

# Patient Participation Group

## Newsletter



Incorporating the



Friends of the Badgerswood and Forest Surgery

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April 2012

Issue 5

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*Pain causes tension...*

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



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

## **Alexander Technique**

- **Relieve muscular tension and stiffness**
- **Help back, neck and shoulder pain**
- **Learn to manage the symptoms of stress**
- **Become more attuned to your body and aware of bad postures and movement habits**
- **Develop better balance and co-ordination**
- **Improve performance and prevent injury in sport and music**



*Good posture promotes  
confidence & energy*



Jane Baker MSTAT  
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## **Chairman and Vice-chairman Report**

The past 3 months have been busy for the PPG.

We have reached our goal for the baby-scales for Forest Surgery and have purchased these. Later in the newsletter there is a photo of the cheque being handed over. The Practice has now been in touch to ask if we can help with the purchase of a mobile blood-pressure monitor. They have one already but there are so many patients with this problem who need 24 hour assessment, that another monitor is desperately needed.

We have now improved our web-page on the Practice web-site and have also opened a site on [www.headley-village.com](http://www.headley-village.com) This is discussed later in the newsletter.

In February, we started our 'Patient Representative Group' study jointly with the Practice. The questionnaire has been seen by all the doctors who made some slight 'tweaks' and are now happy for this to go ahead. All those patients who have joined as members of the PPG have been asked to help, together with many other patients. Again this is discussed later.

Continuing our 'Educational Articles', we approached Mr Chandler, Optician, who agreed to write an article for us on an acute eye problem. He has written on 'Macula Degeneration' and I'm sure you will agree, the article is of very high standard. It continues our theme of highlighting what is important to help you, the patient, identify if you may have early signs of an important clinical problem and why this should be tackled if suspected.

Later in the newsletter we introduce Jenny Manville, who has joined the Practice as Clinical Counsellor. She defines her role in the Practice and explains when you may wish to use her expertise.

We hoped we would have more patients joining as members by now. Please come and join us. Remember all this is being done to help improve your GP Practice. We have some good plans and ideas but we can't implement these without your help. Once again subscription forms are enclosed with this newsletter.

### **Issue raised through the PPG**

We have only had one item brought to our attention in the past 3 months. Once again we've had problems with:

#### **Ice at Badgerswood Surgery**

Snow came late this year to Headley and despite our best efforts we still had complaints about the snow / ice at Badgerswood Surgery. Unfortunately the offer of a snow-plough from a PPG member is no longer available to us.

We cleared the snow / ice from the door and pavement before any patients arrived but the disabled bays were compacted with ice before we could clear them. We shall try to be quicker next time. Any offers of help would be much appreciated.

### **Web-sites**

Our Group now appears prominently on the Practice web-site. Go to [www.headleydoctors.com](http://www.headleydoctors.com) or [www.bordondoctors.com](http://www.bordondoctors.com) and you will see the notice at the bottom of the home page about our newsletters which you can open and download.

Also you can go to the top banner and open the 'Advice and Support' section and see our 'Patient Participation Group' page. If you open this, you will see our 'Aims' and also be able to open the past issues of all our other newsletters.

We now also appear on the Headley Village web-site. Go to [www.headley-village.com](http://www.headley-village.com), scroll to 'Community and Services' and look under the column 'Organisations'. Click on 'Badgerswood and Forest Surgeries Patient Participation Group' and you will enter our web-page. The bar menu in the top right hand corner will open newsletters, educational articles, and forms for application to become a member.

The home page on the Headley-village web-site is due to appear in the 'Headley Report 2012'.

### **A3 printer**

The PPG wishes to thank Mr B.R. who kindly donated an A3 printer to the Group together with a large stock of ink cartridges. This will be most useful, especially for the printing of any future posters we may require.

## **Patient Representative Group**

A lot of time and contributions from many people have gone into designing the questionnaire which is now collecting data for the 'Patient Representative Group' study.

Out of a total patient population of around 12,000 in the Practice, it is hoped to collect a small group of about 200 for our study. We want these to be patients who have visited the surgery within the past year if possible, but we feel it is important to have a 'Representative Group' (hence the title) with approximately the same distribution of age, sex, and ethnicity as the overall patients registered with the Practice.

The first part of the study therefore asks for demographic data to allow us to analyse whether we have collected a good Representative Group and if not, whether we need to collect more patients, eg more of a specific age group, or male or female, or of a specific race, to balance the study group.

Following this is a questionnaire which is designed to be used either electronically for patients who are happy to use Email, or to be printed for those who prefer to fill forms by hand.

The form covers 5 sections, but all superficially. These are:

1. Reception / telephone answering and access / appointment availability
2. Clinical care
3. Surgery facilities both inside and outside the Surgery buildings
4. A section on provision of patient information
5. Other services provided including the pharmacies and use of Chase Hospital, and a section for comments

Once the forms are returned, the front page will be separated from the questionnaire, separating the name from the main form. However, each patient who agrees to take part will be number coded and their unique number will be placed on the questionnaire. This is important, because if any future comparison studies are required, we may need to match future questionnaires together with the originals and this will be done using the code numbers.

The front page will now be used to look at the demography of the group we have accrued and we will compare this to the distribution of the Practice patients. As mentioned before, if this does not match, we may need to select a small additional batch of specific patients to fill any age, sex or other deficit to make an even distribution. Hopefully however, this won't be necessary.

As the questionnaires are returned, the data will be entered anonymously on a spread-sheet and when sufficient numbers have been collected, an analysis of this data will be performed. If it is noted that there is a particular area which is causing a problem to a significant number of patients, a more detailed questionnaire of this area may be necessary.

At this point, we then hope to publish the results of this data for you to see. The availability of the figures should be on our website by the end of March but we hope to publish the results together with a detailed discussion in the June Issue of the newsletter.

Any concern will be discussed with the Practice to see if there are ways by which this can be improved. The assistance and advice of the members of the PPG may be enlisted here. If there are good suggestions for improvement, we may propose that these measures be introduced. Following this, after a sufficient period of time, we would hope to perform another analysis of that area to see whether you, the patients, agree that things are better.

This study is 2-way. Not only will you see how the Practice is doing and have a contribution to improving things if necessary, but it will also provide hard data for the medical, nursing and administrative staff to see how they are performing. Where there is good data that they are doing well from the majority of patient opinion, it would need to be a good case for an individual patient to state that things could have been done better if done another way. It also will provide hard data to help counter any specific criticism levelled at the Practice

By involving the PPG, this study has the benefit of having an independent opinion. Most previous studies like this have been performed in GP practices by the Practice themselves and therefore are subject to the potential criticism of being biased.

## New Baby-scales for Forest Surgery



Mr Ian Harper, Treasurer of the Patient Participation Group and Friends of Forest Surgery, hands over a cheque to Dr Boyes for the purchase of a set of digital baby-scales. Sister Paula Henderson and Mr David Lee, Chairman of the PPG, both attended the presentation. The Nat West Bank in Grayshott kindly donated an initial £50 towards the fund raising efforts. A 'thermometer' chart, attached to the entrance door of the surgery, showed the progress of the collection of funds kindly given by the Forest Surgery patients of Whitehill and Bordon. The target was reached about 2 weeks

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### 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 Derek Barr 01420 479486 to discuss bookings.

For this month's educational article we approached

**Martin Chandler**

founder of

**Chandlers Opticians**

in

Bordon, Haslemere & Godalming

and asked him to write about an acute eye problem.

He elected to write about

### **MACULA DEGENERATION**

Quite by chance we received this in the same week that the newspapers reported the sad news that the well known actress Dame Judi Dench has developed macular disease and is now experiencing difficulty in reading scripts and recognising faces even of those well known to her.

If you have any concerns after reading this article please contact your doctor or any qualified optometrist such as Chandlers Opticians. Alternatively you can download an Amsler Chart (grid) quite easily which can be used as a self monitoring tool from the internet – just Google “Amsler Chart” and ensure you follow the precise instructions for use or go to [www.maculardisease.org](http://www.maculardisease.org) for information from the Macular Disease Society in the U.K.

# **'Macula Degeneration'**

by

**Mr Martin Chandler**

Most people are aware that the back of the eye is called the retina. This is where light sensitive nerves react to transform light into electrical energy which then runs along nerves to the brain to allow us to perceive images. Probably the most important part of the retina is called the **macula** as this is where the nerves responsible for giving us detailed vision are found. If the macula doesn't work properly the eye is unable to perform critical visual tasks such as reading, driving or watching television.

Typically this loss of macular function occurs in older people and this is what is known as **macula degeneration (MD)**. MD is the leading cause of registrable blindness in the UK. Recent research suggests that there could be up to 40,000 new cases diagnosed every year.

MD only affects central vision and most people can still get around by using their peripheral (side) vision but sufferers will require extra help with specialist magnification devices (optical or electronic) to maintain any reading ability. MD primarily occurs in old eyes and is commonly known as age related macula degeneration (ARMD). Just to make things more complicated there are two types of ARMD known as "wet" and "dry" conditions.

The most common is "**dry**" **ARMD**. This is a gradual wearing out and is seen in the oldest eyes. The very fine blood vessels under the macula simply fail to do their job properly and the nerves they should support lose their function. Frequently spots called Drusen spots are seen during an eye examination in the retina before dry ARMD occurs. The progress of "dry" ARMD is very slow and nothing can be done to treat this.

"**Wet**" **ARMD** is present when there is abnormal blood vessel growth behind the macula. These blood vessels rupture and leak fluid which displaces the macula away from its usual position and gives rise to rapid visual loss.

The most common symptom of "wet" MD is that there is **distortion**, usually in only one eye, so that what you know to be a straight line – for instance a door frame – has a new kink in it or you miss seeing central words in a paragraph of print.

“Wet” MD can be treated but **speed is of the essence**. **If you discover what you believe to be a symptom of “Wet” ARMD you should be seen by a medical professional within a few days of noticing the symptoms.** Rapid response pathways can then lead to one of the local hospital ophthalmic departments where you can receive treatment.

Treatment for “wet” MD is normally an injection into the back of the eye to shrink the new, abnormal, blood vessels that have caused the visual changes. Remarkably this is a **painless procedure** involving only local anaesthetic applied to the eye in the form of drops. Rather like the dentist’s injection, the drops probably sting more than any other part of the procedure! The treatment has to be repeated on a number of occasions over some weeks or even months and may improve vision or, possibly, just stabilise the condition. This is a NHS funded procedure but is also carried out privately by some ophthalmologists (eye specialists).

**If you believe you have symptoms of MD you should consult your GP or a qualified Optometrist (Optician).** They will be able to give advice and refer you directly to a treatment centre.

And finally there are some **risk factors for MD** which you can do something about and some you can’t help!

MD tends to happen more in:

- i) elderly females
- ii) those with a first degree relative (parent / brother / sister) who have the condition.

The **things you can do to minimise risk** are sensible, lifestyle changes to make you fit, well and healthy:

- i) **Smoking** is the single biggest modifiable risk to MD - **stop!**
- ii) Eat well with lots of fresh **fruit and vegetables**
- iii) There are MD specific **vitamin supplements** which can be purchased which may be helpful.
- iv) Treat **high blood pressure** and **raised cholesterol** levels, (as directed by your GP).
- v) Try to restrict potentially harmful ultra violet (UV) radiation by using good quality **sunglasses** or **light reactive lenses** to protect your eyes in bright light.

## **Recent changes in the Practice**

At the PPG committee meeting on the 5th March, Dr Leung highlighted many of the changes which were occurring in the Practice.

Plans are in hand to extend both Badgerswood and Forest Surgeries. In fact Dr Boyes had already been in touch with the PPG sending a copy of the plans which are at the planning application stage for the Forest Surgery extension. This will result in 3 extra clinical rooms, an extension to the waiting room and more parking space.

The plans at Badgerswood are not so advanced but the need for space is in fact even more acute. The preliminary discussions with the planners have been very positive and supportive but as yet still not definitive. The need for the extension relates not only to increase in patient numbers, a local trend, but also to an increase in per patient consultation rate, a national phenomenon.

Some of the new patients have come from the closure of Highview Surgery in Bordon. Of the 1300 patients originally registered there, 200 have registered elsewhere, 300 have registered officially with our Practice, and the other 800 are still registered at Highview but being cared for by our Practice until the Trust makes a formal decision about where they should officially be placed. Irrespective of this, the numbers of patients registering with our Practice continue to grow at a rate of 0.5% per month, a trend for the last 4 years now.

In addition, for every patient registered with the Practice, the consultation rate is also increasing - at 3% per patient per year. This is due to 2 main factors – increasing average age of patients (we are all living longer), and increasing medical advances with GPs being able to handle so much more 'in house'. As examples - all diabetic patients are now managed by the GPs and none have now been referred to hospital at all in the past 9 months – all contraceptive implants are now inserted by the GPs and none are referred to hospital. Because of this, more GPs have had to be appointed, and this is likely to increase again in the next year.

The Practice is also now involved in Primary Care Research and participates in teaching with medical students attending from Southampton and St George's Medical Schools, so do not be surprised if you are asked to participate.

One major concern in the Practice is the possible closure of beds at Chase Hospital, especially if the Bordon Ecotown goes ahead. At present the beds are well utilised and normally mostly full. They are used by the GPs for illness eg for optimising patients with heart failure, and for 'end-of-life' care. They are not available for re-habilitation. If the beds close and the Ecotown goes ahead, there could be a major problem. If you are want your views represented on this, do get in touch with the PPG.

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**Can we remind you as stated in previous newsletters**

**With regard to emergency calls, there are 2 situations which are so urgent that it is vital that the situation is dealt with by a 999 call rather a call to the surgery which may delay the rapid treatment necessary and affect outcome. These are:**

- 1. ACUTE CHEST PAIN**
- 2. OBVIOUS ACUTE STROKE**

**Remember F - Facial weakness  
A - Arm - unable to raise  
S - Speech affected  
T - Time is vital**

**ACUTE TRAUMA requiring more than a steristrip or paper suture should be transported direct to casualty or if severe, dealt with by a 999 call.**

**DO NOT CALL THE SURGERY IN THESE SITUATIONS**

## **Clinical Counselling**

### **Jenny Manville MBACP, Accred. UKRCP**

The Practice was fortunate at the beginning of this year, to acquire the services of Jenny Manville as Clinical Counsellor. Her wide experience as a counsellor includes working at the Royal Surrey County Hospital, Chase Children's Centre, Crossways Counselling Service, The Royal School, as well as privately. She also is an administrator for the Alton Counselling Service for the under 5 year olds and is on the Board of Trustees for the Crossways Counselling Service.

To help understand about counselling, Jenny provides the following explanation:

*"Counselling takes place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose. It is always at the request of the client as no one can properly be 'sent' for counselling.*

*By listening attentively and patiently, the counsellor can begin to perceive the difficulties from the client's point of view and can help them to see things more clearly, possibly from a different perspective. Counselling is a way of enabling choice or change or of reducing confusion. It does not involve giving advice or directing a client to take a particular course of action. Counsellors do not judge or exploit their clients in any way.*

*In the counselling sessions the client can explore various aspects of their life and feelings, talking about them freely and openly in a way that is rarely possible with friends or family. Bottled up feelings such as anger, anxiety, grief and embarrassment can become very intense and counselling offers an opportunity to explore them, with the possibility of making them easier to understand. The counsellor will encourage the expression of feelings and as a result of their training will be able to accept and reflect the client's problems without becoming burdened by them.*

*Acceptance and respect for the client are essentials for a counsellor and, as the relationship develops, so too does trust between the counsellor and client, enabling the client to look at many aspects of their life, their relationships and themselves which they may not have considered or been able to face before. The counsellor may help the client to examine in detail the behaviour or situations that are proving troublesome and to find an area where it would be possible to initiate some change as a start. The counsellor may help the client to look at the options open to them and help them to decide the best for them."*

If you feel, having read the above, that you would benefit from meeting a counsellor, the Practice offers a safe place for patients to be able to share what is troubling them, to understand better their problems, and to begin to explore and develop coping strategies with a view to achieving greater self-awareness and life-satisfaction.

Appointments to the counsellor should be made through your GP. Please speak to him / her in the first instance and after discussion, if they feel it appropriate, they may offer you a referral to our counsellor.

## FUND RAISING

### WE NEED YOUR HELP AGAIN

#### Ambulatory Blood Pressure Monitor

The Practice desperately needs another  
**ambulatory blood pressure monitor.**

When most people attend the Surgery, their BP rises due to emotion, excitement, worry, anticipation, etc.

A single reading is therefore not a good measure of a patient's actual BP. Before a decision is made to start a life-long treatment, a continual measurement of their BP over a 24 hour period at home under no stress, may be essential.

For this an ambulatory BP machine is needed.

Our Practice has one machine but needs another.

Can you help the PPG raise the necessary funds?

If we buy another machine identical to the one we have, we get a good deal because we can use the same soft-ware.

Despite this, the cost will be £1200.

We plan to put a 'thermometer' on the surgery door as before.

## Practice Details

	<b><u>Badgerswood Surgery</u></b>	<b><u>Forest Surgery</u></b>
<b>Address</b>	Mill Lane Headley Bordon Hampshire GU35 8LH	60 Forest Road Bordon Hampshire GU35 0BP
<b>Telephone Number</b>	01428 713511	01420 477111
<b>Fax</b>	01428 713812	01420 477749
<b>Web site</b>	<a href="http://www.headleydoctors.com">www.headleydoctors.com</a>	<a href="http://www.bordondoctors.com">www.bordondoctors.com</a>
<b>G.P.s</b>	Dr John Rose Dr Anthony Leung Dr Anna Chamberlain (1 day/wk)	Dr Geoff Boyes Dr Charles Walters Dr Laura Clark (3days/wk)
	<u>Both Surgeries</u> Dr Susie Cooper (2days/wk) Dr Ian Gregson Dr Stephen Carr-Bains	
<b>Practice Team</b>	<b>Practice Manager</b> Sue Hazeldine <b>Deputy Practice Manager</b> Tina Hack <b>1 nurse manager</b> <b>2 practice nurses</b> <b>2 phlebotomists</b>	
<b>Opening hours</b>	Mon 8.30 – 7.30 Tues/Wed/Thurs 8.30 – 6.30 Fri 7.30 – 6.30	
<b>Out-of-hours cover</b>	<b>Thamesdoc</b> Call 0300 130 1305	

Committee  
of the  
Patient Participation Group  
of the  
Badgerswood and Forest Surgeries

**Chairman**  
David Lee

**Vice-chairman**  
Sue Hazeldine

**Secretary**  
Yvonne Parker-Smith

**Treasurer**  
Ian Harper

**Committee**  
Maureen Bettles  
Dill Williamson Smith  
Nigel Walker  
Heather Barrett

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**Contact Details of the PPG**

[ppg@headleydoctors.com](mailto:ppg@headleydoctors.com)

[ppg@bordondoctors.com](mailto:ppg@bordondoctors.com)

or

via forms available at the surgery reception desk

**Geoff Lewis**

It is with great sadness that we announce the death of Geoff Lewis. Geoff was one of the founding members of our PPG. His presence and contributions at our committee meetings will be sorely missed.



**HEADLEY  
VOLUNTARY  
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(covers Arford, Headley, Headley Down, Lindford, Standford)

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**Call 01428 717389**

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