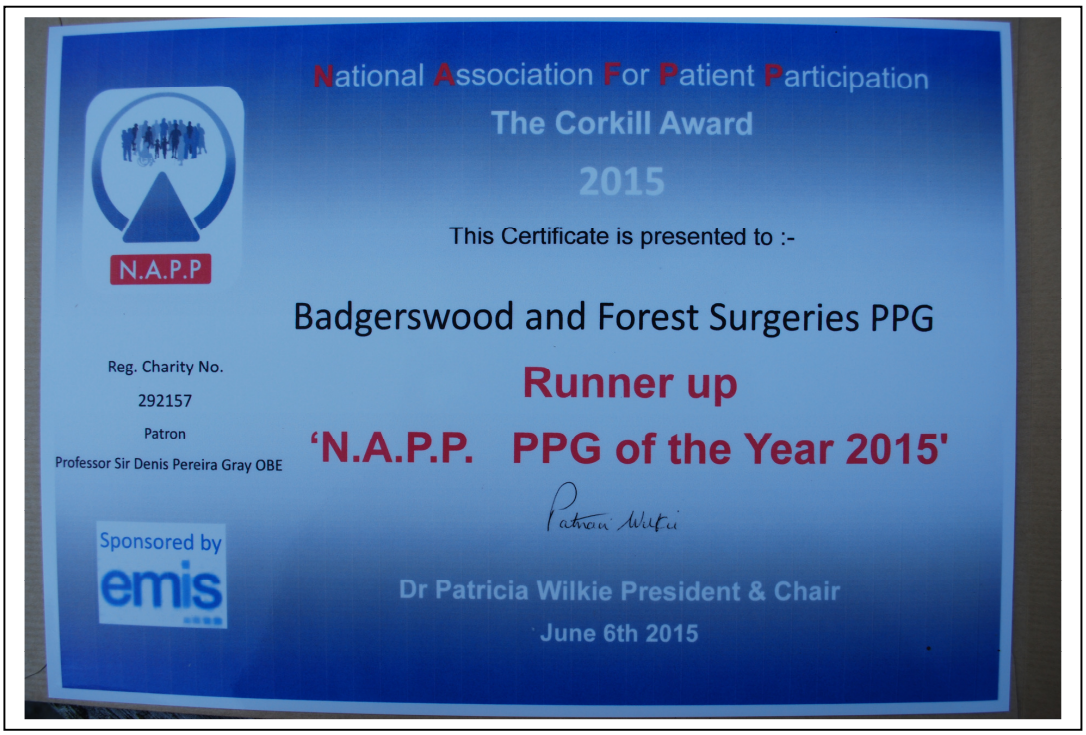
Patient Participation Group

Newsletter



Incorporating the

Friends of the Badgerswood and Forest Surgeries

October 2015 Issue 19

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volunteer drivers Hampshire

HEADLEY

VOLUNTARY

CARE

(covers Arford, Headley, Headley Down, Lindford, Standford)

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Support and friendship for families
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Home-Start WeyWater, c/o Chase Children's Centre,
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Spire Clare Park 18x8.indd 1 24/10/2013 09:37

Back2Health

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

Chairman / Vice-chairman Report

Apologies for the delay in printing this newsletter but we have just had a member's meeting at the end of September and wished to print the minutes in this issue. At this meeting, Dr Patricia Wilkie, the Chairman of our National Body, NAPP, attended to present us with our award for the work we did in improving the discharge summaries from Basingstoke and the Royal Surrey. Mr Peter Dunt, Chairman of the Royal Surrey was our main speaker. The minutes now appear later in this issue.

Our Educational Article this time is by Dr Leung on sore throats, stressing the fact that most are due to viral infections and therefore not treatable by antibiotics. This is a very opportune article at this time of year. **It is also time to remind those of you who should be attending for your flu injection to book into one of our clinics.**

Following our work on improving the discharge summaries from our local hospitals, Dr Sharron Gordon, Consultant Haematologist from Wessex region, approached us. She is looking at the quality of discharge summaries from Basingstoke in regard to anticoagulant therapy. We are now working with her on this project. An article on this appears later.

This year has seen the setting up of new specialty clinics in the Practice, both at Badgerswood and Forest. The respiratory team from Portsmouth under Prof Chauhan has set up several respiratory and research clinics with us. These are reported later in the newsletter. The PPG contributed to these by the purchase of a spirometer which measures patients' breathing patterns and helps to asses asthmatic and bronchitic patients. We are sad to lose our osteopathy service, Back2 Health, due to lack of NHS funding. However we now have an in-house physiotherapy service run by the Royal Surrey who have provided us with articles about 2 common conditions and how you may act yourself to improve these. We hope this may be the start of a series of articles. We also have a paediatric, a new midwifery service, a podiatry clinic and an Eye clinic which started at the beginning of September and will run monthly. .

The results of our Friends and Family test is remarkable with no complaints at all in the past 2 months, everyone stating it as 'Very likely' or 'Likely' they would recommend this Practice. We had numerous compliments but have commented about 2 complaints on NHS Choices.

Our great British Doctor this time is Elsie Inglis. Sarah Coombes chose her, the 'Florence Nightingale' of doctors during the First World War.

We have published an article about e-cigarettes. The opinions about e-cigarettes are quite controversial at present. Time will tell whether they are a good idea and better in the long term to tobacco cigarettes. But as always, the manufacturers tend to push the benefits of their products and confuse the issues.

We attended the 'Here's Headley' event at Headley Village Hall in June. This was an event for all Headley Charities to publicise their presence but not to fund raise or sell their products. We were unable to take subscriptions from new members' but we handed out many forms. We also checked the blood pressure of most people who attended. This event was well worth attending.

The Government Vanguard Project is slowly taking shape and the CCG has been allocated approximately £7m in grants. We attended a CCG meeting in September and our discussions are published here.

As you will know, the present government is keen that all GP Practices offer 8am to 8pm 7 days a week clinics. As you are probably also aware, this is going to be an extremely difficult challenge to fulfil. But do we, the patients, really want these clinics all the time? No one seems to have asked us.

What is happening about the Chase? It is now over $2^1/_2$ years since the CCG took over and closed the beds. Are we any closer to deciding what is happening here? Interesting changes may be planned.

Our Practice has undergone a lot of changes in the past 3 months recorded later. Particularly we are sad to have lost Dr Chamberlain. Dr Sherrell has become a full partner. Alison Sutton, who recently moved from community nursing to join our Practice, tells us how her life has changed. The Practice has now become a GP training unit. We have a new pharmacist.

The PPG is expanding and is involved with the CCG in discussions about Chase Hospital and the Vanguard project. We will soon be printing our 2nd booklet of Educational Articles! We hope soon to have first aid training equipment and be able to run our own first aid training courses. We need more assistance. Are you free to help us? We need help especially with fund-raising and in production of our newsletter.

Issues raised through the PPG

In the past 3 months, the PPG has received no criticisms or complaints at all about the Practice, from either surgery other than 1 patient who attended twice and waited over 40 minutes on both occasions!. If you look at the results of the Friends and Family Test below, you will see that in July and August we had 85 patients between the 2 surgeries filling out forms and all were 'Extremely likely' or 'Likely' to recommend us to their family or friends. Many made comments about the Practice and I quote:

"There is less waiting time for appointments than my friends surgeries"
" Friendly service , good facilities , Female doctor (at Badgerswood) is important to me"
" Very helpful. Don't know what I would do without them"

We reviewed comments which have been coming into NHS Choices during this time. Forest Surgery has a good rating of $3^1/_2$ Stars while Badgerswood has a maximum 5 Star rating. 2 adverse comments came into NHS Choices about Forest Surgery and we quote these and make comment. During the same time 4 other comments came in about Forest Surgery, each with 5 Star ratings.

<u>September comment</u>

"Don't be five minutes late, or you will have to wait for a slot again.
Doctors run on average half an hour late even when the surgery isn't full.
Staff are rude and un sympathetic
Ordering repeat prescriptions is a nightmare...."

We disagree with the first 3 statements. Anyone who appears over **10** minutes late may be asked to make another appointment unless the clinic has a gap and the patient can be fitted in. Patients who appear late and expect to be seen tend to cause the problem in the second complaint, which is that they cause clinics to run late. The usual cause for a clinic running late however is that the GP takes time with each patient to sort their problem. It takes on average 10 minutes to help each patient but the occasional patient may take longer. Every patient has a 10 minute appointment but is given as long as it takes to sort their problem. Our surveys showed that most people understand this but only feel uncomfortable with a delay if the time waiting exceeds 30 minutes. This is rare. The staff at Forest Surgery are NOT rude and un-sympathetic. This is not the experience of the vast majority of patients and we have data to prove this. There is a well oiled system for repeat

prescription ordering. The patient should discuss this with the pharmacist if he/she is having a problem. We at the PPG, are not comfortable with this complaint. The first 3 statements are wrong. The 1 Star rating from this patient should be removed by NHS Choices!!!

August comment

My family have been with this surgery (Forest Surgery) for a number of years, it used to provide a wonderful service. Sadly now it has become almost impossible to make an appt unless you call in at 8.30 where a tiny number of 'emergency' appts are kept. If you wish to make a routine appt then expect to be looking several weeks ahead. If your body is inconsiderate and you become ill after 8.30 then do not anticipate that you will easily be able to get an appt, a very small number of office hour appts may be offered but if you are not able to make these then you remain in pain. The service it provides for people who work out of area and are unable to attend during working hours is shockingly bad. Often reception staff will advise that you attend a local minor injuries service or A&E, so despite being advised by the government to avoid A and E our GP surgeries actively encourage it to lighten their work load. If you would like to discuss any concerns with management then you once again will be waiting, it has been my experience that managers are perpetually unavailable.

Reception staff at this surgery vary, sadly the majority seem to be the proverbial gate keepers of the doctors and ward you off with an unfriendly manner leaving you feeling that you are inconvenient.

I feel this surgery reflects a national deterioration in quality primary care.

Let us hope that with the development of Bordon additional medical facilities are developed with an approach that meets the demands of patients.

People need more availability of non office hour appts, the current system is far to restrictive. A late clinic daily and weekend opening would make a huge difference to the working people of the local community.

This comment reflects a concern expressed by many patients about 'non-office' clinic times, not just in our Practice. Our Practice is making huge efforts to deal with this and both the Practice and the PPG have been looking constructively at ways to improve the situation.

The Practice runs a Monday evening and a Friday early morning clinic in both surgeries. It also keeps clinic slots available for emergency calls first thing in the morning but these are for emergencies. I note this patient seemed not to regard these as for emergencies placing 'emergency' in italics. Later in the newsletter we publish the results of our surveys in which we asked patients about their desired opening hours and this is relevant to this complaint.

About 10% of patients wish a change in clinic hours and this has been a major topic for discussion between the doctors nationally and the government for some time now. We are in fact fortunate in our Practice with the number, calibre and willingness of our GPs to provide a service which is exceptional, more than many other Practices, but the problem is a matter of supply and demand. There is a national shortage of GPs. It is easy to state that "People need more availability of non-office hour appointments. A late clinic daily and weekend opening would make a huge difference". Who is going to provide this? Will this mean a reduction in normal weekday service – almost certainly – and 90% of people want this weekday service. It's not so easy in practical terms to implement this when there is a shortage of GPs. Our practice is being very constructive in its methods of trying to achieve a comprehensive service. Look at our "8am to 8pm 7 day a week article". The PPG is liaising further and we plan to report on this again in our next newsletter.

Badgerswood continues to receive complimentary comments and in fact has only received 5 Star comments this year on NHS Choices! At the PPG, we note the service provided by both surgeries and see little difference in the standard of care between the 2 surgeries. We continue to be concerned about NHS Choices and its Star rating system. We have no objection to it being a forum for people to express concern or criticism, so long as this is accurate and constructive. To encourage people to Star rate a Practice after a single event, as frequently happens, is not fair and gives a very inaccurate comparison between Practices. As we have informed you in previous newsletters, we have voiced our concerns about this to NHS Choices. They now refuse to discuss this further with us.

Badgerswood and Forest Friends and Family 2015

How likely to recommend services to Friends & Family

	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sspt-15	Total	%
Extremely Likely	13	25	7	15	12	33	31	52	22	21	231	78.0%
Likely	8	4	2	3	0	8	7	8	3	8	51	17.2%
Neither likely nor unlikely	1	1	0	2	1	1	0				6	2.0%
Unlikely	0	1	0	2	0	1	1			1	6	2.0%
Extremely Unlikely	1	0	0	0	0	0	1				2	0.7%
Don't Know	0	0	0	0	0	0	0				0	0.0%
	23	31	9	22	13	43	40	60	25	30	296	100%

as at 7/9/15

Members' meeting – 29th September 2015

On Tuesday 29th September, a members' meeting was held in Lindford Village Hall. The meeting was held in 2 parts.

Dr Patricia Wilkie, Chairman of NAPP, the National Association of Patient Participations, had come to our meeting to present us with the award of runner up in the Corkill Award 2015 for our work undertaken with the local hospitals in improving the speed of discharge summaries. Dr Wilkie gave a brief history of NAPP and the reasons why PPGs were considered for the awards before giving the presentation and a cheque for £250. Julia Barton, Chief Quality Officer for SE Hampshire CCG, who had been involved in supporting the PPG when making contact with the hospitals, was present at the meeting and her role was duly recognised.

Mr Peter Dunt, Chairman of the Royal Surrey County Hospital, was the main speaker for the evening and spoke about the proposed merger of his hospital with Ashford and St Peters Hospitals. In view of the fact that this was seen to have no detrimental effect on patient care and would be seen to have much in the way of patient benefits, the Competition and Markets Authority have now cleared the merger. Approvals still need to be obtained from Monitor, the Boards of Directors and Councils of Governors, and the earliest date for completion of the merger is in the summer 2016.

Nowadays, people don't want to be in hospital, the hospital strives to have people in hospital as little as possible, and the extra-hospital medical services work as hard as possible to keep people out of hospital. Not long ago, each part of the health services tended to work in its own separate pocket, but now everyone tries to work together sharing the same effort to avoid the patient coming into hospital if at all possible.

The RSCH was the first hospital in the UK to receive a 'good' rating from the CQC. (Frimley was rated 'outstanding' and the RSCH is working hard to achieve this level). The hospital had over 300,000 out-patients last year, has 14 operating theatres, has a robotic unit with 2 theatre robots which result in a very skilled type of surgery, is one of the world leaders in minimally invasive and laparoscopic surgery and is a major cancer referral centre looking after a catchment of 1.3m. Last year the hospital made a £2m surplus which meant it had some spending power and this also enables it to take out loans at a generous rate. This year, however, the hospital has had to set a deficit budget of £2m and this is a common trend across all hospitals. This is due to increased demand, the rising cost of equipment, the pressure on tariffs (the amount the hospital gets paid for the work it does), and the cost of Agency nurses caused by the shortage of nurses around the country. However, now that the different levels of service are working more closely together, they tend to share their financial risk. The hospital is working closely with the CCG to find a solution to keep the patient at home to avoid the cost of hospital admission to save everyone money. All levels work much better together now.

Last year the RSCH opened a unit in Redhill with 2 linear accelerators for cancer treatment to avoid patients having to travel backwards and forwards daily to Guildford. It also refurbished its Eye Department and its main reception. It now wants to expand the Urology Department, St Luke's Cancer Unit, and build more theatre space.

Previous mergers involving other hospitals have proved very costly and failed largely because they have been seen as a way to save a failing hospital which has never worked. The RSCH and Ashford / St Peters merger should work better because all these hospitals are viable and are merging for good reasons. The RSCH sees this as a way to cut overheads on administrative staff, to merge medical staff and services, to allow a larger catchment giving more ability to gain expertise and ability to do good research, and to gain a larger footprint in cancer care. He emphasised that all three hospitals at Ashford, Chertsey and Guildford would remain open, and no hospital will see any loss of services. He added, however, that future service configuration was decided by the Department of Health so it was never possible to be completely definite for the distant future.

Numerous questions followed, including a query about Haslemere Hospital. It is hoped that this may be expanded to provide increased out-patient care. There was also the passing thought that the RSCH may

develop nursing home type care in order to allow their patients to move from the main hospital quickly before they are fully fit to return home. A return to the type of bed provision of Chase Hospital?? Back to the Convalescent Hospital of by-gone years??

An excellent evening as agreed by all. Excellent speakers. Lots of food for thought. A good meeting keeping people well up to date about what is happening.

Thanks to Nigel Walker and Sue Hazeldine for their organisation of the evening. To the Practice and Sue for the buffet spread. To Dr Clark for allowing us to use her projector. And to Ian Harper for his help in setting up the hall and acting as projectionist.

And a big thank you to Dr Patricia Wilkie and Peter Dunt from the PPG and its members.

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Royal Surrey Midwifery Service based at Badgerswood and Forest

For those patients who wish to book with a midwife and indicate that for their delivery they would prefer to attend the Royal Surrey County Hospital in Guildford, the Practice now has a midwife based in the Practice. She would like to introduce herself to you.

My name is Madeleine Woodhatch and I am the new Community Midwife based at Badgerswood & Forest Surgery.

I have been working as a midwife at the Royal Surrey County Hospital for 20 years and have experience in all aspects of maternity care.

If you are pregnant and considering hospital options, the Royal Surrey County Hospital offers fantastic continuity of care and expert advice about having your baby.

To book, call Badgerswood Surgery and request an appointment with the midwife and we will do the rest! (*for bookings with both Badgerswood and Forest*)

Alison Sutton – our new Practice nurse.

Alison has recently moved from her role as a community nurse to join us as one of our Practice nurses. We asked her to tell us about how this has changed her working life.

"People ask me what is the difference between being a community nurse and a practice nurse? Surely it's more or less the same?

This is what I thought before I changed my role.

Yes – the fundamentals of nursing are the same, to help, care, inform, show compassion, have empathy, empower, but the mechanisms are very different.

Well, the obvious is that I am in one place, not travelling around to peoples' homes. The area covered by the community nursing team was vast stretching from Hindhead all the way to Hayling Island. When working out of hours I enjoyed visiting people in their own homes. A person's home is very often private and certainly you would not invite a stranger into your home. But I was a stranger and therefore felt I was privileged to be invited into another aspect of a person's life that you just wouldn't if you were seeing them in a hospital setting or even in the surgery. A community nurse is very astute at picking up environmental aspects that would be affecting that person's care and health, for example seeing damp and mouldy living accommodation that may be affecting someone's asthma, or sitting next to a fire or radiator affecting a wound on a leg.

Another difference is the age of people I now see in the surgery, ranging from infants to 105, and although I visited people at home from the age of 18, predominantly the age range was 65 and over. These people tended to have life limiting illnesses and/or were housebound, with the focus of helping those patients have a quality of life, at the end of their life. As a Practice nurse, I feel my role offers more health promotion and empowerment for people to make their own decisions of their health and how certain actions and lifestyle can affect health. I suppose I'm interacting with people to try to prevent some life limiting illness and I'm now more a person who is unable to get out to interact with people. I still can't get used to giving babies and young children injections for their immunisations inflicting pain on someone. To me it just doesn't sit well with both being a nurse and being a mother, but I know it is for the benefit of that child, plus they soon forget about it.

Appointment times can be challenging. Although I had a schedule of patients to see in the community, times were not fixed as it would be impossible to keep to as some visits might last 15 minutes, some could last 2 hours or more and traffic jams could be a problem. In the surgery having 10 minutes for certain appointments has been a challenge. I am a person who hates being late for anything and keeping people waiting. Sometimes it is tough to be on time especially if there has been a medical emergency in the surgery. It is really beneficial to have a doctor or a colleague on hand to ask any queries or double check something.

There are certain parts of community nursing I do miss. It is inevitable being a community nurse for18 years, but the new skills, colleagues and professional relationships I have now in this role is really exciting and motivating that I hope to be part of Badgerswood and Forest Surgeries for years to come."

Respiratory Clinics at Badgerswood and Forest Surgeries

As we notified you in our last newsletter, the respiratory unit from Portsmouth led by Professor Anoop Chauhan, has been setting up a respiratory clinic here in our Practice. This clinic has now been running for over 6 months at which Jonathan Winters, one of the Respiratory nurses from Portsmouth has been assessing the care of all our patients with asthma and bronchitis weekly. You have kindly supported us and the Practice in donations towards the purchase of a spirometer for this clinic and we now have raised the funds for this and this has now been purchased. Thank you very much for your help here.

The practice is now involved in further research with Prof Chauhan's unit and Jayne Longstaff, the Respiratory Quality Improvement and Innovation Nurse of Wessex Academic Health Science Network has written an article for us for our newsletter about what is happening at present and what is planned. We hope to get a formal report on the asthma/bronchitis clinic from Prof possibly for our next newsletter.

Jayne Longstaff's article

The Respiratory Research and Innovation Team at Portsmouth (Queen Alexandra Hospital) and Wessex Academic Health and Science Network (WAHSN) working in partnership with NHSIQ (NHS Improving Quality), Health Foundation and Pfizer, have set up several lung projects in the community that aim to deliver specialist care to patients in your local GP surgery. The aim is to give the correct diagnosis to patients earlier, ensure that their treatment is correct for them and to ultimately prevent flare ups of their disease that lead to hospital admissions. In summary, delivering the **right** treatment to the **right** patient at the **right** time.

The Practice at Badgerswood and Forest Surgeries is actively engaging in respiratory research and delivering this innovative pathway of respiratory care. We have performed a number of initiatives this year at your Practice.

i-Breathe clinics

The i-Breathe clinics have been developed to support the Wessex Integrated Respiratory Partnerships. A team of specialist respiratory nurses and a respiratory consultant held patient lung review clinics both in GP surgeries and in our Portsmouth hospital within Hampshire to which Badgerswood and Forest Surgeries contributed.

Around 2000 patients with asthma and / or COPD (Chronic Obstructive Pulmonary Disease – 'Bronchitis') were seen and given advice and support with their treatment and / or self-management. All patients who attended the clinic received full COPD/asthma review. This included inhaler technique, self-management plans and medication reviews. Last year around 25% of patients received a medication change at this review, at which 10% had their medication reduced.

'The Breathless Project'.

A team consisting of a specialist respiratory nurse, GP and Consultant identified patients who appeared to have had respiratory problems without having an accurate diagnosis ever made. The search excluded patients with known existing heart and lung problems but prioritised recurrent chest infections requiring antibiotic and/or steroid prescriptions. The patients identified are being invited into a specialist clinic to try to make an accurate diagnosis with a view to improving their treatment.

A Breathless Clinic

Mission COPD

This is another project taking place on the **3rd October 2015.** This is a study for local patients with Chronic Obstructive Pulmonary Disease (COPD) offering them a full day of specialist assessment, patient education and self-management skills in the Respiratory Unit at the Queen Alexandra Hospital. If required patients will be transported by drivers from Headley Voluntary Care. Patients will have the opportunity to have their medications and inhaler technique checked, to be reviewed by a Respiratory Specialist Doctor, to check their lung function and be offered crucial self-management advice. The aim of this project is to see whether this style of patient care can improve patients' quality of life and prevent them from being admitted to hospital

By being part of these on-going projects, your Practice is improving the care given to your patients. This has been demonstrated by the purchase of a spirometer by the PPG which will help your GPs diagnose respiratory diseases and also help the monitoring of these conditions

The Mission COPD Team

PPG Report

The Mission COPD took place as indicated above on the 3rd October and was highly successful. It was in fact held in Badgerswood Surgery. 30 patients attended (including 1 patient from Solent who heard about the event on her radio as this was taking place and came along!). These 30 patients had been identified as those with the most severe respiratory problems in the Practice. They rotated through 10 stations on the day including clinical assessment by specialists, and respiratory investigations. In all the equivalent of 300 out-patient appointments and investigations in 1 session. This must be a highly efficient and successful way to make an assessment of people with such breathing problems.

This session avoided patients travelling to 300 hospital appointments, was a more efficient way of managing the patients' problems, and helped to reduce the demand on hospital out-patient clinics.

8 to 8 clinics and 7 day a week opening

As one of his pre-election pledges, David Cameron, reinforced in statements by his Health Minister, Jeremy Hunt, vowed that by 2020, everyone in England and Wales would have access to 12 hours a day, 7 days a week GP clinics by 2020. People would be able to see a GP at a time to suit them. Although there is a grave shortage of GPs in this country and it is envisaged would still be the case by 2020, he planned to invest into the NHS funds to make this happen and to re-organise contracts such that adjacent Practices would work together to cover each other out of hours. Skype and telephone consultations would become commonplace. Many GPs including many senior figures, expressed their grave doubts about his vision at the time and still do.

Our PPG represents the patients and wouldn't it be a wonderful world where people could call on a GP at any time which is convenient with any problem and be seen whenever they want, early morning before going to work or school, lunch-time, late evening after coming home, at the week-end either Saturday or Sunday. But is this realistic? It was in 2004 that the previous Government abolished the GPs overtime contract, probably never to return.

So how much do we, as patients of Forest and Badgerswood Surgeries need or want our GPs to follow David Cameron's dream. Well over the past 3 to 4 years, we have worked with the Practice and obtained quite a lot of information from many of you about what you want about different things, and one of the things we looked at was, "Were you happy with the hours the Practice is open for appointments" and if not "What additional time would you like the Practice to be open?". On top of this, last winter the Practice in fact was given extra funding to open its doors on a Saturday to help ease the acute burden on hospital A & E departments and at that time it also ran a regular clinic at the same time, so we have information from this too to see how well you used this.

We have information from 453 patients picked at random to answer our questionnaires. 90.6% were happy with the appointments times as they are at present while 9.4% wished the surgery to run clinics at other times. Of those who wished the Practice to be open at other times, some selected more than 1 other time, for instance wishing the surgery was open either in early morning or late evening so they would tick twice. The additional opening times wished for were as follows:

Early morning	7.7%
Lunch-time	3.2%
Evening	12.8%
On a Saturday	12.8%
On a Sunday	2.6%

The Practice already opens on a Monday evening to 7.30 and early on a Friday morning at 7.30 in both surgeries. The study of attendance at the Saturday clinic was as follows. Over a 14 week period, 369 appointments were available and of these, 331 were booked (89.7%) Only 11 patients failed to attend without notification which means that the attendance rate was 320 out of 331 patients booked (96.7%) and 320 out of 369 available slots (86.7%). From these figures, it can be seen that there is little demand from our patients for a Sunday or lunch-time opening.

If the GPs in the Practice were able to provide an additional service for appointments, it would seem logical to look at these figures and decide where these services would be best utilised. They already offer an early morning and late evening clinic once a week. A Saturday clinic would seem to be the most desirable extra from the patients' point of view and possibly more evening surgeries. Certainly Saturday clinics were well utilised. How well are the present morning and evening clinics booked? If fully/over booked, can these be extended or another evening opened?

Certainly in our Practice, David Cameron's vision of a 12 hour a day 7 day a week is not necessary and we feel that rather than all Practices around the country following his aim, they should do as we have done, and ask you, the patients, what you all want and go back to the GPs asking them what they can realistically provide and 'easily' achieve.

A more accurate breakdown of the precise details of what mornings and evenings and weekend times would be desired and well used, is needed. Also, a careful look at what specific times patients want to see if an awkward time is listed by patients who also list other times as being suitable eg when a Sunday morning is listed - is a Saturday just as convenient, or is Sunday the only time suitable? And a discussion with our GPs to see what is possible with them and with a liaison service with GPs from adjacent surgeries. An assessment of the use of telephone consultations and / or Skype may be important in the future.

The study being carried out by the MCP group into patient acceptance of consultations by nurses and pharmacists for specific conditions to free GP time for more flexible working will be very interesting in this area.

Multi-speciality Community Provider (MCP)

As discussed in the June newsletter, Southern Health and SE Hampshire CCG have been selected as Multi-Specialty Community Providers (MCP) in the NHS Vanguard project. The main aim of this pilot study is to look at the possibility and advantages of moving some hospital services such as clinics to a Primary care level.

This is being looked at in 3 selected areas and the semi-rural northern part of SE Hampshire has been selected as a site for study. Headley and Bordon are of particular interest because of the current new town development which is just starting at Bordon and which offers great potential to look at a new way of providing health care.

Elizabeth Kerwood chairs the MCP Communications and Engagement meetings for the locality. Trudy Mansfield is the Project lead. There are 7 representatives from 5 PPGs on this committee. Meetings are planned 2 monthly and the last meeting was on the 16th September. Funding has now been allocated for 2015/16 to allow the implementation of proposed changes and to test these. In addition more formal structures are being put in place for the whole programme.

GPs, community services, children's services, adult services, and the voluntary sector will all be involved in deciding what areas need to be focused on and each locality work-stream is developing a plan with their clinical lead (in our case Dr Leung) to be taken to East Hants MCP Locality Board for approval.

EK then discussed a survey which was on-going asking patients' opinions about clinic consultations and whether they were happy to see someone other than a doctor for certain complaints eg nurse or pharmacist, and whether they would be happy to see a doctor other than their own doctor or even a doctor from another Practice. The survey completes at the end of September and results will be available afterwards. A preliminary review of the data suggested most patients were happy with all alternatives but some were concerned about seeing a pharmacist with certain problems. We await the final results.

The Group then discussed some of the work on-going at Badgerswood and Forest Surgeries where some of the concepts of MCP were already taking place prior to the project even having been proposed by NHS England. Work which we did with Julia Barton, Chief Quality Officer of SE Hampshire CCG on hospital discharge summaries was discussed, as was the results of our surveys which included Practice opening times.

Our ‘Educational Author’ this month is

Dr Anthony Leung

who talks to us during a question and answer session about

‘Sore throats’

Dr Leung graduated from Nottingham University in 1985 and started to train as a surgeon. However a career change soon moved him to the City and Price Waterhouse and the world of computers, finance, and accountancy leading to an MBA at the London Business School. From there he was headhunted into BUPA who sent him to University in the USA and backed some big ideas where he got to transform the whole private healthcare sector.

The dotcom era arrived and during this time he helped a number of startups negotiating gene licences and even representing the UK on a trade mission. He also indulged his own interests and funded an online comic book store and ultimately became the Finance Director for the Futures Group, one part of which ran the UK Medical Innovation Awards.

He admits to having had rose tinted glasses on when he thought he’d return to medicine and have a quiet life as a GP! He joined Badgerswood 8 years ago.

He is married with two teenage children. He loves gardening and wishes he had more time for it. He enjoys good wine, good food and says you must indulge both with good company.

<u>Sore Throats</u> - **A Question and Answer Session with Dr Leung**

Q ***You must be getting a lot of coughs, colds and sore throats at this time of the year.***

A You're right. I think all the doctors and nurses here are seeing that. I'd estimate it at about 10 cases of that a day at each surgery, maybe more. Gosh – I haven't worked it out before but that's two days of a doctor's time in a week. Nevertheless, I still suspect that for every patient who goes to the doctor with a sore throat, there must be hundreds who do not.

Q ***If we pick just one of them, sore throats, there's been a lot of publicity about overusing antibiotics. Is this true?***

A Antibiotic prescription rates are indeed rising again and have exceeded the peak in the late 1990s but I think you will find that our doctors all have similar practice and rarely prescribe antibiotics for sore throats. That's because most infections are down to viruses, so antibiotics just don't work

Q ***And the risk is that the bugs will get resistant?***

A That's correct. There is a real risk that we run out of drugs that will work if we keep misusing antibiotics.

Q ***But don't antibiotics help even a little?***

A Antibiotics have little effect on the extent and duration of symptoms of sore throat in most people The NICE guidelines are clear.

- Do not routinely prescribe antibiotics for acute sore throat.
- Antibiotics should *not* be prescribed to:
    - Secure symptomatic relief.
    - Prevent suppurative complications.
    - Treat recurrent non-streptococcal sore throat.
    - Prevent the development of rheumatic fever and acute glomerulonephritis.

Antibiotics have side effects like diarrhoea, rash, stomach upsets or thrush, and curiously, there was one study where there were *more* serious complications in those who took antibiotics than those who did not!

Sometimes I use what is called a 'delayed' prescription. I say to the patient that the antibiotic is not indicated, but give them a prescription for use in a couple of days if the symptoms get worse.

Q ***Will a throat swab help?***

A Throat swabs cannot differentiate between infection and carriage. Although you will probably find a bacterium called beta-haemolytic streptococcus in about 30% of throat swabs, you could find this in up to 40% of normal people i.e. those with no symptoms.

Q ***I found a website that talked about a test you could do on the spot.***

A You must be referring to the 'rapid antigen test'. I suggest you save your money. They have poor sensitivity (i.e. they are not good at picking the bug up) and have been shown to make little impact on prescribing decisions. The guidance is clear – 'Throat swabs or rapid antigen tests should not be carried out routinely in the investigation of acute sore throat'.

Q ***What if there are white spots on the tonsils***

A Those white spots are probably pus, and indicate that your body is fighting the infection. They do not mean that the infection is viral or bacterial, or that it requires antibiotics.

Q ***Is there any way of predicting who will get more serious complications?***

A We used to apply something called the Centor or FeverPAIN criteria. The problem was that they just were not very good and a paper in the British Medical Journal a year ago concluded that 'These complications cannot usefully be predicted by either history and examination findings, or the previously developed scores for bacterial infection'.

Q ***So what do you look for when a patient presents with a sore throat?***

A I look through their medical history to make sure they are otherwise healthy. I make sure they are not compromised e.g. if someone is dehydrated, their heart rate would go up and their blood pressure would drop. When I look at the throat, especially in kids, I want to make sure the tonsils are not meeting as that can obstruct their breathing. There are some rarer things like quinsy, which is an abscess developing round a tonsil.

Q ***What advice would you have then for someone with a sore throat?***

A The first thing is to reassure patients that sore throats are generally self limiting i.e. they will get better on their own, typically after a week. They should see me again if the symptoms are not improving. Use paracetamol or ibuprofen to relieve the pain and fever. Eating and drinking will be painful, so avoid exacerbating this e.g. with hot drinks, but it is important to stay hydrated, especially if there is a fever. Take sips of water. A trick with children is to use ice lollies. Gargling with simple mouthwashes or salty water at frequent intervals can help. I often recommend the use of Difflam gargle or Strefen lozenges. These are local anaesthetics. The effect lasts longer with Strefen and both of these are available from pharmacies without a prescription.

Q ***Any exceptions?***

A Yes, if a patient develops more severe symptoms, like breathing difficulty, they need urgent attention. Also, the rules are completely different if someone has a compromised immunity e.g. a patient with leukaemia or AIDS, are on certain very strong drugs, or those at risk of severe infections e.g. diabetics.

Royal Surrey County Hospital NHS
NHS Foundation Trust

Physiotherapy Department

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De Quervains syndrome

Michelle Dawson

What is it?
De Quervains syndrome is a condition which affects the tendons where they run through a tunnel on the thumb side of the wrist

What is the cause?
It often appears without obvious cause. However mothers with small babies seem particularly prone to the condition. Whether this is due to hormonal changes after pregnancy or due to lifting the new born child repetitively is unknown but would seem reasonable to assume this.

What are the symptoms?
Pain on the thumb side of the wrist. Pain is generally aggravated by repetitive hand and thumb use, particularly lifting the thumb, as in the hitchhiker position. Tenderness will be felt at the site of pain and localised swelling may be present, but not always. Clicking and snapping of the tendons can also occur in some cases.

What is the treatment?
The most important treatment is avoiding activities that cause pain. For newborn mothers that will mean positioning the hand and child in different ways during activities such as breast feeding. For example supporting the weight on some pillows or on the forearm rather than using the thumb, as well as using the other hand will help things dramatically.

Other management adjuncts to rest may involve use of a Futura wrist splint with a thumb spica for immobilisation therefore augmenting rest. These can be purchased or a referral can be made by your GP to your local health provider.

A Futura splint with a thumb spica

Methods of managing the inflammation may involve use of non-steroidal anti-inflammatories if these are safe to take after checking with your GP or pharmacist, and use of ice locally to the area. If the condition is not resolving with these methods you may be referred to a physiotherapist for assessment and treatment which may include local treatments to the tendon and strength exercises as the condition resolves. If physiotherapy does not resolve the issue you may be referred to an orthopaedic specialist for treatment which may include more rigid splinting to aid complete rest for a period of time, steroid injection or surgery.

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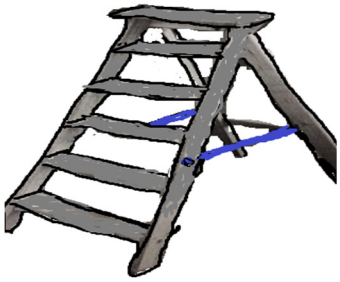
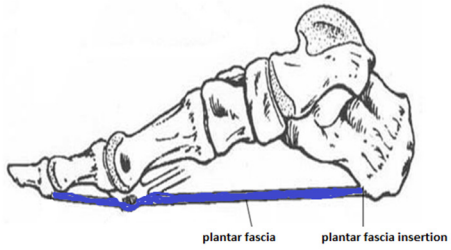
Plantar fasciitis ('Policeman heel') –
how to help before it becomes a stubborn heel pain

Iwona Kolodziejczyk, MSc, Foot and Ankle Extended Scope Physiotherapist, RSCH

The plantar fascia is a ligament-like tissue that connects the ball of the foot to the heel and helps support the arch (like a rope holding a ladder).





The fascia endures a great amount of tension during normal walking and standing and may result in many painful and degenerative problems in the foot and ankle known as plantar fasciitis (a misnomer since there are no inflammatory cells present). Tightness in calf muscles causes an early heel lift during walking (our brain is tricked into thinking that we walk on tip toes) and subsequently increases the load through the plantar fascia.

Plantar fasciitis is manifested by heel pain that occurs whenever weight-bearing is resumed after a period of rest, particularly 'first – step' in the morning. It is usually caused by a change or increase in activities, lack of flexibility in the calf muscles, being overweight, wearing bad shoes on hard ground, spending lots of time on the feet or a sudden injury. The pain is usually in the front and centre of the heel. Doctors and physiotherapists know exactly where to press to make it hurt, providing strong evidence of the diagnosis.

Many patients with diagnosed plantar fasciitis can initially self-manage with appropriate calf stretches, advice regarding rest, footwear (wearing stiff soled shoes), weight loss and gel heel cushions easily purchased from a local chemist. It is very hard to rest a foot, but heavy training and sport activities should be stopped. Since there are no inflammatory cells present, this condition does not respond to anti-inflammatory drugs or corticosteroid injections

If symptoms do not settle promptly (within 3 months) then formal stretching with physiotherapy supervision is appropriate using a “slant board stretch” (pictures below for example) which is safe and easily performed even by an older patient. Anecdotally compliance with this stretch is better than with the “stair stretch” which in some patients can exacerbate their pain.

This stretch will allow you to control tension in your muscles without overstraining them. You can simply use a piece of board and place it against the edge of the step to form an incline. Wearing trainers/ shoes stand on a slope/incline/ slant board. Make sure your feet are facing forward (parallel to each over). Keep your knees straight, but do not lock them. Hold for three minutes, three times a day. You should feel a comfortable stretch at the back of your calf muscles. Control the stretch by changing a degree of an incline. You should be able to maintain the stretch unsupported. If you struggle to keep your balance, you may need to reduce the incline. This stretch should not aggravate any symptoms. Stop immediately if it does.

Patients who fail to improve after three months of supervised stretching should be referred for the opinion of an Orthopaedic surgeon.

E-cigarettes – our advice about their use

Following the publication of Public Health England's review of the evidence on vaping (use of e-cigarettes) we have been asked to publish the following article.

If you are a smoker the best thing you can do is stop - now and forever.
If you are a smoker and unable to stop now, should you change to e-cigarettes? Yes.
If you are a non-smoker should you try e-cigarettes? No.

This is our advice on vaping, and summarises the advice that our doctors, nurses and pharmacists will give.

Vaping is a new way of getting a fix of nicotine. There are many different versions which are all unregulated (which means that they vary in the amount of nicotine you get and that there are no safety guarantees about what is in them along with the nicotine). However we already know that smoking tobacco kills half of smokers early, so is really **really** dangerous. The evidence on vaping (recently reviewed by Public Health England) is that there are no short term risks to your health with vaping and so vaping is far safer than smoking in the short term.

Vaping has not been around long enough for there to be evidence about the long-term effects, so we would advise that vapers also aim to quit, and the evidence is suggesting that tobacco smokers can find it easier to quit if they change to e-cigs as part of their quitting.

There are worries that vaping will be seen as glamourous, encouraging children to experiment and then lead them onto smoking. It is too early for the evidence to be clear on this and because we do not want children to start vaping or smoking we will not be selling e-cigs to people under 18 in our pharmacies.

So if you are a smoker we urge you to quit. You have a 3 times better chance of doing this if you go to NHS Stop Smoking Services, and in the meantime we'd urge you to stop smoking and start vaping. Our NHS stop smoking provider is ‘quit4life’ on 0845 6024663. Patients should mention they are a Badgerswood or Forest patient. The quit sessions are currently held in the meeting room at Forest.

The review of the evidence by Public Health England can be found at www.gov.uk/government/news/e-cigarettes-around-95-less-harmful-than-tobacco-estimates-landmark-review

Problems associated with anticoagulant prescribing related to the quality of discharge summaries

As you are aware, the PPG spent time and effort improving the discharge summary time from our local hospitals to our GPs and won an award from our national body, NAPP, for our efforts. Our work with Basingstoke Hospital changed the average time of receipt of discharge summaries from between 6 and 11 days, to 24 hours. However, we have little information about the quality of the content of the summaries.

Sharron Gordon is Consultant Pharmacist in Wessex region specialising in anticoagulation therapy. She has been looking at a method of checking the quality of discharge summaries coming out of Basingstoke in relation to anticoagulant therapy and has enlisted the help of our practice for this. We think this is a good model to study the quality of discharge summaries in general. Sharron has written a preliminary article about her study for us and we look forward to hearing her final results.

As before, we are sure that Basingstoke will be very receptive to any information to improve their service so this is a very important piece of work to both the hospital, our Practice and particularly you, the patients. We thank Sharron for her help and for choosing our Practice for her work.

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Sharron Gordon's article

It is a great honour to be asked to write for this newsletter. I am a specialist pharmacist at Hampshire Hospitals and my colleagues and I have been welcomed into your practice. We have a project that we are working on across the Wessex region supported by your surgery. Wessex is a large area extending from the Isle of Wight up to the north of Basingstoke and includes some of Wiltshire.

Why are we at Badgerswood and Forest Surgery?

Atrial Fibrillation (AF) is an abnormal rhythm of the two, small chambers at the top of the heart. Patients with AF are five times more likely to have a stroke than patients without AF. Medicines called anticoagulants are really effective at reducing the risk of stroke in patients with AF. These medicines are called; warfarin, rivaroxaban, apixaban, dabigatran and edoxaban. They all work in a similar way but the monitoring is really different. Warfarin in particular needs close monitoring with regular blood tests to adjust their dosage as excess uncontrolled medication can cause very serious and life-threatening side-effects. It is very important therefore at the time of hospital discharge to home care, that a very good

relay of information is immediately given. Across Wessex I am leading a project to improve the use of anticoagulation in AF to reduce the incidence of stroke. As part of this project I've been doing some work with your surgery. Apart from increasing the rate of diagnosis of AF our work is focusing on making the patient journey safer from the point of diagnosis through to long-term-care and is focused on three areas.

1 Improving the quality of information that goes between the hospitals when anticoagulants are started, and the GP practice.
2 Improving the treatment of AF within GP practices.
3 Making sure patients understand their medicines and can take them safely.

So we are working in partnership with the team here to build a process that works well and can be used as a **golden example of good practice** to be replicated elsewhere.

What problems have we seen? What do we think we could do to improve them?

1. We have looked at 20 patients discharged from HHFT (Basingstoke & Winchester) to the surgery.

There are definitely problems with the discharge that we are trying to improve within the Trust. The information is not as good as it could be. We are working to ensure that if you start on an anticoagulant medicine someone formally talks to you before discharge so that you fully understand how it works and what the risks are. It is difficult however, as people don't always remember what is said or the details of what they are told. Improvements in communication are being made. Please let your GP or community (retail) pharmacist know if you feel things have not been fully explained or you have not understood or remembered properly and **do this early, as soon as you are discharged home.**

2. I have reviewed prescribing information within the practice to identify patients who are on anticoagulants which may need reviewing. We are currently in the process of setting up clinics to meet patients we would like to review. If you are called for a medicines review appointment with the pharmacist please do come along, this is an important part of our study and is important to you. We promise we are really friendly and we are working to improve your care.

3. Our final project within the practice focuses on supporting you with really understanding your medicines. Kevin Wood, the Practice Chief Pharmacist, is working with us to try to ensure that if you're started on an anticoagulant medicine that you really understand what that's for and what the side-effects might be. This will prevent you coming to harm.

I look forward to reporting back once we complete our clinical reviews.

What is happening at the Chase?

The future plans for the Chase still fluctuate. The beds are long gone. The dream of consultant led clinics to save patients travelling long distances has not materialised. The hope now is that the Chase will become a site for a GP Practice which will move along the road.

The good news is that Southern Health Foundation Trust (SHFT) is now providing its Adult Mental Health clinics from Chase, and it is hoped that the Older Person's Mental Health clinics, which are still at the Elizabeth Dibben Centre, will also move across once space has been agreed.

The refurbishment stalled because the redevelopment was budgeted at over £3m. NHS Property Services own the Chase and have a complicated system of approval of upgrading buildings when the budget is over £3m. Despite huge efforts by the CCG, there was no way of overcoming this hurdle. The CCG have changed the scope of the scheme to reduce the costs to £3m figure to try to speed up the process.

Meantime, the Stakeholder committee and Working Party of the Chase have been merged, making it easier for ideas and proposals to be put forward and to be approved.

This year NHS Property Services have started charging rent for the Chase at over £300,000 per annum, and the CCG will have to pay for any unrented or void space – money which could otherwise be used for patient care.

It is hoped now to upgrade the hospital to allow Pinehill Surgery to move into the Chase. With budget now under £3m, we hope that work could soon start on the Chase and a contract with the surgery be agreed.

Moving a GP Practice 100 yards down the road to a different site and also moving older person's mental health services within Bordon is not providing a change in care for the better. It may mean not a loss in services - but it is not an improvement nor an increase in care. It is also the case that these 2 services will not fill the Chase totally and the CCG will have to pay rent to NHS Property Services for the void space. The CCG will need to look for further new services for the community to fill the vacant space,

Or perhaps even consider a whole new concept in how we will develop patient care in this region for the future??

Fund raising by the PPG

In the past 3 months, the PPG has been making strong fund-raising efforts on behalf of the Practice as follows:

Spirometer - This has now been purchased and is in use in our new respiratory clinic. Thank you to everyone who donated to this, particularly to EHDC and to Bordon and Liphook Charity for their generous donations towards this purchase.

Defibrillator - The defibrillator at Badgerswood Surgery is now broken and the cost of repair outweighs the cost of purchase of a new model. The firm who provides this has kindly provided a temporary replacement immediately cost-free and is prepared to replace the present model at half-price. The PPG is in discussion about a grant to pay for replacement of this defibrillator

First Aid Training Equipment - The PPG is keen to set up a 1st Aid Training Group but needs equipment such as a Resuscitation dummy for this. We think we may have found some equipment which is no longer in use and may be available for us.

24-hour blood pressure monitor -
The Practice already has a 24 hour BP monitor but desperately needs another.

The PPG is fund-raising for this at present.

All donations would be most welcome. A new BP monitor costs about £1200.

Great British Doctors No. 7

Elsie Inglis (1864 – 1917)

On 5th March 2015, Tomislav Nikolic, the Serbian president unveiled a plaque naming the Belgrade embassy residence in honour of Elsie Inglis.

The Serbian Parliament also hosted a presentation to the 'Scottish Women's Hospital', the 2nd Scottish Women's Maternity Hospital built. Where is the first and who founded these? The first was in Edinburgh and they were founded by Elsie Inglis. Have you heard of her? Who was she? And where is the 1st Hospital now?

Elsie Inglis was born on 16th August 1864 in Nahni Tal in India, the 2nd daughter of Scotsman John Inglis. John Inglis worked as Chief Commissioner of Oudh and when he retired in 1878, the family returned to Edinburgh. Elsie was sent to the Edinburgh Insitute for the Education of Young Ladies, and in 1882, at the age of 18, was sent to Paris for a year to finshing school.

On her return to Edinburgh, Elsie pursued her wish to become a doctor. One year after the death of her mother in 1885, Dr Sophie Jex-Blake opened the 'Edinburgh School of Medicine for Women' and Elsie enrolled. But when Jex-Blake dismissed 2 students for what Elsie thought was a minor offence, she decided to set up her own medical school, and with the support of her father and 2 of his wealthy friends, she founded the 'Scottish Association for the Medical Education for Women'. With the help of Sir William Macewen of Glasgow Royal Infirmary Elsie completed her training, qualifying as a licentiate of both the Royal Colleges of Physicians and Surgeons, Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow in 1892. From there she went on to work in the New Hospital for Women in London under Elizabeth Garrett-Anderson, Britain's 1st female medical student, and the Rotunda in Dublin, a leading maternity hospital. She returned to Edinburgh in 1894.

Throughout her working life, Elsie Inglis was appalled by the poor standard of care and lack of medical specialisation for female patients. With Jessie MacGregor, a fellow medical student, they opened a Hospice for poor women beside a midwifery centre on the Royal Mile just down from Edinburgh Castle. This became the forerunner of the "Elsie Inglis

Maternity Hospital". Elsie became a Consultant at Bruntsfield Hospital which catered mainly for medical, surgical and gynaecological work, while the Royal Mile Hospice looked after obstetric, delivery and infant care for the poor. Elsie was very philanthropic, donating generously to her poor patients and even paying for many to convalesce at the seaside after delivery. The Bruntsfield Hospital and her Hospice eventually amalgamated in 1910.

Her strong beliefs in the support for women in medicine drove her into the suffragette movement and she became a strong supporter. She was the secretary of the Edinburgh National Society for Women's Suffrage in the 1890s and honorary secretary of the Scottish Federation of Women's Suffrage Societies from 1906 to 1914.

Despite her already notable achievements it was her efforts during the First World War that brought her fame. At the start of the War, she applied to Louisa Garrett-Anderson for a place in the Women's Hospital Corps, but was told that they already had enough volunteers. Undeterred, she was instrumental in setting up the Scottish Women's Hospitals (SWH) for Foreign Service Committee, an organisation funded by the women's suffrage movement with the express aim of providing all female staffed relief hospitals for the Allied war effort. The organisation was active in sending teams to France, Serbia and Russia.

When Elsie Inglis approached the Royal Army Medical Corps to offer them a ready-made Medical Unit staffed by qualified women, she received a now famous reply from the War Office "My good lady, go home and sit still". It was, instead, the French government that took up her offer and established her unit in Serbia.

One journalist report may sum up Elsie Inglis efforts:
"The War Office may have spurned the idea of all-women medical units, but other allies were desperate for help, and both the French and the Serbs accepted the offer. The first unit left for France in November 1914 and a second unit went to Serbia in January 1915. Inglis was torn between her desire to oversee the fund-raising and organizational side of the SWH and her desire to serve in the field, but in mid-April the chief medical officer of the first Serbian unit fell ill, and Inglis went out to replace her. During the summer she set up two further hospital units." By 1915 the Scottish Women's Hospital Unit had established an Auxiliary Hospital with 200 beds in the 13th century Royaumont Abbey. In April 1915 Elsie Inglis took a women's medical unit to Serbia. During an Austrian offensive in the summer of 1915, Inglis was captured but eventually, with the help of American diplomats, the British authorities

were able to negotiate the release of Inglis and her medical staff."

During the First World War Inglis arranged fourteen medical units to serve in France, Serbia, Corsica, Salonika, Romania, Russia and Malta. In August 1916, the London Suffrage Society financed Inglis and eighty women to support Serbian soldiers fighting for the allies. One government official who saw the doctors and nurses working in Russia remarked that: "No wonder England is a great country if the women are like that."

Elsie Inglis, herself, went with the teams sent to Serbia where her presence and work in improving hygiene reduced typhus and other epidemics that had been raging there. In 1915 she was captured and repatriated but upon reaching home she began organising funds for a Scottish Women's Hospital team in Russia. She headed the team when it left for Odessa, Russia in 1916 but lasted only a year before she was forced to return to the United Kingdom, suffering from cancer.

In April 1916, Elsie Inglis became the first woman to be awarded the Order of the White Eagle (V class) by the Crown Prince of Serbia at a ceremony in London. She had previously been awarded the Order of Saint Sava (III class)

When the Scottish Women's Hospitals were disbanded, it was decided that the funds should be used to provide a memorial to her work. In Edinburgh this resulted in the building of the Elsie Inglis Memorial Maternity Hospital which opened in July 1925 with 20 beds. The bed complement quickly increased and when the hospital closed it had reached 82.

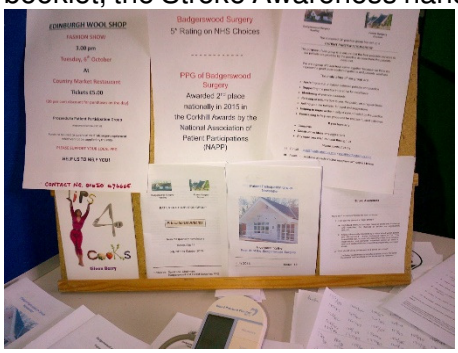
In 1948 the hospital came under the control of the Edinburgh Southern Hospitals group of the South Eastern Regional Hospital Board, and in 1984 it formed part of the Royal Infirmary of Edinburgh and Associated Hospitals Unit, finally closing in 1988. The building no longer stands and with the opening of the 'New Royal Infirmary' her name is no longer associated with the maternity services in Edinburgh! Many fought at the time for this never to happen.

Winston Churchill wrote that Inglis and her nurses "would shine in history". Apart from illuminating a panel on the recent 'Great Tapestry of Scotland', only Serbia now remembers.

Here's Headley

On 29th August, all the voluntary societies in Headley were invited to take a table at 'Here's Headley', an event in the Village Centre to publicise their activities. No society was allowed to sell anything or take any money, this was solely a publicity exercise. 45 societies reserved tables for the day. The PPG shared a table with Headley Voluntary Care, the car driving service.

We were fortunate to have the table facing the door entrance and everyone who entered through the main door came to us. As well as having copies of our current newsletter, we had the 'Educational Articles' booklet, the Stroke Awareness handout and the cookery book on display.



Our main aims of the day were:

1. To publicise our PPG to as many people as possible
2. To measure the BP of as many people as possible to detect anyone who had high blood pressure who may need treatment
3. To attract new members to our PPG

There were many people from many different Practices who came to our table, even from Southampton and Bath! Everyone who came and was registered with Badgerswood Surgery knew about us and what we did.

We measured the BP of 58 people. 11 were hypertensive. 1 was known and had renal failure and was under the care of a physician. 1 person had severe hypertension and even after 4 separate readings, this remained very high. She had been unaware of this and would be arranging to be seen at Badgerswood the following week. The others were sent away to look round the other stalls and return later for re-measurement. Not all did but those who did, all had settled to normal. None of these had a severe elevation of their BP, and none cause us concern.

7 people expressed an interest in joining the PPG but were unable to join on the day as the event had stated that we were not to take any money. All these people took forms anyway and planned to submit these to the surgeries the following week.

We feel this event from our point of view was a success. Simply finding one person with severe hypertension who probably needs treatment made the day worthwhile.

Please, look after your feet

by our Podiatrist, Angela Nobes, MSSCh MBChA, Reg. HCPC

"When our feet cause us pain, the repercussions are felt throughout the body and each step becomes an effort". Well, it's not rocket science to work out the reality of that statement. As we feel pain planting each foot on the ground, our body tenses right up to the shoulders and neck, and as sure as anything, our face will frown! We expect these abused structures to walk us many miles with little or no help from their owners and to be the last part of the body to receive attention, until they ache or hurt and we realise just how much pressure they take on a daily basis.

We can help ourselves and take care of the basics. Comfortable footwear supporting the foot structure and ensuring walking is a pleasure and not agony. As summer sandals take a back seat and winter footwear comes out, we have two scenarios: either our feet settle with relief into a firmer shoe, or blisters and callus appear as the skin rubs on being enclosed.

Reading any of the above, you will appreciate, footwear plays a vital role in how we feel about daily exercise and living. It has been mentioned to me many times that shoes which felt so comfortable in the shop are now unwearable once tried on at home. Always spend time walking around the shop, move your feet in the shoes and make sure the comfort is genuine.

My podiatry colleagues and I will be forever busy whilst the ballet-pump style of shoe remains in fashion. They look gorgeous, feel comfortable, but provide absolutely no support for the foot. All of us who succumbed to the stiletto heel and winklepicker toe, know so well how one pays for these delights at a later stage and the same will be said for ballet pumps.

Many people are horrified when it is suggested that trainers are a suitable shoe. However, they have arch support, a cushioned sole, and plenty of toe space.....what more could we want? Of course they are not appropriate for most of us in our working life, unless sport is your passion, but if we have a lengthy walk from train station to office, wear trainers and change into 'office footwear' after your journey.

I was in London several weeks ago and was shocked but delighted to see how many pedestrians were wearing smart clothes with attractive, flat, lace-up shoes. Obviously busy people who needed to move quickly but safely in their daily lives. Mobility is key to maintaining a healthy lifestyle. There will be plenty of other medical conditions in our lives to slow us down, so let us ensure that our feet are given the best possible opportunity to keep us on the move, with comfort.

Recent changes in the Practice

On 1st September, Dr Sherrill has taken on the role as a full partner with the Practice and is based at Badgerswood Surgery. We are delighted with her appointment to this position and wish her well.

We are sad to say that Dr Chamberlain has left us as from the end of September. Dr Chamberlain had 5 sessions per week between the 2 surgeries and these will now be vacant pro tem resulting in less clinics. We wish Dr Chamberlain well in her retirement.

The Practice has now become a GP training unit for Wessex region. As Dr Mallick explained in one of our previous newsletters, the training course to become a GP involves a 3 year programme of which 18 months is spent gaining clinical experience. Part of this is in General Practice and the trainees rotate through approved units which, if completed satisfactorily, counts towards their accreditation to become a fully trained GP. A unit has to set a high standard to be recognised as a training unit and we are delighted that our Practice has achieved this. Our first trainee has now taken up post, Dr Angeline Romano. Some of you may end up being seen by her during your consultation. She is a fully qualified doctor, has full GMC recognition and has completed her mandatory 2 year post-qualification hospital residency training so is very experienced. Her work in the Practice is closely supervised so don't worry, you will be getting excellent care if you are seen by her.

Our specialty clinics keep expanding as you can see from our articles. We now have a respiratory clinic run with the respiratory unit from Portsmouth, a physiotherapy and a midwifery clinic each run from the RSCH. We hope soon to have an 'eye' clinic. We also have specialist nurses who run their own clinics and can prescribe certain medications. We hope that the prescribing nurses' clinics and our in-house pharmacists in both surgeries may be able to ease the load on our GPs to allow better use of clinic time.

We are pleased to say that we have a new pharmacist who has joined us at Badgerswood in September, Anastasia (Liz) Thomas.

Practice Details

	Badgerswood Surgery	Forest Surgery
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
Practice Team	**Practice Manager** Sue Hazeldine **Deputy Practice Manager** Tina Hack **1 nurse practitioner** **3 practice nurse** **2 phlebotomists**	
Opening hours	Mon 8.30 – 7.30 Tues/Wed/Thurs 8.30 – 6.30 Fri 7.30 – 6.30	
Out-of-hours cover	**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

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 (recommeneded £2)

Badgerswood Surgery
Headley

Forest Surgery
Bordon

PATIENT PARTICIPATION GROUP

Educational articles

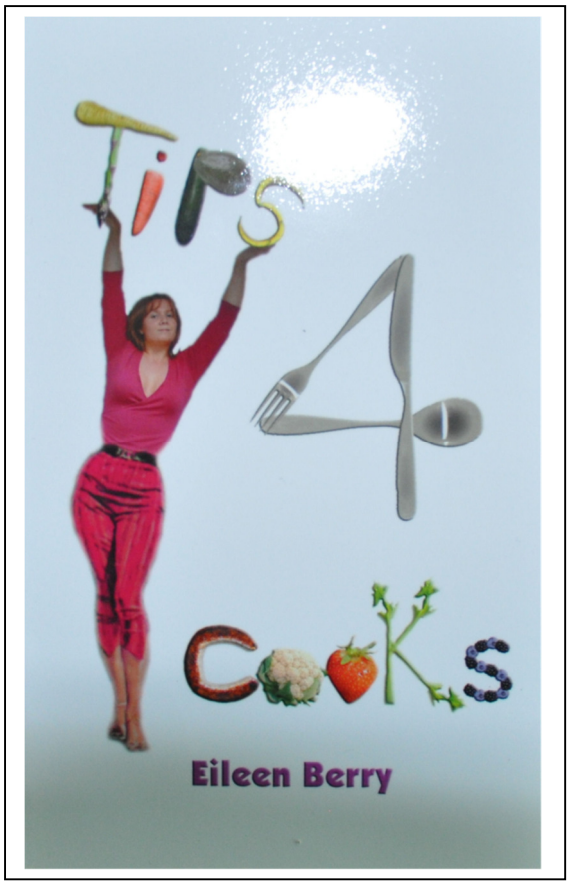
from the quarterly newsletters

Issues 2 to 11

July 2011 to October 2013

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

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”.

PINK **Personal Training**
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I offer personal training designed to suit you
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Thinking of entering a sporting event?
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Headley Village Hall
Mondays (Improvers) 10 am – 11 am
Mondays (Beginners) 11 am – noon
Wednesdays (Improvers) – 9.15 am – 10.15 am
Grayshott Social Club
Mondays (Improvers) 6.00 pm – 7.00 pm

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

Tel: 01428 712876
Email: pinkpersonaltraining@talktalk.net
www.pinkpersonaltraining.co.uk

I am regularly updating my qualifications and hope to gain my GP referral qualification in May 2015
If any of my services or classes appeal to you
. please feel free to ring me or drop me an e-mail
Thank you.

Looking for a venue for your function or group activity?

Lindford Village Hall

offers:

- large, light Main Hall with semi-sprung wood-block floor;
- a Committee Room ideal for small meetings: and
- a fully equipped kitchen.

Contact Derek Barr 01420 479486 to discuss bookings.

Bordon and Whitehill Voluntary Car Service

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

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

Our telephone number is

01420 473636

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

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

Headley Pharmacy

Opening hours

Mon – Fri	0900 - 1300
	1400 – 1800
Sat	0900 - noon

Tel: 01428 717593

Visit the new expanded pharmacy in Badgerswood Surgery

Chase Pharmacy

Opening hours

Mon – Fri	0900 – 1800

Tel: 01420 477714

The pharmacy at Forest Surgery, adjacent to Chase Hospital

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

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