and their nits are destroyed by exposure to temperatures over 53.5 °C or 128. 3°F.
- Seal your clean clothes and bedding for a week.
- Clean brushes and combs, hats and caps by soaking them in hot water (130°F) for about ten minutes.
- [Vacuum clean](#) the floors and upholstery for any nits and lice that have fallen there.

Lice Infestation is common among children and their caretakers, but it can be rooted out with natural remedies that need to be repeated over the life cycles of the eggs, nymphs, and adult lice. So consistent and repeated care is essential.

Practice Details

	<u>Badgerswood Surgery</u>	<u>Forest Surgery</u>
Address	Mill Lane Headley Bordon 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 4 practice nurses 2 health care assistants (HCAs) 1 physician associate	Sue Hazeldine Tina Bell
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Opening hours	Badgerswood	Forest
Mon	8 – 7.30	8.30 – 7.30
Tues/Wed/Thurs	8 – 6.30	8.30 – 6.30
Fri	7 .30 – 6.30	7.30 – 6.30

Out-of-hours cover **Call 111**

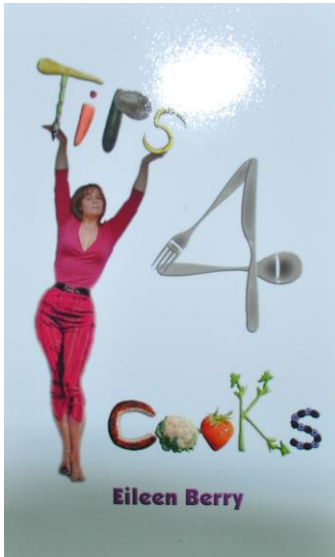
Committee of the of the PPG

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

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

Also via forms available at the surgeries' reception desks

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”.

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