# Patient Participation Groups Newsletter

of the

Badgerswood Surgery, Headley

Forest Surgery, Bordon

Pinehill Surgery, Bordon

---

October 2020 Issue 37

---

# 超級 Oriental
# 市場 Shop

**Your local oriental supermarket for all of your favourite foods, sauces, drinks, and snacks from the Far East!**

Chinese | Thai | Vietnamese | Filipino | Japanese | Vietnamese | Malaysian


## Come down and visit!

29 Woolmer Way, Bordon, Hampshire, GU35 9QE | 01420 485955

Opening times: Monday-Friday (10am-6pm) and Sunday (10am-4pm)

Follow us here: www.facebook.com/orientalshopuk

## Bordon and Whitehill

## Voluntary Car Service

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

please call us.

Also, we are desperately in need of drivers to help us

Can you help us? All fuel costs reimbursed.

Our telephone number is 01420 473636

---

Backtogether PHYSIOTHERAPY

***Private Physiotherapy at Badgerswood***

**Back Pain..?**

**Neck Pain..?**

**Sports Injury..?**

**Joint Pain..?**

- **No waiting list**
- **Hands-on treatment**
- **Self referral**
- **Recognised by all major insurers**
- **Pilates and Acupuncture**
- **Highly experienced physiotherapist**

*Call now to make an appointment*

**01428 609975** www.backtogether.co.uk

**Café 1759**

**Built amongst some of the original Quebec barrack buildings**


The battle of Quebec in Canada was fought against the French in 1759, hence the name of the café.

The café is a non-for-profit café supported by volunteers. All money made is re-invested into the café and the local community. All food is locally sourced and home made in the café kitchens.

Café 1759
Chieftain House
Challenger Place
Bordon
GU35 0FP

Opening times

Sunday / Monday - Closed
Tuesday - 8.30am - 4.00pm
Wednesday - 8.30am - 4.00pm
Thursday - 8.30am - 4.00pm
Friday - 8.30am - 4.00pm
Saturday - 8.30am - 2.00pm

# ACUPUNCTURE

**Do you know acupuncture can help in a variety of health conditions ranging from physical to emotional issues and that it can be safely used alongside conventional medicine?**

**To find out how acupuncture can help you, contact me on**
**07980 968534 or email lina@tanacupuncture.co.uk**
**www.tanacupuncture.co.uk**

## Bordon & Whitehill Voluntary Car Service

We are looking for more volunteer drivers, who use their own cars, to help run this service. With the enlargement of the town we are receiving an increasing number of requests.

We take clients to local surgeries, hospital outpatients, dentists etc.

Please call us on the number below and our coordinator will explain all about our service. You can do as much as you like, there is no pressure to do any journey.

If you do not have access to transport from family or friends to take you to medical facilities then please ring us. Our coordinators will be very pleased to explain how we can help.

Please ring **07596 701312.** Our new number

Headley Voluntary Care
looking after people

# *Do you Drive?*

# *Will you help us?*

*by driving to Hospitals, Doctors, Dentists*

*Headley Voluntary Care are here to help*
*Please join us in our endeavours*

*If you live in Headley, Arford, Headley Down, Lindford or Standford you are just the person we are looking for.*

*All motoring expenses are reimbursed*
***Telephone: 01428 717389***

.....

*We hold a coffee morning at 10.30 every Thursday at Headley Church Centre*

*Perhaps you would like to join us for a coffee and meet up with other local people*

***Pop in and see us***

## Message from the Chairman

I have decided that the time has come for me to stand down as Chairman of the Patient Participation Group of Badgerswood and Forest Surgeries. I have held this post almost since the foundation of the PPG in 2011 and feel that this Group now needs new ideas and a new stimulus. One tends to get into a rut after a while and I don't want this to happen to the PPG. I tendered my resignation to the committee at our last meeting last month.

I have various personal reasons for wishing to stand down, most particularly because I have had a very difficult time at home in the past year and now need time to recover and take stock of where I am going and what I wish to do in the future. Initially I thought I may stay on the committee but now think this is wrong. Also I thought I may continue to contribute to the newsletter but the format of this is now well established and other members of the committee are now taking a keen interest in the production of this, so I feel my presence here would tend to be a hindrance rather than a help.

I have been blessed with 3 things during my time as Chairman. The PPG now has a committee of dedicated members some of whom joined at the same time I became Chairman, and they have all individually and as a group, been supportive and helped to direct the Group in the right direction as I see this. We also have built up a membership of patients who have continued to express opinions and good ideas about how the Practice can improve.

Secondly, the Practice has been a joy to work with, not just the doctors, the managers, the nurses, the pharmacists, the receptionists and secretaries, but everyone who has worked with the Practice. Our main brief has been to assist the Practice in viewing how the Practice should work and can be improved as seen from the patients' point of view, and every comment we have made, whether critical or constructive, has without exception been responded to in a very positive way.

And thirdly we have been supported by many people who have not been directly associated with the PPG. We have set up a First Aid Training team. Many of the articles which appear in the newsletter, both educational and of medical interest such as the 'Great British Doctors' series, have been produced willingly and to a high standard by doctors, patients and others. I would like to thank these individuals for their support with these. They have been invaluable in improving the standard of our newsletters over the years.

I feel during my time as Chairman the Practice has continued to set a standard which is second to none and I feel happy to think that I may contributed to this in some small way.

Our Practice and the country as a whole has gone through a very difficult phase in the past few months and we have seen our 2 surgeries respond and adapt in a way which can only be seen as outstandingly good from the patients' side. I would like to thank the Practice for their outstanding efforts here.

Some members of the committee have penned some articles for this newsletter edition and these are all reproduced here. They reflect a very balanced opinion of our Practice and make very good reading. You will see from these how this committee thinks and gels in a way that a really good committee should be doing. I have tried to guide the PPG in a way that I think

achieves its primary aims but it is the members of the committee who do all the work and produce all the results.

Many of the committee members have spoken to me in the past few months wishing that I should stay as Chairman and I thank them for their kind expressions of support for me but the time really has come for me to leave.

I would like to thank the Practice and the PPG committee for all the pleasure and delight I have had during my time as chairman and I am confident that this group will continue to flourish and achieve its aims well into the future.

Thank you all.

David Lee
Chairman Badgerswood and Forest Surgeries

Thank you David.

On behalf of the entire practice, all our patients and staff, let me convey my sincere thanks to David for his years of service. David started and has been the driving force behind the effort to get defibrillators in the area and the get people trained in resuscitation. This will benefit the local population for years to come. In his role as chair of the PPG, David has been tireless in his championing of the needs and rights of the local population in the face of cuts to services and antipathy from commissioners. It will come as no surprise that he has been fighting as hard behind the scenes as he has publicly. There has also been so much work gone into the articles and production of our newsletter, which has been held up as a model for other groups.The PPG holds our feet to the fire, yet is fully supportive, which in turns means patients can have so much more done locally. An example is the FeNO machines, bought by the PPG, which help us distinguish between respiratory conditions and monitor progress. We are again held up as an exemplar and will be featured on a video for rollout to the rest of the NHS. What else? Does everyone remember the award for David's efforts in getting discharge information from hospitals sooner? Or his role representing patients when we got Healthy New Town status? David cares. He is committed to his community, his fellow patients. We have all been exceptionally fortunate to have him.

AL

David Lee

It has been a pleasure for all of us on the PPG to work with David and have him as our chairman. David clearly was the linchpin of the committee with his broad medical knowledge and clear insight. I was aware of this from the very beginning of my joining the PPG back in 2011.

All of us were grateful that his easy manner and gentle touch on the tiller contributed so much to the workings of the PPG. Always friendly and warm David was able to steer the committee into good decision making. As the partners identified gaps and how they would benefit substantially from new equipment. After discussion, David was able to guide us into making the right decisions. Our job was then to raise the necessary funds to purchase what had been requested at the time.

The Corkill Award is an annual prize given by the National Association of PPGs to those PPGs who have been most effective in their role as both identifying the needs of the practice they serve as well as listening to the concerns of patients. These are then relayed back to the partners. Three years ago our PPG won second prize from a country wide entry for the work we did. All of us on the PPG would have no hesitation in saying that David's industry and commitment was the overwhelming reason for our success.

We all want to thank David for his commitment to the group and his friendship with each one of us who served with him on the PPG.

NIGEL WALKER

A message from Sue Hazeldine, Practice Manager

"We say farewell to Christine who has been a receptionist in the mornings at Badgerswood Surgery since October 1995. We wish her the very best of luck in her retirement. We also say a sad goodbye to Dr Laura Hems who is moving to pastures new with her family to Norfolk. Laura has been a GP at the practice for the past 5 years and I know a lot of patients will miss her.
We welcome Dr Jo Hobbs to the practice who joins us with a wealth of experience we are sure will complement the existing team".

**Committee News**

At a zoom meeting organised by Practice Manager, Sue Hazeldine, we welcomed Yvonne Parker-Smith who has agreed to become our new Chairperson.

Grateful appreciation was expressed to Ted Wood for the use of the Masonic Hall for the flu clinics and to everyone who participated in these well organised clinics.

Patients are requested to be patient at the door of Badgerswood surgery when the bell is answered. It is important that the surgery is kept safe. Unfortunately there have been one or two examples of unacceptable behaviour such as people trying to push the door aggressively.

Letter to the Editor

In these strangest and deadliest of times I feel compelled to write to you to express my thoughts on a number of issues over the past few months. I live in Bordon and am a patient at the Forest Surgery and receive monthly allocations of medication from the Chase pharmacy but I am aware that the Badgerswood Surgery and Pharmacy deserve equal recognition.

At the very early days of the 'lockdown' I was impressed how quickly the Chase Pharmacy responded with an external barrier for effective management and distribution of medication to patients in a 'Covid safe' way – I found it efficient and impressive.

A member of Chase Pharmacy staff posted a message on Whitehill & Bordon Community Board Social Media on 21st March 20 outlining how the pharmacy was responding to the crisis emphasising the significant extra effort that was in-hand to respond to patient needs. This received a large number of 'Likes' and supportive comments [- including from a Boot's employee agreeing with the message!] As there were subsequent updates with further positive responses, perhaps there is a learning point here on how to reach the local population with valid and useful Practice, medical or pharmacy information?

What I was dumbfounded to note after a few weeks was a sign with a highlighted message to the effect that abuse and harassment of staff would not be tolerate. Enquiring of staff the need for such a notice I was amazed to be advised that such behaviour by some patients was not unusual. I found this extraordinary in extreme as I have consistently for many years received such an excellent service from all the staff in the Chase Pharmacy. Some few weeks later I was pleased to note that a letter from a grateful patient was displayed on the table-counter at the safety screen thanking the staff for their superb service – I reckon that the staff should have been overwhelmed by thankyou letters for the service that they continue to provide so well.

My wife, as a vulnerable person, has a number of ongoing medical issues that necessitated an appointment for a pneumonia vaccination at the Badgerswood Surgery car park! At the allocated time we were soon identified by the nurse on duty, kitted out in full PPE, with her necessary equipment established in a marquee. Having administered the appropriate injection we were instructed to remain sat quietly in the car to ensure that my wife did not have any unpleasant aftereffects: the whole process was very well organised and efficiently performed - very impressive!

More recently I sought a non-urgent appointment with a doctor – within a few days I received an in-depth telephone consultation that impressed me no-end: The recommendation was that I should have a blood test. I was contacted by Forest Surgery Reception to arrange it. On the appointed day and time, following the instructions on access to the surgery, I was conducted to the nurse's treatment room. I was impressed with her PPE, the procedures implemented and the overall Covid-safe way that the Forest Surgery was managed. The follow-on appointment with the doctor, the resulting necessary referral, subsequent letter exchange, and a text message from the doctor obviously WFH late at night, was equally impressive and so gratefully received.

Over my 78 years I have received from the NHS quite a lot of GP attention for a multitude of aliments and hospital operations that make me extremely grateful for the NHS, however, the Badgerswood and Forest Surgeries and Pharmacies are by far the best that I have ever encountered and all the staff involved in presenting that service deserve due recognition – and never abuse or harassment of staff delivering such an essential and first class service.

Yours sincerely

Mr E R Wood

**Letter to the Patient Participation Group members from Badgerswood, Forest and Pinehill GP surgeries during the 2020 pandemic**

Dear members and potential PPG members,

Here we all are, in October 2020, still anxiously weaving our way through changing lockdown regulations designed to control the deadly new coronavirus disease of 2019, COVID-19. Yes, 2019 not 2020, so the virus was around, crucially, too long before we began to fight it.

We, in UK and the world over, still don't really know what has hit us and how to react!

On March 5th my husband and I read in a local paper that a man had tested positive for coronavirus in Haslemere, where we had just been shopping, so that was it; we weren't going anywhere! Before ***self-isolation*** became a byword, we stayed at home, feeling thankful that his cancer treatment had more or less been completed. Was that an overreaction? At the time, some told us that it was. It turns out, many older people had imagined what might transpire and had ***quarantined*** themselves before they were told to.

Around February and March, British adventurers and holiday makers (many around half-term) rushed home from ski resorts and all corners of the world; UK carried on being a magnet for tourists, sports people, business people, seasonal workers and students. A few people from an infected cruise ship were quarantined but we little else, it seems, was done to check where the virus was coming in.

Massively crowded sporting events, some involving overseas participants, continued despite rising numbers of cases. That was OK our politicians told us; they would do the right thing at the right time, backed by the science. Our country, they said, should be building up ***herd immunity*****.** Pretty soon the term *herd immunity* slipped away to be replaced by ***unprecedented*** and ***exponential*** to describe this new virus which was rapidly spreading out of control.

Something had to be done. The words ***lockdown*** and ***self-isolation*** were introduced and people stayed at home to protect the NHS and save lives. But the NHS and a host of other key workers carried on, often at great risk to themselves and without enough personal protective equipment. We realised just how much we owe the key workers so we clapped on a Thursday at 8pm to show our appreciation. That was 'nice' but an immediate salary increase might have been more appropriate.

The economy had to be saved so "unprecedented measures for unprecedented times" were implemented; billions of pounds were pumped into UK industry and the words like ***furlough*** and ***mortgage holiday*** came into common usage. It remains to be seen how many jobs and businesses will have been rescued by the government's massive financial support measures.

Globally, pollution levels dropped dramatically when travel restrictions were introduced and we dared to hope that the world would learn from nature being given a well-earned rest. Poets and songwriters waxed lyrical over a new world of purity and peace beyond the rainbow when the pandemic was over. Jokes, funny and dreadful, flew around the internet, fulfilling a need to mock what was scaring us. The dreams and mockery seem to have evaporated in the face of harsh reality. The fun distractions didn't seem to be working.

This pandemic is not going away and it is causing havoc and heartbreak.

Not only is the disease spreading, but also, intensified by lockdown restrictions, cracks in our society, local, national and global are being revealed. People in high-rise flats or in poor housing, in difficult or abusive relationships, in poverty-stricken conditions, in some BAME communities, people with addictions or who are homeless or have non-Covid-19 illnesses are all suffering in one way or another. The vulnerable are ***shielding*****,** the elderly are stuck at home or have died in large numbers, perhaps exacerbated by being evacuated from hospitals to care homes while ***asymptomatic*** but ***untested*** for the virus. However, the deaths of the elderly may have been hastened by COVID-19 and they died with the virus but of underlying conditions.

Our young people too have suffered hugely from school closures, cancelled exams and some

dithering about how to handle this. ***Algorithms*** don't always solve problems we have discovered. Many lessons are being learned.
In our local area, when the going got tough, the tough got going. Offers of help poured in from groups of volunteers all around, offering to deliver food, medicines and general assistance to the vulnerable. Armies of volunteers stitched PPE and bags for scrubs for the overworked NHS, and face masks for the public. Food retail shops and restaurants, worked tirelessly to adjust to this new, dangerous situation. Retail shops had to cope with panic buying and create safe conditions with ***social distancing, sanitising*** and ***Perspex screens.*** Restaurants and pubs boxed up unused food for sale or donation through home delivery. We saw the very best of human kindness but sadly, the worst of human selfishness. I wonder who is ashamed of bulk buying toilet paper now. Here in UK, most of us have coped on the whole. The NHS was not completely overwhelmed and the majority have the food, shelter and medication we need. Sadly, not everyone is in a good place and the pandemic has highlighted these inequalities and injustices so let's hope some improvements can be made.
Our country is in a better place than many others. Two sweet little boys are making and selling "Lemonade for Yemen-Aid", thus highlighting what is described as the worst humanitarian disaster on earth. This recent disaster in Lebanon, a struggling country which has been shouldering the burden of the highest number of refugees per capita in the world may have taken over the top spot. How on earth will the many areas of the world with fragile economies and even more fragile health care systems cope with coronavirus?
However, back in UK, before we can help others, we must help ourselves so we have to remain scared enough to be alert, stalwart and careful to make sure that the dreaded ***second wave*** doesn't take a grip and totally destroy our already half-destroyed economy. It's a tricky balancing act as ***lockdown is eased.*** We should all do our bit, however inconvenient, uncomfortable, difficult or just plain annoying that may be. We have to embrace this ***new normal:*** living normally while taking every possible precaution to avoid the spread of this nasty bug lurking in the background. However, should we now allow the young and fit to catch a mild dose (while keeping away from grandparents or the vulnerable) thus building up herd immunity? (I am reminded of chicken pox parties where Mums just wanted their little ones to catch it and get it over with.) Here in semi-rural East Hampshire we may feel there probably won't be a huge ***spike*** in numbers but who knows?
If schools and Universities are to remain open, but safely, a key factor in easing the lockdown, we have to do our bit. **We all know the basic guidelines** regarding **washing or sanitising our hands,** wearing **masks (unless exempted) if we can't socially distance,** especially in crowded indoor places, **ringing 111 or 119 if we have symptoms** and **making sure we isolate <u>if</u> we are contacted by a test and trace system.**
There are other things that help, like coughing or sneezing into your elbow or a tissue, virtual hugs and blow kisses (Sorry Granny and Grandad), wiping surfaces all around the house and following all the rules set out in public places.
If we care about others and ourselves, as the vast majority of us do, we'll do these things. Remember, we are following these rules to protect ourselves, our loved ones and our heroic and exhausted NHS and not because our politicians have told us to. Whatever the restrictions are in the various areas, *hands, face space* is our best hope of getting through the winter, bearing in mind that new ways of treating this virus are being developed constantly and there is some hope of a vaccine.

We hope that you have coped so far during COVID-19 and that you will manage to stay safe, hopeful, cheerful and kind through the winter.
Best Wishes,
LG, Committee member

**A REMINDER**

- **WASH YOUR HANDS** FREQUENTLY FOR 20 SECONDS **OR USE SANITISER** WHERE YOU CAN'T, AND AVOID TOUCHING YOUR FACE AND EYES
- ***SOCIAL DISTANCING:*** KEEP YOUR DISTANCE – STAY AT LEAST 1 METRE BUT PREFERABLY 2 METRES AWAY FROM PEOPLE WHERE YOU CAN. It's so easy to forget this one and frankly, you might as well give up with little children in school or anywhere else.
- **AVOID CROWDED PLACES**, **ESPECIALLY INDOORS** WHERE PEOPLE ARE DRINKING AND SINGING, DANCING OR COMPLAINING LOUDLY.
- **WEAR A FACE COVERING IF YOU CAN'T DISTANCE:** The ***mandatory mask*** seems to have been the source of so much controversy but if it helps to stop the spread, or makes people feel safer, that's good. We protect each other and it is the courteous thing to do. Use clean hands to put on and take off face coverings and if you haven't got a mask, a scarf or bandana would do. Exemptions do exist – for children or for medical reasons. Perhaps transparent visors will become common. We might have to put up with this virus for a long time.
- **IF YOU HAVE COVID SYMPTOMS** LIKE A FEVER, PROLONGED COUGHING, SORE THROAT, DIFFICULTY IN BREATHING, A STRANGE RASH OR LOSS OF SENSE OF SMELL, **SELF ISOLATE, RING 111 AND ARRANGE A TEST**. DON'T GO TO THE GP SURGERY OR HOSPITAL.
- **IF SOMEONE RINGS YOU THROUGH A TEST, TRACE AND ISOLATE SYSTEM, YOU MUST ISOLATE. IT IS YOUR RESPONSIBILITY NOT TO BREAK THE CHAIN.** The system may not yet be perfect but we are the ones that make it work. Selfish people who don't comply can be the source of rising numbers of cases and possibly worse.

# Volunteers needed.

Constantly beavering away in the background are armies of medical experts, desperately looking for a safe vaccine that works or for medication to reduce the effects of COVID-19. **They need ordinary people, like us, to participate in various ways**. For research purposes, I personally have done a finger prick antibody test and a coronavirus swab test for them to find out how tricky these tests are to administer at home. Both tests were negative – and the hardest bit was folding the box to put the swab in for the courier to pick it up!

Your GPs at our three surgeries are often at the forefront of new research and **Dr Helen Sherrell,** who many of you will know and respect from Badgerswood, has asked us to share

the following with you, as a way of raising awareness of the work done by NIHR which is **The National Institute for Health Research.**

**Subject:** COVID and Me - NIHR public engagement in research initiative
Dear Colleagues
We would be grateful if you could watch the videos as described below and disseminate widely via your PCN links:
**COVID and Me - NIHR public engagement in research initiative**
The NIHR has worked with the Theatre of Debate and the University of Leeds to produce a series of scripted short films which illustrate how people from different communities have been affected by COVID-19.

*COVID and Me* is a public engagement initiative which uses theatre to raise awareness of the importance that clinical trials play in the fight against coronavirus.

It is particularly relevant to parts of the community that typically don't take part in research and who are disproportionately affected with poorer outcomes if they contract COVID-19.

Each film features a different character whose story has been informed by people from these communities sharing their experiences of being involved in clinical trials and the personal impact of COVID-19.

The key message is a 'call to action' encouraging everyone to help their NHS and 'Be Part of Research'.

The videos can be accessed using this link: https://bepartofresearch.nihr.ac.uk/covid-and-me/

Best wishes
(NIHR)

Stay safe, protect yourselves and others and please help with research, if you can.

The PPG committee

*(Some light relief)*

**Virulent Vocabulary**

Can you unjumble these anagrams? We're using these words far too often these days even though many of us have never come across them and sometimes want to scream when we hear them again!

CREEPUNTENDED: URSOONVICAR: ELGINDISH:
CAMMAISPOTTY: BOLLAG CAMPEDIN: PLANETOXINE:
TUNICOMMY INITUMMY: CLONKWOD: MISLOGHART: TORYMANAD
SKAM: DECONS PIKES: TENQUINAREA: FLOURHUG:
WEN ROMNAL: and TREEP OTU!

**Re: PPG Membership**

I have for a considerable number of years received from the NHS the provided local General Practice doctor services, prescribing and provision of medication, hospitalisation for numerous operations including three joint replacements [- one knee and two hips], broken bones through sports, physiotherapy and specialist treatments, X-rays and MRIs, eye tests and glasses, dental treatment – and basically anything else necessary to keep me well and healthy and able to live a bit longer! To try to 'give-back-with-thanks' to the NHS, and in particular to our Practice that so excellently looks after me, my wife, our children [- when they still lived at home] and in one case emergency treatment for a grandchild at Badgerswood Surgery, I am a volunteer member of the Patient Participation Group [PPG].

The formal role of the PPG includes:
• being a critical friend to the practice;
• advising the practice on the patient perspective and providing insight into the responsiveness and quality of services;
• encouraging patients to take greater responsibility for their own and their family's health;
• carrying out research into the views of those who use the practice;
• organising health promotion events and improving health literacy;
• regular communication with the patient population.

As an additional task we try to generate funds that can be used to support the Practice in any wa necessary that will be beneficial to the Practice
and service to the patients.

| **Major Purchases in first 8 years** | |
|---|---|
| ECG Machine | 1,885 |
| Ambulatory Blood Pressure Monitor | 1,200 |
| B.P. Monitors for Badgerswood & Forest | 3,120 |
| ECG Machine | 1,679 |
| 2 * FeNO Machines | 4,188 |
| Hyfrecator | 1,549 |
| Touch Screen + Software | 1,992 |
| Spirometer – Badgerswood | 1,799 |
| Defibrillator + 2 Training Defibrillators | 1,920 |
| Treatment Chair+ 2 Couches | 2,535 |
| Dermatolite | 874 |
| Other Items | 2,400 |
| **Total** | **£25,141** |

Do you care about the Practice – would you like to try to help?
The PPG is a very small group of keen volunteers and we would very much like to have additional support with our role commitment. We meet approximately six-weekly and liaise directly with the Practice Management and indirectly with some of the doctors. As best possible we publish the PPG Newsletter. Should you be interested in understanding better

what we do, you would be welcome to attend a meeting as a guest and talk to the members to see if it could be for you.
For more information please contact either ppg@bordondoctors.com or ppg@headleydoctors.com - or forms are available at the respective Surgery Reception desks.
Yours sincerely
Mr E [Ted] R Wood – a grateful patient

*(To help us to smile through it all?)*

**Poem for the Pandemic**

I woke up this morning with a poem in my head.
That sometimes happens when I'm still in bed.
Usually it's funny or perhaps I'll cry
But this one was different and I panicked instead.

I woke up this morning and I couldn't smell.
I began to wonder if I wasn't quite well.
Oh no, I thought, what shall I do?
So I rang 119 but I couldn't get through.

Was that a scratchy throat and a little cough too?
That's not good because I'm seventy two!
Where did we go? What did we do?
Who did we meet who would give us COVID flu?

I'm feeling hot and sweaty and my heart is beating fast.
Was I wearing my mask when that sneezing cyclist passed?
I think I'm feeling better; I've had some tea and toast.
They really had a lovely smell; I think I must be well.

My friend Susie May, so her husband says,
Wakes up every morning and has COVID every day.
She starts off with a headache 'til she's had some tea.
Then she remembers that double G and T.

Anxious Anonymous

*"Worry is like a rocking chair; it gives you something to do but never gets you anywhere." (Erma Bombeck)*

*"This too will pass" (Rumi)*

We're all in this pandemic together and whatever we do to protect ourselves and protect others matters a great deal.

# Pneumonia

by Dr Clark

## What is Pneumonia?

Pneumonia is the medical term for a condition characterised by an area of inflamed lung most often due to infection. It is different to bronchitis, which is inflammation of the large airway pipes, although the two may co-exist as bronchopneumonia. The usual springy spongy lung tissue becomes solid 'consolidated' due to moisture collecting in it. The moisture is due to the normal mucus covering of the inside lungs becoming more copious as chemical messengers react to the presence of foreign invader germs and signal to defensive white blood cells to attend and help fight.

0.5-1% of people per annum will get pneumonia and of those presenting to a GP 20-40% will be referred to hospital for treatment.

## How do I know if I've got pneumonia?

The symptoms of pneumonia include the following,

Those related to the function of the lungs

Cough- productive of green, yellow, brown phlegm or not

Pleuritic chest pain - pain on breathing in as the inflamed lung and inner chest wall rub past each other

Breathing difficulties - faster breathing rate, sensation of breathlessness

Those related to having a significant infection in your body

Loss of appetite

Fever, feeling hot and cold, shivery

Feeling of malaise-unwell, headache

Those of a more severe case

Confusion, drowsiness

Dizziness due to low blood pressure or dehydration

Difficulty breathing-faster, short shallow breaths

Pleuritic pain which makes it difficult to take a proper breath in

## Who gets pneumonia?

Some of the infections causing pneumonia are seasonal e.g. Influenza in the winter. Some people are more at risk of developing pneumonia due to other factors such as being a smoker, having underlying lung disease e.g. COPD, being immunosuppressed with medications or immune system illness, malnourishment such as that with alcoholism or late stage dementia. Some pneumonia cases arise due to situational circumstances- 'hospital acquired pneumonia' whilst being ill and in hospital for another reason,

## What causes pneumonia?

Most pneumonia is due to inflammation triggered by an infection, bacterial or viral. Some are non-infective reactions to inhaled chemicals. The causative bacteria can be grouped into typical or atypical organisms. The 'typicals' behave in a typical fashion presenting early and responding to first choice 'first line' antibiotics. This includes streptococcus pneumoniae, Staphylococcus aureus, and mycoplasma pneumoniae. The 'atypicals' are less common and are judged atypical because they cause us to think again when the symptoms fail to respond within 48hours to the chosen antibiotic or there are other features which suggest a particular infectious agent e.g. Legionella from water storage tanks. One quarter of cases are mixed

infections. Viruses are the biggest cause of pneumonia such as influenza 'flu' or COVID-19. Yeasts, fungi may also infect those with long term poor immunity.

**How is pneumonia diagnosed?**

As with most diagnoses in medicine the history given by a patient is the most significant factor bringing the possibility of pneumonia to mind. The doctor or nurse practitioner will then listen to the chest and take a set of observations-temperature, pulse rate, blood pressure, peripheral oxygen saturations to confirm the working diagnosis and ascertain how unwell the patient is with the illness and thus what level of treatment is required. In General practice tests cannot be undertaken fast enough to influence the treatment course so these are not undertaken, unless a patient is referred to hospital where results are available within hours. A chest xray can help confirm a diagnosis especially important where there is suspicion of an underlying problem e.g. prior weight loss suggesting a possible as yet undetected lung cancer. The changes on chest xrays lag behind the clinical findings so again are not helpful in influencing initial treatment plans. In hospital blood test for levels of immune response, identification of reduced immunity, severity and identity of infection are more likely to be undertaken because it is more important that the most appropriate line of treatment is chosen where the patient is more unwell. A calculation from the observations the CRB65 score helps guide the need for hospital admission or not but also social factors-where there is someone home to bring you plenty of drinks and paracetamol. Some germs cause a more dramatic immune response than others e.g. COVID-19 because our bodies have never met it before.

**How is pneumonia treated?**

Bacterial infections respond to antibiotics. The usual first line choice is a penicillin. This is given for 5-7 days. A response is expected within 48 hours of starting treatment with fever lessening. The clinician will suggest
review at this time if there is no symptom improvement. Viral infections do not require antibiotics as they are ineffective. Both require plenty of fluids to maintain hydration and paracetamol for fever and malaise reduction are also used.

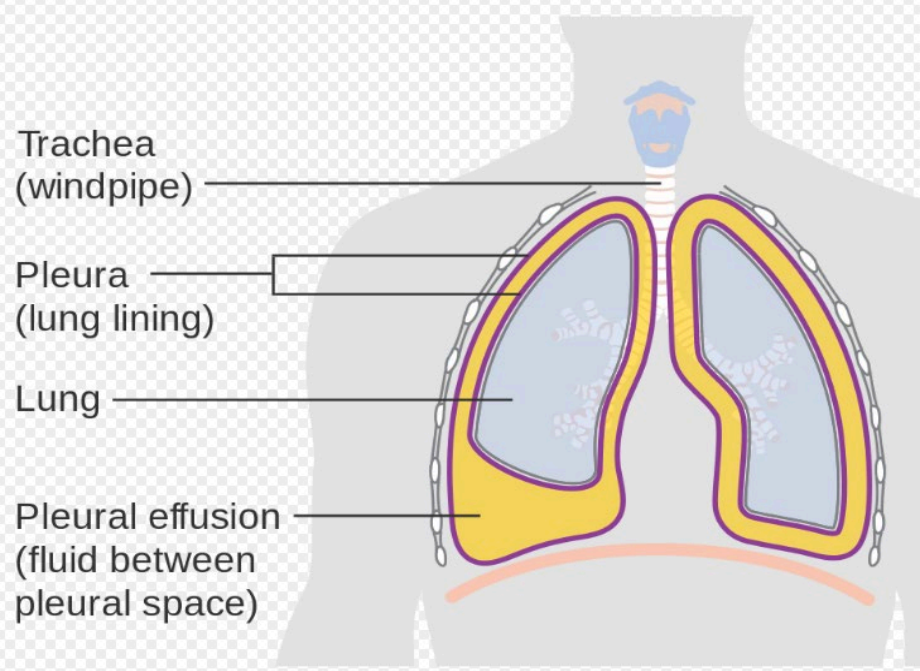
If a patient is more unwell, the hospital can provide intravenous antibiotics which may have a faster onset of action, oxygen support if levels are low and regular observations to monitor the progress more closely. Occasionally artificial ventilation may be required to improve oxygenation whilst the lungs cannot perform this for themselves. This may be required in approximately 5% of those admitted to hospital with pneumonia. One of the impacts of the COVID-19 pandemic is that the large number of people being infected at the same time means this 5% of patients far exceeds the number of ventilated beds available, hence why the government is trying to slow the spread of the virus and thus the number of people infected at any one time.

**What follow up is required?**

The pattern of recovery is for resolution of fever in week 1, reduced cough and sputum by 4 weeks, no remaining cough or breathlessness by 6 weeks and normal energy levels return by 3 months. In patients with reduced immunity the recovery may be longer. In the majority of cases however the infection clears with no long term sequelae.

Any chest x-ray changes require a repeat x-ray 6-8 weeks after the diagnostic one. This is to check the infection has completely resolved radiologically. Occasionally complications arise during the infective episode. Fluid can accumulate on the lung-a pleural effusion as illustrated

below. This can cause persistent breathlessness due to compression of the lung, beyond the time of expected response to antibiotics. It can be relieved if necessary by inserting a catheter to drain it off. Slow to resolve infection may lead to collections of pus forming within the lung-an abscess.




**Coronavirus.**

The Covid19 illness caused by the SARS-Cov-2 virus currently causing a pandemic, triggers a bilateral pneumonia. Due to the lack of natural immunity to this previously unmet virus amongst humans, the impact can be more dramatic. The virus causes lots of cell death due to invasion and replication by the virus during the first week of the illness when fever and a persistent cough predominate. The majority then recover, however there can be a second phase to the illness characterised by a triggering of a cytokine cascade (the chemical messengers recruiting immune cells) which itself can lead to more severe respiratory impairment and multi-organ failure.

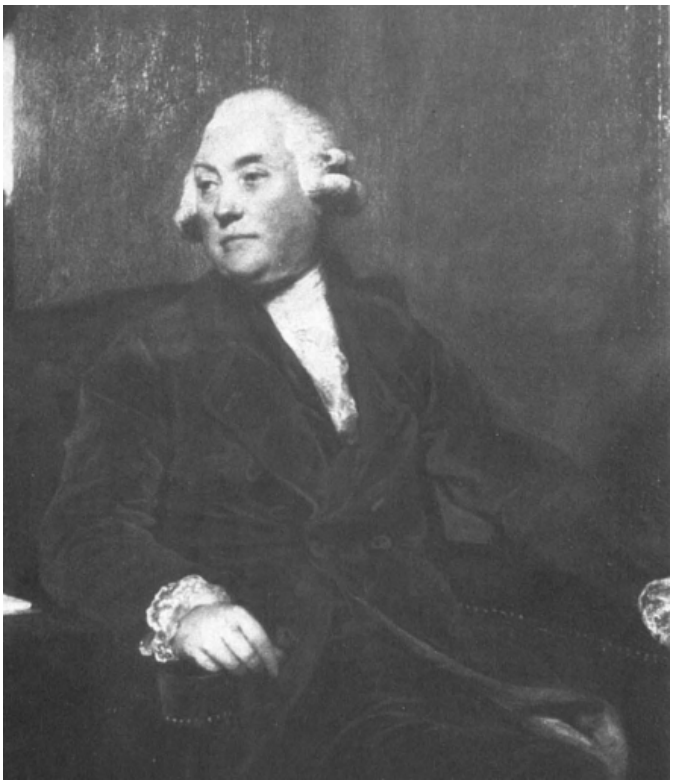
The most common symptoms are of a fever > $37.8^0$C , cough and shortness of breath The WHO on March 1st quoted that 80% of cases are mild 14% severe and 5% critically ill. Mild cases can treat themselves at home with fluids, rest and paracetamol. Others may need to seek medical advice from their GP's.

The key intervention for those with severe illness is supportive oxygen therapy and mechanical ventilation. These are withdrawn once the body overcomes the infectious insult or not. The death rate for Hubei province is stated as 2.9% and for China more widely as 0.4% though figures for other countries with high case rates are still emerging. The Chinese postulate that 85% cases arise as a consequence of transmission within families hence the social isolation restrictions which are currently in place, to slow the spread of cases. Shielding guidance for people with underlying illness which might make them more susceptible to more severe illness is available on the government Covid19 website. Scientists are working on a vaccine to prevent/reduce the severity of cases but this is unlikely to be available for many months yet.

Dr Clark

Great British Doctors No. 24

# Percivall Pott
# 1714 – 1788



**Portrait of Sir Percivall Pott, painted by Sir Joshua Reynolds and owned by St Bartholomew's Hospital, London**

Sir Percivall Pott was an English surgeon whose surgical expertise was recognised not only in the UK but in other parts of the world too. In addition, he is credited with making one of the first associations between cancer and exposure to environmental cancer-causing agents, particularly as a result of people's occupations. Pott's observations were the beginning of the study of occupational health and his name is still used by doctors today in naming Pott's Disease (tuberculosis in the spine) and Pott's Fracture (of the ankle).

## Early life and training in surgery

Pott was born on January 6th 1714 in London. He was brought up by his mother and family relative Joseph Wilcocks, the bishop of Rochester and Dean of Westminster, after his father died in 1717. Perhaps because of Wilcock's influence, Pott was originally destined to become a clergyman.
However, after schooling in Kent, he was apprenticed to a surgeon, Edward Nourse, at St. Bartholomew's Hospital, London, in 1729 (at the age of 15!).

His work with Nourse laid the groundwork for his future career as a surgeon, as he had to prepare and dissect cadavers (dead bodies) for Nourse's anatomy classes. Not only did Pott acquire a comprehensive knowledge of anatomy, but this work also helped him acquire the surgical skills for which he later became famous.
In 1736, after seven years of working for Nourse, Pott passed the examinations to enter the Company of Barber Surgeons (which later became the Royal College of Surgeons). His exceptional surgical skills were recognised with the award of the Company's Grand Diploma, an honorary title. In 1745, he became an assistant surgeon at St. Bartholomew's, progressing to the role of full surgeon in 1749. He continued in that role until his resignation in 1787, after which he became a governor of the hospital.

**Chimney Sweep's Cancer**

In the course of his work at St. Bartholomew's, Pott came across a number of men who worked as chimney sweeps and had developed non-healing sores on their scrotum. Pott described how these sores, if not removed, would lead to progressive spread of cancer through the reproductive organs and into the abdomen, eventually proving fatal. He realised the common feature of the sores was the presence of soot in them and postulated that it was the soot that caused the cancer. This would appear to be the first documented description of a link between an occupational hazard and cancer. Pott stated that the only treatment option was surgical removal of the sores but reported that even patients who appeared well after this procedure would often still succumb to widespread cancer later. Pott realised that although the cancer often did not appear until later in life, it was exposure to soot in youth that was the trigger. In an essay on the subject Pott drew attention to the miserable life of young chimney sweeps:
'*The fate of these people seems singularly hard; in their early infancy, they are most frequently treated with great brutality, and almost starved with cold and hunger; they are thrust up narrow, and sometimes hot chimneys, where they are bruised, burned, and almost suffocated; and when they get to puberty, become peculiarly liable to a most noisome, painful, and fatal disease'* [squamous cancer of the scrotum or 'Chimney Sweep's Cancer'].
Recognition of the disease eventually led to an Act of Parliament in 1840 banning anyone under 21 years from climbing chimneys and apprentices had to be over 16 years. But the Act was not enforced until 1875 and did not, in any case, reduce the number of cases of Chimney Sweep's Cancer. It was not until the 20$^{th}$ century that changes to heating methods, better personal hygiene as well as protective clothing and improved working conditions that a reduction in the incidence of scrotal cancer started to occur.

**Pott's Fracture**

While on his way to see a patient, Pott was thrown from his horse and suffered a bad break to his ankle. He refused to be moved until his helpers had followed his instructions and improvised a stretcher from a door and poles. His injury was a compound fracture, meaning that the ends of the broken bones were exposed in the wound to his leg. Such injuries commonly became infected and in this pre-antibiotic

era, the infection would be able to rapidly spread through the bones. (Even now, bone infections are notoriously difficult to treat). For this reason, the recommended treatment for an injury like Pott's was amputation of the limb before infection set in. Indeed, a number of colleagues who examined his leg recommended this course of action. But his old mentor, Nourse, decided it would be better to apply traction (pull on the leg) and apply pressure to realign the broken bones and help them heal. This proved to be a good course of action as the leg healed without complications. As a result, this treatment was refined and generally adopted for compound fractures and resulted in a fall in the number of amputations following such injuries. Fractures of the lower leg, similar to Pott's injury, later became known as a Pott's Fracture.

**Surgical repair of hernias**

While recovering from his broken ankle, Pott used the time to write a treatise on surgical repair of 'ruptures' (now called hernias). This was the start of an acclaimed aspect of his work, recording his experience, surgical expertise and discoveries in a large number of publications, that were read around the world, as well as in the UK.

**Pott's Disease**

Among his many publications, Pott's described the effects on the limbs of curvature of the spine that resulted from infection with tuberculosis (TB) in the vertebrae (bones of the spine). He did not identify TB as the causative agent, but the infection came later to bear his name as in Pott's Disease of the spine.

**Sports neurology**

In 1768 Pott wrote up a case report of a young man with a head wound caused by a blow during a game of 'cudgels' (a type of bat). Although initially well, the man's condition had deteriorated by the ninth day after the incident and he had a swelling at the site of the injury. Pott investigated the wound and opened the skull to release the blood that had accumulated. By doing so he undoubtedly saved the man's life. This case report is credited with being the first description in medical literature of a sports neurology case. It also demonstrates Pott's correct deduction that it is not the fracture of the skull which leads to death, but the accumulation of blood pressing on the brain. Pott and others also showed awareness of the significance of changes in level of consciousness, following a head injury. These principles still lie behind modern day assessment of head wounds and some feel that Potts should be considered as one of the founders of neurosurgery as a surgical discipline.

## Personal life

In 1746, Pott married Sarah Cruttenden, daughter of a Director of the East India Company (a British trading company that once accounted for half of the world's trade). They had five sons and four daughters, one of whom married Sir James Earle, an eminent surgeon at St Bartholomew's Hospital who followed up on many of Pott's theories and wrote a memoir on his father-in-law. One of Earle's sons (Henry Earle) also became a surgeon at St. Bartholomew's.

## Pott's legacy

Pott's considerable impact on the practice of medicine and surgery even today undoubtedly results from his ability to observe and clearly comment on the conditions he saw. As his successors realised the accuracy of his observations, they were led to follow up on them. As Sir D'Arcy Power observed: *'he straightened out and made plain the paths so that his followers walked along them more easily and were able to go further.'*

## Sources

Encyclopaedia Brittanica: https://www.britannica.com/biography/Percivall-Pott
British Journal of Industrial Medicine : https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1037746/pdf/brjindmed00217-0074.pdf
BMJ International: https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1464-410X.2011.10487.x
BMJ Sports Medicine: https://bjsm.bmj.com/content/bjsports/35/4/278.full.pdf
Journal of Neurosurgery (abstract only) : https://thejns.org/view/journals/j-neurosurg/76/2/article-p319.xml

**Dr Peter Milton**

Dr Milton qualified from Imperial College in 2008 and completed his post-graduate and specialist medical training in London. He holds a keen interest in cardiovascular medicine and diabetes but first and foremost considers himself a true generalist. Dr Milton is passionate about quality improvement, seeking innovative solutions to the problems currently faced in primary care. Having relocated from Southwest London to the Surrey Hills with his young family in 2018 he looks forward to joining the team at Badgerswood and Forest Surgeries, establishing himself in his new role as a salaried GP, working on Wednesdays and Thursdays primarily at Badgerswood. Outside of work Dr Milton enjoys trail running, exploring the Surrey Hills with his cocker spaniel! He also enjoys rugby, golf, and travel.

*** **DON'T FORGET**, your doctors are there for your **NON COVID conditions** so don't put off contacting the surgeries if you need to.

# Let's talk about Coronavirus

The media seems to have become overwhelmed with talk about the Corona virus, but before we become involved in this discussion, perhaps we should take a look at the terminology and the history of this type of disease. Can we start with some definitions?

**What is the difference between a pandemic and an epidemic?**
An epidemic is defined as "an outbreak of a disease that spreads quickly and affects many individuals at the same time". There is no specific definition of 'pandemic' A pandemic occurs when an epidemic expands to cover a wide geographical area (area undefined but usually transcontinental) but affects a significant proportion of the world's population. Nowadays epidemics are re-classified into pandemics by the WHO but the timing of this is very unclear.

**What is the difference between a virus and a bacterium?**
A bacterium is an extracellular living organism which in most instances can be seen under a light microscope especially after staining with specific dyes. Most of the original work on this was carried out by Louis Pasteur in the 1870s. A virus is an intracellular organism and requires to be inside a living cell to survive. It frequently resembles a component of DNA or RNA, not visible under light microscopy but only visible under electron microscopy.

**When was the first electron microscope invented?**
The first electron microscope was invented by Seimens in Germany in the early 1930s. Before this time it was not possible to visualise the structure of specific viruses.

**What does Corona- mean?**
You may have seen this on a label of a bottle of beer or Italian wine. "Corona" is Italian for "crown". The coronavirus under electron microscopy looks like a crown. Other organisms which look like crowns may not be related simply because they have the same features. It's like saying people with blond hair are all related.

**Let's talk about previous pandemics**
The looseness of our current definitions of epidemics and pandemics make it difficult to define previous "pandemics". In any case, what were obviously previous widespread diseases were generally called "plagues".

It is of note :
1) that the virulence of an organism is inversely proportional to its ability to produce a pandemic. By this we mean that if an organism is very lethal, it tends to kill off many people before it has a chance to spread widely. Organisms which only kill a small proportion of the affected population, tend to spread more widely and therefore are more likely to spread world-wide.
2) the rate of development of infection after exposure to the organism is crucial. If someone is infectious during the incubation period and this is lengthy, they are more likely to spread the disease
3) incidence of carriers i.e. the number of people acquiring the infecting organism but remain disease free and are thus able to spread the organism to others.

The first most clearly described plague was the **Plague of Athens (430-426BC)** which killed off quarter of the Athenian army and at least a quarter of the population of Athens. Archaeological dental studies have confirmed this was due to typhoid.

The **Antonine Plague (165 – 180AD)** killed over 5 million Italians and probably had a second wave in **251 – 255AD (Plague of Cyrian)** when it was said that over 5000 people a day died in Rome. Both events are now thought to be due to Smallpox.

The first recorded **bubonic plague** was the **Plague of Justinian (540 – 750AD).** Starting in Egypt it reached Constantinople the following spring where it killed up to 10,000 people a day destroying about quarter of the population. Between 500 and 700 AD half of Europe's population died from this plague.

The **Black Death** is but one of a series of plagues affecting the world. In 1331 **bubonic plague** recurred starting in Asia and reaching Europe in 1338 where it had disastrous effects. Up to 30 million people died in 6 years, nearly half the European population, but this was not all. Recurrent plague outbreaks occurred throughout Europe every 2 to 5 years. By 1370, half of England's population had died. The **Great Plague of London** was the last major plague in England and killed about 100,000 people, about one fifth of London's population. There has been a **3rd major plague pandemic (1855),** which spread from China to India killing over 10 million people there before spreading to the western seaboard of the States where it caused the 1st major plague outbreak in the States, **San Fransisco Plague (1900 – 1904).**

**Influenza epidemics**

At our 2012 AGM, Dr John Rose, one of our then GPs, spoke about influenza and told us that in his opinion there would at some future date be a major flu epidemic which would ravage the world, threaten our existence and change our whole way of life. Was he foretelling us of Coronavirus? 'Flu' was first described by the Greek physician Hippocrates in 412 BC. Infuenza pandemics come cyclically about once every 20 to 30 years. The first was described in 1580.

**1889 - Russian Flu** appeared in Uzbekistan in May 1889, rapidly spread to the Caucasus, then west eventually hitting North America by December, South America by February 1890 and into Australia by March of that year. Note the speed of spread without major foreign tourism and air travel. Over 1 million people died.

**1918 - Spanish Flu** This flu was called Spanish Flu but did not arise in Spain but was first announced in a Spanish newspaper! For many years it was documented that the first casualties appeared in Kansas USA in March 1918 but it is now thought to have originated in North East China. By October the disease was world-wide and within 18 months the pandemic had ended. Estimates put the death rate at 50 million people in the first 6 months and twice that number by the end. At least $^1/_3$ of the world's population were infected. Over 200,000 people in the UK died. From recent studies on victims who died in Alaska and were preserved in the permafrost it seems likely that the H1N1 virus was involved.

**1957 – 58 - Asian Flu** first appeared in China in February 1957 and rapidly spread globally. It was caused by a H2N2 virus and 70,000 died in the US.

**1968 – 69 - Hong Kong Flu** first appeared in Hong Kong in 1968 and rapidly spread globally killing over 1 million people. It was caused by a H3N2 virus.

**2002 – 2004 - SARS (Severe Acute Respiratory Syndrome)** was thought to be due to a strain of animal coronavirus which mutated making it infectious to humans. An outbreak of SARS in 2002 spread quickly from China to other Asian countries, quickly controlled by the isolation of people suspected of being infected and screening all air passengers. 8098 cases were reported and 774 people died. Only 4 people in the UK contracted SARS and no-one died. A second small outbreak of SARS occurred in 2004 but was thought to have come from a laboratory studying SARS and was rapidly controlled.

**2009 – 10 Swine Flu** was caused by the H1N1 virus (as with Spanish Flu). More people were infected world-wide than with Spanish Flu but with a lower mortality. (700million to 1.2 billion infected and 150,000 to 575,000 died). The world's human population at the time was 6.8 billion. This mortality figure is the same as the death rate from seasonal flu. Swine flu however was no differentiator of age, young being affected equally to the aged

**2012 onwards MERS (Middle East Respiratory Syndrome)** is again caused by a coronavirus thought to originate from bats and be transmitted to humans via a camel vector. Human to human transfer is rare unless there is very close contact and this occurs mainly between hospital patients!! Mortality of infected patients is high approaching 36%. The disease was first identified in Saudi Arabia with a major outbreak in South Korea in 2015.

**2020 Covid 19** is a new strain of coronavirus. It has spread widely and caused so many problems for 2 reasons. Firstly it has a long incubation period, frequently asymptomatic, during which it is transmissible to other people. Secondly it is fatal to many victims but only late in the disease after which it may have spread. People with a chronic illness e.g. diabetes and the elderly are most commonly seriously affected. From a population of about 67.5 million people in the UK, over 46,000 (0.06%) have died so far with a positive coronavirus test, but not necessarily from the virus e.g. people who died from fatal illness such as cancer who tested positive for the virus are included in these figures even though the virus did not contribute to death in many of these cases. The death rate directly from Covid 19 is therefore almost certainly lower than this figure, probably by 4,000, resulting in this case in a mortality rate of 0.054%. Compare this to a world population of 7.8 billion people and a recorded Covid 19 mortality of just over one million (0.013%).

DL

# Tai Chi

I wrote an article a few years ago entitled “Ever tried Pilates?”, a passing comment made by Dr. Leung. At the time I was waiting for a new hip and explained how attending a weekly class helped me prepare for the operation in both body and mind.

Two years ago, another passing comment, this time by a friend at the gym I attend, was “Ever tried Tai Chi?” My wife and I started going to classes at the Methodist Church in Liphook given by Glen Robertson. We are now both hooked and I cannot emphasize the benefits we both get from it.

Glen has written an article which explains Tai Chi. If it sounds interesting why not give it a try, I am sure you will be glad you did

**Ian Harper**

## Tai Chi and Qi Gong

In recent months there has been a lot of press coverage about the benefits of doing Tai Chi and its sister art Qi Gong, with even Doctors and the NHS advising patients to try it for various conditions, including; stress reduction, posture improvements and general mobility, plus increased muscle strength in the legs. There has also been some evidence to show increased ankle and hip mobility for those suffering from arthritis and improvements in balance, which helps with fall prevention. Studies are continuing into the art and there is new evidence to show possible improvements with those suffering from Fibromyalgia and Parkinson’s disease.

Although Tai Chi is practised worldwide, it originally comes from China and was one of the softer internal martial arts, however in recent years following a jump to the West, it is mostly known for its health system which is suitable for all ages and abilities. Qi Gong is also from China, however it is much older and consists of movement, meditation and controlled breathing exercises. Both Tai Chi and Qi Gong are very similar and are usually taught together as part of a ‘Tai Chi’ class. In this way students learn the different exercises and gain the benefits from both systems

Tai Chi classes cater for a huge age range from young children to the older generations and everyone can find something to work on during a class, whether that be controlled and smooth movement, balance, breath control or general coordination.

Although every teacher is different, classes tend to focus on slow moving exercises including balance and breathing techniques to mobilise the whole body and focus the mind. There is also a range of walking techniques that are used as part of Tai Chi to help promote greater balance, mobility and focus.

The meditative aspect of Tai Chi is impressive and uses movement and breathing as a focus for the mind. The moves learned are simple in nature and can be practised at varying speeds and levels of intensity. However generally, during a Tai Chi class, the exercises are carried out slowly giving the practitioner a chance to feel the whole range of movement and work on their precision and control.

There a few different styles of Tai Chi; however the main ones are Chen, Yang and Wu styles. Any of the three styles are suitable for everyone and although they do contain differences, they all give the benefits associated with Tai Chi.

One of great things about Tai Chi and Qi Gong is the way it makes practitioners feel, during and after a class. Many people say practising the moves and focussing on them clears the head during a class and they walk out feeling much lighter in body and mind.

The exercises taught in a Tai Chi class can easily be practised at home for as little as a few minutes a day, and require no equipment.

Chen Style Tai Chi is currently being taught at Liphook Infant School and Methodist Church and also at Old Thorns health club and Forest Mere Spa.

***

## A BENEFICIAL AND EASY LIFESTYLE CHANGE FOR OVERWEIGHT AND DIABETIC PATIENTS

Jonathan B Ralston - ambassador for PHCUK www.phcuk.org

It was in March this year when I went to see my diabetes nurse Paula after the results of my HbA1c came in. Paula was her usual jovial self with her nice smile to greet me. "OK," she said, "so let's have a look at the results." My mood soon changed when she informed me that my blood sugar was out of control at 78. I realised that even with taking 4 Glicklazide tablets, 2 Metformin tablets and 1 Linagliptin for my Diabetes-Mellitus Type II it was not looking good. I must admit to not taking care in my daily diet. My lack of monitoring blood sugar hid the true situation. Then I thought about all the potential issues down the road, such as loss of sight, loss of feeling in my fingers and toes and even amputations. Up until this point I was given to understand that this disease was degenerative and would only worsen. Add to that the spreading of Covid-19; at my age of nearly 71, high blood pressure, weighing in at 14 stone 12 lbs and with a BMI of 29.1 I was a target for the Corona virus. If I contracted it, my chances of survival were greatly diminished.

Then Paula told me not to be too depressed because in fact only that very day she had received something online that was really enlightening It was something called 'Infographics' created by a GP in a surgery in Southport, Merseyside, a certain Dr David Unwin The idea behind it is quite revolutionary. Why? Well, when a nutritionist talks about the amount of sugar one consumes in terms of grams, it is, for most rather meaningless. As we know, a picture paints a thousand words and so this is how 'Infographics' was born. Quite simply it is a table of foodstuffs that have their Glycaemic load described pictorially in heaped spoonfuls of sugar. Quite frankly, had I not been holding on, I would have simply fallen off my chair. The first four foodstuffs had me reeling. Who would think that a standard 150gm bowl of rice is the equivalent of 10 spoons of sugar, one white boiled potato is 9 spoons, a bowl of Cornflakes 8 spoons, a portion of Spaghetti 6 spoons and even a banana is 6 spoons. No wonder my diabetes was out of control!
I made a decision in Paula's surgery, right there and then, that I would embrace the Low Carbohydrate, High fat 'diet' (LCHF). I highlight the word diet because I disagree with the

terminology; it is not a diet, it's a lifestyle. Diets by definition are synonymous with being temporary and as so many have discovered with all the 'Low Fat diets', they simply do not work. One of the principal reasons is that the dieters simply get too hungry and they cheat, even only a little bit, so they put back all the weight they have lost in carefully counting calories and some! Yo-yo dieting confuses the body and the metabolism is erratic and leads to weight gain and depression. This depression is countered by comfort eating and so the downward spiral goes.

"Oh!" I hear you say. "But cereals are good for you; they have fibre and give me energy for the day." Wrong! The manufacturers of cereals will have you believe that just as the pharmaceutical companies don't really want you better, they simply want you medicated….

So now is the time to take a new step in taking your health into your hands. The great thing about the LCHF lifestyle is that carbohydrates have the effect of raising blood sugar far too much and then crashing it, making you feel hungry and craving for more sugary foods very soon after. Carbohydrates are simply complex sugar compounds that are broken down by the body into simple sugars to be used for energy. The issue is that the body uses this simple sugar first and what it does not use is stored in the form of glycogen which forms around the major organs as visceral fat for future use as energy.

This is evident as weight is gained around the waist first and then the bottom and arms and legs.

If carbohydrates are restricted, the body uses that stored fat causing good weight loss and reduced sugar intake. The average consumption of carbohydrates in the USA and UK is in the region of about 300gms/day. Counting carbs instead of calories to consume between 50 grams to 130 grams /day will have many benefits for most who engage. The lower end of the spectrum is considered to be Keto territory (very lower carb intake) that can result in ketones being produced in the urine (nutritional ketosis) which with reduced insulin levels in the blood cause no issues. However in the case of Type 1 diabetics raised ketone levels can cause a dangerous condition called ketoacidosis (DKA) when there are raised insulin and glucose levels in the blood. By just reducing carbs even a little you should find weight loss will happen and blood sugar levels will improve. It is a very good idea to self-monitor blood glucose levels at least once a day and preferably more. Once on rising in the morning, before food and two hours after food.

Benefits of the LCHF lifestyle include apart from weight loss, the reduction or elimination of Non-alcoholic fatty liver disease (NAFLD) which is evident in about 20% of the UK population, lower blood pressure and lower blood sugar. Remarkably, about half of Dr David Unwin's T2D patients have actually put their diabetes into remission. And they, like me, believed that T2D was a disease that would eventually be instrumental in leading to an early death and was irreversible. Dr Unwin has given that magic word to all his T2D patients – hope. In addition, this wonderful doctor has saved the NHS in excess of £50,000 per annum in medication costs alone! This equates to a figure, if all UK surgeries adopted this recommendation, of £400,000,000 per year. Astonishing isn't it?

Since the epiphany in March, thanks to Paula, I have reduced my HbA1c from 78 to 53. (I still have Insulin resistance but it is slowly improving). I have ditched the Glicklazide and only take one Metformin tablet and one Linagliptin tablet. My BP has come down from 145/85 to around 120/75. I have lost just shy of 2 stones (almost 13 kilos) with 7 lbs to go to reach my ideal weight. My BMI is down from 29.1 to 25.3 with my ideal at 23.5. I have good reserves of energy and my cognitive abilities have improved markedly. I now run a mile every other day which is long way from my struggle to even walk too far. I engage in HIIT (high intensity interval training) half way through my run and I don't have the acute shortness of breath that I once had under exercise.

I am now an ambassador for Public Health Cooperation UK (PHCUK). Have a look at the web-site www.phcuk.org. Think about trying this lifestyle. There is an eight week plan that you can try. I think that you'll find it easier than you imagined. The reason being that the hunger is driven by carbs and this is greatly diminished. The hunger hormone Ghrelin, produced by the body in the gastrointestinal tract is not activated with diminished carb intake. Leptin, the hormone which tells the body that it has had enough to eat takes precedence.

There are still those that harp on about low fat diets and exercise being key to weight loss but remember these two things. Firstly there is no scientific evidence that ingestion of fats such as butter, eggs and cheese have any affect whatsoever of cholesterol build up in the arteries (CVD) despite all that we have been told over the last 30 years. With all this public information over this time, the nation has just become more and more obese. In fact a shocking 28.7% of people in the UK are considered obese with a further 35.6% overweight and a 5 fold increase in the prevalence of T2D in the last 40 years. The advice is simply not working... The ingress of good (unprocessed) fats will not make you fat. Excess carbs will. In my case my LDL cholesterol actually went down. Secondly, one cannot exercise their way out of a poor diet. So eat real food, not from packets but from fresh ingredients. If you must buy food in packets, ensure that it isn't highly processed as all oils are apart from olive oil and coconut or almond oil. Also reject anything that has more than five ingredients.

It must be stated here that not everyone may feel that this lifestyle is for them. Many have lost large amounts of weight by counting calories and exercising as part of a health plan. It takes a huge amount of willpower to maintain that lifestyle but it can be done. With the LCHF lifestyle it just becomes so much easier and is greatly beneficial particularly to those with diabetes due to the reduced glycaemic load which results in the reduction of medication, something that we all desire.

**ONE VERY IMPORTANT POINT. PLEASE DO NOT ENGAGE IN A LCHF DIET WITHOUT MEDICAL SUPERVISION.**

Speak to your doctor or diabetes nurse beforehand. Staying on sulphonylureas such as Glicklazide whilst reducing carbs can dangerously lower blood sugar to the point of having a potential hypoglycaemic attack (hypo) which can cause dizziness, sweating, tiredness, trembling and blurred vison. Sulphonylureas are powerful anti-glycaemic drugs that will continue to lower blood sugar even in the absence of any excess glucose in the blood.

I truly hope that you will consider embracing this path to good metabolic health and beginning to consume fewer medications which all have side effects. This will be much better for you and much better for our beloved NHS.

Jonathan B. Ralston
PHCUK

*Editor's note: Jonathan has just found out that he is now under little risk of sight damage due to diabetes. This is excellent news.*

https://www.thehuntercentre.co.uk/

THE HUNTER CENTRE
Supporting those living with
DEMENTIA

The Hunter Centre is a dementia day centre which supports those affected by dementia and their carers in Haslemere and the surrounding areas. It is now safely open and following government guidelines regarding COVID-19.

Marjorie Gray Hall,
Grayswood Rd,
Haslemere GU27 2BW

01428 654710 07482 464322
Email: manager@thehuntercentre.co.uk

Follow on Instagram or Facebook

Charity number 1173587

## Practice Details

**Pinehill Surgery**

| | |
|---|---|
| **Address** | Pinehill Road<br>Bordon<br>GU35 0BS |
| **Telephone Number** | 01420477968 |
| **Fax** | 01420489471 |
| **Web site** | www.pinehillsurgery.co.uk |
| **G.P.s** | Dr A Zaman<br>Dr S Chapman |
| **Practice Team** | **Practice Manager** Claire Hunt<br>**1 Practice Nurse**<br>**2 Healthcare Assistants** |

**Opening hours**

| | | |
|---|---|---|
| Mon | 08:30 – 1:00 | 14:00 – 7:00 |
| Tues/Wed | 08:30 – 1:00 | 14:00 – 6:30 |
| Thurs | 08:30 – 1:00 | 14:00 – 7:00 |
| Fri | 08:30 – 1:00 | 14:00 – 6:30 |

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

**Committee of the PPG**

Bruce Johnstone (Chairman)
Claire Hunt
Ann Smithies
Janet Johnstone
Pauline Hiscock
Shiela Laughton
Linda Delve

**PPG Contact Details** ppg.pinehill1@nhs.net

Also via forms available at the surgery reception desk

Please see www.pinehillsurgery.co.uk for more information

## Practice Details

| | | |
|---|---|---|
| **Address** | **Badgerswood Surgery**<br>Mill Lane<br>Headley<br>Bordon<br>GU35 8LH | **Forest Surgery**<br>60 Forest Road<br>Bordon<br>HampshireGU35 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<br>Dr I Gregson<br>Dr H Sherrell<br>Dr Peter Milton | Dr Charles Walters<br>Dr F Mallick<br>Dr L Clark<br>Dr S Atherton<br>Dr Mike Pollard |
| **Physician Associate** | Sharmin Ullah | |
| **Practice Team** | **Practice Manager**<br>**Deputy Practice Manager**<br>**1 nurse practitioner**<br>**4 practice nurses**<br>**2 health care assistants (HCAs)** | Sue Hazeldine<br>Paula Hazel |

| **Opening hours** | **Badgerswood** | **Forest** |
|---|---|---|
| Mon | 8 – 7.30 | 8.30 – 7.30 |
| Tues/Wed/Thurs | 8 – 6.30 | 8.30 – 6.30 |
| Fri | 7.30 – 6.30 | 7.30 – 6.30 |

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

**Committee of the of the PPG**

| | |
|---|---|
| **Chairman** | Yvonne Parker-Smith |
| **Vice-chairman** | Sue Hazeldine |
| **Secretary** | Liz Goés (acting) |
| **Treasurer** | Ian Harper |
| **Committee** | Nigel Walker |
| | Barbara Symonds |
| | Carole Humphries |
| | Ted Wood |

**Contact Details of the PPG** ppg@bordondoctors.com
ppg@headleydoctors.com
Also via forms available at the surgeries' reception desks

## DO YOU LIVE AT HOME?

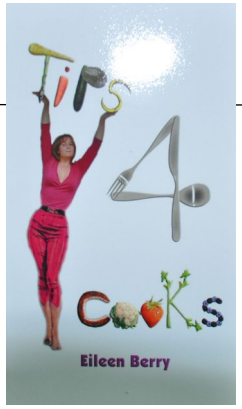
**Are you over 60 and keen to get out and about and meet new people?**
**Do you live independently?**

The East Hampshire 'Live at Home' scheme is based locally and run by the 75 year old charity MHA. We provide opportunities to socialise get out and meet new people.
We run

- Monthly pub lunches
- Weekly coffee mornings
- A singing group
- Regular trips out

Ring Sally on 07973 853151 to learn more or join us for any of our activities

*We are also looking for volunteers to join us on our trips and/or drive a minibus – if interested please do get in contact.*




## 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".

**Looking for a venue for your function or group activity?**
***Lindford Village Hall***
offers

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

Contact the Clerk 01420 475788 or email admin@lindfordpc.co.uk

**OddJobRob**

If you don't like the idea of doing jobs around the house yourself or they are getting too much in your busy life –

then Odd Job Rob can do them with references.

Household – window cleaning, decorating, electrical
Gardening – grass, hedge, tree cutting & weeding
IT Support – anything to fix or upgrade advice
Car Services – Taxi & Airport services +maintenance

If it's not listed please ask as I can do most home maintenance and if not I will be honest.

**Robert Davis**
robbojd@hotmail.com
07876 42 22 92

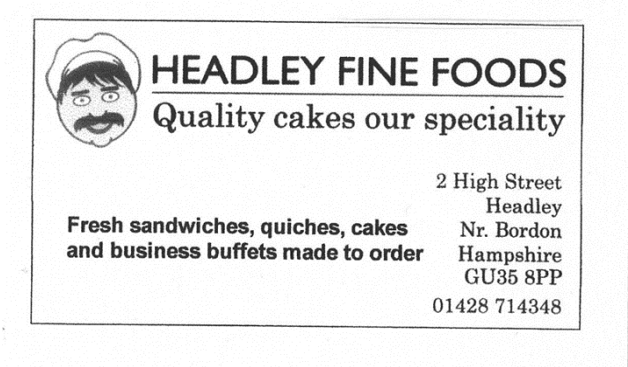
**Sparkles Beauty Salon**
Jayne Davis
Fully Qualified and Experienced Beauty Therapist (NVQ 2 & 3)

Massage, Waxing, Manicure & Pedicure
Facials, Body & Eye treatment Gel Nails

Opening Times

| | |
|---|---|
| Monday | 10:00 to 18:00 |
| Tuesday | 10:00 to 18:00 |
| Wednesday | 10:00 to 20:00 |
| Thursday | 10:00 to 20:00 |
| Friday | 10:00 to 14:00 |

1 The Lyndons, Passfield, Liphook
Hampshire, GU30 7SD
Tel: 01428 751 848
Mob: 07809 676 308
Email:Jayne.Sparkles@gmail.com




**HEADLEY CHURCH CENTRE**
is available for hire for receptions,
activities, parties
Kitchen facilities, ample free parking
Accommodation up to 70 people
Very reasonable hourly rates
*For further information, please contact*
Tina Wareham : 01428 717784



**Liphook based:**
**Sports massage.**
**Yoga and Tai Chi classes.**

Pay as you go classes in Yoga, Tai Chi and Systema, at the Methodist Church, Liphook.
Experienced and professional Sports, Swedish and Acupressure massage based in Liphook.
See www.fusion4health.co.uk or contact Glen on 07951 888565, glen.robertson@rocketmail.com, for more details.

## Headley Pharmacy

Opening hours
Mon – Fri 0900 - 1800
Sat 0900 - noon

Tel: 01428 717593

The pharmacy at 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**

During the pandemic, for the moment, we plan to produce a digital newsletter.
Current advertisements are free. Please tell us if you know anyone who would like a printed copy.

David Lee and Liz Goés worked on this newsletter together, with input from the committee, the practice and Marcia. Money saved on printing costs will go towards a Duplex Doppler, an extremely useful piece of equipment which has been requested by the surgeries.