Patient Participation Group Newsletter

Incorporating the
Friends of the
Badgerswood and Forest Surgeries

October 2019 Issue 35

LUFF'S

Farm Shop and Garden Centre

Victoria's Gift Shop
For That Ideal Gift

Our garden centre is fully stocked for the season with plants, shrubs, pots, compost and garden sundries galore.

The food Hall is bursting with new items every week and the Saturday Bakery is delicious.

Not forgetting the pets, everything you could possibly need and more.

Opening hours: Mon to Sat 9.00am to 5.00pm and Sundays 10.00am to 4.00pm

Just off the main road between Headley & Lindford, Nr Bordon GU35 OPB

FREE LOCAL DELIVERY **Tel: 01428 717005**

www.millanefarmshop.co.uk

超級 Oriental
市場 Shop

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

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

Come down and visit!

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

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

Follow us here: www.facebook.com/orientalshopuk

Bordon and Whitehill

Voluntary Car Service

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

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

Can you help us? All fuel costs reimbursed.

Our telephone number is 01420 473636

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 / Vice-chairman Report

We have been busy this past quarter at the PPG. Meetings and discussions involving health care issues locally, surveys and studies relating to the Practice, issues related to our Headley Voluntary Car Service, 1st Aid Training and attendance at our local 'Here's Headley' event, have occupied a lot of our time.

Dr Guha has kindly written our Educational Article for this newsletter on Cardiac Failure. The symptoms and signs of cardiac failure are varied and not specific but if any are present, may point to the disorder and should be investigated as cardiac failure is a critical cardiac condition which should be treated. Please read his article and if you have any of the symptoms or signs, you should have these checked out at our surgeries.

The out-reach clinics run by Basingstoke Hospital at the Chase Hospital have now gone as has the Xray facility. However our Practice has been working hard to try to replace these and has linked in with the Royal Surrey County Hospital who have agreed to provide some out-reach clinics by consultants from Guildford at Badgerswood and Forest Surgeries. We hope soon to see Rheumatology and Paediatric clinics added to the list of services here. Our Chairman has now linked with the Waverley and Guildford CCG regarding Haslemere Hospital and is involved in discussions about the future development of its Minor Injuries Unit. We hope this may expand into a 12 hour a day service even served by doctors rather than nurses, but this has not yet been confirmed and depends on what our SE Hampshire CCG plans to develop at Petersfield.

Headley Voluntary Care runs the voluntary car driver's service for people who need to go to hospital and other medical services from Headley and Lindford and immediate surrounding areas. Recently it has run into a problem. Lee Yates organised the rota for the co-ordinators who are the team of people responsible for finding and allocating drivers for every patient who calls for help. Lee suddenly died about 2 weeks ago leaving the system in limbo. The chairman of the PPG and another colleague have taken on Lee's role and sorted out the rota in the short term but hope to approach the co-ordinators and the drivers to see whether we may be able to re-design the system to be more efficient. In the meantime, we are looking for more drivers and co-ordinators to help. So if anyone has some spare time please get in touch with me at the ppg web site.

Our 1st Aid Training programme continues to develop. In addition to advertising further courses, we have also been approached by people asking if we could run training courses for them. We have now trained and certificated about 500 people locally and about 200 children aged 8 to 11 years old at Bordon Junior School and Holme School in Headley. If anyone wishes 1st Aid Training in Basic life saving skills please contact us at ppg@headleydoctors.com or ppg@bordondoctors.com or via either Badgerswood or Forest Surgery receptions with a contact detail and we'll get in touch. Our courses are all run for free.

My 3 year term of office as a Governor of Southern Health Foundation Trust is coming to an end. I am eligible to stand for a further term but was undecided whether to do so because of family problems. However I have been persuaded to reapply and have now been re-elected. This Trust is now making major strides and I am sure will soon become one of the better mental health Trusts in the country.

It is now 4 years or so since the Care Quality Commission (CQC) last visited our Practice and presented us with a 'Good' award. The PPG has been aware that another visit may take place at some future date and Ted Wood from our committee has been looking at the patient satisfaction figures produced by NHS England last year and comparing these to the figures used by the CQC 4 years ago to see how our Practice is performing now. Is it better, static or worse in all categories? We have just heard that the CQC will be doing a telephone enquiry on the 8th October looking back at the Practice performance again. Ted should now have statistics available for the Practice to present to the CQC. We hope that the CQC will be impressed that we have been active in monitoring the Practice activity.

In addition to this, Carole Humphries from our committee has also been running a survey of patient satisfaction interviewing patients attending clinics at Badgerswood and Forest Surgeries. The data collection of this survey is now compete and analysis is underway and should be available soon also to present to you. We have the opinion of well over 200 patients at random. Carole has written a summary about this for this newsletter.

We are aware of how well the Practice functions as seen from the patients' point of view. We present a preliminary article about the standards of our Practice as seen from the medical side. I hope you will be impressed.

In the past few months, a small number of patients have expressed concern about our receptionists. We feel that this is unjustified as we think the receptionists in our surgeries set a very high standard and work hard to make the surgeries friendly. Our survey recently performed has confirmed that a high majority of patients are impressed by our receptionists. We feel that some patients fail to understand the work that is performed by our receptionists and how hard they work, sometimes under quite difficult stressful situations. We include an article from one of our receptionists outlining a normal working day. I'm impressed. I hope you all are.

Finally don't forget,
the surgeries are now making appointments for

Flu vaccination

Please register now.

Issues

This past quarter the PPG has not received any comments from any patients about either surgery. One comment listed at NHS Choices about Forest Surgery and this is re-produced below. Forest Surgery now has a 4 star rating. No comments were received about Badgerswood Surgery which has a 5 Star rating.

Comment about Forest Surgery

Best Doctors Surgery in Bordon

I would highly recommend this Doctors surgery to anyone in Bordon/Whitehill Area, All the doctors bar one have been extremely helpful and caring as well as the reception team. a few years ago I had an issue with one doctor but it was quickly resolved and would happily see that doctor again. I have never been able to access the online booking system but I find it more convenient to call up. Every receptionist I've encountered at this surgery has been lovely and friendly. I know everyone has there off days but I've never had an issue here, I have also found that every nurse I've seen has been equally as kind and caring and go out of there way to make you feel comfortable. As with any doctors surgery the phone line could be improved, but once you get through there aren't any issues what so ever.

Rated 5 stars

PPG comment

Following our recent survey and discussion with the Practice, plans are underway to install an improved telephone and booking system to the Practice. This new system should allow a link between the 2 surgeries helping them to liaise and help each other as required.

Badgerswood & Forest Friends and Family
December 2014 to end May 19

How likely to recommend services to Friends and Family

	Total	%
Extremely likely	841	79.6%
Likely	169	16.0%
Neither likely nor unlikely	17	1.6%
Extremely unlikely	11	1.0%
Don't know	2	0.2%
	1057	100.0%

Extremely likely and likely 95.6%

As at 12/6/19 Date started December 2014

Our Practice Standards – how do they compare?

At the PPG we are always checking how our surgeries meet acceptable standards as seen from the patient's point of view and recently we have been running surveys to highlight areas for improvement. But how does our Practice compare to other Practices around the county / country in terms of its medical standards? How can we as patients assess this and be re-assured that our doctors, nurses and pharmacists etc are identifying our illnesses and dealing with these appropriately? We have had the opportunity recently to look into this and would like to present some data for you to see.

1. Accident and Emergency attendance and emergency hospital admissions

It is said, and probably obvious, that the healthier a population is, the less likely they are to need acute emergency hospital assessment or admission. If a patient has a chronic illness which is well controlled and managed, that patient is less likely to run into trouble acutely. This reflects on the standard of care being provided by the doctors in Primary Care i.e. GPs. Where good care is provided by correct medication and close supervision carried out appropriately, those patients should be less likely to run into acute trouble. From SE Hampshire Clinical Commissioning Group's own records, our Practice has the lowest A & E attendance rate and acute hospital admission rate for any GP practice in our region. This must reassure the PPG and all the patients that a very good standard overall must be being set by our Practice. (AL - It was handed out on paper at a CCG organised meeting about a year ago)

2. Chronic illness - diabetes

Our Practice runs its own diabetic clinic. All known patients with diabetes are registered and followed very closely by our diabetic nurses under GP supervision. All patients are continually assessed for appropriate treatment and any change in therapy is rapidly decided and implemented. Having our Pharmacy in the same building makes prescribing much easier. As far as we are aware, no diabetic patients have had any hypo attacks indicating good control of blood sugar levels. To back this up, the PPG is keen to look at the incidence of long-term complications from diabetes in these patients. Well controlled patients should have less long-term complications from their diabetes. There is a publicly available database that shows the risk of amputation and blindness - https://qdiabetes.org/amputation-blindness/index.php. Patients with a postcode near our surgeries generally have a *lower* risk

3. Respiratory patients

All our asthmatic and bronchitic patients have been assessed by the Respiratory Department of the QA Hospital under Professor Chauhan. Our Practice was in fact chosen as the trial unit for his study. All our asthmatic patients were called to a special clinic run in Badgerswood Surgery and their condition assessed and treatment amended as appropriate in a programme called the Carousel where each patient rotated between various specialists from the Respiratory unit at one visit. Our nurses

have now been instructed in the care of our asthmatic and bronchitic patients. A special device known as a FeNO machine was used to assess the asthmatic patients accurately. Following completion of the initial phase of the study, the PPG purchased FeNO machines for both surgeries. We are now the only Practice in SE Hampshire with FeNO machines which are now recognised by NICE as an essential for those units looking after asthmatic patients. In fact one of the respiratory consultants from the Royal Surrey County Hospital commented that he did not always have this facility available in his own hospital unit and our Practice has offered to see any patients for him who may wish to come down to be assessed by us. A reversal of role but a good liaison.

The figures for the result of this care which is as follows:

	Total before	**Mean**	**Total after 5 months**	**Mean**	**Annualised**	**%age reduction on annualised figures**
Steroid / antibiotics use for chest	31	1.63	10	0.55	24	23
Unscheduled GP visits	61	3.21	10	0.55	24	10
111 / OOH calls	2	0.125	0	0	0	100
A&E attendances for chest	6	0.31	0	0	0	100
Hosp. admissions for chest	1	0.05	0	0	0	100

This shows a remarkable improvement in patient care as demonstrated by the total lack of A & E attendance and hospital admissions after this review. These results could not be better. This shows how good patient care can result in a dramatic reduction in the use of acute hospital facilities. The results of the larger trial have just been published –
https://www.i-jmr.org/2019/4/e9637/

4. Cancer care

A recently published study by Butler compares the result of cancer care of 7 major tumours by 7 countries which have well established health care systems and are deemed to accurately report on the results of treatment of these tumours. Most are a comparison of 5 year survival data for these tumours apart from lung cancer which is more aggressive and 1 year survival data has been used to compare. Two cohorts

of patients were examined from 1995 - 1999 and from 2010 – 2015. Data is survival figures from the time of diagnosis to time of death.

The results are as follows

7 countries involved in study

- Australia
- Canada
- Norway
- Denmark
- Ireland
- New Zealand
- UK

1 year lung cancer survival figures

Patients presenting	1995 – 1999	2010 - 2014
Canada	39%	47%
Australia	38%	48%
Norway	32%	46%
New Zealand	31%	40%
Denmark	27%	46%
Ireland	26%	45%
UK	24%	38%

As can be seen the UK does not score well. Many factors may account for this including that the figures may be collected by different methods in different countries and there may a difference in the types of patients and sub-types of cancers in each group. There is however a dramatic improvement in the results for all countries in this 15 year period between the 2 assessments. It is of note that Denmark and Ireland had the same poor results as the UK in the 1995 – 1999 group but the UK has failed to keep up with these 2 countries in the following 15 years. Why so poor? The study tried to work this out and while the facilities in the UK may not have progressed so well as in these 2 other countries, there was some concern about the initial pick up of suspected diagnosis at primary care level. In other words, are our GPs as alert to the diagnosis of lung cancer when the patient first presents as in these other countries which are scoring better? These figures give us a chance to see how our Practice is performing and to compare our GPs with the national and international figures. These are presented below showing survival rates at 1 year.:

Patients presenting	1995 – 1999	2010 - 2014
Survival from time of diagnosis	17%	46%
Survival from time 1st presented	28% (18 patients)	62% (29 patients)

It can be seen that the figures from the1995 - 1999 group show how poorly our Practice was performing and how this has been turned around by the 2010 – 2014 period. Our Practice is performing far in excess of the UK national average and is on a par with the figures from most of the best performing countries internationally. These are thankfully small numbers and so we need to be cautious about the interpretation, but using the thoughts from Butler's study, this must mean that our GPs are very alert to this diagnosis – one would say "on the ball". If our Practice is above average for the UK, others must be below the average and we feel it is important that studies such as this should be applied to GP Practices country-wide to try to get them to rise to our standards.

We will be assessing the other cancers to compare in a similar way and hope to report on these at some future date.

Conclusion

Our first impression using the data discussed above confirm that the Badgerswood and Forest Surgeries GP Practice is performing to a high standard medically and well above those of other centres. We are seeing figures which compare to the standard being achieved by the best world-wide. Our Practice is very alert to best Practice standards and seems to be achieving these.

- - - - - - - - - - - - - - -

A day in the life of … a receptionist

Our receptionists at Forest and Badgerswood Surgeries are at the front line of the Practice and over the years that the PPG has been in contact with them we have received numerous letters of praise for the efforts they put in to helping our patients and welcoming them to the Surgeries. On occasion we have received a critical comment, but this is rare. They do however play a crucial role in ensuring that our Practice sets a high standard as seen from the patient's point of view. They are frequently the first point of contact a patient makes with the Practice and first impressions are important. We asked one of the receptionists at Forest Surgery to tell us about a day in the life of a receptionist so that we could better understand the stresses and pleasures they get from their job.

"There are 3 receptionists on duty at the beginning of the day. This is when we take back the phones from the Out of Hours Service at 8.30am. All calls to the practice are answered in reception and we have 3 phones that ring constantly. We deal with a variety of calls including making appointments, which includes taking messages for the Royal Surrey Midwifery Team and Chiropodist, taking visit requests, giving out results from 10am onwards which include blood, xray, ultrasounds and urine. We also handle queries on prescriptions, discharge summaries and hospitals along with dealing with referral enquiries which can involve passing these queries to the secretaries to deal with. Between 8.30am and 9.30am is our busiest period where we hope patients understand if the phone is not answered quickly.

When things have calmed down, this is where we start to deal with issuing prescriptions or putting forward requests for the doctors, dealing with post which has to be sorted out into the relevant doctors, along with answering/dealing with messages received from the doctors, which can include having to call patients to make follow-up appointments. On average we process around 200 prescriptions a day. Prescription requests are only taken in person at front desk or through pharmacies; however we still get a small number of people calling expecting to do this over the phone.

Meanwhile the receptionist on the front desk is checking in patients arriving for appointments, booking new appointments and dealing with any queries.

The visit requests are passed to Home Visiting Team and it is the receptionist's responsibility to ensure that all requests are logged and assigned properly.

Between morning and afternoon surgeries we are still busy answering the telephones. Our results line is open between 10am and 4pm where patients will call for results. The doctors and nurses always put a message on the screen for us to give to you. During this time we may also be registering new patients on the computer, scanning and filing letters onto patients' notes, contacting patients to ask them to make appointments for blood tests or to see a doctor or nurse. Insurance/ private work is also dealt with in this time, which can involve photocopying patients' notes which can be very time consuming. This time is also used to stock stationary/photocopying supplies for the office. We also have to run searches and make list of patients to contact for annual reviews.

Afternoon surgery starts around 3.30pm for the doctors and we are still answering the telephones. During the afternoon we continue filing letters on patients' records and with over 13,800 patients over both sites, this is another constant task!

At 6.30pm the phones are put over to the Out of Hours Service and the surgery is closed."

- - - - - - - -

What a busy day and what important members of the team the receptionists are. Not just receiving, welcoming and chatting to patients at the front desk but a lot of essential work in the background, in both surgeries.

I hope this article helps our patients to realise how busy the receptionists are throughout the day and that they will continue to be sympathetic and understanding if there is any delay or upset in meeting their requests. To all of the receptionists at both surgeries, from the Practice, the PPG and the patients - thank you.

Dr Kaushik Guha

has written our

Education Article

this time about

Cardiac Failure

Dr Guha is a consultant cardiologist with specialist expertise in heart failure, based at Queen Alexandra Hospital, Portsmouth and is part of a large established mature heart failure service. The team includes two further consultant colleagues (Paul Kalra and Geraint Morton) and a hospital based heart failure specialist nurse team led by Sister Dawn Lambert.

Community based care is provided by two community heart failure specialist nurse teams. The Southern Health team works out of Waterlooville and is responsible for the catchment area outside Portsmouth including Headley and Bordon. This team will only cover patients with HF-REF (see article below for definition) due to the contract held with the NHS. We meet with these teams to discuss and review progress of unselected patients within a dedicated community heart failure multidisciplinary team.

We are able to provide a full range of services at Queen Alexandra and have one of the largest diagnostic pathways within the region. New potential cases are referred by their general practitioner to our dedicated one stop clinic. Every patient who passes through this clinic will leave with an immediate diagnosis and treatment plan. This service has grown exponentially and last year, over 2000 patients were evaluated by this service. For select patients there will be further follow up appointments whereby more specialist medication and specialist technology can be considered.

Beyond Queen Alexandra, we also have links with a range of tertiary centres which covers specific disease entities which may cause heart failure, with those patients who remain sick and we also have links to cardiac transplant centres.

What is Heart Failure?

The term 'heart failure' sounds worrying and is the medical term for a clinical syndrome (a collection of symptoms and signs supported by specific tests). It is an important cardiac condition.

Heart Failure is defined by :

1. Symptoms - These are items which the patient and his/her family notice and include
   - shortness of breath on exercise
   - shortness of breath at rest
   - breathlessness at night (nocturnal breathlessness on lying down).
   - waking up with shortness of breath
   - palpitations
   - syncope (blackouts)
   - light headed episodes
   - swelling of the ankles and legs due to fluid retention
   - tiredness.

None of these symptoms on an isolated basis means that the patient automatically has heart failure. However it should focus the minds of the doctors and nurses that this may be one of the diagnoses out of many.

2. Signs - These are found by your doctor or nurse when they examine you. These include
   - abnormality of the heart sounds (murmur)
   - abnormality of heart rhythm causing irregular pulse
   - added lung sounds on listening with a stethoscope
   - fluid retention.

Again solitary abnormal examination findings do not mean that the patient has this diagnosis but can heighten the possibility.

3. Echocardiogram (heart scan) - This is a test involving an ultrasound of the heart. This can look at the performance of the left ventricle of the heart which is the chamber on the left side of the heart which pumps blood to the whole body bar the lungs. (The only exception to this occurs in patients who are born with a different layout of the heart).

The heart scan divides patients with heart failure into 2 types. There is one type of patient where the left ventricle is weakened and performs poorly, the amount of blood being pumped from the heart being significantly reduced. This is called Heart Failure due to Reduced Ejection Fraction (HF-REF). The other type of patient has a normal power to push out the blood from the left ventricle but the heart has abnormalities due to the way it fills with blood. This group is referred to as Heart Failure - Preserved Ejection Fraction. (HF-PEF).

As stated, the diagnosis of heart failure can only be made on the basis of symptoms, signs and the abnormalities of the heart documented upon the echocardiogram. It is imperative therefore if heart failure is suspected that an echocardiogram is performed to further investigate the clinical suspicion and to delineate which group the patient belongs to. The group the patient belongs to is critical. All of the studies with successful outcomes have been performed with patients with HF-REF. Thus far we lack successful studies with patients with HF-PEF, with further research ongoing within this field.

Diagnosis

As defined therefore, the first point in making the diagnosis is to consider heart failure as a potential diagnosis underlying the patient's presentation.

The guidelines regarding heart failure issued by the National Institute for Health and Care Excellence (NICE) suggest a focused history and examination, basic blood tests and the performance of a specific blood test called BNP/ntpro BNP. If the initial suspicion is linked with an abnormal result of BNP then the patient should be referred to secondary care (a local hospital) for further evaluation, formal diagnosis and treatment plan.

Depending on the value of this BNP result, the hospital should see the patient on either a 2 week or 6 week basis.

BNP

B type natriuretic peptide (BNP) or nt-pro BNP (its precursor) is a circulating protein based chemical which we all have. Due to the abnormalities of cardiac function previously discussed, the protein becomes abnormally elevated in patients with heart failure.

Hence the NICE guidelines suggest when a patient is suspected of having heart failure, there should be a local measurement of this chemical. However a raised value does not automatically equal heart failure and the value and number can be influenced by other conditions including heart valve disease, rhythm disorders and anaemia.

Treatment

The management of the heart failure case has seen significant major developments over the last thirty years. Once diagnosed correctly, the patient should be considered for specialist multi-disciplinary care. This includes dedicated consultant cardiologists, specialist heart failure nurses, clinical pharmacists and general practitioners.

For patients with HF-REF, there are a number of alternative classes of drugs available. All of these have been evaluated in large randomised controlled studies and potentially can reduce hospitalisation and improve longevity. The drugs have also been shown to improve patients' symptoms and their overall quality of life.

Such drugs have to be specifically selected for the patient and the dose for each patient has to be balanced against tolerability, effect on blood pressure and kidney function.

Beyond initial classes of drug medication there are specialist drugs and certain piece of technology which may be accessed. These include specialist pacemakers and defibrillation for specified patients.

The management of patients with HF-PEF have not been so fully investigated yet. Hence clinicians are recommended to treat their other health problems and consider the usage of diuretics.

Prognosis

Heart Failure carries a comparable prognosis to all commonly encountered cancers. Hence the emphasis placed on identification, diagnosis and correct treatment plan.

It is a long term condition without a cure and should be considered similar to other long term conditions eg diabetes. It frequently has periods of stability interspersed with episodes of potential deterioration. Acute periods may lead to an accumulation of fluid and result in hospitalisation. It may also be associated with serious cardiac rhythm disorders

The leading causes within the United Kingdom, similar to other Westernised countries, include high blood pressure (hypertension) and previous ischaemic heart disease (heart attacks and bypass surgery) resulting from coronary artery disease..

Conclusion

Heart failure remains a key long term condition affecting many patients within the United Kingdom. It is common and may carry a poor prognosis.

Patients with any of the symptoms described above should consider they may have this potential condition and should access their GP for examination. If after examination the diagnosis is suspected, a BNP measurement should be performed and if elevated, the patient should be referred onwards to hospital based specialists as indicated.

This article is meant to be an introduction to the condition rather than an exhaustive review - if you would like further information please do consult the reading list.

Reading List

1. NICE Chronic Heart Failure Guidelines 2018 - https://www.nice.org.uk/guidance/ng106
2. Pumping Marvellous - https://pumpingmarvellous.org
3. British Heart Foundation – https://www.bhf.org.uk/informationsupport/conditions/heart-failure

Social prescription project – Whitehill and Bordon

INTRODUCTION

It's no secret that there is a large and growing body of evidence linking poor housing and poor health. In fact, it is reported that the cost of poor housing to the NHS is £1.4 billion per year. Radian is running their social prescription pilot in Whitehill and Bordon. As one of the UK's named Healthy New Towns, Radian works closely with GPs and health professionals to identify those that may have fallen through the gaps between health and social care. By taking a preventative approach to the health and wellbeing of our residents and supporting them to stay healthy through social prescribing services, Radian closes the gap between health and housing, whilst also reducing long-term costs for the NHS. Radian has committed to invest in this area, including providing a thriving new café for the community. This unique café concept supports the social prescription work.

- GP surgeries involved: Badgerswood, Forest and Pinehill
- Partners: Community First, Whitehill and Bordon Community Trust, Whitehill and Bordon Regeneration Company, Deadwater Valley Trust, Woolmer Men's Shed, EST, Cafe 1759, Community health visiting team (chase hospital), Timebanking, East Hampshire District Council, Elemental Software

RESEARCH

Intensive research has allowed us to tailor our approach to best meet the needs of the community. The existing initiative in the area was a community signposting service. It was a very under used service, potentially because of the inflexible signposting hours, but far more importantly, the responsibility was on the patient to make and attend their appointments on their own. We identified this was too challenging for most people. Most people require encouragement and support to get them to the stage that they are ready to attend a community group. Mostly people did not want to do things on their own, they wanted a 'buddy' to go along with them, making that daunting first visit easier. The work that went into researching and developing the scheme also highlighted another important consideration; many people in the area look for meaningful activities to take part in on a regular basis, not just an activity to fill their time every now and then. This leads to a greater sense of purpose, achievement and feeling valued.

APPROACH

Our research led us to note that patients were more likely to take up, and then remain engaged with their prescription, if their link worker took a more 'hands on' approach. For us, this has meant an initial meeting with the patient in order to get to know them, their needs and to discuss the different options available to them. We have then subsequently helped them take part in their chosen activity by facilitating transport and attending with them until they feel comfortable in going alone.

ANALYSIS AND EMERGING TRENDS

Early indications show that patients progress at different rates. Already a small number of those taking part feel confident enough to attend their activities without the direct support of their link worker. This gives us an early and welcome indication of the positive impact of the scheme. One thing that has taken us by surprise has been the large number of referrals for low-intensity mental health problems such as anxiety and loneliness.

We expected a broad range of needs (from debt advice, employment support, healthy eating and exercise), however, mental health cases represent the majority of referrals. Many patients are not isolated in the traditional sense - they have a family and network of friends around them - yet their feeling of loneliness extends beyond this. Our work has further highlighted social isolation as a significant contemporary challenge for communities across the country. A lack of befriending services in the area is also apparent. The promotion of Timebanking in the area as well as the work of the MHA may support this moving forwards.

SOCIAL VALUE

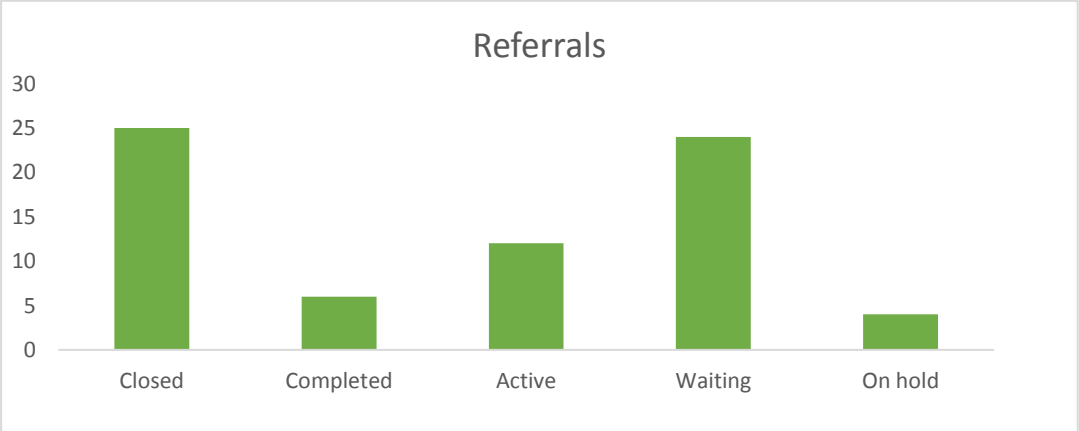
The social value claimed is not based on all referrals as people progress at different rates. Social value generated by SP project so far:

Total people affected: **3**
Total costs: **£3,478**
Total social value: **£75,092**
Social return: **£71,614**
Social return on investment: **£1 : £21.59**

The values from the social value bank we were able to claim for included: feeling in control of life, high confidence, good overall health and relief from depression and anxiety.

REFERRAL STATISTICS

Total referrals: 65

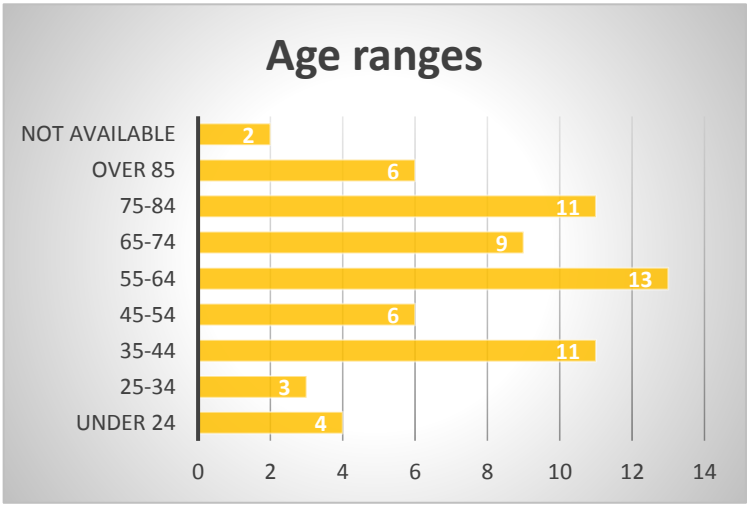


Closed referrals breakdown: Duplicates: 3, No longer requires service: 5, Declined: 3, Unable to establish contact: 5, Inappropriate referral: 1, Deceased: 2

There are two distinct spikes seen in October and June this is in line with the practice manager promoting the project amongst GPs.

Gender

M = 40% F = 60%



Around 72% referrals are over 45 years old. Under 44's only make around 28%.

Non residents being seen or complete	23
Non residents waiting for appointment	13
TOTAL	**36**

Radian customers being seen or complete	12
Radian customers waiting for appointment	15
TOTAL	**27**

JOHN'S STORY

John was referred to us in November by his GP. He was experiencing low mood and feeling quite isolated. We got to know John over a few visits. He is an experienced wood turner, self-taught carpenter and DIY expert. John has a shed filled with tools and wood where he creates all sorts of things for his home and family, as a solo activity for him. We encouraged John to give the local Men's Shed a try. We supported him to attend the first few sessions, but now, John has built the confidence to attend each week and is thriving! He has made some beautiful wooden Christmas decorations and a suggestions box for our community hub, Café 1759. He has reported feeling less isolated and has found meaningful connections outside his close family.

"I've got lots of family, but outside the family I don't have many social connections as people have died. I spent 18 years in the Airforce and then worked with my wife for 35 years, which led to a lonely lifestyle really! My wife wanted me out from under her feet, she always said I should use my skills to help others, so this helped me find a way to do that. I think my woodwork skills are useful for others at the Men's Shed. I learn things and I teach them things too. I've been every week!

I've made some good connections there. It's not just at the Men's Shed, I helped one guy who goes there, outside of the group, by lending him tools and helping him with a project. Another guy there said that he was grateful I'd joined as I'm able to support people with my skills, I feel valued again. The whole thing is rewarding. My advice for someone wanting to explore a social prescription: go along with the suggestions of your link worker, you'll meet nice people, find shared interests, learn from one another and help others, not just yourself. It feels great. I wish I'd done it years ago!"

MARGARET'S STORY

Margaret was referred to us in October by her GP. She was experiencing low mood and wanted to find something active to do in the local community. We visited Margaret at her home. Having got to know Margaret over a few visits we decided to go along to the Deadwater Valley Trust volunteer sessions. Margaret enjoys being outdoors and keeping fit, gardening is her forte! Having attended a few sessions alongside Margaret, she now has the confidence to attend the sessions independently of our support and thoroughly love it!

"If I'm not outside, I feel like the walls close in on me. I got a bit stuck like that so was feeling a bit low. I was feeling a bit sorry for myself, a bit low at the time. The doctor had mentioned taking an anti depressants but I didn't want to do that. So they said, well you could try this, a social prescription! I thought I'd give it a go! Radian came round and it got me out there again. I haven't looked back, it broke the cycle I was in.

The flexibility of it appeals to me. I also started walking for health, you walk for an hour, not fast they go at your pace. It's great, people are friendly people car share there so that's helpful. And you make friends, local friends. I bumped into a lady I met there in the supermarket the other day and it was lovely that the social connections aren't just within the groups, but wider now too.

It's very social. It's made me go out, with a purpose. The people there are super, really helpful, no question about that. It's supportive. I'm a naturally active person, I'm

capable and outgoing, but I did get into a bit of a rut. You can go out on your own, shop on your own, be at home on your own, but now, I can go down to the shops on my own, but then see someone I know through this social prescription and just having a five minute talk with them, it really lifts me. Eventually I said I didn't think I needed Radian to come with me, after a time, and I haven't looked back. For me personally it's worked really nicely. I totally agree we need more of this sort of work to support people's health and wellbeing"

PPG Patient Survey

During the week of 20th May 2019 members of the PPG Committee spent time in both the Badgerswood and the Forest surgeries conducting a patient satisfaction survey which was focused on the appointment system and the reception facilities. Patients were given the opportunity to add any additional relevant comments to the questions asked. In all 271 patients were interviewed. We have since taken time to analyse and discuss in detail the results of this survey with Sue Hazledene, the practice manager.

We found that there is much to be celebrated at these two surgeries with a good number of compliments being received. Examples of these include: “I have never been turned down when trying to get an appointment” and “I-talk is brilliant and it’s great that it is at the surgery” and “staff are lovely and helpful”. Many patients commented that they appreciate that there are more people and fewer clinicians so they understand some of the problems, however one new family of 5 happily reported that they all registered at Badgerswood within 10 minutes

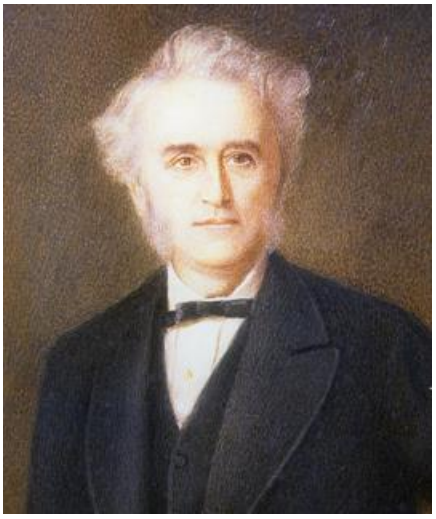
The most common concern found in the survey was regarding the appointment making system and frustration when calling in during the morning to make an appointment. Patients will be delighted to hear that a new phone system is being installed, and may already have been implemented by the time this article goes to press. The new equipment will have a system so that a caller will know where they are in the queue so that they don’t have to keep ringing in time and time again.

Other improvements to be made include:

- Signs to encourage better use of the hand sanitisers
- Notice to switch mobile phones to silent while in the surgery
- Name badges are to be worn by the staff
- bell or buzzer on reception to be used if there is nobody on the front desk
- A post box for repeat prescriptions at the Forest surgery and a clock in their waiting room.
- Further training for receptionists to share good practice
-

We would like to express our thanks to all those patients that took part in the survey and look forward to your participation in further surveys that we are planning.

Great British Doctors No. 22
John Langdon Down
1828 – 1896



While most people will know of the eponymous condition with which this great British doctor is associated, few will know of the compassion he and his wife brought to the care of people with Down's Syndrome, and to the wider community of children with learning difficulties.

Early life and a chance encounter

John Langdon Down was the sixth of seven children, born in Torpoint, Devon in 1828. His father owned and ran a grocery shop, and a pharmacy. From a young age, Down worked in his father's pharmacy, which he didn't enjoy, and following a chance encounter, harboured an urge to study medicine. The life-changing encounter occurred when Down was 18 and out walking with his family in Devon. A sudden storm prompted them to look for shelter which they found at a farm. A young girl with unusual facial features and manners offered them a cup of tea. Down had never seen features like the girl's and wondered if she had some sort of condition and if so, what was it and could it be treated? These thoughts led to a desire to train as a doctor so that he might be able to help such people. But his father was against the idea, probably not wishing to lose his pharmacy assistant……! So Down continued working in the pharmacy and undertook formal training, graduating as a Pharmacist at the age of 21. It was not until after his father's death in 1853, that Down was finally free to fulfil his real ambition and undertake medical training.

Medical training and another happy coincidence

Down started his training at the Medical School of the London Hospital and saved his limited funds by living with his sister and her husband in London. This arrangement led to another life-changing encounter as Down met, and fell in love with, his brother-in-law's sister, Mary Crellin. They shared strong Christian beliefs and were to eventually marry in 1860.

Down was a hard-working and talented student, winning a gold medal in Medicine and another as best student in his year. He followed his medical training with a doctorate from the University of London, finally graduating in 1859. His tutors therefore imagined a very academic career for him and were disappointed to learn that he was going to work in a 'lunatic asylum'. But at the time, a career in medicine

was poorly paid, and it would take time to build up a more lucrative private practice. In order to marry his fiancée, Mary, and finance a new family, Down had an immediate need for a well-paid post and he found it at Earlswood Asylum.

The Royal Earlswood Asylum for Idiots

Asylums were institutions for people with what we would now describe as having learning difficulties or mental disability but who, at that time, were referred to as 'idiots', or 'imbeciles'. Although originally founded with good intentions, Earlswood had fallen into disgrace. An inspection by the 'Lunacy Commission' revealed appalling conditions and bad treatment of the residents. They were housed in rooms of 15-20 and sanitary conditions were so poor that deaths were common, mainly from tuberculosis and typhus. Discipline was cruel and corporal punishment standard. To bring about improvements, the Commission introduced the role of Chief Physician or Medical Superintendent and Down was the first to be appointed, in 1858. Although he had no experience of working with the mentally ill or disabled, he was deemed suitable because of his open mind, sociable nature and ability to inspire people, plus strong religious convictions.

Down made a huge difference to the lives of the Earlswood residents and was a great influence on the care throughout the country of people with mental disability. They were previously thought to be incapable of learning, but Down noticed that many were very good at imitating, and that they could easily be taught to carry out tasks and learn skills in this way.

The new asylum for 'idiots' at Earlswood Common, Redhill, Surrey

Ethnic classifications and 'Mongolism'

At this time, anthropology was very popular and Down read Blumenbach's classification of the world's population into five different races: Mongolians, Aztecs, Caucasians, Malayans and Ethiopians. The classification was mainly based on head shape and size, and facial features. Down decided to apply these classifications to the Earlswood residents and photographed each of them, forming the largest Victorian clinical photography archive. He classified the children with what is now called Down's Syndrome as being 'Mongolian' because of a perceived similarity in facial features between the children and people of that ethnicity. He described both the typical facial features and the character traits of the children, then referred to as 'Mongols'. He affectionately described them as being humorous with great abilities as mimics. He correctly identified that it was a congenital condition, i.e. they were born with it, and attributed it probably to tuberculosis in the parents. He wrote many medical papers about the condition.

Flo Thornton, an Earlswood resident, aged 20

Normansfield

Down's wife, Mary, was an enormous asset to Earlswood, using her artistic and creative abilities to teach and entertain the children with arts and music. Down naturally thought she should be paid for this work, but the Earlswood owners decreed that women 'volunteer' and volunteers are not paid. Through this and other disagreements, Down fell out with the owners and looked for a new venture. He had seen a white house with large grounds in King's Road, Hampton Wick, which at the time was a village near Richmond and decided to convert it into a home for children with learning difficulties, like those at Earlswood. He knew that wealthy families with such children, would pay to have them live in such a place for life. But Down made the families agree to provide a private education for their children so that they could have the benefit of productive lives. However, the cost of renting the white house, plus providing the private lessons amounted to a larger sum than Down had at that time. But the situation was saved by a lawyer, Norman Wilkinson, who arranged a mortgage loan to support the new venture. In recognition, the white house, which opened its doors in 1868, was named 'Normansfield'. Down and his wife both lived and worked in the house until Down's death in 1896, at the age of 67. The Theatre wing of the house is now owned by the Down's Syndrome Association, a registered charity, and is home to the Langdon Down Museum.

The Theatre at Normansfield

A new name

In 1959, the true cause of Down's Syndrome was discovered. Chromosomes are usually in pairs but people with Down's Syndrome have an extra copy of chromosome 21 i.e. they have three copies, hence the medical term for the condition is trisomy 21. In 1961, a group of genetic experts wrote to the medical journal, The Lancet, to suggest that the condition should no longer be termed 'Mongolism' as there was no genetic (or other) link between the condition and the race and the original logic behind the name was scientifically outdated. As a result, permission was sought from Down's grandson, Norman Down, who was still head of Normansfield at the time, to use the family name for the condition. He agreed and the World Health Organisation confirmed the new name in 1965.

A twist to the tale

Down had a son, Reginald, who drew attention to a characteristic of Down's Syndrome not mentioned by his father: an extra skin fold seen in the palms of the hands. His knowledge was first-hand: his son who was three at the time, had Down's Syndrome.

Sources

- Van Robays J. John Langdon Down (1828-1896). Facts Views Vis Obgyn. 2016; 8(2): 131–36
- Kutzsche S. John Langdon Down (1828–1896) – a pioneer in caring for mentally disabled patients. Acta Paediatrica 2018;107(11):1851-4
- Ward O. John Langdon Down: The man and the message. Down Syndrome Research and Practice 1999;6(1):19-24
- Website for the Langdon Down Museum of Learning Disability. Available at: www.langdondownmuseum.org.uk

- - - - - - - - - - - -

Here's Headley

On Saturday 14th September, the PPG took a stall at Here's Headley, manned by Ian Harper, Carole Humphries and myself, David Lee. We measured the Blood Pressure of everyone who attended but on this occasion, no one with hypertension was detected. Many people came to talk about joining the Practice as patients, some people took away joining registration forms for our PPG, and several people expressed an interest in our 1st Aid Training and left their details for this. The event was less busy this year than it had been when we took part 2 years ago but was still productive.

Practice Details

	Badgerswood Surgery	Forest Surgery
Address	Mill Lane Headley Bordon GU35 8LH	60 Forest Road Bordon Hampshire GU35 0BP
Telephone Number	01428 713511	01420 477111
Fax	01428 713812	01420 477749
Web site	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

Practice Team

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

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

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

Committee of the of the PPG

Chairman	David Lee
Vice-chairman	Sue Hazeldine
Secretary	Yvonne Parker-Smith
Treasurer	Ian Harper
Committee	Nigel Walker
	Barbara Symonds
	Liz Goes
	Carole Humphries
	Ted Woods

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

Tina's

FOR ALL YOUR HAIR NEEDS

HIGH STREET, HEADLEY, BORDON, HAMPSHIRE
Telephone: 01428 712550

LIVE AT HOME

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

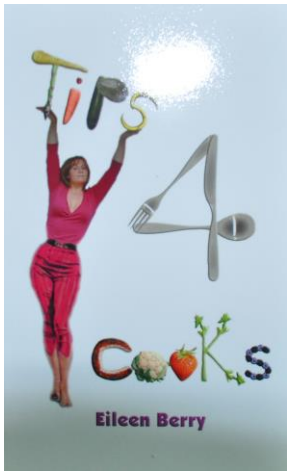
The East Hampshire 'Live at Home' scheme is based locally and run by the 75-year-old charity MHA.

We provide opportunities to socialise, get out and meet new people. We run:

- monthly pub lunches
- weekly coffee mornings
- tai chi sessions
- a singing group
- regular trips out.

If you would like to learn more about us, or join us for any of our activities, please call Sally on 07973 853151.
We are also looking for volunteers to join us on our trips and/or drive a minibus – if interested please do get in contact!

Fundraising – Tips 4 Cooks



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

We would recommend a minimum donation of £2. Copies are available in the receptions of Badgerswood and Forest surgeries. Please support us and give a thank you to Brian by buying a copy of "Tips 4 Cooks".

Looking for a venue for your function or group activity?

Lindford Village Hall

offers

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

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

OddJobRob

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

then Odd Job Rob can do them with references.

Household – window cleaning, decorating, electrical

Gardening – grass, hedge, tree cutting & weeding

IT Support – anything to fix or upgrade advice

Car Services – Taxi & Airport services +maintenance

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

Robert Davis

robbojd@hotmail.com

07876 42 22 92

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

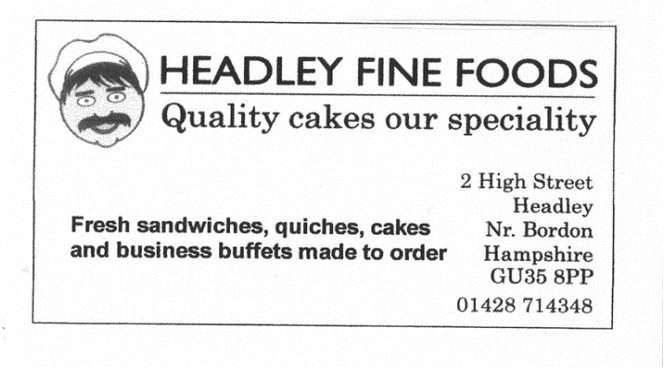
Massage, Waxing, Manicure & Pedicure
Facials, Body & Eye treatment Gel Nails

Opening Times

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

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

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



Headley Voluntary Care
looking after people

Are you in need of help?

Trips to the Hospital, Doctors & Dentists difficult for you?
Headley Voluntary Care are here to help.
01428 717389

We cover
Arford, Headley, Headley Down, Lindford & Standford

Can you help? Volunteer drivers needed.
Your petrol costs will be reimbursed
Telephone now while you think about it
01428 717389

Perhaps you would like to join us for a coffee and meet up with other local people.
We meet at 10.30 every Thursday at the Church Centre.
Pop in and see us.

Headley Pharmacy

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

Tel: 01428 717593

The pharmacy at Badgerswood Surgery

Chase Pharmacy

Opening hours
Mon – Fri 0900 – 1800

Tel: 01420 477714

The pharmacy at Forest Surgery,
adjacent to Chase Hospital

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

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