

Patient Participation Group

Newsletter



Incorporating the

Friends of the Badgerswood and Forest Surgeries

April 2015

Issue 17



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5 FOREST CENTRE
GU35 0TN
01420 477444



#

Badgerswood Surgery
Headley



Forest Surgery
Bordon

PATIENT PARTICIPATION GROUP

Educational Articles

from the quarterly newsletters

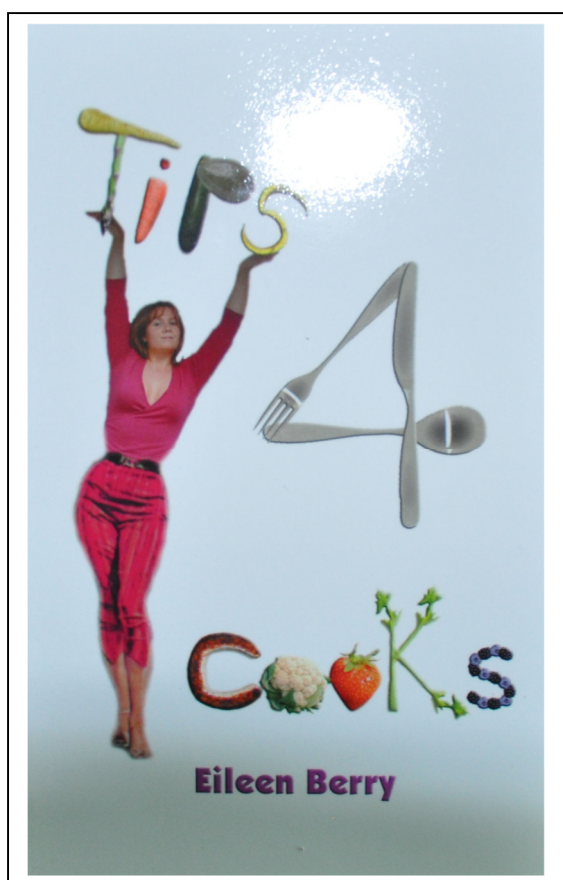
Issues 2 to 11

July 2011 to October 2013

Edited by: David Lee, Chairman,
Badgerswood and Forest Surgeries PPG

Educational Article booklets are available at surgery receptions.
Donations of £2 to cover printing costs would be most welcome.

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".



**HEADLEY
VOLUNTARY
CARE**

(covers Arford, Headley, Headley Down, Lindford, Standford)

**Do you need help to go to
a hospital, doctor or dental appointment?**

Call 01428 717389

Also we need more volunteer drivers and co-ordinators.

Petrol costs and expenses reimbursed.

Can you help us? Call us on the above number.

YOU can make a difference to a family in your community

Many parents need help, friendship, advice or support during those early years when children are young. Your experience as a parent can help others. There are a variety of ways you can volunteer for Home-Start WeyWater.



Home visiting Volunteer – Home-Start provides a unique service for families –recruiting and training volunteers to support parents with young children at home.

Trustee - with your skills and experience you will have an input on how our scheme runs and develops in the future.

'Friend' - you can help us raise our profile in your community and help with our ongoing fundraising.

Home-Start WeyWater, c/o Chase Children's Centre,
Budd's Lane. GU35 0JB

Tel – 01420 473555 E-mail – office@homestart-veywater.org.uk

PINK Personal Training

NEW YEAR ...NEW YOU?

I can help.

I offer personal training designed to suit you

Weight loss with improved muscle tone?

Thinking of entering a sporting event?

Need extra motivation?

Locally I am recognised more in my capacity as a
Pilates Instructor

Headley Village Hall

Mondays (Improvers) 10 am – 11 am

Mondays (Beginners) 11 am – noon

Wednesdays (Improvers) – 9.15 am – 10.15 am

Grayshott Social Club

Mondays (Improvers) 6.00 pm – 7.00 pm

I also have a qualification in pre and post natal
exercise and generally take clients on a one to one
basis for these sessions

Tel: 01428 712876

**Email: pinkpersonaltraining@talktalk.net
www.pinkpersonaltraining.co.uk**

I am regularly updating my qualifications and hope
to gain my GP referral qualification in May 2015
If any of my services or classes appeal to you
. please feel free to ring me or drop me an e-mail

Thank you.

Looking for a venue for your function or group activity?

Lindford Village Hall

offers:

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

Contact Derek Barr 01420 479486 to discuss bookings.

Chairman / Vice-chairman Report

We have decided to make a number of changes to our newsletter this month. Firstly we are changing the method of distribution. The cost of printing is expensive and the demand for printed copies is rising – to over 500 from the reception desks. We feel that many patients would be happy to receive copies electronically and for this we simply need an email address. This time therefore we are putting out a summary sheet of the newsletter with a request for membership and email addresses. For those patients who do not have a computer, we are still happy to provide a printed copy, but our experience with our present membership indicates that over 2/3 of patients are happy to receive the newsletter electronically. This costs us nothing but time.

Secondly, certain items in the newsletter go out of date before the next newsletter is printed. In this case we plan to produce these as separate pullouts which will only appear initially and may be replaced later in time before the next newsletter is due eg advert for our AGM.

Our newsletter this time contains many interesting articles. We thank Martine Dalton from Chandler's Opticians for our Educational Article on the Painful Red Eye. Martin Chandler wrote an article for us in 2012 on Macula Degeneration and had promised us a follow-up article the following year. Unfortunately he died before this happened. Martine has now provided us with this article which gives very important information. Please read this article! It is important.

Our new Badgerswood Surgery building is nearing completion well ahead of schedule and we must compliment the builders and the staff at the surgery for having worked through this and managed still to look after us so well without any major interruption. Dr Leung has written an article about this for us. He has also written about the new respiratory clinic which is now well established and seems to be functioning efficiently under the control of Jonathan Winter. We plan to give you a formal report on this in a future newsletter.

Our Friends and Family Test is up and running. The numbers are small. It is important that we need you to fill out more forms. The Practice depends on these figures as it has to report back to NHS England and we too want to see if you have any matters which trouble you. We have reported on all comments made in our 'Issues' section.

We have written about the problem of failure to attend clinic appointments (DNA – Did Not Attend). It is a problem to the practice and

also to other patients if you fail to attend a clinic appointment without notifying the surgery. Please read this article. Some surgeries are quite brutal in their approach to this problem.

We are about to have a rolling slide presentation in the waiting room at Badgerswood with information about the Practice or any important news we feel you need to know. A small article highlights this.

We discuss what we are doing with our 'Locality Patient Group', the PPG Chairman's Group for the northern part of SE Hampshire, an interesting talking shop.

Our web-site is now up and running well. The PPG now needs to be making better use of this. We have a short article to discuss this.

It is thought that about 25% of GP consultations could be adequately dealt with by the pharmacist or practice nurse. We have previously run articles written about this. We re-print the article by Kevin Wood, our principal Pharmacist, for you to study.

Over the winter period, the Practice received money for Saturday opening to help relieve pressure on A & E departments. We report on the benefits this had.

The PPG has now raised money for self-measuring blood pressure monitors for both Forest and Badgerswood Surgeries. We report on the benefits of these.

Our Great British Doctor this month is Dr Ronald Ross who won the Nobel Prize for his outstanding work on malaria.

May is being labelled as "**Stroke Awareness Month**". During this month the PPG want to be involved in activities related to making people aware of ways to reduce the chances of having a stroke or dealing with stroke quickly should this happen. We attach a pullout with previous articles we have published about this. We want to try within 1 month to fund raise for a 24 hour BP monitor for the practice. Can you help us? We attach a flier with thoughts.

And finally, remember - **Thursday 30th April is our 4th AGM and Dr Sophie Helme, Consultant Surgeon is coming to talk to us about Breast Cancer. 7.30pm at Lindford Village Hall All welcome.**

Issues raised through the PPG

1. Automatic Doors at Forest Surgery

You may recall in our January Issue of the newsletter, we were approached about the question of automatic doors for the reception area at Forest Surgery to assist access for disabled / wheelchair patients. We have now discussed this item and report as follows:

- a) The doors would need to be sliding doors not opening doors
- b) We feel there is sufficient space for doors to be fitted but we would need expert advice as space is tight
- c) The doors should have an automatic push button and not work from automatic sensors to avoid them being triggered open continually when there is a long queue at reception, especially in cold weather.
- d) We have discussed with the Practice manager and will seek the opinion of a firm re feasibility of fitting and cost.

2. Patient request for home visits

Comments and complaints to the PPG usually come from patients but on occasion we receive comments from the Practice. A GP home visit takes about 3 times the length of time to make a surgery consultation. So, when 1 of our doctors makes a home visit and finds a patient who is well enough to come to the surgery, this has lost at least 2 consultations. However, when he is called by a patient every day in a week and finds on 3 of these days that the patient could have come to the surgery and on the other 2 days, the patient is not at home but has gone shopping, this is unacceptable. The GPs find it difficult not to respond to a call for a home visit. How would you deal with this? This is the tale of "Cry wolf".

3. Issues raised through the Friends and Family Test

I Struggle to get appointments Depends on what you are after

- Emergency - tries to be fitted in always
- any doctor - within 24 – 48 hours
- specific doctor - may take several days

I cannot get through at 8am

(Receptions receive calls from 8am at BW, 8.30 at Forest).

High demand at these times blocks calls which is unavoidable

My Treatments all seem to be anti-depressants and painkillers

Doctors prescribe what they feel is appropriate

(Certain anti-depressants enhance the effect of painkillers)

More thorough tests to be offered

GPs order tests appropriately.

It is not possible for GPs to order all tests eg certain scans

Sound system for calling patients is distorted and needs improving. (Forest)

This has been reported before. Excess noise in the waiting room, especially children, makes the Tannoy difficult to hear.

Prescription never ready so I always go days without pills. Submit request 72 hours before collection

This is not the norm. 'Never' does not apply in all circumstances and I personally have never had a problem. Occasionally the Pharmacy has a problem in obtaining drugs from their supplier, especially if this is a one-off unusual request.

A patient with a specific problem, saw his GP, was given a specific treatment by prescription and when he went to the pharmacy, the drug was not available for some time, so he had no treatment while waiting. His problem was, should he make another appointment to go back to his GP for a different drug? Had the GP known that the drug was not available, he felt he could have been prescribed a different treatment. He wondered whether the Pharmacy and the Surgery could not liaise re unavailability of drugs on their computer systems

(We approached 1 of our GPs for a reply)

GP surgeries and pharmacies are independent. The fact that we have an on-site one is a great boon to patients but it has to be pointed out that they are separate.

What normally happens with any pharmacy when the patient goes to collect their medicines, if they are told it is out of stock this is increasingly common in the UK. So when one pharmacy does not have it, it is unlikely another will unless they had leftover stock. Most patients do ring round different pharmacies to see who has it in stock.

What happens usually in our own pharmacy is that they DO send the script back to ask for an alternative. This is not the norm and there is no onus to do so. The patient did not state the drug. There may not have been an alternative.

So the first question is why the patient did not go back to the doctor direct? Is there not a responsibility on the individual here? Secondly, why did they go without the drug expecting it to be available and why would they expect either the pharmacy or surgery to know when it was going to be available? Thirdly, Pharmacy and GP computers are entirely separate. Boots cannot see our surgery's data any more than I can see their stock levels.

I just don't understand the expectation here.

It is important to point out that the majority of comments received are very much in praise of the practices. Here are some examples

- 1. Wonderful surgery – will fit you in asap. Great doctors and receptionists*
- 2. The doctors and nurses are lovely and the reception staff too.*
- 3. Always very polite, listens to what is said, explains very clearly.*
- 4. I find this surgery extremely friendly, polite and helpful.*

Badgerswood Surgery

We're almost there..... After opening the new Headley Pharmacy before Christmas, the next step was to get the waiting room ready. It is larger, brighter - both intentional design features to make it easier for patients. Note the contrasting colours of the walls and the woodwork - easier for those with visual impairment. The entrance now has a gentle ramp and automatic sliding doors for wheelchairs, along with wide corridors to get to the pharmacy.

There's still so much to be done though - the admin staff have still to move back into their home behind reception and Sue into her enlarged office, more lights to go in, the automatic blood pressure machine from the PPG to be installed, as well as an automatic checking in system, name plates on doors, further decorating - the snag list seems never-ending. On the exterior, there's more signage to put up, markings for the car park, a window to replace, and more plants to go in.

Our patient numbers went up again last month, and we now stand at 12,550 across the 2 surgeries. We have more specialists coming out to us and we have new staff joining. All this new space is going to get well used.

New Respiratory Clinic

I met with Prof Anoop Chauhan, the Respiratory Lead for Portsmouth QA Hospital a few months ago. There was an immediate meeting of minds. I was keen to bring all the innovation and resources at his disposal to our patients and he saw a partner he could work with in furthering his work. Jonathan Winter, his specialist nurse, now does a weekly session at both surgeries and we have just agreed to be a pilot site for more research work. The PPG are raising money for a spirometer which will allow us to do yet more. The PPG is also helping us measure how well our patients will have done out of all this effort after a year and I fully expect to see a marked improvement. Watch this space.

DNAs

Have you ever been a DNA? What is a DNA? DNA stands for “Did Not Attend”. It means you forgot to attend your clinic appointment. For every clinic appointment you forgot to attend, someone else could have been seen. Is it a big problem? Is the problem bigger in our surgery than others? Is the problem bigger in General Practice than in hospitals? What can be done to improve things if there are too many DNAs?

In General Practice, the incidence of DNAs ranges from 2 to 8%. One DNA is regarded by most GPs as simply being forgetful. Two DNAs is not acceptable and in some practices is an indication for a letter to the patient stating that they need to organise themselves to ensure this does not happen again. Some practices send out a firm warning at this time stating that the practice will not accept this happening again and if it does, they may remove the patient's name from the practice register on the 3rd occasion if there's not a reasonable excuse. Whether they do remove a patient from their list for 3 DNAs in a row is unclear. Removing a patient from their list of course merely puts the problem onto someone else, either another practice or onto a hospital A & E department where the patient would end up going for a minor problem.

Our practice has no firm policy about DNAs and there is no statement on its web-site about this. Our incidence of DNA is approximately 2 per day at Badgerswood and 4 per day at Forest. A DNA for a procedure eg a smear, is a major loss of time. Each DNA is inspected and dealt with in turn. Most are a one off event. If there are 2 DNAs in a row from 1 patient, this is unusual and usually results in a personal letter or phone call rather than a standard threatening letter. At this time the problem of DNAs is explained to the patient and the patient is given a chance to explain what has happened. The practice is aware of those patients who tend to DNA and the reasons why this tends to occur.

Don't be a DNA. It affects the Practice, causing a build up of patients needing to be seen. It causes a problem with other patients who have to wait longer to be seen. They could have been seen in the slot you missed or in the replacement slot you now have. Keep a diary. Put a note on the fridge. Tell everyone in the family about the date so everyone will remind you. **Even if it's last minute you can't come, phone to say. We may be able to find someone**

who desperately needs an appointment and can fill the slot at a moment's notice. Your dentist would probably charge you if you didn't appear and you didn't phone to cancel!

So next time you receive a letter and the envelope states
 "Mr or Mrs J B Whoever, DNA" you'll know what's coming!

Friends and Family Test

In the last Issue of the newsletter, we mentioned about the National Friends and Family Test which has been running in the Practice since December. The basis of the test is "Would you recommend this Practice to a friend or a member of your family if they needed similar care or treatment".

We started with a slow response, especially from Badgerswood Surgery because of the on-going works here, but the replies were very encouraging and are as follows:

<u>Badgerswood & Forest Friends & Family Test – 2015</u>					
	Dec-14	Jan-15	Feb-15	Total	%
Extremely Likely	13	25	7	45	71.4
Likely	8	4	2	14	22.2
Neither likely nor unlikely	1	1		2	3.2
Unlikely		1		1	1.6
Extremely Unlikely	1			1	1.6
Don't know				0	0.0
	23	31	9	63	100.0

The 1 person who said it was extremely unlikely they would recommend the Practice indicated only that they were sad that Dr Rose had left. I'm afraid this was beyond our power to prevent this happening! We have had a further comment about overuse of vaccinations by the NHS nationally and a desire to abolish these completely. We disagree with this and feel this is not the forum to discuss this issue anyway so we have decided not to further discuss

this here. We have mentioned vaccination in previous issues. Several comments were made in the 2nd box and these have been followed up in the Issues section of the newsletter

The numbers in February have dwindled off and we really need more figures. Please help us. The forms are on the reception desks. Pick 1 up as you arrive, complete it and leave it as you go. It only takes a minute to complete and the Practice is being assessed externally on your opinions so it is important. The PPG also is anxious to see how you rate the Practice and to deal with any issues you have with the surgeries.

Our Educational Author this month is

Martine Dalton

who has written for us on the problem of

The Painful Red Eye

In the April 2012 Issue of our newsletter, Martin Chandler wrote an article for us on 'Macula Degeneration'. He had planned to write further articles for us but unfortunately he died suddenly later that year. Martine gives us a history of Chandler's Opticians now.

Chandler's Opticians (A short history)

Chandler's Opticians opened in Godalming in 1994, Haslemere 1995 and Bordon 1997. Owned by Martin Chandler and his wife, until his death in 2012, it is now owned and run by his widow Rhiannon Chandler, Martine Dalton and Stephen Brand all of whom have been involved in the business for many years. Chandler's is a group of totally independent practices who specialise in family eyecare, contact lenses, sports vision and low vision. We are dedicated to providing professional eyecare and quality eyewear, using the latest technology to ensure your eyes receive the best possible care and sight correction.

As a company we liaise closely with local GP surgeries and hospital eye departments, as well as advising sports clubs etc. on their optical needs. In this article Martine Dalton writes about some of the causes of a painful red eye. These conditions are serious but also (with the exception of ulcers) fairly uncommon. It is wise to have an overview of what to do and what will happen when redness and pain occur but please do not be



worried unduly.

Haslemere

Godalming

Bordon

The Painful Red Eye

Marked eye pain, light hurting your eyes and reduced vision are **NOT** features of common infective conjunctivitis. If you think you have conjunctivitis but have any of these features, you must seek help urgently. You probably have a more serious problem which can be cured but needs to be treated quickly.

Most red eye conditions are painless and do not involve problems with vision. Although a red eye can look dramatic if it is not associated with pain then there is rarely anything serious to worry about, and a non-urgent appointment at the opticians or doctors is fine in order to reassure and double check that nothing more sinister is going on.

A red eye that is painful, however, is an altogether different scenario and needs swift attention by an optometrist or medical professional to avoid sight threatening complications. An emergency appointment with the optometrist or doctor in order to arrange swift referral to the local eye department at the hospital is needed if you are ever unlucky enough to suffer any of the following conditions.

Iritis (anterior uveitis)

Iritis literally means inflammation or swelling of the iris. The iris is the coloured part of the eye. Iritis can be a symptom of some underlying medical conditions such as an infection; it can also occur following a trauma to the eye or even surgery. Occasionally, uveitis is related to problems with the immune system. Often (in about 50% of cases) there is no discernible cause.

Symptoms include a red eye, pain, headache, fixed size pupil, reduction in vision and great sensitivity to light. The symptoms can come on gradually or very suddenly. It can affect either eye or both eyes.

Iritis can be treated very successfully with steroid drops. It rarely causes further problems although it can last up to six weeks per episode and can be recurring. If left untreated it can result in permanent loss of vision.

Acute Glaucoma

Acute angle closure glaucoma is caused by sudden high pressure in the eye which presses upon the retina causing damage to the vision. It is extremely painful and causes sickness, blurred vision, watering eyes and coloured halos. The cornea (the clear window in the front of the eye) can appear hazy and the pupil can look fixed or oval shaped. Patients often report that the pain slackens off a little in a brightly lit room and is worse in dull conditions. This is due to the pupil constricting in bright light and allowing more aqueous humour to drain away. **Urgent treatment is required to save the vision in the eye, and if an optician or doctor is not immediately available it is necessary to go directly to your nearest eye casualty department for urgent treatment.** Please do not confuse this with chronic glaucoma which is painless and whilst serious and needing treatment is not an ocular emergency.

Glaucoma usually affects both eyes to differing degrees. It is caused when the aqueous humour in the eye does not drain away sufficiently well and the fluid build-up puts pressure on the retina causing the tiny blood vessels to die and causing blank patches in the vision. Acute glaucoma is usually caused by a sudden blockage in the drainage channels. It is treated with eye drops or sometimes laser treatment or surgery. Prompt treatment is vital to reduce the pressure. Ongoing, the pressure is usually held steady with drops which keep the pupil constricted. Once glaucoma is confirmed and treated by the hospital they will continue to monitor it along with your usual optician, to ensure that the pressure is kept stable and the vision kept in optimum condition.

Corneal Ulcers

These are very painful and cause great sensitivity to light. The eye will feel very gritty as if there is something in it. Ulcers can be bacterial or viral.

Contact lens wearers are at a greater risk of bacterial ulcers. People who get a lot of cold sores are at greater risk of viral ulcers caused by the herpes simplex virus. Ulcers can occur following a small tear or other trauma to the cornea such as a foreign body or abrasion. People with very dry eyes can get ulcers as their tear film is insufficient to lubricate the cornea properly. Ulcers require treatment with drops to clear up the infection and to ensure scarring is minimal.

In conclusion, a red eye with no pain is rarely an emergency. A red eye with pain and blurred vision needs to be treated more seriously and swift action taken. If in doubt consult your optician or doctor for advice. We only have two eyes and we need to take care of them!

What is happening now at the Chase?

Everyone is getting frustrated at the lack of progress with the Chase. The public see no development. The Steering Group see nothing changing month after month. The Clinical Commissioning Group are struggling to press ahead but get no satisfactory response from NHS Property Services who seem unable to process the business case and approve the costings. Southern Health are frustrated as they wish to move the Elizabeth Dibben Unit into the Chase but have been given no charges for doing this because the CCG cannot give them costings because the NHS Property Services have not approved the Business Case.

In February the Capital Investment Manager of NHS Property Services attended the Steering group meeting in order to try to see a way ahead and this was followed up by an excellent letter from Sara Tiller, the Chief Development Officer of the CCG. At this meeting, it was hoped that ways could be found to fast track the approval of the costings of the Chase in order that progress could now be made with the hospital. This would allow the CCG to then define charges for the use of the hospital site to Southern Health, a GP Practice which wishes to move in, and to other users. A further meeting has discussed how the costings in the business case may be reduced to under £3m to help NHS Property Services fast track this issue to bring this matter to a more rapid conclusion.

In the meantime, the Wenham Holt nursing home in Liss is still providing beds for patients who require short term in patient care but this is not functioning entirely satisfactorily either in arrangements for admitting patients

or for transportation of visitors. At the Community Forum meeting on January 20th, Cllr Ferris Cowper announced that developers of the new town centre in Whitehill and Bordon have indicated that they will be building a nursing home as part of the town's regeneration project. If this proceeds, this will take a lot of pressure off the CCG following the closure of the beds at the Chase. Also, Steve Pearce, Project Director for the town's Regeneration Project informed the Steering Group that there is potential to build a new health facility in the new town centre at some point in the future. The Steering Group agreed that the CCG and District Council should work together to explore the potential for a health facility in the town centre in future, as long as this health facility complemented services at Chase Community Hospital.

Unfortunately we are now having major problems with our Integrated Care Team, the numbers of district nurses in the area having markedly reduced. Southern Health and our MP, Damian Hind, are aware of the situation here and involved in trying to improve this.

Rolling Slide Presentation

For everyone who has been into the new waiting room at Badgerswood Surgery recently, you may have noticed a television screen on the wall. This will be used for rolling power point presentations showing information and notices about the Practice. Ideas we have are:

- Get involved – join the PPG
- Did you know?
- Ask the pharmacy
- Short of appointments? Can the nurse or pharmacist help?
- Important event notices and dates eg PPG AGM
- Stroke Awareness Month
- Book now for your flu jab – at the appropriate time

Items will change regularly throughout the year.

North Butser Locality Patient Group

This is the Group formed by the Clinical Commissioning Group consisting of the Chairmen of the PPGs of the 7 GP Practices in SE Hampshire north of Butser Hill. These practices are in Petersfield, Liphook, Liss, Whitehill and Bordon and Headley. Each PPG functions very differently and it has been very interesting to meet each other and see how each works. One of the

PPGs is very 'carer' orientated and one of the other members is very involved in what has been happening with the problems associated with the Integrated Care Team. We meet once every 3 months in Forest Surgery. The new Lay Governor of the CCG has expressed an interest to attend all of our meetings and is most welcome. He is very eager that we choose a Chairman for this group but no-one seems prepared to take on this role. At the moment the CCG provides us with a secretary who prepares an agenda and takes the minutes for our meetings and at the meetings we discuss what we have been doing for the previous quarter and receive suggestions from each other about what we can do to improve or expand on our respective activities.

Great British Doctors No 5

Sir Ronald Ross (1857 – 1932)



"The Ancients were quite right – the disease (malaria) is caused by the emanation of the marsh. That emanation however is not a gas, nor even a contagium vivum, but an insect." Ronald Ross 1910.

Sir Campbell Grant Ross, General in the British Indian Army, was in Almora, India when his first son, Ronald, was born. At the age of 8 he was sent to England to be educated and went on to study medicine at St Bartholomew's Hospital in London in 1875. He entered the India Medical Service in 1881 and was awarded the Nobel Prize for Medicine in 1902 for his work on malaria.

As far back as the 5th century BC, it was known that residing in swampy places was a danger to human health. Physicians of later centuries became

increasingly convinced that noxious, odorous smells and stench – or ‘miasmas’ (from the Greek *miainein*, meaning ‘to pollute’) – coming from marshy, swampy areas were the direct cause of deadly fevers. The word ‘malaria’ itself is from the Italian *mala aria*, meaning ‘bad air’, adapted into the English language back in 1740. What malaria was nobody knew. It was seen as some mysterious poison in the atmosphere confined strictly to certain localities. Over the centuries, ideas developed that weakly linked together swamps, mosquitoes and fevers, but it was not until Ross’s work in the later 19th century that this suspected link was proved.

Ross began his scientific study of malaria in 1892. By this time, Patrick Manson (1844 – 1922), a Scottish physician and Ross’s mentor, had been the first to show without a doubt that a disease could be transmitted by insects, through his experiments concerning the tropical disease elephantiasis. Also, Charles Louis Alphonse Laveran (1845 – 1922), a French army surgeon, had been the first to notice parasites in the blood of a patient suffering from malaria. On August 20th 1897, Ross made his pivotal discovery. While dissecting the stomach tissue of a mosquito fed previously on the blood of a malaria patient, he found the parasite previously observed by Laveran, thus being the first to demonstrate that the malaria parasite could be transmitted from infected patients to mosquitoes. Ross furthered his studies with his work on malaria in birds, demonstrating that mosquitoes could serve as intermediate hosts for the parasite from one bird to another, thus solving the problem of malaria transmission.

In 1899, Ross retired from the Indian Medical Service and returned to England. He joined the Liverpool School of Tropical Medicine taking a post as Lecturer and was later appointed to Professorship in 1902, holding the Chair until 1912. He went on to be appointed Physician for Tropical Diseases at King’s College Hospital, London as well as accepting a Chair in Tropical Sanitation in Liverpool University, remaining in these posts until 1917, when he was appointed consultant in Malariology to the War Office. In 1919 he received an honorary post as consultant to the Ministry of Pensions.

During his career, Ross was very active in initiating malaria Intervention / control schemes in different countries around the world including West, Africa, Greece and Mauritius, and undertaking various expeditions. He wrote extensively on malaria, his work including his book *The Prevention of Malaria* (1910), and he made many contributions to the epidemiology of malaria, of which his development of mathematical models for the study of its epidemiology is perhaps most notable.

In 1926 the Ross Institute and Hospital for Tropical Diseases was opened on Putney Heath, London by the Prince of Wales as a memorial to and in recognition of Ronald Ross's work, and Ross assumed the post of Director in Chief, which he held until his death in 1932. The Institute was incorporated into the London School of Hygiene and Tropical Medicine in 1934.

Ross's discovery prompted attempts at mosquito control, this gaining momentum at the time of the Second World War when new synthetic anti-malarials and the use of a new insecticide DDT was greatly encouraged. 1955 saw the World Health Organisation declare a global malaria eradication programme. However by 1970 the programme had failed, malaria still remaining in key areas, including Africa. There was growing evidence of drug and insecticide resistance in mosquitoes, as well as environmental damage from DDT. Funding was cut as the number of cases started to rise. Attention was turned away from eradication and towards disease control.

The malarial carrying mosquito is the female *anopheles* mosquito which flies at night. Nowadays, there are 3 main measures used to control the disease – 1. Early diagnosis and prompt treatment with multiple drugs reducing the chances of transmission and development of drug resistance 2) Measures to stop people becoming infected such as drug prophylaxis and use of bed mosquito nets 3) reducing the insect population which breeds in stagnant water eg covering wells, filling ditches, ensuring that irrigation channels flow continually etc. Where actively implemented, malaria can disappear eg southern Europe and North America. A vaccine for malaria is still being actively researched.

Sarah Coombes, April 2015

Practice web-site

The new Practice web-site is now established and seems to be functioning well. Some people still seem to be hitting into the old home page when they type www.headleydoctors.com so if this happens, try www.bordondocors.com and you should go to the new window. Why this sometimes happens is unclear!

Otherwise the new site seems to have functioned well. The PPG comes under 'Be Involved' on the Home page on the bottom right corner. If you tap

this you should go immediately into the PPG. At the moment, we need to update the introductory page as we have our old original page there. However you should see all our old newsletters listed here and you should be able to open all of these if you wish.

We now have the added advantage of being able to open into this window ourselves without having to go to the web-master, which means we can add additional items at any time. Items include notices such as about our AGM or other activities which we may wish to bring to your attention. Hopefully in time we may become more familiar with the use of this system to our mutual benefit.

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
Keith Henderson 01428 713044

Managing

Minor Ailments

by

Kevin Wood, Principal Pharmacist

Do you struggle to get an appointment with your GP? Is your GP always fully booked. If so, consider the following:

Around 57 million GP consultations annually in the UK are for minor ailments which equates to about 18-20% of a GP's workload, or about one hour per day for each GP. The cost of this to the NHS is estimated to be about £1.8 billion, 80% of which is paying for the GP's time.

Most of these problems could probably be managed by the patient themselves, perhaps with a little help or advice from a healthcare professional. This would save time and trouble with bookings and waiting for appointments, and would allow the GP to focus their skills on more complex healthcare needs. Given the increasing numbers of such patients and the costs to the NHS, 'self-care' is becoming more important in helping to manage scarce resources. So, instead of heading to your GP's door, should you be visiting your local Pharmacist instead?

Your local pharmacist

Your pharmacist is highly trained in medicines and their usage, and is an important member of the healthcare team. As well as dispensing prescriptions and advising on medicines, he / she is ideally placed to help manage minor conditions and provide ongoing healthcare and lifestyle advice. In many parts of the UK, the NHS funds a 'minor ailments service' for pharmacists to treat minor conditions but this is not funded in our area.

One advantage of seeing your local pharmacist is you can visit at any time. No appointment is necessary! Many pharmacies are open at times when it would be difficult to access other healthcare services, eg weekends. Apart from advice, the pharmacist is able to supply immediately available medications appropriate for a range of needs, frequently available at less cost than a normal prescription charge. In many cases, these would be the same medications that would be prescribed by a GP and include medicines only available from pharmacies (unlike for example supermarkets) so you can be sure you are getting the best medicines available.

Concerned about confidentiality? Virtually all pharmacies have a private consultation area and all teams are bound by the same standards as GPs and their staff. Questions about the nature of the problem, relevant past history and regular medications may be necessary. This will enable correct advice to be given ensuring that medications offered don't react with current regular drugs being taken.

Prime consideration is given to health and welfare. If medications are not thought necessary or a visit to a doctor is required, you will be informed of this. A referral from a pharmacist may make it easier to get that appointment.

Minor ailments

What minor ailments can be effectively managed together with the pharmacy team? Generally most common, uncomplicated conditions are worth a visit to the pharmacy first. For example:

- Coughs and colds, including nasal congestions, sore throats, and fever
- Hay-fever and other allergies, including contact dermatitis and insect bites
- Aches and pains such as headache, earache and backache
- Minor cuts and bruises
- Skin conditions such as mild acne and mild eczema
- Gastro-intestinal and related problems, such as heartburn and indigestion, constipation, haemorrhoids, diarrhoea and threadworms

- Mild eye conditions, including sore and tired eyes, allergic conjunctivitis, and acute bacterial conjunctivitis
- Cystitis and thrush and period pains
- Warts and verrucas, mouth ulcers, and cold sores
- Athletes foot and fungal skin conditions such as ringworm, dhobie itch and seat rashes
- Childhood problems such as teething, nappy rash, chickpox, and head-lice
- Stopping smoking

So, think, **look at the list above**. Can you save yourself and your doctor some time by dealing with the ailment yourself? We look forward to seeing you at your local pharmacy soon!

Blood Pressure Machines – Forest and Badgerswood Surgeries

The PPG acquired funds for self-measuring BP machines for each surgery. The installation of the Badgerswood machine has been delayed because of the building works but should be in place very soon. So has the machine found many patients with hypertension?

We have taken the readings of 43 participating patients who have checked their own blood pressure. 22 out of the 43 had high blood pressure readings (normal 2 readings should be under 140 / 90 for either reading). Many of the patients with high readings were already under review for hypertension by their GP, with a number of these patients using the machine between appointments as recommended by their GP.

Three patients in particular prompted further investigation. One was seen by their GP and is now on medication. One was seen by the Practice nurse, had an Ambulatory BP monitor fitted for 24 hours and is being followed up after lifestyle advice. The 3rd patient was seen by a GP, had a 24 hour monitor and after review was started on medication.

As pointed out in previous newsletters, high blood pressure is a silent killer, frequently asymptomatic until a complication such as a stroke occurs.

Please use our machines to check your blood pressure. Treatment to reduce high blood pressure has been proven to reduce complications and prolong life expectancy.

Saturday morning opening

The Practice received “Winter Resilience” Government funding to pay for Saturday morning opening to help reduce pressure on A & E departments. This was a temporary measure running from 3rd January to 28th March inclusive with funds for opening over Easter as well.

The funding paid for 1 doctor and staff on a Saturday to run a clinic of 26 appointments. Of these up to 15 were pre-bookable but only 3 to 5 days in advance, the remainder being for emergencies on the day, either by direct contact to the surgery or via re-directed 111 calls which would otherwise have gone to A & E.

Of the 12 Saturdays so far:

161 appointments were pre-booked out of 167 available

117 emergencies were seen out of the 151 available

8 patients failed to attend without contacting the Practice

Changes to the Practice

Dr Boyes has moved. He left Forest Surgery at the end of January and we have now heard from him in his new role as GP based on the Isle of Skye. His Practice covers other islands including Rum, Eigg, and Muck! He tells us that he is settling in well to his new role and finding life very different in many ways as you can imagine. He sent us some photographs. We attach a picture of his boat arriving at Eigg to do a ‘home visit’ and a view from his surgery window with the Skye bridge in the distance. It does look a bit different from the views from Forest Surgery and out over Bordon. (I don’t think it’s always blue sky)



Arriving at Eigg



U

View from Surgery window

In April, Sister Alison Sutton will be joining the Practice. She is already well known in the area as one of our district nurses. She is a very welcome addition to our group. We hope she will write an article for our next newsletter outlining what her future role in the department will be.

Practice Details

	<u>Badgerswood Surgery</u>	<u>Forest Surgery</u>
Address	Mill Lane Headley Bordon Hampshire GU35 8LH	60 Forest Road Bordon Hampshire GU35 0BP
Telephone Number	01428 713511	01420 477111
Fax	01428 713812	01420 477749
Web site	www.headleydoctors.com	www.bordondoctors.com
G.P.s	Dr Anthony Leung Dr I Gregson Dr H Sherrell Dr A Chamberlain	Dr Charles Walters Dr F Mallick Dr L Clark
Practice Team	Practice Manager Deputy Practice Manager 1 nurse practitioner	Sue Hazeldine Tina Hack

2 practice nurses
2 phlebotomists

Opening hours	Mon	8.30 – 7.30
	Tues/Wed/Thurs	8.30 – 6.30
	Fri	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 Heather Barrett Barbara Symonds Gerald Hudson

Contact Details of the PPG ppg@headleydoctors.com
ppg@bordondoctors.com

Also via forms available at the surgery reception desk



You can choose to be treated privately at Spire Clare Park Hospital or Clare Park at Guildford without having to wait, whether you are insured or not.



Our treatments and clinics include:

- | | |
|--|--|
| <ul style="list-style-type: none">• Cyst and mole removal clinic• Cardiology clinic surgery• Cosmetic and plastic surgery• Ear, nose and throat• Endoscopy and gastroenterology• Fertility and gynaecology investigations• Hernia and gall bladder surgery | <ul style="list-style-type: none">• One stop breast care• Orthopaedic centre of excellence• Pain management• Physiotherapy• Urology and prostate problems• Varicose vein treatments• X-ray, MRI and CT scans |
|--|--|

For more information or to make an appointment call 01252 895 490 or visit www.spireclarepark.com



- Offering chiropractic and osteopathy at Forest and Badgerswood Surgeries both privately and on the NHS with manipulative therapy and other types of evidence based care.
- Offering therapy for back, neck and shoulder pain
- State registered ensuring patient safety, continuing professional development and standards are maintained.
- Techniques use recommended methods of manual therapy (joint manipulation, mobilisation and massage) as recommended by guidelines for the management of acute and chronic back pain..
- For a private appointment call 01730 267423 when a receptionist will be happy to arrange this for you.



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 **co-ordinators** to help us take telephone calls from patients and arrange drivers. They do this at their own home. Can you help us?

Our telephone number is

01420 473636



The Gentle nature of the McTimoney method makes it suitable for people of all ages. It's proven to be effective in treating the following conditions: Back, Neck and Shoulder pain.

Pain, discomfort and stiffness in joints, migraine, muscular aches and pains, sports injuries and arthritic pain. To make an appointment or for more information please call 01428 715419.

Headley Pharmacy

Opening hours

Mon – Fri 0900 - 1300
1400 – 1800

Sat 0900 - noon

Tel: 01428 717593

Visit the new expanded pharmacy in Badgerswood Surgery



Get a free coffee with all non-prescription purchases over £10
(This offer valid till next newsletter 30th June)

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**

