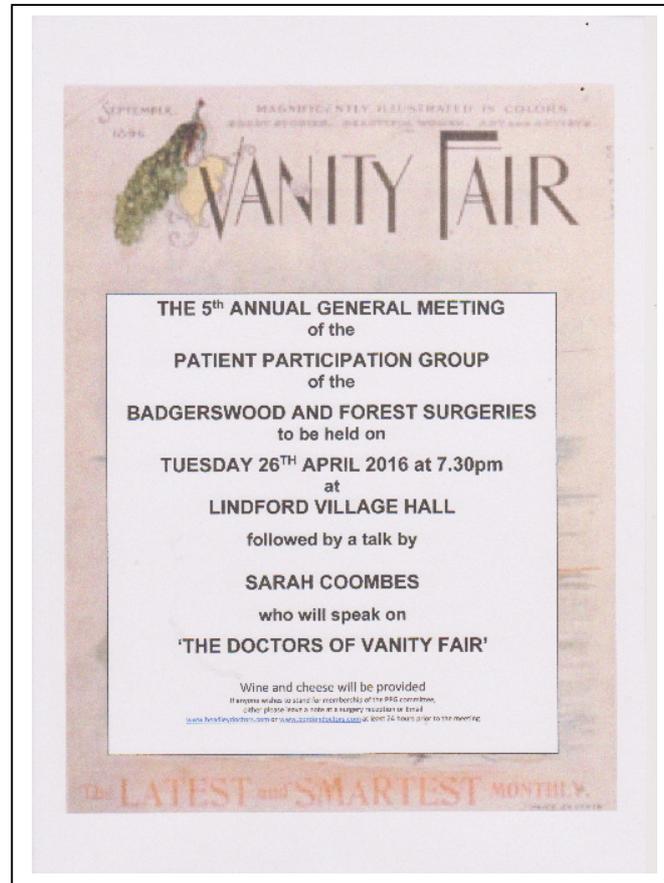


Patient Participation Group

Newsletter



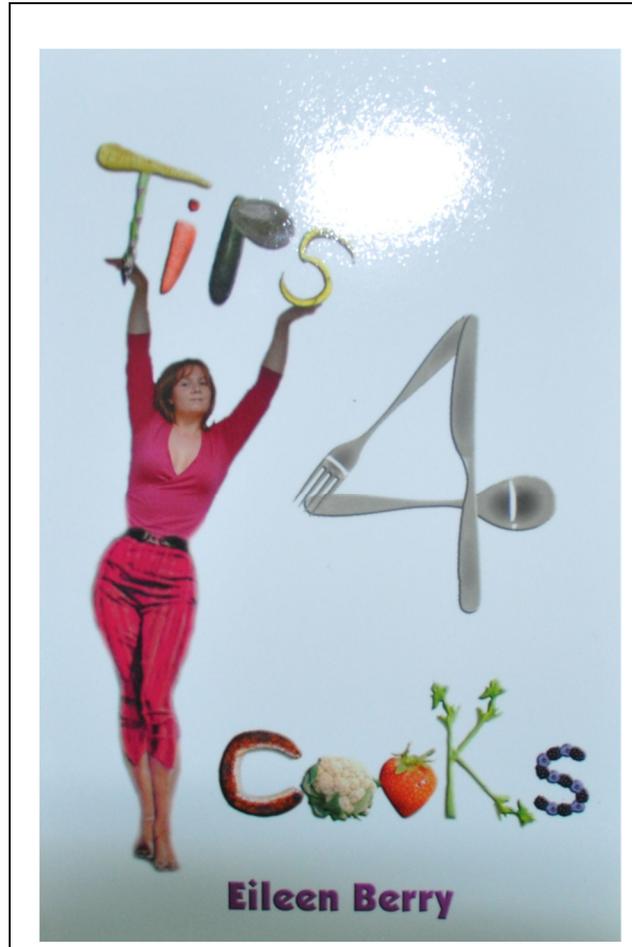
Incorporating the

Friends of the Badgerswood and Forest Surgeries

January 2016

Issue 20

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,
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Tel – 01420 473555 E-mail – office@homestart-weywater.org.uk

SEPTEMBER,
1896.

MAGNIFICENTLY ILLUSTRATED IN COLORS.
BEST STORIES, BEAUTIFUL WRITING, ART AND ARTISTS.



VANITY FAIR

THE 5th ANNUAL GENERAL MEETING
of the
PATIENT PARTICIPATION GROUP
of the
BADGERSWOOD AND FOREST SURGERIES
to be held on

TUESDAY 26TH APRIL 2016 at 7.30pm
at
LINDFORD VILLAGE HALL

followed by a talk by

SARAH COOMBES

who will speak on

‘THE DOCTORS OF VANITY FAIR’

Wine and cheese will be provided

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

THE LATEST and SMARTEST MONTHLY.

PRINTED IN GREAT BRITAIN

Chairman / Vice-chairman Report

At the end of each year we submit a report to the Headley Parish Council of our activities for inclusion in the 'Headley Annual Report' and we include this in this issue for you to read. It summaries all we have been doing over the past year, much of which has been documented in previous newsletter issues. As a follow-on from some of the items noted in this report we want to mention a few things:

As you will recall we reported a detail from our previous patient surveys about the desire of 9% of patients to have extra clinic time outwith the present times available. The South East Hampshire Clinical Commissioning Group have now also carried out a survey looking at the feasibility of extending GP clinic times and we publish the reported summary of their results. Their survey gives interesting data but is a generalisation for the region. We feel each surgery needs information from its own practice and that both the CCG's and our surveys give good bases from which to develop this. We now plan to conduct our own survey to look at this in detail.

With regard to the integration of the 7 local PPGs in our region, we have now formed together as the North of Butser Locality Patient Group as desired by the CCG. The Badgerswood and Forest PPG has taken the lead on this but will run this as a virtual group and will link in with the CCG through the Clinical Executive Committee of the CCG through their Lay Governor, Nick Wilson. You may recall that Nick wrote an article for us when he was appointed to his CCG post a few months ago.

There are plans afoot regarding new developments of health care in Bordon and Whitehill which will affect the whole region. These are being discussed through the NHS England Vanguard scheme. The PPG is very concerned that these discussions may take place without any input from the patients or patient representatives locally and we have made our feelings about this known in the strongest possible terms. We will keep you informed of developments here.

Our Educational Article this issue is on "Osteoporosis", an excellent article written by Dom Hall from the Osteoporosis Society. Osteoporosis is a disease of bone which tends to present in old age but starts to develop much younger. Please read this article.

The respiratory unit from the QA Hospital in Portsmouth has already reported on exciting activities which it has conducted in our Practice. Jayne Longstaff and Ellie Lanning have written an article for us on 'MISSION ABC' which is planned for the near future involving this Practice and spinning out into the whole of East Hampshire.

We also have an Educational article from our Physiotherapists on how to manage back pain. It is so well written and very clear what to do. If you have back trouble, this article is well worth a read.

As many of you may recall, when we had reached the 10th edition of our newsletters, we produced an "Educational Article" booklet with all our previous Educational Articles in this. We are now at our 20th Issue of our newsletters and we think we should be producing our 2nd edition "Educational Article" booklet. For anyone who wishes a copy of the 1st edition please contact me at our email address or leave a note for me at one of our surgery receptions. The cost of the 1st edition booklet is only to cover the printing costs i.e. £2. When the 2nd edition is ready to print, I'll let you know and will take orders then.

Sarah Coombes has written on our 8th Great British Doctor. There is no lack of supply of doctors to write about. Have you heard of William Withering? Probably not. Have you heard of Digoxin, one of the commonest cardiac drugs in use today? It was introduced by William Withering centuries ago. Sarah has written a wonderful article about him.

On Tuesday 26th April, we will be holding our 5th AGM. Please put the date in your diary now. Sarah will be speaking on "The Doctors in Vanity Fair". Over 100 years ago over 2500 eminent people, some of whom were doctors, were caricatured by the weekly magazine Vanity Fair. Sarah will be talking about a selection of these doctors together with their drawings, original photos and why they were chosen to appear in the magazine. It will be a most fascinating and interesting historical talk.

We have had a few comments about difficulty in making calls to the surgeries early in the mornings, especially to Badgerswood. The Practice are aware of this and we have had discussion with them and looked at alternative ways of dealing with the problem. We hope to meet in January to discuss further the situation and will report back on this.

We had a query about whether PPGs should be fund-raising for GP Practices (not by a patient but from someone from elsewhere). The committee discussed this with the Practice. The opinion of our parent body, NAPP, is that they do not encourage fund-raising but feel it is entirely up to each PPG to adopt their own policy. We summarise our opinion about this for you later in the newsletter.

The Friends and Family Test continues and everyone who completed a form since our last newsletter was “Extremely Likely” or “Likely” to recommend this practice.

We are still hopeful to set up our own First Aid Training programme and will report on this in the near future.

Friends and Family Test

The Friends and Family test has now been running in Badgerswood and Forest Surgeries for 1 year. We have documented the results of this for you in every issue of the newsletter since it started. Between the October Issue of the Newsletter and this issue, we have had 55 forms completed, all stating that it is “Extremely likely” or “Likely” that this Practice would be recommended to Friends or Family with no complaints at all. We have also checked with NHS Choices and again no complaints have come in during this period.

In total throughout the year 351 forms have been completed with the results as follows:

How likely to recommend services to Friends and Family

Extremely likely	276	78.6%
Likely	61	17.4%
Neither likely nor unlikely	6	1.7%
Unlikely	6	1.7%
Extremely unlikely	2	0.6%
Don't know	<u>0</u>	<u>0.0%</u>
	351	100.0%

This means that 96% of patients recorded that they were extremely likely or likely to recommend this surgery to their friends or family in 2015.

Issues raised through the PPG

We only had 1 query which came from outwith the Practice and was from a person who had read our newsletter. It questions fund-raising. I quote his query and our reply which was agreed by the committee after discussion with the Practice GPs.

Query

Dear Chairmen,

I have read with interest your very comprehensive newsletter July 15. (selected at random to see what other parishes/patients/PPG's were doing).

http://lindfordpc.org.uk/documents/PPG_newsletter_jul15.pdf

*I am in a village where the local practice has a group called the Friends, that have the following aims:
AIMS*

The main aim of the Friends is to act as a link between the Practice, patients and the community, and to advance the education of health care by the provision of talks / lectures and other educational activities.

The Friends also aim to raise funds and accept donations for the purchase and maintenance of medical and other equipment, machinery and facilities for the benefit of the communities served by the Practice.

I have been considering participating in their activities but feel uncomfortable about raising of funds, to as I see it, purchase "tools of the trade" for what is a commercial business. This is a morality concern and a legal

one for me. The Friends are a registered Charity.

I see that although not prominent in your activities, you have recently purchased BP monitors for use in the Practices.

Has this type of activity been the subject of any worry in your organisation, and if so what are the issues surrounding /limiting your making such donations.

Reply

Thank you for your emails. May I start by congratulating you on your appointment as Locality Lay Member to the Coastal West Sussex CCG Public Engagement Committee.

I have had discussion with the vice-chairman, secretary and members of my committee and also several doctors in our practice about your emails and I would like to respond to these as follows.

May I say that our PPG has been a member of NAPP since our foundation and we are well aware of NAPPs guidance. . We know Edith Todd well, and also Dr Patricia Wilkie, NAPPs Chairman, and we in fact won a prestigious award from NAPP last year.

We do not consider our fundraising to be immoral or illegal. I want to clear this issue right away. When one fund-raises, one should clearly state what you are fund raising for and what these funds will be used for.

If these funds are to be used to purchase some item of equipment or to be used to offset the purchase of something or to help with the running of something, so long as this is very clearly stated, if someone wants to donate towards this, it is entirely up to that person. If these funds are then used entirely for that purpose, there is absolutely nothing immoral or illegal has happened. If however, these funds are used for some other purpose without the knowledge and consent of the donor, then this is undoubtedly illegal. Our PPG has never fund-raised immorally or illegally and I would be very surprised if any PPG in the country has so done. This being the case, I would be very careful with the use of this terminology. This is the case whether any funds raised are used to assist the running of a GP practice or not.

However, it would appear what you are concerned about is the possibility of funds raised by a PPG which is a voluntary organisation linked to a GP practice which is a private institution supported by government funding, are being donated to that GP practice. Your concern is that these donations are being given for a purpose which is being fulfilled so is therefore not "immoral or illegal" but is reducing the costs of running the private GP institution which would otherwise not have to purchase these items from their government funding and this therefore freeing up funding potentially increasing the take home salaries of the GPs.

So I, as chairman of my PPG, am faced with a dilemma. What do I do if I wish to improve things for the patients in our Practice? Let me take a situation for you as an example. You talked about the BP monitors we had purchased. We have a relatively elderly population here in our area. We have in fact the highest density of elderly people percentage wise in the UK. High blood pressure is a problem. It is a silent killer. It causes strokes. Strokes can be prevented in patients with high blood pressure if we can detect those people with high blood pressure and treat this. How can we detect as many people as possible with high blood pressure? It's impossible for our GP practice to screen all our population all the time. They may be able to do a one off screen but high blood pressure develops in people over time and therefore there needs to be continual checks so people need to be screened continually. I feel the PPG should be helping. I feel this is a role which the PPG can take on. This, to me, should be one of our main aims. So we went out into the population and said, can you help us buy BP machines which we can place in the Surgery reception areas for you all to walk in to measure your own blood pressures whenever you wish and if this is high, have this looked at and be treated to help prevent strokes. This item is not funded by the NHS for the Practice. We fund-raised and the practice

agreed to us putting these in the surgery receptions and we have found umpteen people who are now on treatment. We did not buy these for the surgery. We bought these for the patients. The surgery allowed us to put them in the surgery receptions for our patients to use.

Another example completely different. Our practice has a major problem with transport to our provider hospitals and many of our patients are poor and don't have cars. Our nearest hospital is 20 miles away and takes over an hour to get there by bus. Our other hospital is 20 miles in the other direction and needs 2 buses or a bus and a train journey and takes at least 1 ½ hours. We have a high incidence of asthmatic and bronchitic patients and they were having to travel to hospital for clinic appointments and then again for respiratory tests. The PPG and the Practice got together with one of the hospital respiratory units who were prepared to come to the practice to see the patients and thought it a good idea to run tests while at the surgery. This needed specialised equipment over and above that normally provided by a GP practice so the PPG went fund-raising and managed to purchase the equipment needed. Because of this specialised equipment, our asthmatic and bronchitic patients no longer need to travel the 20 mile return trip for these tests. Had our PPG not purchased this equipment this would never have happened! The Practice do not get any extra payment for many of the things they do. They are in fact an added cost to them but they do it for patients, all the more important because of our geographical isolation. We help enable them. This is the spirit of co-operation and collaboration that is required in an over-stretched NHS and might I add on moral grounds, a societal issue.

None of this money was used to save the practice funding. This is all money over and above the practice funding. It is all money used for our patients. We make it very clear to everyone exactly what this money is going to be used for and how it will benefit which patients and how, and it is used solely for that purpose. We tell the patients in our newsletters when the items have been purchased and how effective they have been in use. I as a patient, always make some donation to each cause and so I reject your insinuation that my money is being used "immorally or illegally".

Contrary to the above, the PPG gets regular funding from the Practice with financial help for our quarterly newsletter and also re-imburement for the total costs for travel and expenses to the NAPP Annual meeting. They also invest their time and resources in involving patients from soliciting patient feedback through to major decisions such as the appointment of new partners.

I have been chairman of our PPG since just after it was formed and now know all the GPs well. We have a very good relation with the Practice and I trust our GPs. They have been very supportive of our PPG and when we have come to them with patients' comments, critical or constructive, they have always listened and responded appropriately without hesitation. I am in no doubt that any funding we have used has been utilised for the benefit of our patients and has been over and above the funding obtained from other sources and has never been used to reduce funding from other sources.

We plan to continue to do the very best for our patients in the future and if this means fund-raising to improve their care by whatever means, we will certainly do so without hesitation. We will continue to perform to our utmost for our patients as before with total confidence and trust in our practice.

I reply on behalf of the Badgerswood and Forest PPG and also from our Practice. I feel I have responded openly and fully to your concerns and that this matter has now been fully dealt with from our PPG and Practice. I can speak for no other PPG or Practice.

Thank you for your query. I have forwarded a copy of my reply to Edith Todd at NAPP.

Yours sincerely,

As always, our PPG strives to help the practice achieve what we see as the best for our patients.

8 to 8 clinics

In our last newsletter we discussed the data obtained from our surveys with regard to desirability of clinic opening times and the need for more accurate information. Since then the CCG have carried out a survey of the region seeking how adaptable patients will be with regard to GP services provided in the future. Much of this information is interesting and we publish their report here.

Transforming local NHS services survey results The results of a survey carried out by SE Hampshire CCG

In the beginning of August 2015 we launched an online survey seeking the views of people living in East Hampshire on local GP services. These views will be used to help us ensure GP services meet the needs of local people.

The survey was promoted through a range of ways including:

- An article with a link to the survey on every GP practice website
- Press releases issued to the local media
- Tweets through the CCG Twitter account
- Briefings for local groups including the Locality Patient Groups
- Links in community newsletters
- Promotion by the Patient Participation Groups and at a community event in Bordon and at the CCG's AGM.

The survey ended on October 4, 2015.

Who has replied to our survey so far?

The survey was completed by 195 people registered at the 10 practices in the East Hampshire MCP Locality. A further 106 people responded and selected 'Other' for their GP practice. All of these are from other GP practices so their responses have been excluded from this analysis. Of the 195 local respondents:

- 63% of respondents are female
- 5% of respondents are 24 years old or younger, 38% are 25 to 54 years old, 49% are 55 to 74 years old and 8% are over 75 years old
- 42% have a long term condition
- 13% care for dependent children and 12% are responsible for caring for a parent/friend/relative
- Every practice in the East Hampshire MCP Locality has had responses from patients registered with them.

What did they say about when they feel they need to be seen on the same day?

Most would be happy seeing a GP other than their own (92%) or an experienced nurse (86%) and over half would be happy seeing a pharmacist (60%). The key themes for lack of confidence were people not seeing pharmacists as qualified as their GP or nurse, and being unable to help someone in a shop setting. A small number (15%) only want to see their GP.

These results were reflected in responses from those who are carers or have a long term condition apart from a slightly lower number of carers for adults (82%) being happy to see a GP other than their own or an experienced nurse (80%). A slightly lower number of carers for children (48%) are happy to see a pharmacist.

The majority (73%) of respondents would be happy to be seen somewhere other than their own practice if they needed a same day appointment. A slightly lower number of those with a long term condition (66%) would be happy to be seen somewhere other than their own practice

Those who said they would be happy to be seen elsewhere would be prepared to travel up to five miles (47%) with some prepared to travel up to 10 miles (27%). However, a slightly lower number of people with long term condition (18%) would be prepared to travel up to 10 miles and a higher number of those caring for children (67%) would be happy to travel one to five miles with a lower number (6%) prepared to travel up to 10 miles. Responses from those caring for adults showed that less (25%) would be prepared to travel one to five miles or (13%) up to 10 miles but 25% would be prepared to travel 11 to 15 miles.

What did they say about when they need routine advice or care?

Most would be happy seeing a GP other than their own (85%) or an experienced nurse (85%) with just over half saying they would be happy seeing a pharmacist (54%). As before, the key themes for lack of confidence were people not seeing pharmacists as qualified as their GP or nurse, and being unable to help someone in a shop setting. A small number (20%) only want to see their GP.

There was a slight difference in responses from those who care for an adult with less (76%) being happy to see an experienced nurse but slightly more (60%) being happy to see a pharmacist. Responses from those with a long term condition showed less (77%) and less than half (47%) would be happy to see a pharmacist. Less carers for children (33%) would be happy seeing a pharmacist.

A significant proportion of respondents (63%) would be happy to be seen somewhere other than their own practice if they needed a routine appointment. This was reflected in the responses from those caring for a child but was the response was less (53%) for those with a long term condition and higher (73%) for those caring for an adult.

Those who said they would be happy to be seen elsewhere would be prepared to travel up to five miles (45%) with some prepared to travel up to 10 miles (29%). A higher number of those caring for children would be prepared to travel up to five miles (60%) but less up to 10 miles (7%). Less people caring for adults (31%) would be prepared to travel up to five miles. Less people with a long term condition would be prepared to travel up to 10 miles (21%).

What did they say about how they are seen?

Most (89%) said they would be happy to talk to a healthcare professional over the phone, 39% said they'd be happy to use Skype, 55% would be happy to have a consultation by email, 47% would be happy to have a web-based consultation, and 50% would be happy to have a real-time online conversation.

Overall these results were reflected in those received from those with a long term condition with less (37%) being happy to have a real-time online conversation. However, less carers for adults (33%) and children (30%) would be happy to use Skype. In addition less carers for children (43%) would be happy to have a consultation by email but more (57%) would be happy to have a real-time online conversation.

The responses for those with a long term condition were lower for each option with 32% happy to use Skype, 48% happy to have a consultation by email, 40% happy to have a web-based consultation and 35% happy to have a real-time online conversation.

PPG comment

However, the demographics of patients and of each surgery are different. For instance, the CCG survey has not itemised what conditions a nurse and a pharmacist would be comfortable being consulted about, whether the pharmacy is attached to the surgery and therefore the pharmacist can act as part of the team and whether there are good transport facilities or whether the patient has a car available and can therefore travel to an adjacent surgery. We therefore plan to run our own detailed survey. We have already printed what our pharmacists are happy to see. Here it is again together with a list of what our nurses are happy to see. Remember we also have nurses in our practice who are authorised to write prescriptions for you.

Conditions our nurses may be prepared to see you with

Sore throat / tonsillitis

Earache / ear infections

Rash / skin conditions / eczema / dermatitis

Cystitis

Constipation

Sinusitis

Asthma

Cough / colds

Ingrowing toenails / athlete's foot

Burns / sunburn

Bites / stings

Warts / verruca

Boils / impetigo

Chickenpox / shingles

Menopause

Nosebleeds

Conjunctivitis

Cold sores / ulcers

Nappy rash

Hayfever

Thrush / vaginal infections

Diarrhoea / vomiting

Head lice

Threadworms

only in patents over the age of 6 years

Managing Minor Ailments

By

Kevin Wood

Our Principal Pharmacist

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

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

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

MISSION ABC

A team from Queen Alexandra Hospital in Portsmouth, working with the Wessex Academic Health Sciences Network (WAHSN) has recently piloted new ways of delivering care for people with lung disease, including the MISSION COPD clinic featured in a previous newsletter. These clinics have been well received, winning national awards.

Building on this success the team are launching a new exciting project in 2016 called MISSION ABC (Modern Innovative Solutions Improving Outcomes in Asthma, Breathlessness and COPD). The aim of this project is to bring the services and tools found in the hospital to the community, delivering care locally in the familiar environment of the GP surgery, without the wait for an outpatient appointment. A dedicated team of hospital lung specialists are brought together in one clinic, offering people a unique opportunity to receive an extensive review of their condition from consultants, nurses and physiotherapists. A small number of patients seen in their GP surgery will then be invited to a dedicated one day clinic run by the MISSION ABC team at the QA Hospital, Portsmouth. This clinic will offer additional assessments which can include chest CT scans, heart scans, dietician review and support from a social worker or psychologist. A key part of the clinics delivered by MISSION ABC is education about the patient's lung condition, including tips and tools to manage breathlessness and flare-ups at home, and an understanding of what treatments do so the patient can be involved in decisions about their care.

This next step in the MISSION ABC project will encompass all of SE Hampshire from Bordon in the North to Hayling Island in the South. The project brings on board new innovations from a number of healthcare companies involving new diagnostic tools, ways of delivering on-going support at home, and digital platforms that allow monitoring of peoples' lung conditions. The diagnostic tools make a very accurate assessment of the underlying lung issue which means that treatment decisions can be targeted and accurate, resulting in a quicker improvement in the way a patient feels. The support and monitoring at home means that each person can have more confidence managing their condition, with support and oversight from the team, giving them more quality of life and confidence.

The MISSION ABC project is expected to run the first clinics in July 2016. You will hear from your GP surgery if you are eligible to attend one of these clinics. If you suffer from Asthma, Breathlessness or COPD and you wish to be invited, please do discuss it with your surgery.

Our 'Educational Author' this month is

Mr Dom Hall

of the National Osteoporosis Society and writes for us on

'Osteoporosis'

At the end of the article on Osteoporosis
details are given on the work of the Society
and how to contact them



The Fracture Liaison Nurse
from the Queen Alexandra Hospital
works closely with the Society



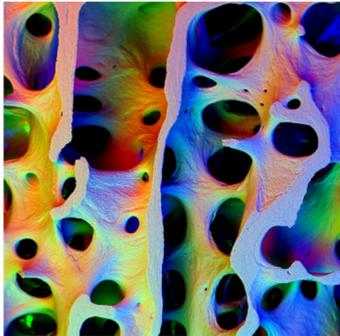
Tackling osteoporosis – the silent disease

What is osteoporosis? First, a bit of Greek (osto = bone; poros = pore, opening). The word osteoporosis means porous bones and it occurs when the struts which make up the mesh-like structure within bones become thin. This causes them to become fragile and break easily following what could be just a minor bump or fall. These broken bones are often referred to as fragility fractures.

That's osteoporosis and its surprisingly common: almost one in two women and one in five men over the age of 50 will break a bone, mainly due to poor bone health.

Your bones

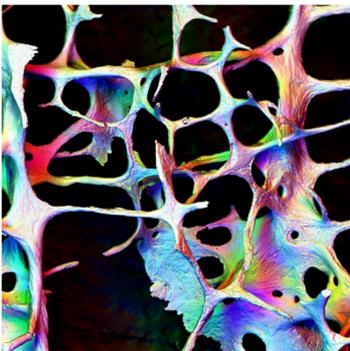
Bone is a living tissue, unlike the skeleton you see in your doctor's surgery hanging on a hook. It consists of 2 main parts, the **matrix** which is protein



and is a membranous, fibrous, elastic part, and a **rigid part** made up largely of calcium. The first part allows the bone to bend and give and withstand hard blows, while the rigid part gives the bone its shape and form. Bone is constantly being reformed during life and if you need to strengthen your bone in a particular area, for instance to support extra weight, the bone will build up its density in this area,

whereas if you use your bones less in a particular area, the bone will reduce in that area.

We have two types of cell constantly at work in our bones, one building new bone and the other breaking down old bone.



Throughout our life these cells work at a different pace. Up to our mid-20s the construction cells (osteoblasts) work harder, building strength into our skeleton. The bad news is, from our 40s onwards, the demolition cells (osteoclasts) become relatively more active and our bones gradually lose their density. Women lose bone density faster in the years following the menopause

when their oestrogen levels drop.

In childhood, the osteoblasts work faster, enabling the skeleton to increase in size, density and strength. During this period of rapid bone

growth, it takes the skeleton just two years to completely renew itself. In adults this process takes seven to ten years.

Osteoporosis is the loss of both parts of bone, the matrix and the calcium sections. Rickets and osteomalacia results in loss of the calcium part of the bone structure only.

Types of fractures

Having osteoporosis does not automatically mean that your bones will break, it just means you have a greater risk. Thin, fragile bones in themselves are not painful. Osteoporosis does not slow or stop the healing process. Bones that break because of osteoporosis will still heal in the same way as they do in people who do not have osteoporosis, small bones in about six to eight weeks, the shafts of long bones in about 3 months. Hip, vertebrae, and wrist are the commonest to break. Minor trauma resulting in a fracture, no matter where (eg humerus, ribs, pelvis) is usually the first sign of osteoporosis.

Hips broken as a result of osteoporosis occur most commonly in our late 70s or 80s. They happen as a result of a fall and can affect all aspects of life. Full recovery is always possible but will often depend on how well someone is before the broken hip occurs. Getting back to being fully mobile and independent can be difficult and physiotherapy and social care services are often essential.

Spinal or vertebral fractures usually occur in the lumbar (lower) or thoracic (middle) area of the spine most commonly due to osteoporosis. Bones become squashed or compressed because of their reduced strength. Sometimes they are referred to as 'crushed', 'collapsed' or 'wedged' depending on how the bone is affected. A 'compression fracture' is a good way of describing what happens and this can lead to loss of height and spinal curvature.

A wrist fracture ("Colles" fracture) with its classical "dinner-fork deformity" due to a fall on the outstretched hand can often be the first indication that you have osteoporosis.

Taking action.

If you have broken a bone easily, there are a few things you should do.

1. talk to your doctor or healthcare practitioner and find out if you are at risk of further fractures.

2. ask about a 'fracture risk assessment' or 'bone check'. This looks at factors that influence your bone strength such as your age and medical history. It helps you and your doctor understand why your bones may be more fragile than expected and also show whether you need treatment to reduce the risk of further broken bones.

You should also ask whether you need to have a bone density scan. This will determine the amount of bone in your skeleton. Bone density scans are only indicated if active treatment is being considered for your osteoporosis possibly some form of drug treatment.

Help yourself

The good news is that there are things we can all do to keep our bones strong. It is important to start this long before you develop a problem.

We think your bones start to lose their strength from your middle years, probably from your early 40s and women certainly develop problems rapidly after the menopause. So start to think NOW: Don't wait till you have a fracture!

If you are in your 40s or over and never had a problem with osteoporosis

1. **Diet** - rich in calcium (dairy foods, greens, beans, cereals, bread)
- rich in vit D (fortified foods see labels – dairy, cereal, bread)
2. **Sunlight** - try to get as much sun as possible but remember the risk of skin diseases such as melanoma
3. **Exercise** - the more you exercise the more pressure you place on your bones, the more it builds up strength in your bones

If you have had a problem with osteoporosis such as a fracture

1. Do all of the above
2. Speak to the clinician who treated you or to your GP about osteoporosis and whether this needs further assessment eg bone density scan
3. Does your osteoporosis need treatment eg drug treatment with HRT, calcium, Vit D, a bisphosphonate
4. Contact the National Osteoporosis Society for guidance, help and support through their website www.nos.org.uk



Bone scan being performed

See newsletter advert next page

Tel 0808 800 0035



The only UK-wide charity dedicated to improving the diagnosis, prevention and treatment of osteoporosis and fragility fractures - wants to ensure that every person over the age of 50 who breaks a bone is assessed for osteoporosis and managed appropriately. At the moment the charity is working with health trusts across the country to ensure as many of them as possible have Fracture Liaison Services. These help to identify those with osteoporosis, help prevent further fractures and save the NHS money.

The charity also works to help all of those whose lives have been affected by osteoporosis and to support those living with the condition. This is done through a Helpline, information and support, through educating Health Care Professionals and through campaigning for better services and treatment.

The most important thing to remember is this: osteoporosis can cause bones to break easily and for many people, a broken bone is the first sign that you have the condition. As a first step, you can find out if you're at risk by taking five minutes to take the National Osteoporosis Society's Bone Health Quiz. It could be the most valuable thing you do today!

For More information contact www.nos.org.uk or the National Osteoporosis Society's Freephone Helpline on **0808 800 0035**. The Helpline is open between 9am and 5pm on Mondays, Wednesdays, Thursdays and Fridays and from 11am -7pm on Tuesdays. You can also get in touch by emailing nurses@nos.org.uk, by posting a question on our forum at nos.org.uk/forum or by writing to them at Camerton, Bath, BA2 0PJ.

The Charity publishes a wide range of information sheets, leaflets and booklets for people living with osteoporosis and for those wanting to improve their bone health. You can download these from the charity's website or call 01761 471 771 and ask for hard copies.

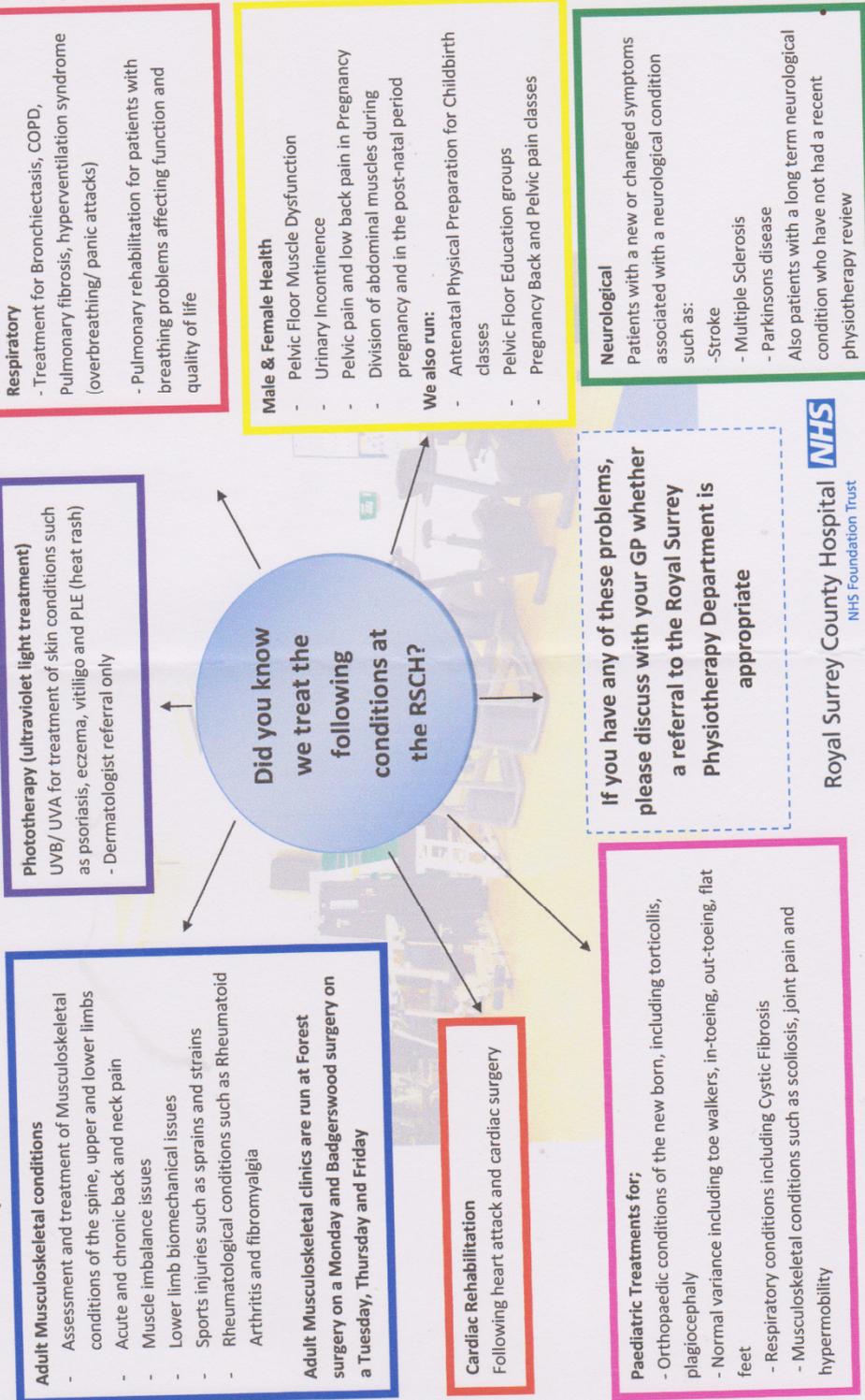
Physiotherapy Services

The Physiotherapy Department of the Royal Surrey County Hospital is now well established in our Practice and is offering us an excellent service.

1. The Department is now running a Musculo-skeletal Clinic at Forest Surgery on a Monday and at Badgerswood on a Tuesday, Thursday and a Friday
2. Please look at the flier which is attached with this newsletter listing the services offered at the Royal Surrey County Hospital. A discussion with the GP is necessary to see whether a referral is appropriate.
3. With every Issue of our newsletter, the Department is writing an educational article for us. In this issue, we have an article on the management of back pain.

Physio out-patient services available at the Royal Surrey Guildford

NHS Physiotherapy outpatient services available at Royal Surrey County Hospital



How to manage Acute Back Pain

by Tiggy Corben

Spinal Extended Scope Physiotherapist
Royal Surrey County Hospital

About 80% of adults experience low back pain at some point in their lifetimes. It is the most common cause of job-related disability and a leading contributor to missed work days. More than a *quarter* of adults report experiencing low back pain during the past 3 months.

Most low back pain is acute, or short term, and lasts a few days to a few weeks. It can be very painful and very frightening. Fortunately, it most commonly gets better on its own. The majority of acute low back pain is mechanical in nature, meaning that there is a disruption in the way the components of the back (the spine, muscle, intervertebral discs, and nerves) work together and move.

When should I go to my GP if I have back pain?

- Back pain that follows a trauma, such as a car accident or a fall off a ladder
- The pain is constant and getting worse
- Back pain that continues for more than four to six weeks
- The pain is severe and does not improve after a day or two of typical remedies, such as rest, ice and common pain relievers (such as ibuprofen or Tylenol)
- The pain is worse at night (most common forms of back pain are alleviated by rest)
- Severe pain at night (e.g. pain that wakes one up from deep sleep)
- Abdominal pain that accompanies the back pain
- Numbness or altered sensation in the saddle area (upper inner thighs, groin area, buttock or genital area)
- Difficulty passing urine or controlling bladder
- Neurological problems, such as weakness, numbness or tingling in the leg(s) or arm(s).

What can I do for myself when I have acute back pain?

Most people will experience a significant improvement in their symptoms within six weeks.

- Keep moving

It used to be thought that bed rest would help you recover from a bad back, but it's now recognised that people who remain active are likely to recover more quickly. This may be difficult at first if the pain is severe, but try to move around as soon as you can and aim to do a little more each day.

Activity can range from walking around the house to walking to the shops. You will have to accept some discomfort but avoid anything that causes a lot of pain.

There is no need to wait until you are completely pain-free before returning to work. Going back to work will help you return to a normal pattern of activity, and it can distract you from the pain. You may want to modify your duties in order to go back to work.

- Painkillers

Paracetamol is often one of the first medications recommended for back pain, although some people find non-steroidal anti-inflammatories (NSAIDS) such as ibuprofen more effective.

Your pharmacist or GP will be able to give you advice about the most appropriate type of medication for you.

If over-the-counter medications are not controlling your pain, your GP may be able to prescribe something stronger. They may also recommend a short course of a muscle relaxant, such as diazepam, if you experience muscle spasms in your back.

- Hot and cold treatments

Some people find that heat – for example, a hot bath/ shower (often easier to get in and out of) or a hot water bottle placed on the affected area helps ease the pain.

Cold, such as an ice pack or a bag of frozen vegetables, placed on the painful area can also be effective. Don't put the ice directly on to your skin though, as it might cause a cold burn. Wrap an ice pack or bag of frozen vegetables in a cloth before putting it on your skin. Put the cold pack on for only 10 minutes at a time.

Another option is to alternate between hot and cold using ice packs and a

hot water bottle.

- Relax and stay positive

Trying to relax is a crucial part of easing the pain because muscle tension caused by worrying about your condition may make things worse.

Although it can be difficult, it's also important to stay optimistic and recognise that your pain should get better because people who manage to stay positive despite their pain tend to recover quicker. Remember, the vast majority of back pain significantly improves in 4-6 weeks.

- Change your sleeping position

Changing your sleeping position can take some of the strain off your back and ease the pain. If you sleep on your side, draw your legs up slightly towards your chest and put a pillow between your legs. If you sleep on your back, placing pillows under your knees will help maintain the normal curve of your lower back.

- Exercise and lifestyle

Try to address the causes of your back pain to prevent further episodes. Common causes include being overweight, poor posture and stress.

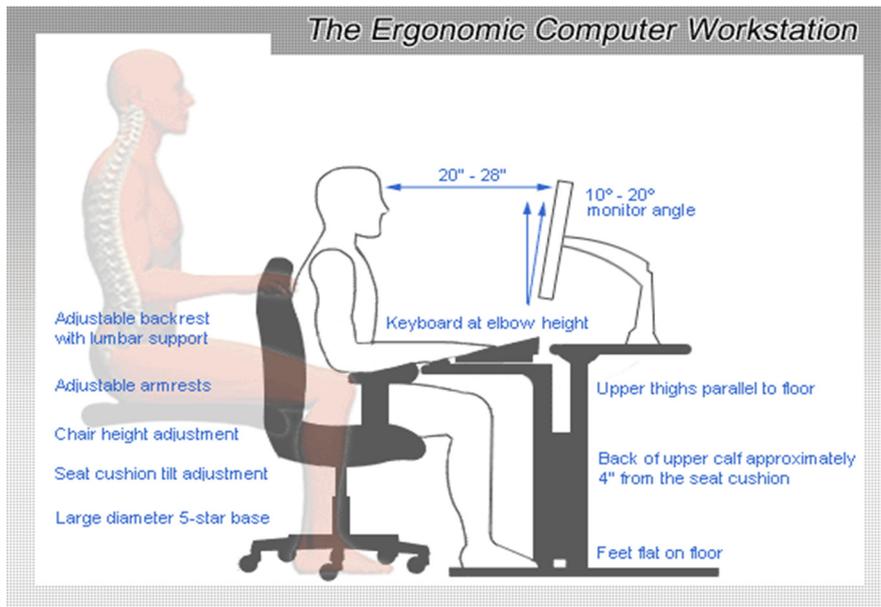
Regular exercises and being active on a daily basis will help keep your back strong and healthy. The important thing is to choose an enjoyable activity that you can benefit from without feeling pain.

Once the pain is starting to improve it is important to get back to normal activity as soon as possible. Remember don't wait to be 100% better before returning to activity or work

Some tips to look after your spine long term

- A regular regimen of low-impact exercises is advised. Speed walking, swimming, cross trainer or stationary bike riding 30 minutes daily can increase muscle strength and flexibility. Pilates and yoga also can help stretch and strengthen muscles and improve posture. A physiotherapist will be able to advise you on some exercises and postural advice.
- Don't slouch when standing or sitting. The lower back can support a person's weight most easily when the curvature is reduced. When standing, keep your weight balanced on your feet.

- At home or work, make sure work surfaces are at a comfortable height.



<http://www.dzinedirections.com>

- Sit in a chair with good lumbar support and proper position and height for the task as per diagram above... Switch sitting positions often and periodically walk around the office or gently stretch muscles to relieve tension. A pillow or rolled-up towel placed behind the small of the back can provide some lumbar support. During prolonged periods of sitting, elevate feet on a low stool or a stack of books.
- Wear comfortable, low-heeled shoes.
- Perhaps change your sleeping posture to the sides and try and sleep on a firm surface.
- Don't try to lift objects that are too heavy. Lift from the knees, pull the stomach muscles in, and keep the head down and in line with a straight back. When lifting, keep objects close to the body. Do not twist when lifting.

- Maintain proper nutrition and diet to reduce and prevent excessive weight gain, especially weight around the waistline that taxes lower back muscles. A diet with sufficient daily intake of calcium, phosphorus, and vitamin D helps to promote new bone growth.
- Quit smoking. Smoking reduces blood flow to the lower spine, which can contribute to spinal disc degeneration. Smoking also increases the risk of osteoporosis and impedes healing. Coughing due to heavy smoking also may cause back pain.

References and useful websites

www.nhs.uk/conditions/back-pain

www.webmd.com

www.spine-health.com

www.posturite.co.uk

PPG Report 2015 (as submitted for the Headley Annual Report)

2015 has been busy for the Practice and the PPG. The beginning of the year saw the completion of the building at Badgerswood Surgery and Headley Pharmacy ahead of schedule.



At that time, the PPG installed a self-measuring blood pressure monitor into reception. Many patients now use this to monitor their own blood pressure and some with high blood pressure have been detected.

The extension allowed the introduction of new services including respiratory out-patient clinics with Professor Chauhan's team from Portsmouth. The PPG fund-raised for a spirometer for this, helped by donations from EHDC and 'Bordon and Liphook Charity'. Ophthalmology, physiotherapy, podiatry, gynaecology and midwifery clinics have all been introduced this year - truly unusual for a GP surgery.

A grant from EHDC to the PPG allowed us to purchase a new defibrillator for the practice and we have supported Headley Parish Council in the purchase of a defibrillator for the village.

500 quarterly PPG newsletters go out, half now electronically following a push to increase the electronic distribution and reduce the amount of printing. The main educational articles this year have been "Obesity", "Painful red eye", "Eczema and psoriasis", and "Sore throats" but we also have additional educational articles from our physiotherapists and podiatrists. Sarah Coombes now writes our 'Great British Doctors' series.

At our 4th AGM on 30th April in Lindford Village Hall. Dr Sophie Helme, Consultant Oncoplastic Surgeon from the QA Hospital in Portsmouth, spoke on 'Breast Cancer', a summary of her talk appearing in the July newsletter. Our committee was re-elected with Sarah Coombes being proposed and joining us.

Over the past year, the PPG tackled problems caused by excessive time delays of discharge summaries coming from our provider hospitals. Assisted by Julia Barton, Chief Quality Officer of SE Hampshire CCG, we approached the hospitals to discuss how to improve this. Good co-operation resulted in summaries now being received promptly. We submitted our work to the National PPG Organisation (NAPP) Corkill Award competition winning second prize, receiving a cheque for £250 which we donated to the Practice for the purchase of IT software.

In May, the PPG ran a 'Stroke Awareness Month' handing out leaflets on ways to prevent stroke and how to deal with acute stroke. Leaflets are still available.

On 29th September, the PPG held a members' meeting. Mr Peter Dunt, chairman of the Royal Surrey County Hospital came to speak about proposed changes at his hospital. His talk was reported in our October newsletter.

The PPG took a stall at 'Here's Headley' in August, handing out leaflets, membership application forms, newsletters and taking the Blood Pressure of everyone present.

Our surveys of 500 patients suggest that 91% of people are happy with present clinic times. Of the other 9%, a few wish lunch time clinics and less than 2% wish a Sunday clinic. We plan to do a more detailed survey of this.

Following a successful First Aid Training evening, we hope to acquire our own 'kit' and run our own 1st aid training sessions. Details of this will appear in subsequent newsletters.

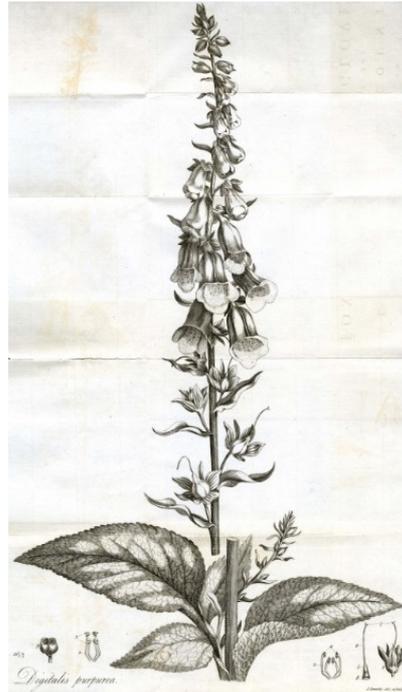
The 'Friends and Family Test' introduced by the government has been running since December 2014. Our Treasurer, Ian Harper, analyses the results and these are published quarterly in the newsletter, showing an over 95% satisfaction rate.

The Clinical Commissioning Group has tried to integrate the PPG's of the 7 local Practices in our area into a group called the Locality Patient Group. Discussions are ongoing about the structure and formation of this.

The PPG continues to be involved in developments at Chase Hospital and with the Government Vanguard scheme. These continue to be topics in our newsletters.

There have been many changes in the Practice. Dr Chamberlain has left. Dr Mallick is now based at Forest Surgery. Dr Sherrell has become a full partner. We are about to welcome Dr Hemms in January. We are now a teaching practice.

We still need more PPG members. For £5 per year, you can join and help us, get the newsletter by email or delivered directly, be invited to members' meetings, and play a crucial role in improving your practice. Forms are available at surgery reception or contact us via ppg@headleydoctors.com or ppg@bordondoctors.com



Great British Doctors No. 8
William Withering (1741 – 1799)

'The flower of English physicians is indeed withering'

William Withering was an English physician and botanist best known for his investigations into the medical use of the foxglove (*digitalis*).

It was in 1775 that William Withering first heard of a herbal concoction that had been used in successfully treating cases of dropsy (accumulation of fluid in the tissues most commonly resulting from congestive heart failure). He had been told that this herbal remedy 'had long been kept a secret by an old woman in Shropshire', Mother Hutton a folk herbalist, who had successfully treated some cases of the condition 'after the more regular practitioners had failed.' This secret tea recipe was composed of 20 or more different herbs and it was Withering, having expertise in the science of both medicine and botany, was able to deduce that the active ingredient was the foxglove (*digitalis purpurea*).

So began Withering's investigations into the medical uses of *digitalis*, the base for which was 163 case studies, including his own and others sent to him, over a period of 10 years resulting in his book *An account of the foxglove and some of its medical uses; with practical remarks on the dropsy, and some other diseases* (1785). He experimented with different

preparations, preferring to use the 'beautiful green powder' made from the dried leaves gathered at about the time the blossoms are coming forth. From his clinical observations of the effects produced he was able to derive the optimum therapeutic dosage of the powder to be administered. He was also able to describe the types of patients in which the drug may or not produce the desired effect, realising that conditions such as ascites and pulmonary tuberculosis were not manageable by digitalis, but that it was effective in treating patients that would be recognised today to have heart failure or atrial fibrillation.

Modern pharmaceutical companies still manufacture the drug using an updated version of Withering's method of preparation. Fields of foxgloves are grown by farmers and bales of the dried leaves shipped to processing facilities that macerate the leaves and extract digitalis using an aqueous-alcohol solvent. Further treatment and processing yields powdered digoxin which is compounded into tablet form. Digoxin is prescribed today by doctors for heart failure and supraventricular arrhythmias (particularly atrial fibrillation and atrial flutter). Digoxin works by making the heart more efficient at pumping blood around the body by slowing the rate at which it beats, and also increasing the force at which it contracts per heartbeat.

This is such a vivid example in medical history, where a widely used drug today is still intimately tied to one physician and to a beautiful purple flower.

Withering was born on 17 March 1741 in Wellington, Shropshire. He attended the University of Edinburgh Medical School from 1762 to 1766, choosing to write his thesis on malignant-putrid sore throat (more commonly known as scarlet fever). He returned near to his family home in Wellington in 1767 where he served as physician to Stafford Infirmary. Withering had plenty of leisure time during this period, and pursued his interest in botany, further stimulated during the spring and summer of 1768 when he treated a young patient named Helena Cooke who was a botanical illustrator and whom he went on to marry in 1772 and have 3 children with. In 1776 his first book *A botanical arrangement of all the vegetables naturally growing in Great Britain: with descriptions of the genera and species according to Linnaeus* was published establishing him as a leading botanist.

At this time Withering was physician to Birmingham General Hospital, having been appointed in 1775, and was said to have one of the largest medical practices in Birmingham providing him with an income of £1,000 (later increasing to £2,000) per annum which were vast sums in Withering's day. While at Birmingham General Hospital he held clinics for the poor and is said to have treated 2,000 to 3,000 cases annually without charge. Despite his very large practice, he was able to devote time to his interest in chemistry and mineralogy, analysing the mineral content of spa waters and studying the properties of barium carbonate (subsequently named 'witherite').

In 1783 Withering contracted tuberculosis. This may have stimulated an interest in the effects of different climates on patients suffering from consumption (tuberculosis), having gone twice to Portugal in the hope that the better climate might improve his health.

In 1799, Withering became gravely ill and one of his friends, who was noted for his black sense of humour and who observed him at this time, was said to be responsible for the now celebrated pun, 'The flower of English physicians is indeed withering'.

He died on 6 October 1799 and was buried at Edgbaston Old Church (now known as St. Bartholomew's Church, Edgbaston). A memorial plaque situated inside the church features carvings of foxgloves and *witheringia solanacea*, a flowering plant named in his honour.

Changes in the Practice

Dr Laura Hemms joins the Practice in January 2016 as a salaried GP and will be working 3 days per week across both sites.

Dr Sarah Thomas joined this year as a doctor returning to General Practice and works across both sites.

Dr Angeline Romano joined this year as our first GP trainee.



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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.headleydoctors.com	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 Hemms
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 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

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Mondays (Beginners) 11 am – noon
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Grayshott Social Club

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I also have a qualification in pre and post natal
exercise and generally take clients on a one to one
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www.pinkpersonaltraining.co.uk

I am regularly updating my qualifications and hope
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Thank you.

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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?

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