

Patient Participation Groups Newsletter



Incorporating the Friends of the Badgerswood and Forest Surgeries

July 2021 Issue 39

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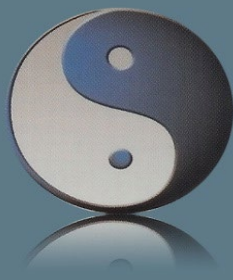
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Café 1759

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	Opening times
Chieftain House	
Challenger Place	Sunday / Monday - Closed
Bordon	Tuesday - 8.30am - 4.00pm
GU35 0FP	Wednesday - 8.30am - 4.00pm
	Thursday - 8.30am - 4.00pm
	Friday - 8.30am - 4.00pm
	Saturday - 8.30am - 2.00pm



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 also need coordinators to answer calls and arrange the trips with the drivers etc.

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



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*We hold a coffee morning at 10.30 every Thursday
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up with other local people*

Pop in and see us

Not too long now before you can!

<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

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Chairman's Report June 2021

Vaccination continues to be implemented at Forest Surgery. As Chairman, may I thank once again our volunteers who give up their time to be car park marshals, assist with administration and staple together thousands (yes thousands) of questionnaires for this surgery.

Let us not forget the hard working staff too.

People say "when will we get back to normal" – somehow I feel that this is it as vaccinations are gathering pace to combat different variants.

We have been fortunate to receive more grants for the PPG, namely from the local Masonic Lodge and East Hampshire District Council (by way of Richard Millard, District Councillor for Headley.)

The former went towards a Doppler machine, and the latter will be put towards a Dermatology lamp.

Please remember members that your £5.00 per year goes towards items of equipment for the two surgeries, which are not provided by the NHS.

I understand that the Data Dissemination Programme has been delayed. An article in this newsletter may help you decide on your option.

It is hoped to hold an Annual General Meeting towards the back end of the year – the date is yet to be decided.

Stay safe.

Yvonne Parker Chairman June 2021

Practice Update:

The Finance Manager, Paula, reported that the joint practice is working to address the shortage of room space caused by rapidly increasing patient numbers. (Dr Leung suggests 20 new patients a day are registering as people are moving to the area.) Every space available is being turned into a consulting room (including a cupboard at Forest for phlebotomy). For the moment, the COVID pods will remain in place. There is also a new car park extension.

Several new staff members have been appointed including an admin/receptionist, a paramedic who will cover home visits among other things and a new lady doctor with respiratory specialism.

A new-build behind Badgerswood will provide 4 new consulting rooms downstairs, plus 1 consulting room, a conference room and student accommodation upstairs. Midwifery facilities are also being further developed. Dr Leung reported that plans for the Health Hub are still slow; East Hampshire and Taylor Wimpy have provided funding although there's nothing as yet from the CCG.

More telephone lines have been added to the system but there are still problems. The company dealing with this have been given a deadline to make sure the system is fit for purpose.

Vaccination roll-out: Emma reported a busy programme using Pfizer for the over 30s and catching up on second doses. Mass vaccine centres are open to everyone over 18 now. Dr Leung pointed out that the plan had been for Mass vaccine centres to catch 80% of the patients and GP surgeries 20%. But in reality, this was reversed at Forest for quite a while. Booster jabs in the autumn likely to be tweaked to cover new variants but it *may* be true that people who have had flu might have some protection against COVID.

Non-Covid catch up: Patients have been storing up, sometimes multiple, problems and with fast growing numbers some doctors have had to overbook face to face appointments, especially for severe and complex problems and for children.

Changes from MIU to UTC at Petersfield

The existing minor injuries unit at Petersfield Community Hospital became an Urgent Treatment Centre (UTC) on June 1, 2021. The name 'minor injuries units' will disappear nationwide, although the services they currently provide will be absorbed by the new UTCs. Click here for more information.

<https://www.england.nhs.uk/urgent-emergency-care/urgent-treatment-centres/>

https://youtu.be/4dCr_RoZEIs

Your Data Matters to the NHS

The NHS Digital database using patient data from GP medical records is used every day to improve health, care and related services. Registered patients will already have a Summary Care Record (SCR) unless they have chosen not to have one. General Practice Data for Planning or Research (GPDPR) has been used to plan who should be vaccinated first, for example.

The NHS is introducing an improved way to share this information but this collection of data has been delayed from 1 July 2021 to 1 September 2021, so that patients can consider the implications and the opt-out options.

Dr Leung pointed out that some sharing is essential; for example, permission must be given at times between family members. The general population don't know that they have to fill in a form giving notice that they refuse consent for their identifiable information to be shared outside the GP practice.

See <https://www.nhs.uk/your-nhs-data-matters>

The new Robot in the Pharmacy:



SAM (Sorts All Medicines)

Headley Pharmacy are delighted to congratulate Darcie, a year 2 pupil at The Holme Church of England Primary School on winning our 'Name the Robot' competition.

The newly named Sam (Sorts All Medicines) is a high-performance storage and dispensing system and a most welcomed member of our team, assisting staff to process the 11,000 items that are prescribed each month.

As well as storing and picking the drugs for our dispensers, it also stores the bagged drugs, which are awaiting collection. When collected, the bagged drugs travel along the conveyor belt and down the spiral chute, to land at the front till.....all at the push of a button.

Come and meet SAM.....it's working hard on your behalf.

We are reviewing our medicines management.

During the Covid epidemic we accepted repeat medication requests over the phone.

For safety reasons we will revert to pre Covid times, asking patients to request on line or by passing their repeat slips into the letter box.

Although we frequently turn around scripts within 24 hours, please allow at least 72 hours for your script to be processed

Medicines management team at Badgerswood and Forest Surgeries

The Importance of having the Vaccine

It has been encouraging to see the large numbers of young people queueing up for the COVID jab at walk-in services across the country. These sites come on top of the 1700 NHS vaccine centres, GP surgeries and pharmacies. We are very grateful to the teams who are working flat out to vaccinate as many people as possible before restrictions are eased. It is so important for every to be vaccinated not only to protect themselves but also to protect their friends and families.

On the other hand, it is disturbing to read about the few irresponsible people who disregard the safety precautions or who are trying to use fake vaccination certificates to gain entry into venues. This will not help us to get out of this pandemic. Listening to myths and misinformation regarding the vaccines is also not helpful. Vaccines Minister Nadhim Zahawi said: "Vaccines are our way out of this pandemic and, thanks to our NHS and the British public, they are already saving thousands of lives. "No matter where you live, where you come from, your background or your beliefs – provided you are over 18, there is a vaccine available to you. I urge everyone eligible to get to their nearest walk in centre this weekend, get their jab and help us get back to normality."

If you have not been vaccinated you can register with a GP or go online at <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/> or Ring 111 for help to find a vaccination centre or a COVID test.

Donations and grants which help to fund medical equipment for both Badgerswood and Forest Surgeries

Treasurer, Ian Harper reported that the first donation to Badgerswood and Forest was made on 27th June 2011, almost exactly ten years ago. With the latest grant from EHDC for a dermatology lamp and the donation from the Masons towards a Doppler machine, the total given is £27,835. Much of this money was raised through fund-raising events such as bring and buy sales, Musical and Quiz evenings, a fashion show, the sale of handmade greetings cards (thank you Barbara Symonds) other, including anonymous, donations and of course your membership cost of £5. This has greatly helped the treatment of patients over the ten years. The PPG and the Practice are very grateful for all these efforts and donations.



Yvonne Parker-Smith, Ian Harper, Dr Laura Clark, Dave Dennis, Nigel Wilson and Ted Wood

A specialist Aviation Lodge which meets at Bordon Masonic Centre contributed towards the cost of a new machine that will be used by patients of Forest and Badgerswood Surgeries.

The Samuel Cody Aviation Lodge is named after the 1st Person to fly in the UK - in September 1908 at Farnborough. The current Worshipful Master, Dave Dennis and the Lodge Charity Steward Nigel Wilson accompanied by lodge member Ted Wood, who is a Bordon Resident and a member of the Patient Participation Group (PPG), presented a cheque for £250 to the PPG which was received by Yvonne Parker-Smith, PPG Chairman, Ian Harper, PPG Treasurer, and Dr Laura Clarke on behalf of the Surgeries. The Lodge is the latest, being inaugurated in March 2018, to meet at Bordon Masonic Centre where there are now 7 lodges meeting in the building behind Tesco's, which is also a wedding centre under the Farminer Hall name.

The £250 will help to pay for a new Dopplex Ability machine, costing over £2500. This follows a cheque for £100 from Cherry Tree Lodge. Several other lodges are considering making contributions.

The Practice would like to thank the Masons for their continual support particularly in respect of funds towards equipment which will greatly benefit our patients and the facilities offered at the Masonic Hall, which resulted in last year's flu vaccination programme being a massive success under such difficult circumstances.

What works for COVID Dr Leung

We have had a year to learn how to fight Covid. What works and what is snake oil?

Antivirals

Remember Tamiflu? The UK and US stockpiled this for bird flu. It turns out it was not very effective and had all sort of severe side effects. Antivirals block viruses from infecting other cells but they also block normal processes. They may have some limited use but are probably not going to be the answer to pandemics.

Hydroxychloroquine

There was never any good evidence for this in treating Covid.

Bleach

No, please don't drink bleach.

Vitamins

Vitamin D has been touted a lot and in Northern climes like the UK, using a low 800unit a day over winter is probably not a bad thing. We did find low levels in patients with bad COVID, but those are the same people with other long term conditions and who are less active. This is probably another example where correlation does not prove causation. There is no evidence that taking Vitamin D or any other vitamin protects you against COVID.

Steroids

These dampen the body's immune response. That's helpful when the response is in dangerous overdrive. Dexamethasone is one that has indeed been shown to be useful but it is not a cure-all on its own.

Antibodies

These are your body's defence mechanism. It takes time for your body to react though. You can speed this up with a vaccine which primes your body to react quickly. You can also use someone else's antibodies to help you fight an infection. We call that 'passive immunity', and is usually given as 'convalescent plasma', the liquid part of blood without the cells. It's the same process when a mother provides immunity to her baby via breast milk.

So what's the best treatment

Not getting the virus in the first place – that means social distancing, washing your hands, wearing a mask, and if you get offered a vaccine, jump at it.

**A third letter to the Badgerswood and Forest PPG members on July 1st 2021
during the global Coronavirus pandemic of 2019, 2020 and 2021**

Dear PPG

Here we *still* are, some of us doubled jabbed and the youngsters still waiting but rapidly catching up. We, in GU35, are comparatively safe for the moment but who knows what's round the corner? So we wash or sanitise, don masks and avoid hugs (unless we forget for a moment). We can still catch it after two jabs though not so often and not so badly. Nobody died of coronavirus today, in GU35 but 17 new cases of COVID were confirmed. 68% of the adult population have had 2 doses of vaccine and 86.5% have had a 1st dose, higher than most other areas in UK. However, in UK the Delta variant is spreading rapidly through schools and universities, holiday spots and parts of NW England, Scotland and London. Sydney, Australia is in lockdown due to Delta as are many parts of Europe and the rest of the world.

After the recent rumblings in the Commons Jungle, we now have a new Health Secretary who has declared that July 19th will definitely be Freedom Day from *legal* constrictions of lockdown. It was clear that the lifting of all legal limits to social contact in England by June 21st had simply been a symbolic aspiration. Would the vaccine win over the virus variants or would a brutal third wave put up a serious road block? Would the complaints about the continued relentless assault on liberties and livelihoods be louder than the cautious warnings of those who worry about no masks, overcrowding indoors or scrapping the 1m-plus social distancing rule? (Poll Watch quotes 63% of Britons as anxious about the risks.) We have been travelling along that road to freedom from lockdown for a very long time now. Putting this very brief summary together has been my vain attempt to understand what has been happening and to record it for posterity.

Step 1 March 8th 2021: Schools and practical college/university courses opened, much to the relief of all concerned and we all held our breath to see how big the inevitable surge in positive cases of COVID would be as children and teachers mixed and parents went back to work. Care home residents were allowed one regular visitor. However, theatre and entertainment venues were shut. Only a slight surge was reported but it was thought that lateral flow testing may have missed many cases. By late March cases were up by a third but deaths were halved. Significantly the vaccines were working.

Changes to step 1 from March 29th: The Easter holidays began and outdoor sports activities and gatherings of either 6 people or 2 households were allowed. Some live entertainment could take place outside in a distant manner. Travel abroad was still prohibited bar very few exceptions. Both new cases and deaths went down at this point.

Step 2 April 12th (Not before): Non-essential retail, some indoor sports, most outdoor attractions and outdoor table service at hospitality venues were allowed to open with safety restrictions. Theatres were still largely shut but drive-in performances and live streaming was allowed at a distance. Travel abroad was allowed with restrictions testing and quarantine. Up to 30 mourners were allowed at funerals but wakes and weddings were restricted to 15. Deaths remained low and new cases remained relatively low.

Step 3 not before 17th May : People were allowed to assess risks for their circumstances but gatherings of over 30 people remained illegal. The 'Rule of 6' applied indoors. Most businesses and activities were able to open including indoor hospitality with table service. Theatres could open with limited numbers and events for up to 30 people were allowed as long as hygiene, face masks and social distancing remained in place. Overseas travel continued with certain restrictions but, dangerously, on a large and crowded scale. On May 16th there were 1926 new cases, numbers grew steadily until May 31st to 3383 and jumped by June 11th to 8125. This exponential rise was put down to the Delta variant, flown in from India, being more transmissible.

Therefore on June 14th it was announced that lockdown easing would be delayed until July 19th. On 21st June there were 11,481 new confirmed cases of COVID and there were 5 deaths, a relatively low number. Hospitalisations were of younger, unvaccinated patients who needed less treatment, which was relatively good news. The delay would allow as many people as possible to be vaccinated and since on June 30th there were 26,068 new cases and 14 deaths this postponement of easing had been necessary.

Reactions to this delay ranged from utter despair to relief or simply resignation to the fact that the ravages of this pandemic are not yet over. The travel and entertainment industries, among others, staged protests demanding financial support as they felt they had missed out, would-be holiday-abroad-makers, eyed the unpredictable red, amber and green travel restrictions and joined the queues of people trying to book a staycation - and those whose livelihoods had suffered throughout lockdown continued to worry about how to put food on the table. People wonder why the pandemic has thrown up 412 new billionaires or why space travel has increased. There was anger at the unfairness of the exemptions for large sporting events while school sports days are cancelled. (However, football fans hugging in the home are more likely to be super spreaders – note the spike in numbers of young male Scots). The G7 summit, although full of good intentions, was followed by a surge in cases (2000% increase) in Cornwall, proof that the virus is still in charge if it is allowed to be. Double-jabbed people sometimes forget that the risks are still around. People

were becoming restless and ready to break the safety rules and the delay was fuelling this. An expert in behavioural psychology recently pointed out that people need 3 things (I would add trust in the rule-makers) before they will follow safety measures during an emergency, in this case a pandemic.

1. **Motivation:** People need to want to do something to keep themselves and others safe. “None of us is safe until we’re all safe” is a mantra which helps to instil this sense of responsibility.
2. **Clear messaging:** People need to understand what they must do and why. *Stay at Home* is much clearer than *Stay Alert*, for example. We can all agree that there has been confusion and inconsistency within the complicated advice given during the pandemic in UK but where public messaging worked best was when it was brief and unambiguous.
3. **Practical Support:** Unfortunately, not everyone self-isolated when asked because they just couldn’t. They would lose money or their job if they didn’t go to work or they had vulnerable people to care for. It is taking time for all necessary support to be organised.

By now, the public have witnessed the remarkable success of the vaccine and have been exposed to suggestions that no job *might* mean no job, no entertainment, no air travel or no whatever they might want to do. A million young adults in UK booked a vaccine in a single day! In fact, 1,082,596 first and second dose slots were snapped up on Tuesday June 8th, more than 750 a minute. June 26th and 27th was dubbed ‘Grab a job’ weekend. They have understood why it’s the right thing to do. There is concern, however, about the rapid spread of the Delta variant amongst schools in some areas which have resulted in disruption of learning and the closure of some schools as over 250,000 children were out of school towards the end of June. Vaccination of children has not yet been approved. A massive overhaul of the bubbling and testing system in schools is being considered, along with plans for educational catch up and help for the health and mental well-being of the youngsters.

The 52 LICs (Low-income countries) of the world are still struggling and will do until they get help. The G7 summit produced generous but inadequate promises so the World Health Organisation will be putting pressure on all rich countries to share/donate more vaccines more quickly, but more crucially give the LICs, where appropriate, the wherewithal and freedom to manufacture vaccine and to fund the development of healthcare facilities.

What will the post pandemic reset be like? Will we continue to appreciate, really appreciate, our key workers who have kept society going? Will we learn to address the injustices and inequities, in education, health and social care that have been highlighted during lockdown? Will we continue to be careful about hygiene and develop better lifestyles and eating habits? Will we be more aware of just how interdependent on each other in this country and the rest of the world we are? Will the workplace continue to be flexible? For certain, we'll have to learn to live with COVID 19 like we live with flu. Sadly two million people in England may still be suffering from long Covid. Tweaked autumn vaccines for flu and COVID will be given and perhaps those of us who used to bravely go to work with sniffles and coughs will have the sense to stay at home until we're better. For certain, our government's pledge to catch up on the three Cs: Cancer, Children and Care would be a good start. I wonder if we'll have a fully funded NCS (National Care Service) along the lines of our NHS.

Best Wishes and for now, please keep yourselves safe.
Liz Goés



Today is July 1st 2021

Of a total world population of almost 8 billion people, almost 4 million people have died of COVID related conditions, a million more than on March 30th 2021. In UK, 128,140 out of almost 68 million have succumbed to COVID, around 2000 more than on March 30th 2021. They were loved and are missed.

In UK 84.9% of the population aged 18 and over have had 1 dose of vaccine (93% of over 75 year olds) and 62.4% of over 18s have had 2 doses, although this varies according to region and ethnic background.

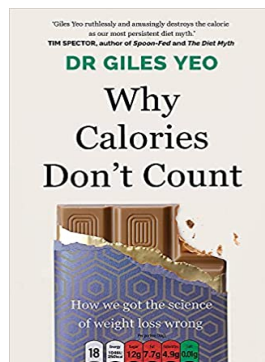
Across the world, 22.6% of the population have received at least one dose of vaccine. Only 0.9% of people in low-income countries have received at least one dose.

There is a long way to go.

Improving our health by eating a healthy diet

Some of you may have read Jonathan Ralston's article in the October 2020 newsletter about A BENEFICIAL AND EASY LIFESTYLE CHANGE FOR OVERWEIGHT AND DIABETIC PATIENTS. Jonathan is now slimmer and healthier and an ambassador for Public Health Cooperation UK (PHCUK) www.phcuk.org. He did, however, have medical supervision. The following newly released book and recent BBC iPlayer documentary are related to diet and lifestyle in the extremely urgent need to conquer the ever increasing occurrence of obesity which was so dangerous for patients who contracted severe COVID19.

Reading for Health - a new release with sensible advice



Some Scary Food for Thought –a MUST watch!

<https://www.bbc.co.uk/iplayer/episode/m000wgcd/what-are-we-feeding-our-kids>

What are we feeding our kids?

This TV documentary relates how Ultra Processed foods (UPFs) are addictive and causing obesity and harming not only ourselves but also our children. This is unforgivable says Dr Chris van Tullekens who experiments on himself by eating 80% UPFs for 30days! He even manages to make us laugh.

More importantly this documentary and several publications have kick-started a much needed campaign to try to solve the problem of obesity and its related dangers to health, especially for children. Please watch this programme.

Another healthy recipe from Carole Humphries:- (No UPFs included!)

White fish and Fennel with tomatoes, anchovies and herbs

Such an easy dish to make in very little time and using only one pan so very little washing up at the end! Full of flavour and with a variety of health benefits. Use a fish which does not flake too easily. I used hake in this recipe but it is just as delicious if you use monkfish or halibut. The dish could also be made using king prawns or calamari

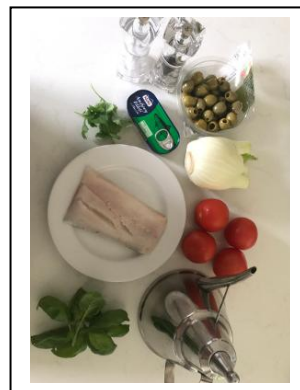


Fennel is a much-underused ingredient. It is packed with flavour, gives texture and is really good for your health as it helps decrease blood pressure, promotes gut health and assists in the maintenance of healthy bones. I have even heard that it helps improve the elasticity of your skin.

White fish is a good source of protein and is easily digested. White fish supports the immune system and provides vitamin B6 which helps fight inflammation in the body.

Ingredients:

- 250g white fish cut into chunks
- Half Fennel bulb thinly sliced
- 4 tomatoes cut into quarters
- 2 tbs olive oil
- 8 green olives cut in half
- 4 chopped anchovy fillets
- Handful of coriander leaves chopped
- Handful of basil leaves



Method:

1. Using a frying pan heat the olive oil and sauté the fennel (5mins)
2. Add tomatoes and anchovies and simmer until the tomatoes start to soften.
3. Add your selected fish and olives. Continue to cook for approximately a further 8mins with a lid on your pan. Check that your fish is cooked.
4. Stir through the herbs and if desired serve with some warm fresh bread. (preferably home-baked)

(We had it for dinner last week and it's yummy.) Ed.

Medical and Surgical Developments as a result of Conflict



Stretcher-bearers struggle through mud to carry a wounded man to safety near Boesinghe on 1 August, during the 3rd Battle Of Ypres (Passchendaele), 1917

Source: <https://www.pinterest.co.uk/michtoysoldier/images-of-war-casualties-of-war-the-great-war/>

wounded in battle has led to discoveries and practices that benefit medical and surgical treatments off the battlefield.

Lessons learned on the treatment of haemorrhage

Loss of blood is the greatest cause of death in conflict situations and the second greatest in civilian settings, after head injury. Before William Harvey proved in 1628 that blood circulates around the body, it was thought to be made in the liver and consumed at the peripheries of the body. This would have given the impression that it was constantly being created. But following Harvey's discovery, it was quickly realised that loss of substantial amounts of blood as from a battle wound, would quickly lead to death as, in reality, it was not continuously manufactured by the liver. This led to the realisation that prevention of death from haemorrhage involved replacing the blood as quickly as possible, while at the same time preventing further loss.

In the last article on this topic, we saw how the critical need for blood replacement in battle led to many advances in blood transfusion and to the development of blood storage facilities that we now know as blood banks.

Understanding haemorrhagic shock

It was found that critically wounded soldiers had lower than normal blood pressure and the lower their blood pressure, the closer they came to death. It was realised that the loss of blood reduced the volume of fluid circulating through the heart, leading to what had been called 'wound shock'. Clearly the volume of blood needed to be quickly replaced to restore blood pressure.

Replacing lost fluid

Initially whole blood was the obvious choice for fluid replacement. With the discovery of techniques for storage of donated blood and the creation of blood banks, this was quite feasible in civilian hospitals but could be problematic in battle. So the discovery by Cohn in 1940 of a technique to separate or fractionate blood into its components, provided other alternatives. The ability to separate and store components of blood such as red blood cells, proteins (such as albumin) and plasma meant that casualties could be treated with a mixture of products, many of which were more easily stored than whole blood. As a result, an American surgeon, Isodor Ravdin, successfully treated American soldiers wounded in the Pearl Harbour Attack of 1941 with albumin, a protein found in blood which drew fluid from the tissues, increasing blood pressure and preventing circulatory collapse. Albumin had the advantage that relatively small quantities needed to be given such that soldiers were even issued with small packs of albumin to keep in their pockets.

For a while, the American army also used plasma – the fluid in which blood cells are suspended – as replacement fluid, instead of whole blood (complete with red cells) mistakenly believing it could be substituted. But they did wonder why British soldiers seemed to need whole blood instead and why US soldiers given British (whole) blood fared better - it wasn't just the restorative power of British blood!

While administration of these products soon after injury prevented immediate death, it was found that the long-term survival rate was not as good as if the casualty had been given whole blood. In particular, if surgery was needed, casualties treated with blood components did not always fair well. An important factor is that plasma lacks the clotting factors of whole blood and those factors will be seriously depleted in someone who has lost a lot of blood. So while plasma will increase blood pressure in the short-term, it will not help to prevent further blood loss. Thus it was realised that when available, whole blood was the best choice, but plasma and other fluids could be a substitute. However, US military doctors had to be reminded of this fact during the Korean War (1950-53) when whole blood was again overlooked in favour of other fluids.

Modern tailored fluid replacement

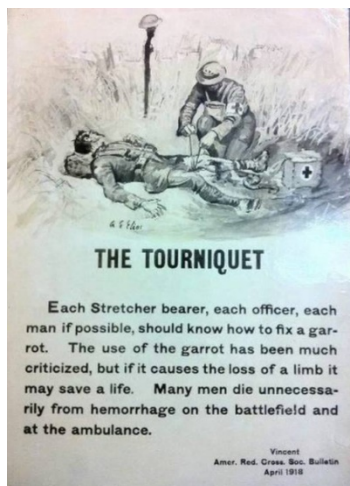
Battlefield experience of casualties treated with different blood products has informed the blood replacement strategies used both in combat and in civilian life nowadays. Such strategies will often include mixtures of different blood

products and include concentrated clotting factors which can be frozen for storage.

Prioritising haemorrhage

The Advanced Trauma Life Support (ATLS) strategy for first aid on the battlefield (and other trauma situations) was designed to treat casualties in the order of greatest threats to life. For many years it was denoted by the initials ABC: A for airways, B for breathing and C for circulation. But in 2006, this was modified to C ABC i.e. the treatment of major haemorrhage first before anything else as other interventions were deemed likely to be fruitless if the casualty was bleeding to death (losing their C for circulation) and this was not addressed. It was found that as a result of this change, more casualties survived to reach hospital and receive treatment for their injuries – previously many died from loss of blood before getting that far. After the strategy changed, a review found that of those casualties who died *after* being admitted to hospital, nearly all died from head injuries, rather than from loss of blood as before. For this reason, this strategy – of always addressing major bleeding before anything else – is also taught in civilian first aid training.

Use of tourniquets



It was recognised as long ago as the 18th century that casualties on the battlefield bleeding from severe wounds to arms or legs, could be saved by compressing the limb above the wound to reduce blood loss. Sir Gilbert Blane, who was Physician of the Fleet in 1779-1783 introduced tourniquets for this purpose insisting that every man carried a garter or piece of rope that could be tied tightly around a limb.

Because of the number of casualties treated with tourniquets in a conflict situation, experience of this intervention soon built up. This led to the realisation

that although they saved life on the battlefield, they often led to problems

permanent damage to nerves, blood vessels and tissues of leading to the limb dying off below the wound and having to be amputated.

Source: <https://www.realfirstaid.co.uk/tourniquets>

Although the loss of a limb is better than loss of life, the use of tourniquets became very controversial and for a time civilian first aid training no longer recommended their use. However, further experience showed that tourniquets

applied for less than two hours and removed under medical supervision where the consequences of their use can be addressed, generally resulted in good outcomes and they were once more standard military 'kit'. Similarly current non-military first aid protocols in the UK teach that when other methods of preventing blood loss are unsuccessful, a tourniquet should be considered but the duration of application must be monitored and the device only removed by medical personnel.

While the needs and limitations of combat trauma situations are often so different to those of civilian life that the principles of one do not always readily translate to the other, it can be seen from these examples that many valuable universal lessons have been one of the few benefits of conflicts through the years.

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Researched and written by Marcia Hammond

CLARA BARTON – A NURSE WHO FOUNDED THE AMERICAN RED CROSS

If people have heard of Clara Barton, they would be aware that she was a nurse during the American Civil War, and that she founded the American Red Cross. Clara Barton did not have any formal training in nursing. She acquired her nursing skills by caring for a member of her own family, her older brother, who was injured during a barn raising. Clara was only eleven years old, but she nursed him for two years until he had recovered.

These skills would be applied during the American Civil War.

Clara wrote "I learned to take direction for his medicines from his doctor and I handled great loathsome crawling leeches which seemed like snakes to me".

With the advent of the Civil War, she provided medical supplies and food to the hospitals on the battlefields. She did, however, assist the surgeons on many occasions, removing a bullet from a man's face after one battle, and nursed many wounded soldiers whilst under enemy fire.

After the Civil War, Clara went to recover from the conflict to Europe. In Switzerland she discovered the value of the Red Cross and was determined to bring that back to America. She succeeded in 1881, and started an American Branch of the Red Cross.

Her experience in the Civil War and Europe showed her the necessity of providing nursing care but also emotional support, and also ensuring supplies, food, clothing and shelter were available. These became core services provided by the American Red Cross. Clara died in April 1912, aged 90, from Pneumonia.

Yvonne Parker Smith

May 2021

DR JAMES BARRY – 1795 – 1865 A MASQUERADE FOR THE TIMES

Dr James Barry was actually a woman, born Margaret Ann Bulkley in Cork. By the time she was a teenager she passed as James. She took the name of her late uncle, who left Margaret and her Mother a legacy.

Dr Barry trained at Edinburgh University and was an outstanding student, enlisted in the British Army in 1813 and was posted to London and Plymouth. By all accounts, Dr Barry fought duels, was a vegetarian and teetotaler, at one time admonished Florence Nightingale, and travelled with a menagerie of small animals!

Dr Barry went to South Africa in 1816, and performed the first recorded C section by a European in Africa – both Mother and baby survived.

Dr Barry apparently had a good bedside manner, but could be tactless and rude. An aggressive nature could result in a reduction in rank but the promotion would soon be restored.

Barry became the Inspector General HM army hospitals in 1845 and fought for better sanitation, better food and medical care for prisoners, soldiers, lepers and camp followers.

In 1865 Dr Barry sadly died of dysentery after a few years retirement and was buried in Kensal Green Cemetery, NW London. The inscription on the gravestone reads "Inspector General of Hospitals, died 25 July 1865, aged 70 years".

The military record of Dr Barry was sealed for 100 years. When opened in the 1960's it stated that Dr Barry had requested that the body should be buried in the clothes worn at the time of death.

This request however was ignored by Barry's charwoman, who along with other witnesses, including Barry's doctor, verified the fact that James Barry was actually a woman!

The most likely explanation is that Margaret wanted to be a doctor when this just would not have been possible for a woman. She spent 46 years as a man but is acknowledged to be the first woman doctor and surgeon. In fact women would not be granted licences to practice medicine until 1876.

Yvonne Parker Smith - June 2021

The vital importance of 1st Aid lessons in CPR and use of Defibrillators

Many of us witnessed the collapse and cardiac arrest of Danish footballer, Christian Eriksen on TV and the speedy action of his team mates, the referee and the medical staff. CPR was administered and he was quickly brought back using a defibrillator. Thankfully he is now stable and fitted with an ICD (Implantable Cardioverter Defibrillator) a device which helps to maintain a regular heartbeat.

Closer to home, at Alice Holt Forest, a man sadly died when CPR was not enough to revive him and the defibrillator was locked inside the visitor centre. The defibrillator at Alice Holt is now accessible at any time of day by any first responder. This public access defibrillator (PAD) will be funded and, crucially, maintained by the Farnham charity, the Aston Defibrillator Fund.

Some readers may remember that, a few years ago, our PPG collected a list of local defibrillators, with amazing response from Nextdoor. Several more location maps are now available as I'm sure more PADs have been installed. The importance of regular maintenance of these PADs cannot be stressed enough. Also, as David Lee, our former chairman said, we can feel relatively safe in this area as so many of the schoolchildren have learned how to administer CPR and use a defibrillator - as have many adults. We hope to get back to 1st Aid lessons fairly soon. However, if you find yourself in the position of being a first responder in an emergency, the first thing to do is call 999. Paramedics are trained and equipped.

Poem from a Patient

To each of you I've seen before
Whom I have welcomed through my door
I will love you for evermore
For all you have done for me
With wisdom far beyond your years
You knew when I was close to tears
When life seemed just too much to bear
I was lucky you were there
You have seen the bits I'd like to hide
But enabled me to keep some pride
For your kind hearts and gentle touch
I trust you all so very much
For all you have done for me
One day when there is an empty chair
Do not be sad as I am not there
A teenage girl was dwelling in
My very old and wrinkled skin
But now my soul is soaring free
Embracing immortality
Then do just one more thing for me
BE GLAD
NOT SAD

Marguerite Howkins

Let's not forget our Local Heroes:

We continue to be grateful for all the good work done by all the key workers and volunteers during the pandemic. The Food Banks at St Francis Community Church, Headley Down and Bordon still desperately need your donations and they are very grateful. There is still hardship around.

We must add congratulations to our local Headley Fine Foods who won a special award for their contribution. Thank you and well done.

I'd also like to mention Woolmer Forest Time Bank who do so much to develop community spirit by swapping and sharing skills for no money. They have clocked up a record 6,000,000 timebank hours. Bank member Daphne earned the six millionth hour by supporting another member through a difficult time.

Anyone can join. You can find out more about Woolmer Forest Timebank on their website woolmerforesttimebank.org.uk, call 01420 559030, or email timebank@cfirst.org.uk

Something to cheer us up from Dr Sherrell



This may not be Clarkson's Farm but.....

We were asked to erect some housing for birds and bats given we are building an extension.

I had no idea what size the nesting box should be let alone at what height the box should be placed or where we should place them.

Feeling a bit like Jeremy Clarkson on his new farm, I checked the internet and bought 4 small nesting boxes. It is quite difficult to find a suitable location at the right height whilst not putting the entrance at danger of larger birds attacking the emerging chicks

So I attached them precariously against the small garden sheds we had, 6 feet above the ground.

Alas no birds this year and then Dr. Leung ordered a skip. Now what you must know is if not nailed down, Dr. Leung puts it in the skip!!! Now these sheds were a bit wobbly to say the least and so in the skip they went...goodbye nesting boxes !!!

So, Keith Marshall came to the rescue with son Sam and built the most beautiful, penthouse style nesting boxes I have ever seen. We now have boxes for blue tits, nuthatches, woodpeckers and a bat box plus insect box.

I do hope to update you next year on the progress.

Thank you. Getting out and about and close to nature, especially baby birds, is just what we need these days.

<https://fb.watch/6rZ6DkxX8G/>

Your questions on who does what at the surgeries

What is a paramedic?

A paramedic is a highly trained and skilled medical professional who specialises in emergency treatment. S/He is often the senior member of a two-person ambulance crew responding to emergency 999 calls and can assess patients, provide emergency treatment and make diagnoses.

Paramedics can also play a vital role within a GP surgery and are trained to provide care that does not require the intervention of a doctor. They can make home visits and report back to the GP with any updates on any treatment and medication given.

What is a Physician Associate?

S/He is a graduate who has undertaken postgraduate training who works under the supervision of a doctor and is trained to perform a number of day-to-day tasks including:

- taking medical histories from patients
- performing physical examinations
- diagnosing illnesses
- seeing patients with long-term chronic conditions
- performing diagnostic and therapeutic procedures
- analysing test results
- developing management plans
- providing health promotion and disease prevention advice for patients.

Currently physician associates are not authorised to sign prescriptions but they can get a doctor to sign on their behalf.

What is a nurse practitioner?

Becoming a Nurse Practitioner is now a Masters level degree course and Nurse Practitioners will work in a GP practice having responsibility for their own work load, their own referrals, requesting bloods/x-rays/ECGs/USS and managing patients. They can function with or without a doctor depending on their knowledge in the medical field. They can also write prescriptions and perform a number of procedures.

Practice Details

Address	Badgerswood Surgery Mill Lane Headley Bordon GU35 8LH	Forest Surgery 60 Forest Road Bordon Hampshire GU35 0BP
Telephone Number	01428 713511	01420 477111
Fax	01428 713812	01420 477749
Web site	www.headleydoctors.com	www.bordondoctors.com
G.P.s	Dr A Leung Dr F Mallick Dr L Clark Dr P Milton Dr J Hobbs	Dr I Gregson Dr H Sherrell Dr S Atherton Dr M Pollard
Physician Associate	Sharmin Ullah	
Practice Team	Practice Manager Deputy Practice Manager Office Manager 1 nurse practitioner 5 practice nurses 2 health care assistants (HCAs)	Sue Hazeldine Paula Hazell Emma Sharpe 1 Paramedic
Opening hours	Badgerswood	Forest
	Mon 8 – 7.30	8.30 – 7.30
	Tues/Wed/Thurs/Fri 8 – 6.30	8.30 – 6.30
	Sat 8.30 – 11.30	8.30 – 11.30
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	Barbara Symonds Carole Humphries Ted Wood David Pennell

Contact Details of the PPG ppg@bordondoctors.com
ppg@headleydoctors.com
yvonne.parkersmith@gmail.com



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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.

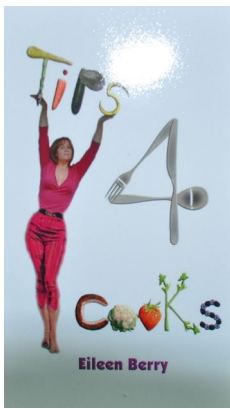
We run

- 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?

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OddJobRob

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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



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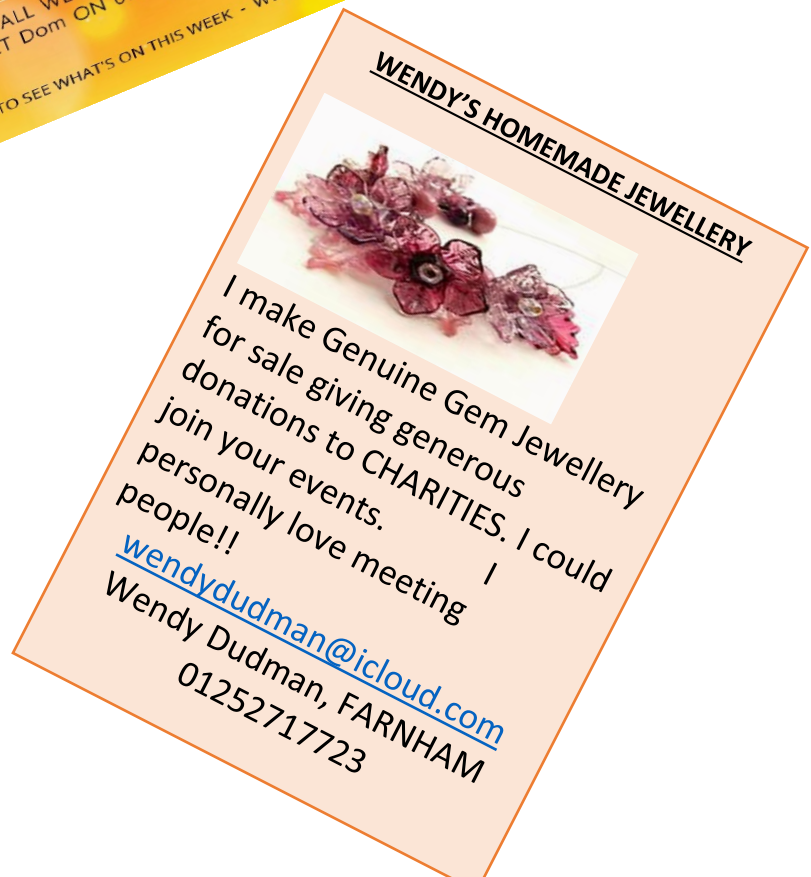


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Tel: 01428 717593

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**

We'll continue sending the newsletter electronically to most of you for now, but please tell us if anyone you know would like a printed copy.