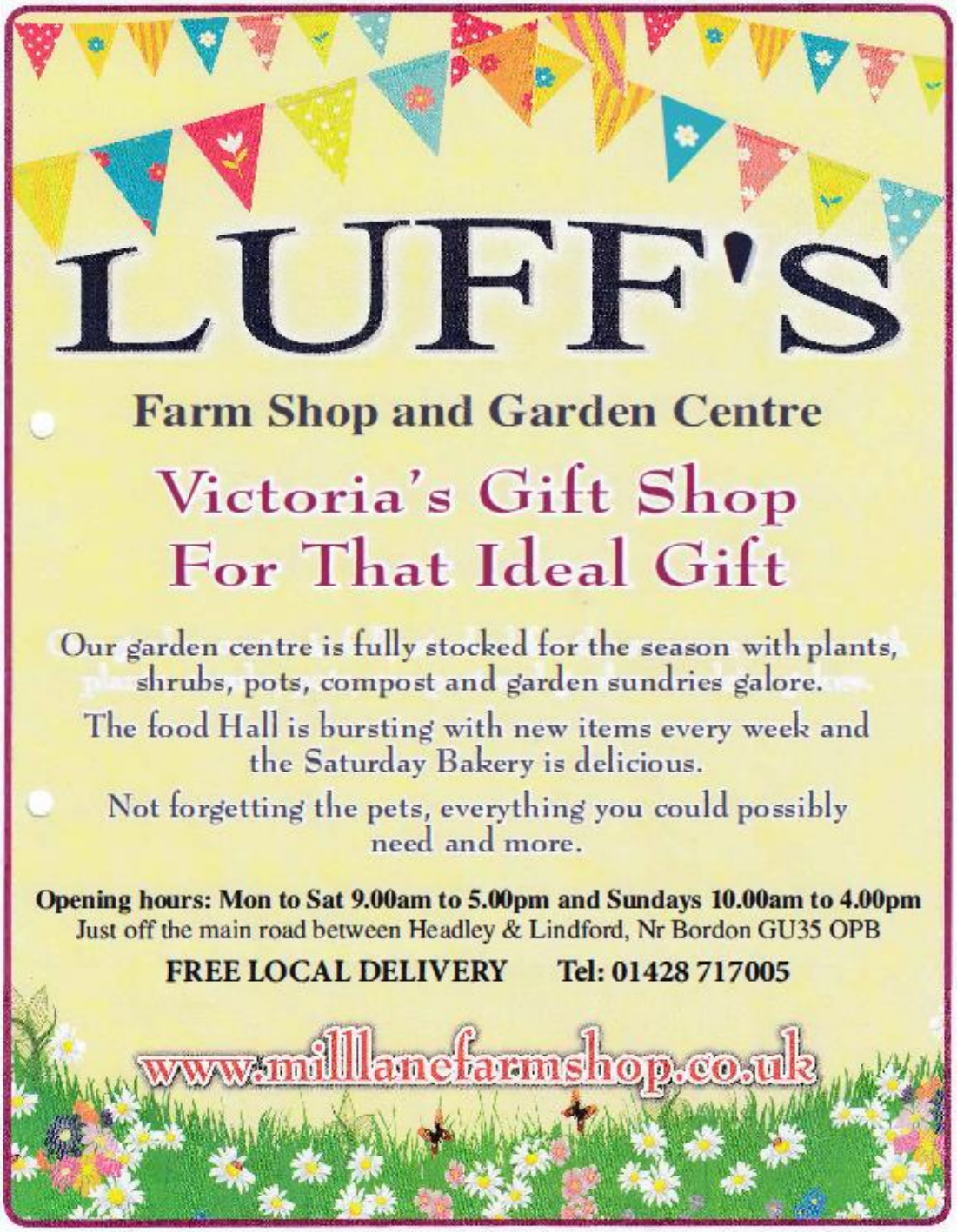
Patient Participation Group Newsletter

Incorporating the
Friends of the
Badgerswood and Forest Surgeries

January 2020 Issue 36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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

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

Chairman and Vice-Chairman Report

This newsletter is full of interesting facts reflecting how busy the PPG and Practice have been in the past 3 months. We start by apologising for our November members' meeting which was cancelled at such short notice. This was due to illness which affected arrangements. The speaker was kindly prepared to come to speak but this would have meant a $2^1/_2$ hour journey to come to us followed by his talk and then a $2^1/_2$ hour return trip. The committee felt this was not appropriate and the meeting was therefore cancelled.

Our Education Article this time is on Unexpected Weight Loss. This article gives indication of when to consult with your doctor. Causes can be serious and should always be investigated but on occasion a reason for this may never be found and at times the weight loss may be unexpectedly regained.

Marcia Hammond has again written our Great British Doctor article, on Prof Norman Dott, a pioneering neurosurgeon. She has produced a superb account of an outstanding leading doctor who helped to develop a new medical specialty.

We knew our Practice was soon to be reviewed again by the Care Quality Commission (CQC), 4 years after its initial visit when it was graded with a 'Good' status. The Practice was notified that this review visit was due to take place on the 8th October by telephone call and a list of questions was sent beforehand which would be discussed during this review. We are still waiting the review comments from the CQC.

As mentioned in our October 2019 newsletter, the PPG has been involved with the Practice in various studies looking at Practice clinical activity. Following the Educational Article in our last newsletter on Cardiac Failure, we have now done a literature review and studied the guidelines recommended by NICE. We have decided to conduct a pre-diagnosis study of our patients who have Cardiac Failure to see if any patients were seen in the year beforehand and if so, did any of these have any symptoms which may have alerted the clinician to an earlier diagnosis? We have not been able to identify such a similar study. Our cancer study is still continuing.

We attended 'Here's Headley' again this year taking the stall just inside the front door. We checked the BP of people coming through the door but on this occasion found no one with significant hypertension. Numbers attending the event this time were lower.

Our 1st Aid Training continues. This quarter we have run courses for the Bordon Town Councillors, for school teachers and the general public. We have had many people applying for our courses and now have a waiting list of over 50 people waiting for our courses. In total we have trained over 500 people and over 200 children aged 8 to 11. Anyone who wishes to attend for 1st Aid training please apply to ppg@headleydoctors.com or via Badgerswood or Forest surgery. All our courses are free.

NHS England obtains clinical satisfaction data annually by a postal study of a random selection of patients from all 700+ GP Practices in England and Wales. Using their data published by NHS Choices we have produced a comparative study of appointment making and reception standards between our Practice and national and local figures. The figures from our Practice are not as outstanding as we had hoped but show areas where we can improve. The CQC review in October came back with a 'Good' again. We wanted an 'Outstanding'. Perhaps some of the reasons for this was due to the appointment standards.

In both Headley and Bordon we have problems with public transport and we depend on a small number of very kind drivers who use their own cars to transport patients to the GP surgeries, clinics, dentists and to hospitals. These drivers have grouped together into 2 groups and work very hard. The lead coordinators of both the Headley and the Bordon groups have each died in the past 2 months. I (David Lee, Chair of PPG) have helped to take over leading the Coordinators of the Headley group. Both in Headley and in Bordon they are desperately short of drivers. If you have some free time, no matter how little, and have a car and would be able to help with either group, please get in touch .with me, again at ppg@headleydoctors.com Thank you.

The withdrawal of out-reach clinics by the North Hampshire and Basingstoke Hospital from the Chase Hospital has caused major problems for us. The doctors at the Badgerswood and Forest Surgeries Practice have struggled hard to attract out-reach clinics back to our area and have now built up an increasing number of consultant-led and specialty clinics from the Royal Surrey County Hospital to our surgeries. These are discussed later in this newsletter.

The husband of one of our committee members, John Symonds, was troubled for many years with recurrent pre-malignant skin lesions and had numerous operations for these. After his recent death his neighbours clubbed together to contribute to the purchase of a dermatoscope which is used to assist in the more precise diagnosis of possible malignant skin lesions, the very type of instrument which may have benefitted John. We now have enough funds to purchase the equipment and a camera to link with a computer to allow images to be beamed to a dermatologist remotely for a specialist opinion. We plan to purchase this with a "In memory of John Symonds" label fixed to the equipment.

There seems to be some delay in the development of the Health Hub at Bordon. We attach the present architect's map of the centre of Bordon new town showing the image of the proposed Health Hub. Is this what we will be seeing in 2021?

We are encouraging the Badgerswood Surgery to switch on the television screen again. It seems some time since we last saw it working. We have plans to advertise on this and would like to utilise this more.

I have been approached by a health group from Brooklyn, New York who have been reading our newsletter! No idea how they heard about us or how they found our newsletter. They have in fact sent me an Educational Article about pneumonia which they wondered if we would like to publish in our newsletter. They are known as 'FamilyAssets'. I plan to bring their email up at the next committee meeting. I suspect they may be a good group to keep in touch with. Their article may form the basis of a good article which can be easily modified into the type of article we publish, and it may be that our articles can be useful for them too. However our articles are copyright to us and I would never release the content of any of our articles to someone else without any of our authors' permission first and without agreement that the PPG and each author is recognised as the source of the material.

Finally, we have been working more closely with the Pinehill Surgery PPG and we have agreed with our committee that we would be happy to combine our newsletter with the Pinehill PPG. We hope soon to have a regular article from Pinehill and will then plan to put their name on the front cover of the newsletter. The Chairman of the Pinehill PPG, Bruce Johnston, now sits on our PPG committee and I have been asked to sit on their PPG committee.

Issues raised with the PPG

We have had one email regarding Forest Surgery and one item with NHS Choices relating to Badgerswood Surgery. NHS Choices seems to have stopped Star rating the Practices although each item still Star rates. We have discussed the Star rating system in previous newsletters and contacted NHS Choices about this. We are pleased this seems to have stopped.

FOREST SURGERY

Thank you all at Forest Surgery

Good morning Tina - let's start Monday morning with a compliment!

On Thursday afternoon H. realised that she did not have any more of a medication that she takes three times-a-day. H. unfortunately has rather a lot of different medications to take at different times of the day and has her medication distributed in preparation in containers upstairs/downstairs/handbag[s]/in-the-car to have it available when needed.

We are jointly sorry and apologise that one particular medication was overlooked/lost-track-of with respect to what was available until she realised that she didn't have any of one rather crucial one.

I went to the Pharmacy and asked to see Don and advised that I was submitting a prescription renewal/repeat request and would it be possible for him to issue an advance 'emergency' quantity for Friday + the weekend? On checking the prescription request he advised that he could not as it was a controlled medication that had to have a doctor's release: nonetheless, he advised if I were to approach Reception and explain the circumstances it should be possible to obtain a signed prescription after 16:00.

Explaining the situation to Ali she immediately agreed to raise a repeat prescription, not only for the urgent medication needed but also for others on-the-low-side that were requested on the repeat request.

I collected the signed prescription after 16:00, signed the requisite form for a prescription for a controlled medication as part of the surgery's process, and handed it in to the Pharmacy and collected the medication early Friday morning.

I apologise for requesting a special service instead of the normal 3-4 days routine, however, I wish to draw to your attention my/our immense gratitude for such an excellent service when called upon and, please do, at your next Team Meeting, direct a compliment and a thank you to Don/Kevin, Ali and the doctor concerned for an above-and-beyond service so provided

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BADGERSWOOD SURGERY

NHS Choices comment

by Anonymous - Posted on 08 November 2019

2 out of 4 Amazing Doctors

There are 2 excellent female doctors at this surgery and unfortunately the other 2 are really poor. A certain doctor who has dealt with prescription requests in the past thinks it is appropriate to decline prescriptions on the basis of the cost even though they are prescribed by specialist consultants who are obviously a lot more knowledgeable with regard to appropriate medications. Rather than letting patients know that their prescription has been refused, you have to waste time and effort going to collect your prescription, which you assume has been done to be told that it's actually been refused. You then have to go through the stressful and time consuming process of stating why you feel that it is actually appropriate for you to have the medication that has in fact been prescribed by your consultant and not that particular GP. I thought GP's were supposed to have a certain level of empathy and it is really sad that some of them seem to care more about saving money than they do about a patients health and wellbeing. The nurses that I have dealt with at the surgery are lovely and the 2 that I have seen are really friendly which is important to me. Appointments are difficult to come by unless it is an emergency and I think it would be beneficial for the surgery to have a telephone consultation service which I believe would free up some of the GP's time.

★★★★★ 5 star rating

Replied on 11 November 2019

Thank you for your comments. However, in order to respond, I would require some further information. Therefore, if you would like me to review your comments effectively, I can be contacted on our surgery number 01428 713511 - my name is Sue Hazeldine, Practice Manager. Many thanks.

PPG Comment

We always hope that all comments made about the Practice by patients, carers etc, whether constructive or critical, can be used constructively to try to improve the functioning of the Practice. Comments made however should be seen to be accurate and fair. Where a patient or carer has a grievance, it would seem appropriate that they approach the Practice in the first instance to resolve their problem before proceeding to a national platform such as NHS Choices. This may help them to understand the difficulties or problems faced by the Practice, to help the Practice function more smoothly with such an issue, or even to see where they may misunderstand the problem which may not be a problem in the functioning of the practice but perhaps an issue such as a lack of communication between the practice and the patient or even the carer.

The PPG has therefore approached the Practice about the above query and this has now been discussed by the doctors in the Practice. As seen this complaint has been submitted anonymously. None of the doctors has been approached by anyone about such a complaint and none was aware of any such problem.

There are several errors in this statement which would have been clarified very quickly had this person approached the Practice in the first instance.

1. This statement makes comment about prescription writing and talks about 4 doctors at Badgerswood Surgery. In fact there are at least 8 doctors who write the prescriptions for Badgerswood Surgery
2. The prescribing of drugs, especially analgesics or those categorised as controlled drugs, is conducted in a very similar manner by all the GPs in the Practice and is frequently discussed at the weekly meetings
3. The overuse of controlled or dangerous drugs is very closely monitored
4. Use of controlled pain killing drugs for end-of-life care is given very appropriately by all GPs frequently by joint decision with colleagues before a prescription is written.
5. Use of controlled drugs at risk of recreational use is very tightly controlled.

6. It is unclear from the comment whether this may have been a too early request for additional supply of a controlled drug eg ordering a month's supply only 2 weeks after a previous request.

In addition to these comments the PPG would like to add:

1. Cost of drugs is never a consideration in writing a prescription. NHS Prescription Services, a government body, makes payments to pharmacists for the free prescriptions they dispense in primary care. As a patient, both my wife and I have been frequent visitors to the GPs at Badgerswood, I find it insulting that anyone would say about our doctors "*it is really sad that some of them seem to care more about saving money than they do about a patient's health and wellbeing".* This sentence is just so wrong and is obviously written just to upset.
2. When the person writing this discusses "specialist consultants" I think they are talking about oncologists. These specialists are not specialists in pain killers but in anti-tumour therapy. May I suggest that our GPs are possibly more knowledgeable and experienced in the selection and use of pain killers especially in end-of-life care which oncologists are not. Oncologists rarely see patients after they have failed all oncological treatments and are then handed back to the GP care.
3. Had this person contacted the surgery, they would have been told this surgery has had a telephone consultation service for years.

So, in summary, this complaint is inappropriately critical, inaccurate in many respects and fails in many ways to help us to improve the service in this Practice which is what we hope to do with every comment that comes to us.

The manager of the Practice wishes to respond to this statement on NHS Choices and has requested the writer to contact her directly in order that she can obtain details and respond accurately to these. It will be interesting to hear the response here.

We encourage people to make comment about our Practice, whether constructive or critical, but ask that you be factually accurate and help us to be as constructive as possible in improving our Practice.

Voluntary Car Services

This area has poor public transport services and since February of this year, this has become more of a problem. The bus which travels through Grayshott, Headley Down, Headley, Bordon, and Alton now comes only once every 2 hours, especially for people trying to get to medical services. Public transport generally does not coincide easily with the GP clinic appointments. Our main hospitals are the Royal Surrey County Hospital in Guildford, the Basingstoke and North Hampshire Hospital in Basingstoke, and Frimley Park Hospital, all quite a distance away. It is not uncommon to have to travel by public services by bus, sometimes followed by train, which may take all day to get to and from a hospital appointment.

In addition to this now that several important clinics have closed at the Chase Hospital those clients who would have used these services may need to travel to Alton and will be looking for transport here now.

Additionally, Petersfield is being developed as the main health hub in our region but is even more difficult to get to. As it involves a bus and train trip and a long walk from the railway station, it is rarely used by our patients.

To help many of the patients who are unable to get to clinics, either local or at a distance, there are people who are prepared to drive them using their own vehicles. Drivers are reimbursed at the level that is allowed for volunteers. Some drivers occasionally go further afield such as to the Queen Alexandra Hospital in Portsmouth, to Southampton or to London. Drivers provide a service highly regarded by all their patients and are providing an essential service to the community.

These drivers have grouped together and formed both Headley Voluntary Care and Bordon and Whitehill Voluntary Car Service, the 2 services covering their own separate distinct regions and not overlapping (see adverts in this newsletter). Patients phone the Voluntary Care / Car Service number answered by a coordinator. The coordinator notes the patient's name, address, contact phone number, when and where they are going. They then telephone their volunteer drivers until they find a driver who is available to take this patient to their appointment and will then phone the patient back to confirm the arrangement and pick-up time. Our voluntary car services do not normally cover emergency call outs.

With Headley Voluntary Care the patients are not charged but asked to make a donation to Voluntary Care to help reimburse drivers' expenses. Some give generously, others can afford little. HVC accepts transport vouchers. Together with profits from their weekly Thursday coffee morning, the donations roughly balance the cost of drivers' expenses at the end of the year.

Bordon and Whitehill Voluntary Car Service has a different method of charging. All trips' distances there and back have been calculated and patients are specifically charged this set amount. Drivers again are reimbursed within the level set by the government as a volunteer thus avoiding any tax liabilities or being classed as a taxi service. Clients on 'benefit' will have this sum refunded, usually at the hospital attended, by using the driver's receipt. Travel coupons are accepted for the current year. Local trips are at a fixed rate.

Headley Voluntary Care has 9 coordinators on a weekly rota. About 10 years ago there were about 60 drivers but now there are only 39. Not all the drivers are available all the time due usually either to illness or holiday. It is not uncommon for there to be less than 30 drivers available in 1 week. 6 of the drivers are only happy to do local drives and many drivers do not like driving to Basingstoke, Portsmouth or London. Since most of our drivers are elderly and retired, the numbers are tending to reduce as we are seeing fewer younger drivers joining us. In the past 3 months 2 drivers have retired from the charity. There has been a significant increase in numbers of patients asking for help, so there is increasing pressure on the system. We normally see 20 -30 patients asking for help every week. About 1/3 of drives go long distance, the others are for local appointments

Bordon and Whitehill Voluntary Car Service has 5 coordinators and each will do usually a week at a time except when extra will be needed with holidays etc. This service receives 30 - 40 calls per week and in 2017 made 1501 round trips, and in 2018, 1605. One third of trips are local including Liss. This year in one month 147 journeys were made. We have 21 drivers. Two drivers do only 'urgent trips', 3 only up to 10 miles, 4 only up to 3 times a week. Because of the closure of a surgery in Bordon which had a partnership surgery in Liss those patients who remained with that partnership now need transport to the surgery in Liss. Until this year the service never had to turn down a trip because of no driver availability, but this year 15 trips had to be turned down.

WE ARE NOW IN NEED OF HELP.

We desperately need more drivers to help both Headley Voluntary Care and Bordon and Whitehill Voluntary Car Service. If you come forward to help as a driver it is necessary for us to conduct a DBS check which means that you will be checked to ensure you are safe to look after patients alone. It is wise that you tell your insurance company that you will be driving for the charities but this is usually never an issue and should not affect your premium. You will be reimbursed your costs only, so the cash given to you is not an income and does not involve any income tax liability.

If as a driver you are asked if you can help a client with a drive and it doesn't suit, you can just say 'No' and don't need to say why. You only drive as frequently as it suits you and when you wish, there is no pressure at all to do any trip.

CAN YOU HELP US? Can you spare a moment to drive a patient who is having difficulty in getting to a clinic or to hospital?

IF SO, PLEASE PHONE US

Headley Voluntary Care - 01428 717389

Bordon and Whitehill Voluntary Car Service - 07596 701312
(**Please note new telephone number)**

or contact me directly – ppg@headleydoctors.com

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

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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

HEADLEY VOLUNTARY CARE

ANNUAL GENERAL MEETING

Join us at 8pm on the 12th March on our

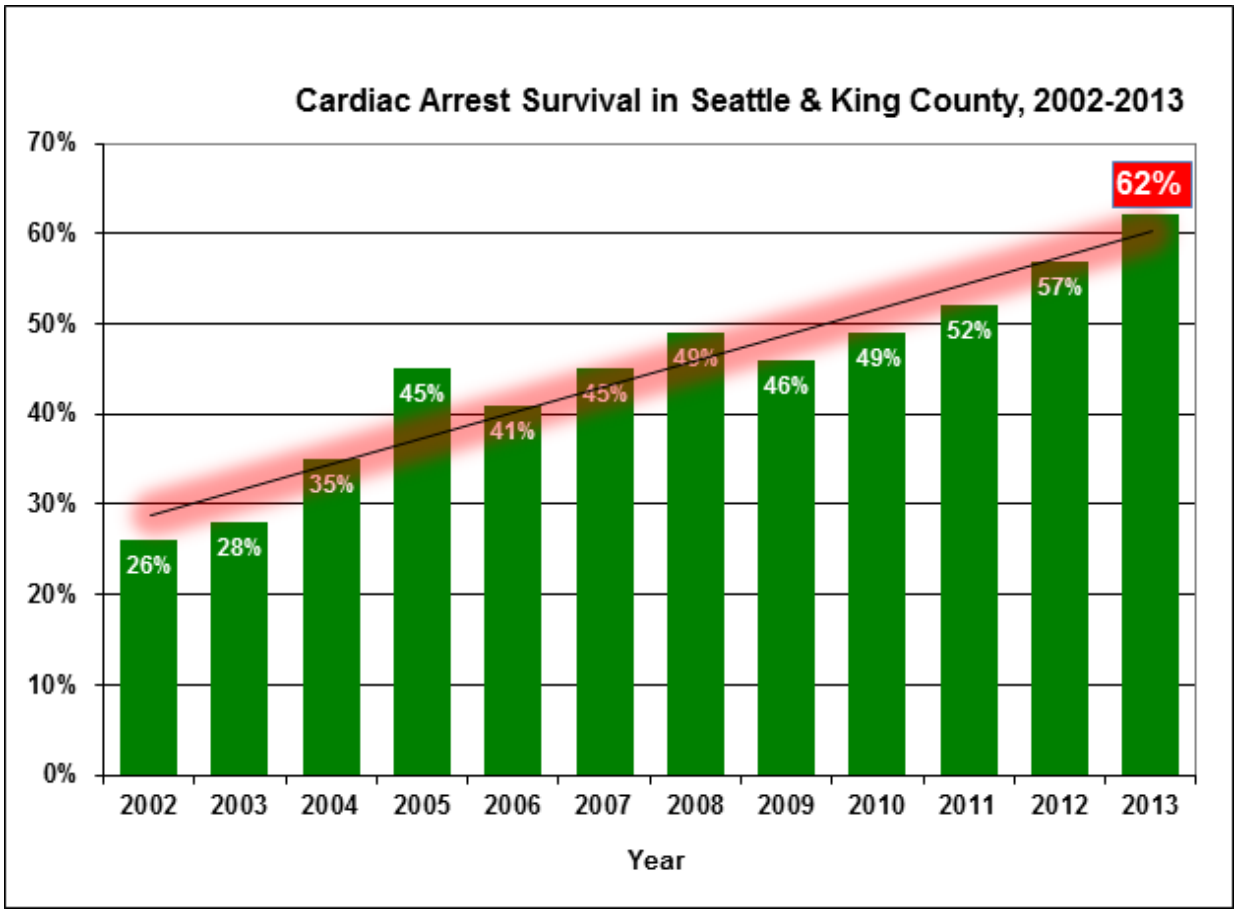
50th Anniversary

CHURCH CENTRE
2 HIGH ST, HEADLEY,
BORDON GU35 8PP

First Aid Training and defibrillators

In our area First Aid training and defibrillators are becoming an increasing priority. More and more people are approaching us to train in Basic Life Support techniques and learn how to use defibrillators. We can teach up to 20 people on each 1st Aid training course that we run. When we advertised our last course, we had 57 applicants and are now having to organise 3 courses for these people. There is obviously a great demand which can only be good.

This is not surprising when you consider the figures in the UK compared to what is achievable. In the UK if someone suddenly collapses unconscious and needs to be resuscitated, the chances of their being recovered successfully is approximately 5%. Compared to the best in the world which is Seattle in the USA, this is terrible. The figure there is nearly 65%. Why can we not be as good as Seattle? We are now trying to improve our figures by running our free courses and we encourage as many people as possible to enrol. If you collapse, and someone who knows what to do is with you in 2 minutes and a defibrillator arrives in 4 minutes, you will have the same chance of recovery as in Seattle.



Knowing where the nearest defibrillator is sited is obviously important. A few years ago Liz Goes who sits on our PPG committee looked at availability and sites of defibrillators in our area. Contributors from Nextdoor Lindford sent in some details, which we are grateful for. This list of defibrillators needs upgrading and we now plan to take a lead on this. We want to know:

1. Where all the defibrillators are in our area
2. Whether these defibrillators are external or in buildings and if so, are they available to the public, at what times and how to access them.
3. Are all the people who live and work in the vicinity of every defibrillator trained in Basic Life Support and in the use of defibrillators?
4. What types of defibrillators are they?
5. Who is responsible for their service and is this maintained?
6. Production and wide distribution of a list of defibrillators with location address including postcode
7. Production and wide distribution of a map with defibrillators marked
8. Road signage of nearest defibrillators

If you know of any defibrillators which we have missed, please do let us know before we produce a final list.

Many people think that use of defibrillators is the sole method of resuscitation but this is not the case. Basic Lifeupport needs to be started immediately and continued throughout the time after the defibrillator arrives. Defibrillation is but a part of the resuscitation scenario.

Our team, Marcia Hammond, Ian Harper and myself, have now trained over 500 people including nearly 200 children aged 8 to 11, in this area to a standard that exceeds that for national certification. Our courses are free, last approximately $2^1/_2$ hours and are run to the standard set by the Resuscitation Council UK of which I am a member. We issue attendance certificates outlining what has been taught. Small donations to cover costs of hall hire and disposables such as defibrillator electrodes and new equipment are kindly received but not requested. All donations are handled through the PPG.

Our courses vary each time – different days of the week, sometimes morning, afternoon or occasional evening. If you wish to be placed on our waiting list to be notified of future courses please contact me at ppg@headleydoctors.com and I'll be in touch.

Unexplained Weight Loss

It is normal for body weight to fluctuate to some degree day by day and week by week but if calorie intake and output remains balanced, weight should remain relatively stable throughout the months and years. A regular excess input over output with either excess diet or lack of exercise will result in obesity. Lack of input with dieting or excess output with increased exercise may result in loss of weight. But these are not unexpected causes of weight loss

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When should one be worried about weight loss? You will lose some weight if you have a bout of diarrhoea and vomiting but 'Unexplained' weight loss is defined as

"the unintentional loss of at least 10 pounds or 5 percent of body weight over a period of 6 to 12 months. This would be equivalent to a 14 stone man losing 10 pounds or a 10 stone woman losing six to seven pounds".

Should this happen, advice from your GP should be sought and associated symptoms, careful examination and appropriate tests obtained.

Many people think immediately of cancer as the probable cause but your doctor will not leap to this as the primary problem without a careful history, examination and series of investigations. Not all cancers are associated with weight loss. Those that are, most commonly only do so at an advanced stage. You may be aware that you have previously been treated for a cancer but the unexplained weight loss may be a worrying symptom of either recurrence or the advancing nature of your disease. Some cancers do present primarily with weight loss and especially of note is cancer of the pancreas gland which lies behind the stomach.

Are you eating less and is this therefore a reduced calorie intake? If so, why are you eating less? Poor appetite and why? Dental problem? Difficulty chewing? Difficulty swallowing? Choking as you try to swallow? All these point to a reduced dietary intake from a problem in the mouth or throat.

Do you have heartburn, indigestion, hiccups or recurrent vomiting? This may indicate a problem in your gullet or stomach. Jaundice or yellowing of your skin and eyes may indicate a problem in your liver, gall-bladder, or pancreas.

Abdominal pain, distension, upset in bowel habit especially diarrhoea and constipation, rectal bleeding, all indicate the need to investigate the bowel.

Hormonal problems can creep up and present with unexplained weight loss. Diabetes may present this way and should always be considered especially in patients with excessive thirst. We have twice written articles in our newsletters about how to recognise if you may be diabetic. Also overactivity of the thyroid gland always results in weight loss as does Addison's disease due to failure of the adrenal glands resulting in low steroid levels. In olden days, Addison's Disease was most commonly caused by tuberculosis of the adrenal glands and from descriptions of her illness, it is thought that this may be the cause of death of Jane Austen.

Patients with cardiac failure may experience weight loss due to poor blood supply to their tissues and breathlessness on eating although in contrast occasionally they may put on weight due to fluid retention. Endocarditis due to inflammation / infection of the heart lining and heart valves commonly results in severe weight loss.

Chronic Obstructive Airways Disease (COPD) at an advanced stage will result in weight loss. The Cleveland Clinic has calculated that it takes 10 times more calories to breathe at this stage than normal.

Tuberculosis is still not uncommon in the UK and many people can be infected without realising this. In people with a weak immune system, the disease can become very active. In many cases nowadays, TB has become resistant to many of the previously used antituberculous drugs.

Blood in the urine, post-menopausal bleeding, chronic cough lasting more than 2 months, may all be associated with a problem related to unexplained weight loss and indicate a source of a problem which requires investigation.

Some medications are associated with weight loss. This may be associated with an effect on appetite and this is always clearly explained in 'side effects'. Several diabetic drugs are known to cause weight loss, which is seen as a beneficial side effect. We almost never prescribe any medication for weight loss and no herbal medications. Amphetamines have dangerous side effects and herbal medicines for weight loss are either useless or dangerous. The only one we sometimes use is Orlistat. Its continued use depends on sustained continued weight loss or it should be stopped.

In many cases however, despite a detailed history, careful examination and extensive tests including scans, the cause of the weight loss cannot be determined. All this will not be sorted out in a single 10 minute appointment. It is surprising how often in such cases, the patient starts to gain weight again for no reason and the cause is never found and the patient eventually recovers completely.

If you think you are losing weight, keep a clear record and bring this with you when consulting your doctor.

People in Headley, Bordon and surrounding areas now have access to two new community clinics - bringing care closer to home.

Royal Surrey NHS Foundation Trust will be delivering both a Rheumatology clinic and a Diabetes and Endocrine clinic at Badgerswood GP surgery in Headley from November 2019. It means patients will no longer have to travel out of town for out-patient appointments. It also frees up space at Royal Surrey County Hospital in Guildford.

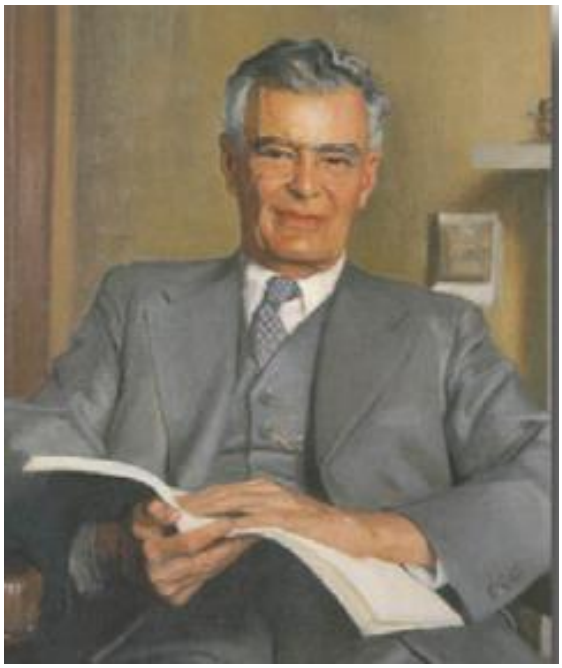
The clinics join those already in place in Bordon for Obstetrics, Physiotherapy and Ophthalmology.

The Rheumatology clinics will run on Wednesday afternoons and the Diabetes and Endocrine clinic will take place on the third Wednesday of the month.

New Doctor to join the Practice

A note from **Dr Mike Pollard** who will be joining our Practice this month:
'I am very much looking forward to joining the team at Badgerswood and Forest Surgeries. Having spent the last 12 years as a GP Partner in Farnborough, it is time for a new challenge and I hope, and intend, to be very much involved in the development of health services in Bordon and Headley.'

Great British Doctors No. 23
Norman Dott
1897 – 1973



Norman Dott by Sir William Hutchison
©The Royal College of Surgeons of Edinburgh

Norman Dott was the UK's first neurosurgeon and did much to establish and contribute to this relatively new surgical specialty. He was renowned for his patient-centred approach and his precision and attention to detail. The first attribute probably arose through many experiences throughout his life as a patient, and the second from his early training in engineering.

Early life and change of career

Norman McOmish Dott was born on the outskirts of Edinburgh in August 1897. He was the third of five children born to Peter Dott, an art dealer, and Rebecca Morton. Peter Dott had followed his father Aitken into art dealership, developing the firm of Aitken Dott & Son, now trading as the Scottish Gallery in Edinburgh. But Norman Dott decided on a different career, becoming an engineering apprentice, which probably better suited his character. However, one night in 1913 when returning home from his apprenticeship, he had a bad motorcycle accident, breaking his left leg in several places. Fortunately, his surgeon Henry Wade, decided against amputating the leg and Dott was treated conservatively, although he was left with a permanent limp. But his experience as a patient clearly made an impression as he decided to leave engineering and start a degree in medicine in 1914.

Medical training and specialisation

Dott studied at the University of Edinburgh, graduating in 1919. His first job was as a House Officer (the most junior grade of hospital doctor) at Edinburgh Royal Infirmary but he soon started to specialise in surgery. He also worked part-time as a physiology lecturer at the Royal Infirmary during which time he started his research on the effects of surgical destruction of tumours in the pituitary gland in the brain. His outstanding work was recognised by the award of a Rockefeller Travelling Scholarship which enabled him to study for a year in Boston, USA, under the pioneering neurosurgeon, Prof. Harvey Cushing. He later developed and refined some of the techniques he learned with Cushing. In the same year (1923) Dott gained Fellowship of the Royal College of Surgeons of Edinburgh.

The development of neurosurgery

From 1931, Dott was based at Edinburgh Royal Infirmary, but in 1932, he was also made Honorary Surgeon at the Royal Hospital for Sick Children. Initially, he worked as a general surgeon and later commented that operating on children was excellent training for a career in all types of surgery. This may be a reference to the skills he gained when specialising in the delicate and intricate surgery involved in correction of facial defects in children, such as cleft palates.

At this time, neurosurgery didn't really exist as a specialty in Scotland and throughout his career, Dott worked hard for recognition and funding for this branch of surgery. In due course he managed to obtain the necessary neurosurgical equipment at the children's hospital and to establish a neurosurgical department. At this time, he also had a private neurosurgery practice but no surgical premises, so he operated on adults in nursing homes, transporting his staff and equipment in cars or taxis to the various residences!

Eventually, Sir David Wilkie, the Professor of Surgery at Edinburgh Royal Infirmary, offered Dott some beds for adult neurosurgical patients in Ward 20 of the hospital. This became Scotland's first neurosurgical ward and treated its first patients in 1938. In addition, in 1947 Dott was given one of the world's first professorships in Neurosurgery at the University of Edinburgh. He set up a Brain Injuries Unit and later a Head and Spinal Injuries Research Unit.

Wartime achievement

During the Second World War, Dott established the Brain Injuries Unit in Bangour General Emergency Service Hospital in Broxburn, West Lothian.

Here, he worked with two neurology teams treating civilian as well as service casualties. In 1948, he was awarded a CBE for his wartime work.

Ward 32 (Neurosurgery) at Bangour General Emergency Service Hospital during the War

Oldstyle and tough, but benevolent

In the later part of his career, Dott was looked upon by those coming up the surgical ranks as rather 'old style' and had a reputation for expecting a lot from his juniors. But he was also noted for taking into his department promising young doctors from all over the world, many of whom were refugees. An outstanding example was Dr Kate Hermann, a Jewish doctor training in Hamburg who was forced to flee Nazi Germany with her family in 1937. She continued her training at Edinburgh Royal Infirmary from 1938, under the tutelage of Dott. She was a dedicated student, described as 'workaholic' by her colleagues and went on to become Scotland's first female consultant neurologist.

Final achievements and recognition

Towards the end of his career, Dott established the first neurosurgery department at another Edinburgh hospital – the Western General Infirmary – in 1960. It included a world-class ward, theatre and rehabilitation facilities, much of which Dott helped to design. This included the special operating theatre, which had a vaulted, reflective roof intended to prevent shadows falling over the surgeon and operative site. Dott became the first Chair of Neurological Science at the hospital. He was instrumental in establishing The British Society of Neurological Surgeons and became its President. He was also Vice President of The Royal College of Surgeons of Edinburgh and was made Emeritus Professor at the University of Edinburgh in 1969. But Dott claimed that the award that meant the most to him was being honoured as a Freeman of the City of Edinburgh in 1962.

Pioneering contributions to surgery

Using his engineering background, Dott designed a number of surgical instruments, some of which are preserved in the museum at the Royal College of Surgeons of Edinburgh. He was also a pioneer in devising a number of surgical procedures and diagnostic tests. He was one of the first to use angiography to demonstrate an aneurysm (bulging of the wall of an artery) in the brain blood vessels known as the Circle of Willis and to successfully treat it surgically. He also made important contributions to knowledge of the circulation of cerebrospinal fluid (which surrounds the brain and spinal cord) and to the management of facial pain.

"Do what is best for the patient"

This was Dott's philosophy, which differentiated him from many of his colleagues and understandably made him popular with his patients. His insight of a patient's perspective may have been as a result of his experiences throughout his life as a patient himself. He was saved from an amputation by Sir Henry Wade, had a chronically painful hip fused by Sir Harry Platt, leg shortening by Sir Walter Mercer, a cordotomy for chronic pain by his friend Sir Geoffrey Jefferson and a colostomy by Tom McNair.

Medical history and last years

Perhaps Dott's colourful medical history accounted for his relatively early retirement in 1963 but it inspired him in more than one way. His colostomy (removal of part of the large intestine) resulted in him having a stoma. This is an opening of the intestine onto the surface of the body, through which faecal matter empties into a reusable bag. Inspired by this challenge, Dott responded in typical manner by setting up Edinburgh's first stoma clinic, as well as designing and producing his own range of stoma appliances.

Dott died in Edinburgh at the end of 1973, leaving behind his wife Peggy and his only child, Dr Jean Hider. His portrait can still be seen hanging in the Western General Infirmary.

Sources

- Macintyre I. Vignette: the engineering surgeon Norman Dott (1897-1973).Available at: https://www.mddus.com/resources/publications-library/insight/winter-2009/vignette-norman-dott

- Alumni of the University of Edinburgh: Norman Dott (1897-1973). Available at: https://www.ed.ac.uk/alumni/services/notable-alumni/alumni-in-history/norman-dott
- Patel SK *et al.* Norman Dott, Gerard Guiot, and Jules Hardy: key players in the resurrection and preservation of transsphenoidal Macintyre I. Vignette: the engineering surgeon Norman Dott (surgery. *Neurosurg Focus* 2012;33(2):E6
- Norman McOmish Dott. Royal College of Surgeons of Edinburgh library. Available at: https://library.rcsed.ac.uk/media/1399/gd-100_86-norman-mcomish-dott.pdf
- Colleagues pay tribute to pioneer brain doctor. The Scotsman newspaper. Available at: https://www.scotsman.com/news-2-15012/colleagues-pay-tribute-to-pioneer-brain-doctor-1-1316044
- The life of Norman Dott examined. Lothian Health Services Archive, 2012. Available at: http://lhsa.blogspot.com/2012/11/the-life-of-norman-dott-examined.html

Editor's note (David Lee):

I qualified in medicine from Edinburgh in 1971 and had the privilege of meeting Prof Norman Dott in the early '70s.

Treatment of the fractured thigh bone which resulted in such a significant career change was at that time by a system known as 'traction' and bed rest. Left to simply heal, this bone takes 3 months to unite soundly enough to be able to bear the weight of the body. Dott was kept in bed for 3 months and large elastoplast adhesive strips were stuck to the skin from the thigh right down the leg on the inside and outside, ropes were added to the end of the adhesive strips, passed over a pulley at the bottom of the bed and attached to a heavy weight. The foot of the bed was then raised to stop the patient being pulled downwards. Being an engineer, Dott realised that the whole system was inefficient and while he was stuck in bed for the 3 months, he redesigned the whole system to be more efficient. None of the doctors listened to him so by the time he was discharged, he decided to change careers to become a surgeon and help the profession since they obviously wouldn't listen to him.

Dott died from a ruptured aortic aneurysm which is an abnormal swelling of the main blood vessel in the abdomen. He knew he had this problem but treatment by surgery at that time had a fierce mortality rate. He diagnosed this himself when he felt it one day as he was operating and leaned forward against the operating table and felt the aneurysm pulsating. He survived for many years after diagnosis.

NHS Choices comparative study of GP practices

In the latest issue of NHS Choices, data has been published comparing all GP Practices in England and Wales. Figures show the National average and how local Practices compare as a group and each individual practice is performing. The latest study is looking specifically at out-patient appointments and clinic visits. So how does our Practice compare to the National figures and to the group figures for all our local neighbouring practices?

We have some concern about this data and its accuracy. Data is collected from a small sample by postal questionnaire. In all cases locally, less than half the patients have replied. There is no demographic data to see whether these figures are representative of the Practice as a whole. We also have some concern about the precise accuracy of the figures. For instance in NHS Choices they report our Friends and Family Test figures as 100% of people are happy to recommend our Practice having obtained a sample from 12 patients. As you will know from our previous newsletters, over 1000 patients have in fact filled out our F&FT forms and in fact we have a 96% response of people happy to recommend us.

NHS Choices lump the results from Badgerswood and Forest Surgeries together and it is not possible to separate the two. The Practices that we compared our Practice to are Pinehill Surgery, Grayshott Surgery, Liphook and Liss Practice, the Swan Practice, Petersfield and the Riverside Practice in Liphook.

However the figures shown in their study are interesting and may help us in some way to direct how we may improve areas of our Practice. We obtained the national data, the local group data and specific data for our surrounding Practices. The items looked at were as follows:

Figure 1 gives a table showing the National figures, the local figures, the figures from our Practice and the best and worst from all the other Practices. The total study is too detailed to try to reproduce every figure from every Practice. Note that the 'Best' and 'Worst' were not all from the same Practice.

Figure 1 NHS Choices – comparison of clinics national and local figures

	National	Local	BW/For	Best	Worst
1.Was it easy to get through to Practice by phone?	68	71	76	97	58
2. Were receptionists helpful?	89	86	89	97	84
3.Were you satisfied with appointment times available?	65	66	60	75	38
4. Did you manage to see or speak to preferred GP when you would like to?	48	58	70	85	45
Making an appointment					
5. Were you offered a choice of appointments the last time you tried?	62	61	45	77	38
6. Were you satisfied with the type of appointment you were offered?	74	77	65	89	62
7. Did you take the first appointment offered?	94	94	90	99	90
8. Would you describe the experience of making appointment as good?	67	68	66	86	56
Your last appointment					
9. Were you seen within 15 minutes or less after appointment time?	69	65	59	78	49
10. Did the healthcare professional give you enough time to be seen?	87	89	85	92	68
11. Was the healthcare professional good at listening to you?	89	90	88	97	72
12. Did the healthcare professional treat you with care and concern?	87	89	87	97	73
13. Were you involved as much as you wanted in decision making about your care?	93	94	97	99	
14. Did you have confidence and trust in healthcare professional you saw?	95	95	96	99	83
15. Did you feel healthcare professional recognised / understood your mental health needs?	86	89	96	99	83
16. Did you feel your needs were met during your last appointment?	94	94	95	100	85
Your health					
17. Do you feel you have enough support from local services in past 12 months to manage any of your long-term conditions?	78	79	85	94	54
Overall experience					
18. Would you describe your overall experience of the Practice as good?	83	83	78	97	55

Our Practice did not achieve a 'BEST' result in any category according to NHS Choices figures.

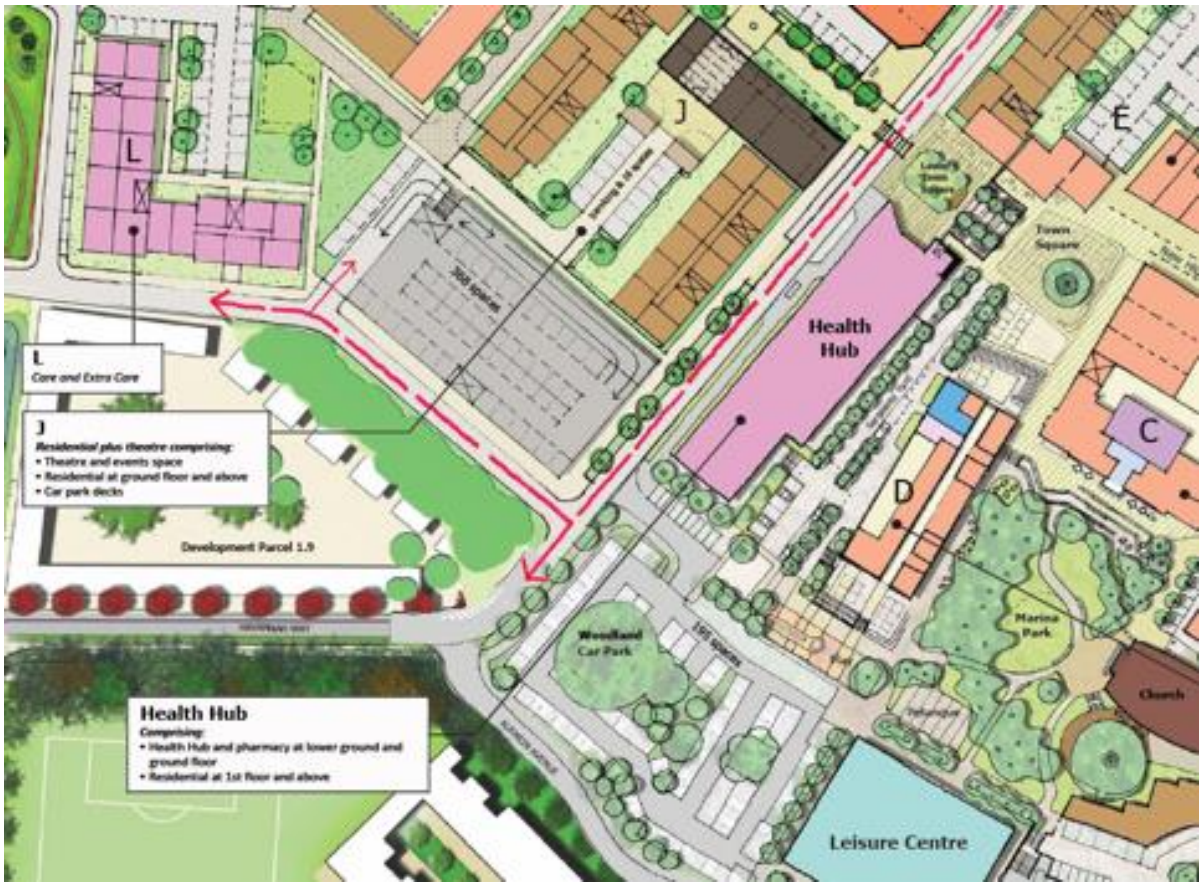
Scanning down the topics, it is apparent that the Practice appears to score low in the booking of appointments compared to the National and local average. Patients seemed dissatisfied mainly with availability of appointment times, the choice and types of appointments available, and described the experience of making an appointment as not good. Our Practice in fact ranks amongst the worst with 90% of patients taking the first appointment offered compared to other Practices where patients seem to be more satisfied with the first appointment offered. Our patients also tended to have to wait for a greater length of time beyond their appointment time than the average although not quite the worst.

The booking problems obviously affect the rating given by the patients in describing the patients' impression of the Practice standard as 'Good'. What is difficult to understand is that local services cover all the local Practices but the rating given by patients from different practices of these services is so different varying from 55% to 97%. Why should this be so different when these 2 ratings actually came from 2 Practices which covered the same town?

This study may give us the opportunity to look in more detail with the Practice to see why our bookings system has ranked so low and if there is an opportunity to improve the appointments system, perhaps by looking at how the other Practices in our area run their systems different from us. We have problems with our telephone system which needs to improve. This is in hand and we hope a new digital computer linked system will soon be installed. The bell at reception at Badgerswood Surgery has been stolen and needs to be replaced. The PPG can fund this. Availability of more slots for on-line bookings may ease the way patients can make their appointments to suit. Patients have made comment to us about this. Part of the problem about freeing up slots this way is not being able to triage and patients booking doctors' slots for items which can be dealt with by the nurses for example.

Beyond that however the service provided by our Practice was of a high standard with patients feeling that the care provided was of a level at or above that of national or local figures. Of note is the fact that our Practice is in an area with a rapidly expanding population with over 4,500 new houses. This may be affecting our figures over the next few years until the system settles down. Let's hope our CCG continues to help us.

Bordon New Health Hub



We were kindly shown a glimpse of the proposed Health Hub in Bordon. There is still an enormous amount of work to be done so this may not be the final version, but we are quite excited and wanted to share these plans with you.

The plan is to move the Forest Surgery, Chase Pharmacy and the Southern Health functions to this new Hub, right in the middle of the town. The completion date is due in 2022

A promise – a challenge

A detailed letter from the GP newsletter Doctors Net UK in November gives a good base on which to compare what happens in the next 5 years with the GP and nursing provision of service promised by the new Conservative Government.

The Government in their manifesto promised a dramatic improvement in the numbers of GPs and nurses in this country as they plough vast sums in to the NHS. Money alone will not resolve this. Here is the situation at present according to statements published by Doctors Net UK just before the election.

GP, nursing shortages continue to grow
Doctors Net UK
29/11/2019

The number of fully-qualified GPs has continued to fall in spite of increases in trainees, according to new figures. The latest data led to fresh calls from senior doctors for the next Government to do more to ensure there are sufficient staff across the NHS. The General Practice Workforce data up until 30 September 2019 showed that there were 328 FTE (full time equivalent) additional GPs, including trainees – a rise of 0.9% - compared with September 2018.

The latest figures followed a series of reports published this week, highlighting the growing pressure on NHS staffing, confirmed by NHS Digital's figures. There were 340 fewer fully qualified GPs (excluding registrars) and 489 fewer fully qualified permanent GPs (excluding locums and registrars) over the same period. The number of GP practices also fell by 3.8%, totalling 6,867, according to the figures, suggesting the closure or merger of 270 practices over 12 months.

The figures also show that there were just 297 more nurses (a rise of 1.8%) in the quarter to September 2019 compared with the quarter to September 2018. This led to a record number of vacancies as hospitals sought to recruit for the winter – more than 43,000.

British Medical Association council chair Dr Chaand Nagpaul said: “Significant holes in the workforce across areas such as acute medicine and mental health care, particularly in some parts of the country, means that staff are being pushed, often at a detriment to their own health, to make up these shortfalls. “This is not fair for staff and not fair for patients. The UK falls well below comparable high-income countries in terms of the number of doctors per population – we do not

have to accept this as the norm. “The Government must do all it can to both retain doctors, including addressing the pension crisis, and ramp up its recruitment efforts by investing in the NHS to make it an attractive career option for doctors and staff from the UK, the EU and internationally.”

Sally Warren, director of policy at The King’s Fund, said the volume and intensity of GP workloads is driving many to either reduce their hours or leave the profession altogether. And although more GPs than ever are being trained, the figures produced by the NHS show that GP numbers continue to decrease, she said. “Across the country, health and care services are grappling with severe staff shortages,” she continued. “Latest workforce data out today shows there are currently over 105,000 vacancies in NHS trusts, plus 122,000 vacancies in social care at any one time. If the next government wants to deliver on promises to improve health and care services for patients and the public, they must first tackle the workforce crisis.”

Professor Martin Marshall, chair of the Royal College of GPs, described the figures as “disappointing”, adding: “It is serious and we need to see drastic action taken to reverse this trend.”

NHS Digital also produced data for GP surgery appointments, which showed that there were a record 31 million appointments in October – a rise of four million on the previous month.

Dr Richard Vautrey, BMA GP committee chair, said: “The highest number of patients are seen on the day they book their appointment – this speaks volumes to the diligence and commitment of GPs and colleagues in the wider healthcare team. “Many patients are seen within the following days, and while longer waits are often due to proper planning for long-term care, practices share the frustration of patients when they are unable to always offer appointments sooner. “This comes on the backdrop of falling GP numbers and the long-term picture is damning, with hundreds fewer full-time equivalent, fully qualified family doctors than we had this time last year. GP partner numbers are falling at an even faster rate, owing to the additional stresses of owning and running practices.”

Dr Sarah Wollaston, former House of Commons health committee chair and now a Liberal Democrat candidate, added: “People across the country struggling to get appointments will be appalled to see the number of GPs and practices continuing to fall. The Conservatives have completely failed to keep their

promise to increase the number of GPs and have now plucked an even greater number out of the air. "People depend on GP practices for their front-line care. Both patients and the primary care workforce have been badly let down by this government and the situation in general practice will make for a very difficult winter across the NHS."

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So, what will be the situation in the next 5 years with our new Tory Government and what sort of challenge should be expected and how difficult will this be?

In the Tory Manifesto prior to the December 12th election the Conservatives promised during the time of this government there would be 6,000 more general practitioners and 6,000 more primary care professionals such as physiotherapists and pharmacists, as well as an extra 50,000 nurses. This would allow 50 million extra GP surgery appointments per year. To cater for this there would be 5 new medical schools opened.

Following the election of Boris Johnson as Prime Minister on the 12th December, the Queen in her speech stated that the government would enshrine in law:

- A commitment of £33.9bn per year to the NHS till 2023/24 which is equivalent to 3.4%
- A new visa to “ensure qualified doctors, nurses and health professionals have fast-track entry to the UK”

The Prime Minister in his post-election speech confirmed:

- “we will deliver 50,000 more nurses”
- “we will deliver 50 million more GP surgery appointments”
- “we will build 40 new hospitals
- “we will deliver a long-term NHS budget enshrined in law of £650 million extra every week”

PPG Chairman comment

These statements are recorded for future comparison as they are challenging. Are they achievable?

Where will 6,000 more GPs come from? Does this figure mean an increase in total number or does this mean 6,000 including the number of new appointments replacing those who have retired. How many GPs will have retired in this 5 year period?

From the time a medical student starts at medical school it takes 10 years to qualify and train to become a GP. So even if there is an increase now in trainees, we will not see any of these swell the numbers of doctors in this country till 2029. And the 6,000 new trainees will not all become GPs. So where will the 6,000 new GPs come from in the next 5 years. From abroad? From where? All countries are short of doctors and especially third world countries. Are they not in more need of doctors than we are?

Where will 50,000 nurses come from? Many of our nurses already are from abroad. Other countries especially in the Middle East attract nurses from abroad and make great offers to tempt them.

Do we need 50 million more GP surgery appointments in 5 years? This is a strange statement. This statement must mean the government is anticipating that there will be 50 million more consultations per year in 5 year's time and be confirming that it will be providing facilities to cover the ability to process these by 2024.

I think the UK has a taken on a great challenge here. It will be interesting to see how this progresses in the next 5 years.

Practice Details

Address	**Badgerswood Surgery** Mill Lane Headley Hampshire Bordon GU35 8LH	**Forest Surgery** 60 Forest Road Bordon GU35 0BP
Telephone Number	01428 713511	01420 477111
Fax	01428 713812	01420 477749
Web site	www.headleydoctors.com	www.bordondoctors.com
G.P.s	Dr Anthony Leung Dr I Gregson Dr H Sherrell Dr Laura Hems	Dr Charles Walters Dr F Mallick Dr L Clark Dr S Atherton
	Dr Mike Pollard	
Physician Associate	Sharmin Ullah	

Practice Team	**Practice Manager**	Sue Hazeldine
	Deputy Practice Manager	Tina Bell
	1 nurse practitioner	
	4 practice nurses	
	2 health care assistants (HCAs)	

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

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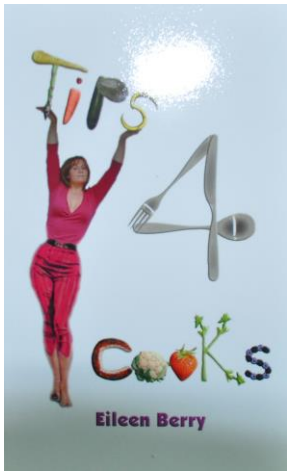

Brian Donnachie is a patient of Badgerswood. He has very kindly given the PPG copies of this book "Tips 4 Cooks" to sell to raise money for our latest projects. It was written by his wife Eileen who sadly passed away recently

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".

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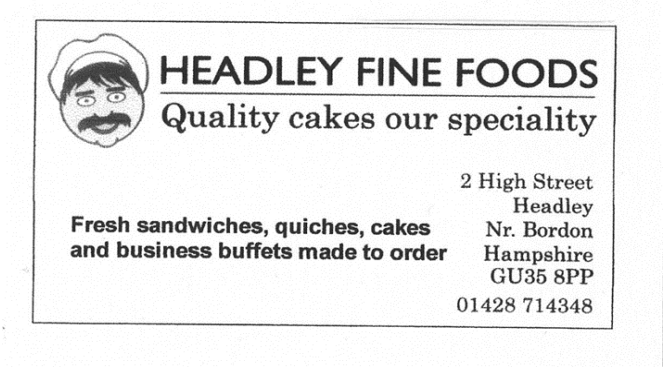

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