Patient Participation Group

Newsletter

Monthly photographic submissions for the
PPG Calendar 2018
are now being requested

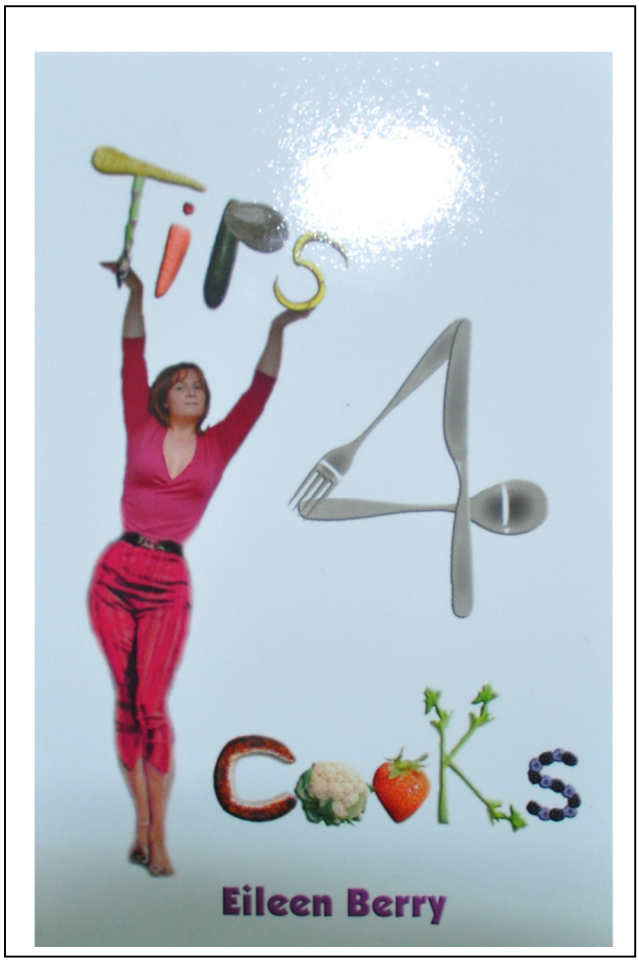
See advert in this newsletter

Incorporating the

Friends of the Badgerswood and Forest Surgeries

January 2017 Issue 24

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”.

Chairman / Vice-chairman Report

It is the end of 2016 and again Headley Parish Council focuses our mind on what we have been doing over the past year by asking us to write an article for their Annual Report. We've printed a copy in this issue for you to read. We seem to have been busy again. Reflecting on our activities is not difficult. Each quarter we have published what we have been doing in our newsletters and we simply transfer this into the Report.

Again Sarah Coombes has produced an outstanding "Great British Doctors" article for us – No 11 this time. There seem to be no shortage of doctors to write about. I'm sure most of you have heard of Gray's Anatomy. Now we know who Gray was. His book is now in its 41st edition!

We have a couple of issues to report this time. Again delays in appointment times seems to be causing a bit of unhappiness and a bit of confusion over the bookings systems. Looking at NHS Choices, Forest Surgery seems to have disappeared. I wonder where it has gone? Perhaps it has been merged with Badgerswood Surgery.

Many of you may have noticed the delay in getting our October newsletter onto the Practice web-site. This is related to the Practice web-master being unable to handle the size of that newsletter. I'm surprised as it was less than 8Mb. I tried to negotiate that I transfer future copies directly to our web-page but this is not going to be possible.

We want lots more photos for our calendar competition. You've been very slow but despite this we in fact have some good photos to put in for October, November and already December. By the time we were going to print, we had not reached the end of December so we could only print the October and November photos. Please send us photos now for the coming months. The advert for the competition is in the newsletter with all the instructions.

Our First Aid training group is almost there. We have had a pilot run in the surgery which went well. Headley Voluntary Care has assisted us with the purchase of equipment and Dr Clarke has kindly given us a digital projector. With the remaining funds from HVC we are awaiting a mock defibrillator and we will then be able to roll this training programme out to the village. I plan to start working with the Parish Council who have recently installed a defibrillator in the telephone box in the High Street.

Dr Leung continues his noticeboard and this time has picked up on a newspaper article about statins and Alzheimer's.

We receive some of our acute stroke services from the Royal Surrey in Guildford and from the beginning of next year, the Waverley and Guildford CCG are proposing to move these services out to Frimley and St Peters Hospital which will affect us. We have penned an article about this. Discussions are on-going through the SE Hampshire CCG.

Our practice is becoming more involved in research projects. We have been asked by Elizabeth Kerwood of SE Hampshire CCG if she can run a study called PAM. In this she wants to study about patient self-management of their illnesses. She has written an article on this for us to explain. This study is really important and any help you can give her by contributing would be very welcome. We also have been approached by Synexus, a research company looking into new drug treatments and asking if we can help with some of their studies. We will keep you informed about these events in the future.

At our members' meeting in October, the Chairman (David Lee) and Dr Helen Sherrell spoke about what they had been doing with the developments of the primary health care service, Healthspring, in India. A summary of the talks is presented later in the newsletter.

As Governor of Southern Health, I have now been actively involved in the recent developments and changes occurring with our Trust. The new interim Chairman, Alan Yates, has provisionally agreed to speak at our AGM. This is booked for Tuesday 25th April at 7.30pm at Lindford Village Hall. This is an open meeting to which everyone is welcome. Please put this date and time in your diary now.

The Bordon Healthy New Town development continues. Discussions regarding the Health Campus took place recently. Concern was raised about the restricted size of the site and the apparent lack of provision to expand if this should prove necessary in the future.

Issues raised through the PPG and NHS choices

This past quarter one patient stated that it was “Extremely unlikely” he would recommend our Practice to ‘Family or Friends’ and wrote:

“I tried to make an appointment for my wife on line. It said the appointment could not be accepted as my wife did not have an e-mail address, only myself. On going to Badgerswood Surgery to make an appointment it transpired the original appointment was accepted. Had I not gone to make an appointment personally my wife would have not known about it, thus making a missed appointment but not her fault.”

It transpires that the patient’s husband was registered with the Practice through his own e-mail to be able to make appointments for himself but his wife was not. The appointment he made was for himself, not for his wife. His wife needs to register separately with the Practice and have a separate registration number.
For every family who wishes to register for on-line appointment bookings, each member needs to be separately registered and have their own number. Also the repeat prescription service is separate from the appointment system so all patients need to register separately for this and obtain a different booking number and go through a different system.

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We have had no other direct comments to the PPG but we have checked on NHS Choices. As we have stated before, NHS Choices is very impersonal and although a comment from a patient can be made and a reply given, rarely is it then possible to follow this up to ensure that satisfaction is delivered.

NHS Choices - comment 1
“So we have been living in the village for 6 months. We moved in and was given the wrong forms to register however after several phone calls we did get registered. Called to make an appointment and get told sorry but we have a lot of old people in the village with hearth problems we can’t help you. We book a private medical and get told it will be £100.00 on the day and to bring cash. We turn up with cash and get told they have a machine???? The medical forms never get sent off because apparently we didn't pay - we did in cash! Make an appointment with the
Nurse today @ 2.10 and was still waiting @ 3 and got told I don't know if the nurse will be much longer. I had to take time off work and drive to them in Headley from Guildford and still managed to see no one. It's a joke!!!!”

This query has been examined in detail by the Practice and there are several points which cannot be accepted.
1) no one is ever turned away from an appointment. Perhaps a request for a specific date or time or to see a certain doctor who happens to be on holiday one week. But appointments are always offered and efforts are always made to accommodate.
2) the Practice prefers not to handle cash directly if possible. In this instance the practice could not identify the payment.
3) the practice have been unable to locate any information about the forms in question.
4) nursing delays are not common but sometimes inevitable as we have discussed before.

This again is a problem with NHS Choices and how to handle this. Rather than tackling this through NHS Choices, please come directly to the surgery and let us sort out such problems for you right away.

NHS Choices - comment 2

"Appreciate appointments cannot always fit in with times a patient wants but to have to wait sometimes over a week is going a bit too far. It would help a lot if a certain Doctor took a greater share in appointments instead of going to meetings. Receptionists are left in a difficult position when they have to tell patients appointments are not available. In the main they are very helpful and try to help as much as they can"

We have discussed this before. The Practice keeps slots for emergencies every day and these are always dealt with. The PPG have assisted the Practice to develop a system to try to triage the patients, diverting those who have conditions suitable to be seen by the nurses or pharmacists. They can then frequently be seen sooner. Some patients however wish to see a specific doctor for continuity of care and because their condition is not an emergency. Appointments slots are therefore allocated appropriately and 1 week is not exceptional.
It is important that the doctors attend meetings. There are various types of meetings they are obliged to attend. They must attend a certain number of educational meetings a year to keep up to date with their knowledge, some of our doctors are in fact trainers and have to spend time lecturing to our junior doctors, and it is also important that our doctors spend time at meetings ensuring that our Practice does not miss out on important innovations or developments which will improve the quality of care for you, our patients.

Changes in care for patients suffering an acute stroke in our area

We have published several articles in our newsletters about the care of people suffering an acute stroke and the PPG has run a stroke awareness month in the past. We handed out stroke awareness leaflets and published articles about what may cause a stroke and how to avoid this. We have stressed the importance in dealing with patients who sustain an acute stroke and the algorithm FAST for recognising this.

Remember:

F = Facial weakness
A = Arm or leg weakness or paralysis
S = Speech affected - slurring or difficulty finding words
T = Time - must act fast - call 999. Calling the surgery for help only delays potentially curative treatments

Patients can sustain a stroke for 1 of 2 reasons and patient care depends vitally on what has happened. A stroke can be due to a clot blocking an artery to the brain or haemorrhage from an artery. Hospitals have clot dissolving drugs which act very rapidly and can dissolve a clot blocking an artery, reversing the effects of the stroke in many cases. However if this drug is given to a patient who has had a haemorrhage, this can make the haemorrhage much worse. It is impossible to tell clinically which the cause is, but an MRI scan will tell the doctors immediately.

The National Institute of Clinical Excellence (NICE) is the medical group which reviews the medical literature world-wide and examines critically the results of studies and trials of treatments for all conditions. From these, guidelines are produced which are regarded by the medical profession as the ideal model of care for each condition. NICE has reviewed the care of patients sustaining an 'Acute Stroke' and recommends that the time from first symptoms, to calling an ambulance, to transportation to hospital, to having an MRI scan to decide whether this is a blood clot or a haemorrhage, to starting clot dissolving drugs (if this is appropriate) should be within 4.5 hours.

Many patients in our region who sustain an acute stroke, especially from Headley where a high percentage of our elderly patients live, are transported to the Royal Surrey County Hospital in Guildford. Surrey has 5 centres which manage patients with acute strokes i.e. has the necessary equipment to do the tests and qualified staff experienced in the care of acute stroke patients. In the past few months, the CCGs in Surrey and the medical staff decided to centralise their services and proposed to close the acute stroke services at the Royal Surrey from the beginning of 2017. Patients will now need to travel to

Frimley or to St Peters, or in our case possibly down to Southampton or Portsmouth. It is unclear whether Basingstoke can cover the demand imposed by this change. It seems that Surrey forgot that patients from Hampshire use the Royal Surrey in Guildford and did not include us in their initial calculations. They also did not calculate the times involved for our patients to travel to other hospitals which we envisage could now be outwith the 4.5 hours guideline. The following interim memo has now been issued:

Royal Surrey County Hospital NHS
NHS Foundation Trust

NHS
Guildford and Waverley
Clinical Commissioning Group

Joint press release issued on behalf of Guildford and Waverley Clinical Commissioning Group and Royal Surrey County Hospital NHS Foundation Trust
For Immediate Use
6 December 2016
Interim stroke care provision to be put in place in West Surrey from January 2017
Interim changes to the provision of stroke care at Royal Surrey County Hospital NHS Foundation Trust will take effect from early January 2017.
From 9 January 2017, patients with a suspected stroke, who would currently be taken by ambulance to the Royal Surrey, will be taken to Frimley Park Hospital or St. Peter's Hospital for their immediate care. Patients may then be transferred to the Royal Surrey if clinically appropriate for on-going care or discharged home. Further care on discharge from any of the hospitals will continue as currently provided.
This change in service affects residents from Guildford and Waverley, as well as some from neighbouring boroughs in Surrey and South East Hampshire.
These changes are necessary as the Royal Surrey will be unable to support a seven day hyper acute stroke pathway from January due to a number of changes within the multidisciplinary stroke team. The provision of seven day acute stroke unit care is unaffected and will continue during the interim period.
NHS Guildford and Waverley Clinical Commissioning Group has been working closely with providers and other Surrey CCGs to ensure safe hyper acute stroke care continues to be provided to patients who would normally attend the Royal Surrey.

We are confident that these arrangements will provide the necessary high-quality care and clinical expertise that patients with suspected stroke require.
A Surrey-wide review of stroke care is on-going and is focussed on developing the right model of care across Surrey to improve overall outcomes. The proposals for West Surrey were initially shared with the public at the Clinical Commissioning Group's (CCG) Annual General Meeting in September 2016. Where changes are proposed for stroke care, these will be subject to a formal public consultation.

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Our CCG wish to comment that the January service change is temporary and to the fact that the Surrey CCGs have committed to public consultation on any substantive patient change. The CCG also suggests we await the statement which will accompany the consultation so that we can better judge the pros and cons of the proposed changes, particularly in relation to quality of service and adherence to the NICE guidelines.

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Patient Activation Project

Get activated! Help us to help you to manage your health.

Badgerswood and Forest Surgeries are working with NHS South Eastern Hampshire Clinical Commissioning Group (CCG) to 'activate' local people in managing their health and wellbeing.
Practice staff have introduced a new tool called PAM – the Patient Activation Measure - which describes the knowledge, skills and confidence a person has in managing their own health and care. Evidence shows that when people are supported to become more activated, they benefit from better health outcomes, improved experiences of care and fewer unplanned care admissions.

Patient activation is of particular importance to the 15 million people living with long-term conditions (LTCs) who rely, more than most, on NHS services. By understanding people's activation levels, healthcare professionals can support those people in ways appropriate to their individual needs. The scheme is not compulsory. Patients will be invited to take part in using the tool which will involve them answering a short set of questions. If you are invited to take part and are happy to, you will be asked to attend your appointment a bit earlier to allow time for you to complete the questions with a member of staff.

If you have any questions about this, please contact Sue Hazeldine, practice manager.

Southern Health by David Lee, Chairman PPG

As a new Public Governor of Southern Health I have now attended 6 meetings in 3 months. Earlier this year the Care Quality Commission gave the Trust a warning notice, and required the Trust to make improvements to protect patients in the care of its mental health and learning disability services. Since the resignation of the then CEO and interim Chairman, Southern Health now has a new interim CEO, Julie Dawes, and a new interim Chairman, Alan Yates.

Much has changed with these appointments, and on a recent visit by the CQC there was recognition of the work undertaken, and the warning notice was lifted.

Southern Health's problems which hit the headlines related primarily to the care of mental health patients, as well as broader observations on the Trust's governance. A recent report issued by the CQC comparing Southern Health to other Health Trusts around the country revealed that Southern Health was not unique.

Southern Health has now set up a working party to look at reconfiguring its services. It has enlisted Northumberland Tyne and Wear NHS Foundation Trust to help; this Trust having received an "Outstanding" rating from the CQC. It has also enlisted Deloitte to help support this work. Its plan is to develop a new 'Clinical Services Strategy' that looks to ensure that the Trust's mental health and learning disability services fit together with the physical health community services and the Trust's partnerships with other organisations.

This work will involve looking at the patient to provide 'Better Local Care' including mental health and learning disability services. Evidence based clinical pathways will be developed. The main themes will include rapid access, information sharing, family support, physical and mental health needs and recovery and support. There will be a vision of the environment which will deliver this, looking at the future configuration across Hampshire and there will be discussion with the 5 CCGs. Once this is in place, the organisational strategy will be worked out over a 2 year period.

Public governors' meetings are held quarterly, chaired by the chairman of the Trust, which appears to be a conflict of interest but is a national requirement. The role played by the governors in the past year of problems, seems to have been very peripheral and is for discussion. I feel their role should be more a position of sharing / inspection /suggestion /regulatory /helping the Trust

/liaising with the public. In this regard a Patient Experience and Engagement Group has been established as a Governor sub-group and I have agreed to Chair this. We have had 2 meetings, mainly gaining knowledge and experience of how the Trust has been performing, where the problems lie and where, if any, we visualise the governors should be focusing their attention. Once we have established our experience base, we plan to develop a pathway of engagement probably through the public meetings.

The next meeting of the PPG is our AGM on Tuesday 25th April at 7.30pm at Lindford Village Hall. This meeting is open to all members of the Public. The interim Chairman, Mr Alan Yates, has provisionally agreed to come as our speaker that evening.

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First Aid Training

We are almost at the point of running our First Aid courses. We had a pilot run in the Practice which was well received and we now have organised the slides and talk for Basic Life Support, choking and anaphylaxis care. This can be covered in a single teaching session. The slides are now produced with a voice over and can be run as a lecture either from a memory stick on a laptop or a digital projector. The slides can be stopped at any moment through the talk for discussion at that moment.

We now have been loaned 6 mannequins, 4 adult, 1 child and 1 infant. We have our own digital projector. The only item we are now awaiting is a mock defibrillator which we are purchasing with money donated by Headley Voluntary Care.

When we ran the First Aid programme in the surgery, we used the actual defibrillator there as a teaching aid, but we are unable to remove this from the surgery for teaching purposes in case this should be needed at the very moment we have removed it. Also this tends to run down the battery life very quickly if we use it a lot for teaching. We therefore need to wait until our mock defibrillator arrives.

We plan to discuss with the Parish Council first a re-run of the teaching session which was provided when the defibrillator arrived on the High Street. We feel we can improve on this session and also pick up those people who wished to come but were not free that day. Following this, our members, the shops and house owners adjacent to the defibrillator on the High Street, and the members of Headley Voluntary Care, especially the drivers, are our next potential trainees.

Noticeboard

by

Dr Leung

Statins for Alzheimer's?

'…..Miracle cure for Alzheimer's…..', screamed the headline. This was published in a national tabloid on 12 December 2016. Now this paper has never been known for balanced reporting but just what was all this about and is it believable?

Statins are drugs used to lower cholesterol. They have been around for many years and undoubtedly do work but they have had quite a mixed press. The story came from an American study which found that men and women with a 'high exposure' to statins had a 15% and 12% respectively lower risk 'of *developing* Alzheimer's compared to those with 'low exposure'.

This is not in fact entirely new, but this study included 400,000 patients so the evidence is stronger. An interesting finding was how the different statins seemed to work for different people. Atorvastatin was associated with lower risk of Alzheimer's in white and black women and in Hispanic men and women. Simvastatin reduced risk in white men. Pravastatin and Rosuvastatin only did this in white women.

Statins have their detractors. They lower the risk of heart attacks and strokes, but do the side-effects outweigh the benefits? Muscle pain is the commonest reported side-effect, but in one study, they replaced the statin with sugar pills and guess what? There was no difference. Other negative associations have been reported, but the newspapers fail to point out that you get the same in the 'control' groups ie those not getting the drug. Statins probably do increase the chances of diabetes a little, but they also reduce the risk of liver cancer in diabetics.

What are we to make of all of this? When you see your nurse or doctor, get them to show you QRisk – it's a calculator that shows you your risk of heart problems and there's another one that shows what happens when you go onto statins. The protective effect is probably greatest in those at highest risk e.g. patients who have already had a heart attack.

So the real lesson is probably to take newspaper headlines with a large pinch of salt. Statins are not a 'cure' at all for Alzheimer's but they do look like they lower the risk or slow the onset.

In-growing toe-nail

The problem of in-growing toe-nail (IGTN) is exceedingly common and in the majority of cases is completely preventable. This is a good example of a condition which can be controlled by patient self-management, both in prevention and treatment. IGTN can occur at any age but is commonest by far in teenage years. This is not due to bad foot care by teenagers as will be explained in a moment. In-growing toe-nail is almost uniquely a problem of the great toe nail and rarely affects other toes. It is not due to a disorder of growth of the nail but a disorder of care of the toenail.

Normal nail growth

The toe nail grows from the nail base under the skin and grows slowly forward in a progressive way. This can be seen in women when they paint their toe-nails and start to see normal nail appear at the nail base after a week or so as the nail grows out. To a small extent, some nail growth also occurs from the bed on which the nail rests. On average it takes the nail on a big toe in an adult approximately 6 months to grow out from its starting base to full size.

In-growing toe-nail

The problem of in-growing toe-nail occurs when the big toe-nail is either cut or broken back at its leading corner and starts to catch on the skin which pushes up in front of the nail as it grows forward. If this happens, the nail will cut into the skin which then becomes infected and swells making the problem of further forward growth past the skin even more difficult. Infection now softens the nail which tends to crumble at this time, falls back then grows forward again, fails to grow past the skin again and the situation becomes chronic with the nail continuing to try to grow forward, continuing to cut the skin which remains infected and continues to damage the nail.

Why does a normal nail become in-growing?

In growing toe-nail does not occur in the vast majority of cases due to a deformed or abnormal nail. In most cases we start with a normal nail and we then develop an in-growing toe-nail. Why does this happen? Why is it more common in teenagers? How can we prevent this happening and what can we do to treat this ourselves?

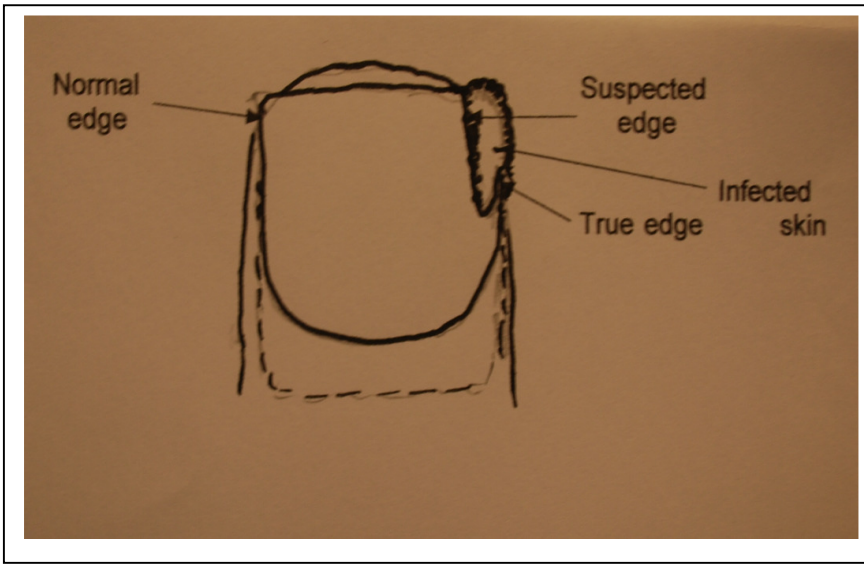
How should we care for our nails to prevent an in-growing toe-nail?

It is customary to cut our finger nails in a curved fashion and to file them this way. However we should NEVER cut our toe nails this way. If we cut our toe nails in the same curved way, we will cut the corners down allowing the skin at the corners to come ahead of the nail at this point. Toe nails should always to be cut straight across and you should always leave the corners of your big toe

nails slightly proud so that you can flick your finger nails under these corners when you have finished cutting them. Never cut hard into the corners. Some people pick their toe-nails in bed at night in their sleep and this can predispose to in-growing toe-nails.

Why are in-growing toe-nails more common in teenagers?
Teenagers are no worse at looking after their toe-nails than adults or children but there are 2 main reasons why they are more likely to have this problem. Firstly, they are at an age when their feet are growing very quickly. At the start of a new school year, new shoes are measured and fitted and good fitting sports shoes are also probably purchased. These are used for the whole year in most cases. By the end of the school year their feet will have grown markedly and the shoes will be too small and probably pressing on the toes. This will tend to press the skin on the ends of the big toes over the nails. Secondly, children at this age play a lot of contact sports and are more likely to damage their toe-nails which will then have to grow out again. The combination of these 2 factors cause a higher incidence of the problem than the rest of the population.

How can you prevent in-growing toe-nails happening?
If the nails are damaged or cut too hard, take care of these as they grow out. Any sign that the skin is being cut or damaged by the nail should be treated by pushing the skin down and trying to get the nail to grow past. Gentle use of a small pair of forceps to press down on the skin to try to get the corner of the nail beyond the skin should be tried to prevent the skin being cut or infected. DO NOT CUT DOWN WITH POINTED SCISSORS INTO THE CORNER OF THE NAIL WHICH IS CUTTING INTO THE SKIN. This will only make the problem worse. It is vital that the nail be encouraged to continue to grow over the skin, not be cut back at any time. It is surprising how cutting down like this frequently produces a sharp spike by not reaching to the very edge of the nail (see Figure)

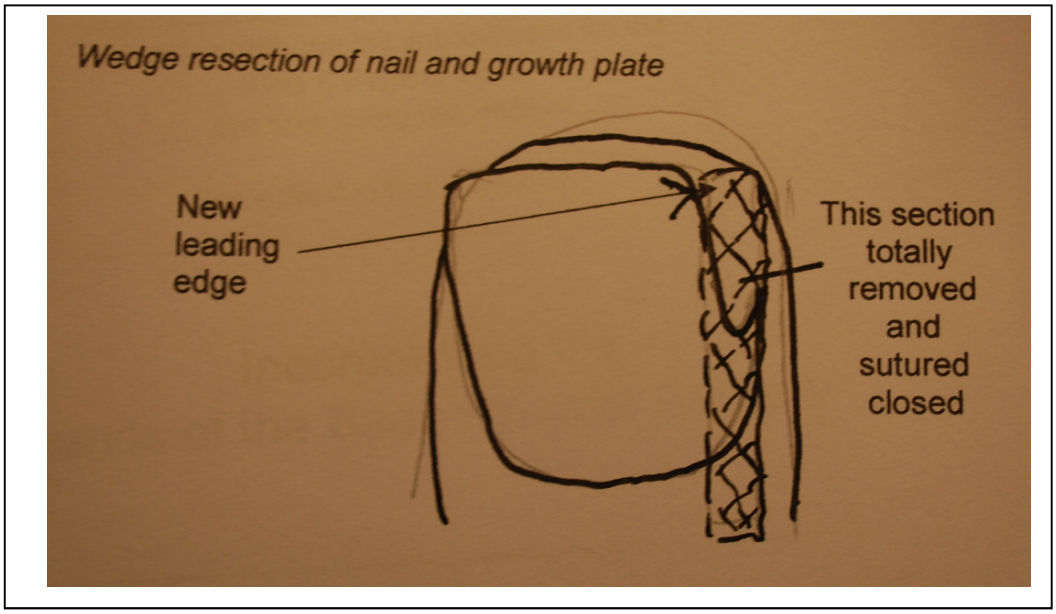


Treatment of an established in-growing toe-nail

In the majority of cases, the in-growing toe-nail can be treated by good podiatry. It is vital again that the nail is not cut down into the corner AT ANY TIME by sharp scissors but encouraged to grow past the skin. Gentle pressure down on the skin to expose the ingrowing corner of nail which can then be gently elevated to allow a fine ribbon gauze to be placed under the nail and over the skin will help the nail to grow forward. If this is too painful, a swab soaked in local anaesthesia for a few minutes before attempting this will make this comfortable to do.

Failure of management by this method may eventually mean referral to a surgeon for a procedure known as a 'wedge excision' of the ingrowing portion of the nail and the area of growth plate at that side. This procedure is carried out under local anaesthesia and has over 95% permanent cure rate so long as the patient now maintains care of their nails as outlined above. The growth plate ablation can be carried out surgically or by chemical destruction using phenol.

Occasionally in-growing toe-nail damage can be so severe that total nail removal or even destruction of the whole nail bed may be necessary. Removal of the whole nail to allow it to regrow results in recurrence of the ingrowing toenail (as it reaches full size in about 6 month's time) in about 75 to 80% of people, as the corner of the regrowing nail catches on the skin again.



Patient Participation Group
(This article submitted for inclusion in the Headley Parish Annual Report)

The PPG remains busy. It publishes the Practice newsletter quarterly, most copies being distributed electronically. Every issue contains news about Practice changes, contributions and comments from patients, information about local health changes, and educational articles aimed at getting more people to understand their problems and be able to self-manage these. Our education articles have included 'Osteoporosis', 'How to manage acute back pain', 'Meningitis', 'Dry Eye and its treatment' and 'Trigeminal Neuralgia.'

The PPG have been aware for some time of an increasing waiting time for patients to see GPs, frequently with conditions which could have been seen by a nurse or pharmacist. Accordingly we approached the nurses and pharmacists and compiled lists from each, of conditions which they would be happy to see. We cross-checked with the medical staff that they were happy with these lists. These lists were published in our January 2016 newsletter hoping that patients with these problems may self-refer accordingly. When patients call for a consultation appointment, they are now asked confidentially about their problem and if appropriate, may be re-directed to either a nurse or pharmacist. Patients who do not wish to discuss their problem or indicate that they wish to see a doctor, will always be allocated a doctor's appointment but may have a longer wait.

Following complaints from patients who had difficulty making appointments early in the morning at Badgerswood Surgery, the PPG met with the Practice about how to improve this. A new telephone system has been introduced which has considerably improved the service here.

Our Practice is becoming more involved in research projects. A new concept of respiratory service 'MISSION ABC' developed by Professor Chauhan's team from Portsmouth and piloted through our Practice, is being promoted throughout Hampshire. The newsletter has published articles about this and our Chairman sits on their committee. The Practice is also liaising with Synexus, a medical research group who work with pharmaceutical companies conducting prospective studies. We will continue to report on future research developments.

The PPG continues to conduct studies. One study looked at clinic days and times most and least desirable for our patients. Less than 2% of patients wished Sunday clinics even if it meant taking time off work to be seen. We are also looking at how patients travel to the surgery aimed at seeing what parking facilities should be made available at the new health centre in Bordon.

In April we held our 5th AGM. Sarah Coombes, well known to many of you from the Pharmacies, the Forest reception desk and her regular newsletter contribution "Great British Doctors", spoke about the 'Doctors of Vanity Fair'. A summary of this was printed in the July Issue.

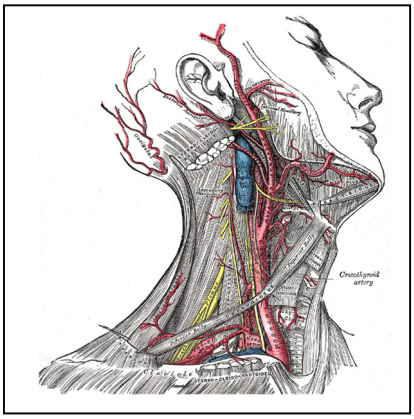
In May the Care Quality Commission visited the Practice. One inspector spoke to 4 members of our committee for an hour. We feel we have an outstanding practice but the Practice were only graded 'Good' in every section. Despite this being as high as any in the whole of Hampshire, we think this an inappropriately low grading. The CQC had not spoken to many members of the Practice and failed to attend Forest Surgery. We had been told 4 inspectors would attend. Only 2 came.

Through our fund raising activities we received gifts and donations for the Practice - a blood pressure monitor from the Bordon Lodge of Freemasons, an examination couch with funds from Headley Bowling Club, a cardiac defibrillator supported by the EHDC. Additionally we have been gifted the use of a set of mannequins, a projector and funding from Headley Voluntary Care for 1st Aid training.

We have established a 1st Aid training team and ran a course within the Practice. We plan to run courses in the village, working with the Parish Council who have recently installed a defibrillator in the High Street.

The work of our PPG is not restricted to the Practice. We work with SE Hampshire Clinical Commissioning Group who are involved in health care developments locally. The Chairman of the PPG is a Governor of Southern Health Trust. Internationally the PPG has involved the Practice in the introduction of a Primary Care service into India – Healthspring. The work on all 3 are regularly reported in our newsletters.

699 words



Great British Doctors No 11

Henry Gray (1827 – 1861)

Henry Vandyke Carter (1831 – 1897)

Anatomy: Descriptive and Surgical is a textbook of human anatomy originally published in 1858. The book's name is commonly shortened to, and later editions are entitled, *Gray's Anatomy*, bearing the name of the book's original author.

Henry Gray was born in 1827 in Belgravia, London into a wealthy family. His father was a private messenger to King George IV. In 1842, he entered as a medical student at St. George's Hospital (then situated in Belgravia, now moved to Tooting), where he excelled in anatomy, learning by making dissections for himself, and is described as a methodical worker, hardworking and driven. At the age of 21, while still a student, he won the triennial prize of the Royal College of Surgeons for an essay. He became an anatomist and surgeon, and in 1852, at the young age of 25, was elected a Fellow of the Royal Society. In 1853, he was appointed Lecturer on Anatomy, and in the same year won the Astley Cooper prize for his work entitled *On the structure and use of the spleen*, which he went on to publish as a 350-page book. In 1855, Gray had the idea of bringing out a manual of anatomy for students, and started work on the book that would come to span 750 pages, and contain 363 illustrations. Gray, however, did not do any of the illustrations for the book. For this task, he instead approached a colleague. Henry Vandyke Carter.

Henry Vandyke Carter was born 22 May 1831, the eldest son of the artist Henry Barlow Carter. He was educated at Hull Grammar School before moving to London in 1847 to study medicine at St. George's Hospital.

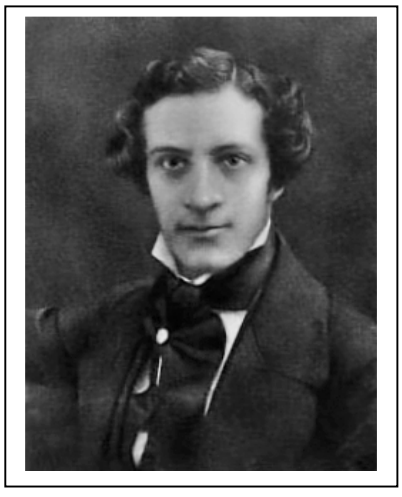
He qualified as a surgeon in 1852. In June 1853 he obtained a studentship in human and comparative anatomy at the Royal College of Surgeons, where he worked with Richard Owen. He also became Demonstrator in Anatomy at St. George's Hospital, a post he held until July 1857. Carter's artistic talent which he shared with father also opened up opportunities as an anatomical artist. Although he never seriously pursued art as a career, he advertised his services in *The Lancet* as a freelance artist to make extra money while he was a student.
Gray and Carter met at St. George's, where Gray was Carter's anatomy teacher. Gray had employed Carter from 1852 to illustrate some of his early papers, including his work on the spleen. In November 1855, Gray discussed with Carter the possibility of jointly publishing a manual of anatomy for students, which Carter would illustrate. Weeks later, payment of 150 pounds to Carter was agreed and contracts signed, and the two commenced work on the book alongside their other commitments as surgeons and teachers – Carter was also studying for his London University medical degree. They performed dissections together on unclaimed bodies from workhouse and hospital mortuaries and finished the book in July 1857. It was published about a year later. The publisher wanted to ascribe joint authorship to both Gray and Carter, but Gray objected. Gray insisted his name be on the spine of the book and altered the lead page so that the size of Carter's name was made smaller. The book, entitled *Anatomy: Descriptive and Surgical*, was dedicated by Gray to Sir Benjamin Collins Brodie, 1st Baronet.

The book received excellent reviews in the medical press. *The Lancet* called it 'a work of no ordinary labour', and *The British Medical Journal* described it as 'far superior to all other treatise on anatomy'. The first edition was a sell-out. In 1859, an imprint of this first edition was published in the United States with slight alterations, and a second, revised edition Gray had prepared was published in the United Kingdom in 1860. Despite the existence of competing anatomical texts, '*Gray's*' quickly became the standard reference work. The book's popularity can likely be attributed to Gray's and Carter's experience as both students and demonstrators, in that they knew how the book needed to be presented and what it needed to contain. Also, at the time of its creation there were two important factors that contributed to the book's success. Firstly, the Anatomy Act of 1832 made it possible for Gray and Carter to legally dissect cadavers for examination. And secondly, the use of chloroform as an anaesthetic, first demonstrated by Sir James Young Simpson in 1847, had expanded rapidly, marking an important turning point in surgery.

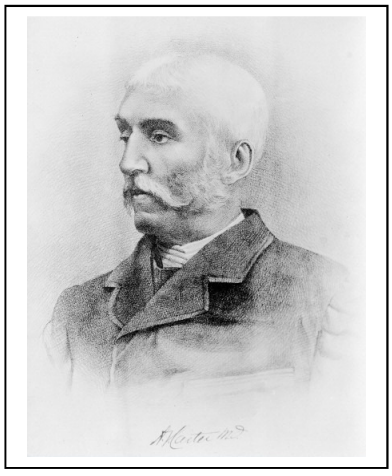
Carter joined the Indian Medical Service and moved to Bombay (now Mumbai) in 1858; he had left England before the publication of the book. In May 1858, he was gazetted Professor of Anatomy and Physiology of Grant Medical College, India. He also served as Assistant Surgeon at Jamshedjee Jeejeebhoy Hospital, and later Civil Surgeon at Satara. He was the first in India to describe the organism of leprosy. Carter made important contributions to tropical pathology, including studies of leprosy, of mycetoma and of relapsing fever. He retired in 1888 and returned to England, and was subsequently appointed Honorary Deputy Surgeon-General and Honorary Surgeon to the Queen. He married Mary Ellen Robinson in 1890; they had two children. He died of tuberculosis in Scarborough on 4 May 1897, aged 65.

Gray died in London on 13 June 1861, aged 34, three years after the first edition of *Anatomy: Descriptive and Surgical* was published. He died of confluent smallpox which he contracted while caring for his ten year old nephew (who survived). Gray had been vaccinated against the disease as a child with one of the earlier forms of the vaccine. He died on the day he was to appear for an interview for a prestigious post of Assistant Surgeon at St. George's Hospital. He was buried at Highgate Cemetery.

Gray's Anatomy has never been out of print since the publication of its first edition in 1858. It has continued to be revised and republished, and is currently in its 41st edition. It is widely regarded as an extremely influential work on the subject.



Henry Gray



Henry Vandyke Carter

PPG Calendar Competition

We have had several entries for our calendar competition and have chosen the October and November photos as seen below. We will have the December photo by the time this newsletter goes out. If you see a good potential photo for future months don't hesitate to capture the image and send it to us. The details are on our advert on the next page.

The pictures we chose are from easily recognisable places and are very obviously for the month they represent.

October **"Hallowe'en in Arford"**
(Can you spot the pumpkin?)

November **"Remembrance Sunday in Bordon"**

Badgerswood Surgery

Forest Surgery

THE PPG PHOTOGRAPHIC CALENDAR COMPETITION

Photographic submissions for the
PPG Calendar 2018
are being requested now

Each month from the beginning of October the PPG wish to receive photographs monthly taken in Headley, Lindford, Bordon, Whitehill and the surrounding areas which would be considered suitable for inclusion in our calendar next year.
Entries must be taken during the month of submission and be received by the end of each month.

The theme for the coming year is
The Changing Seasons

Photos can be submitted in printed form to the reception desks of either Badgerswood or Forest Surgeries
or by e-mail to ppg@headleydoctors.com or ppg@bordondoctors.com

Every submission must be accompanied by the photographer's name, address and a contact detail (eg telephone number, mobile number, email, etc) with **a note of where it was taken** and the **date and time** of when it was taken. To encourage teenagers and children, anyone under the age of 20, please add your age. Photographs chosen for the calendar remain the copyright of the PPG. Unfortunately printed copies cannot be returned.

Every successful photo will appear monthly in each surgery, on the Practice web-site and the PPG newsletters

Healthspring
Summary of talk at PPG Members' meeting – April 2016
David Lee, Chairman / Dr Helen Sherrell

Compared to Europe with a population of 750 million, India has 1.25 billion. There is no Government Primary Health Care provision in India with health services being provided through a hospital service which is overcrowded and producing outcomes which are variable, unpredictable and unmonitored to a large degree. There are University based medical services available but most do not provide emergency services.

For most people who can afford this therefore, medical services are provided through the private sector. Some of these centres are renowned world-wide but are expensive. Not all are up to standard. Although all have an Indian Medical Council certificate to practice, this does not assure quality of service. Many doctors own or have shares in the hospitals they use and therefore have a vested interest in admitting patients to these hospitals for a lengthy period of time and many have the latest technology and use the latest techniques which are very costly and not always necessary.

There are some Primary Care Physicians (PCPs) or GPs in India but they tend to be single handed and many do not have a medical degree, applying homeopathy or other alternative medical techniques. Calling themselves 'doctors', the public is frequently unaware of this. There is no monitoring of their standards, no training and no Primary Care qualification.

About 5 years ago a group of doctors, all non-primary care (there is no Primary Care in India) decided to set up a primary care service in India based on similar lines to General Practice in the UK with surgeries, GP clinics, home visits etc. With some funding from companies who wished this for their employees, Healthspring was established and 2 surgeries were opened in Mumbai (Bombay) in 2013. Each surgery had 5 doctors supported by the necessary nursing, administrative, and technical staff and the equipment necessary. Each surgery had an ECG including a treadmill, Xray equipment, laboratory to do simple blood analyses and slide preparation, a minor operating theatre to do minor surgery and provide a minor injury service. People could register with Healthspring for £100 per year and for this would get cover for all their family to include as many clinic visits as necessary, all home call-outs 24 hours a day, drugs provided at cost price with no profit to Healthspring and referral to hospitals selected by Healthspring known to give the best care for minimal costs.

Healthspring was inundated with people wishing to register and doctors wishing to join. Healthspring had one major problem. The doctors had not been trained in Primary Care and no one in India was able to train them as no one had ever done Primary care.

Why did Healthspring choose Badgerswood and Forest Surgeries PPG for help? I (the Chairman) was well known to most of the doctors who had set up Healthspring having worked with many of them several years ago setting up standards of training, a curriculum and assessment programme for surgery in India. I was happy to help but had to find assistance from experienced GPs. Badgerswood and Forest Surgeries is a training unit for Wessex Deanery and Dr Sherrell and Dr Mallick were willing to help.

What is needed and what are we doing?

a) a knowledge based programme - we are at present developing a distance based set of lectures
b) a hands on teaching programme to ensure doctors are proficient in detecting clinical symptoms and signs
c) developing good communications skills
d) an assessment programme probably by MCQ and OSCE style exam
e) a Portfolio of regular recording of activities

Healthspring is not a profit making exercise. Their aim is to improve healthcare at a Primary care level in India. At present it has to introduce this to the rapidly expanding middle class population who can afford this. It now have 26 surgeries in Mumbai, 4 in Pune, 4 in Delhi and are looking to roll out to the whole of India. Once it has covered India, it hopes then to drift this down to the lower classes to provide Primary care for the whole population of India.

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Changes in the Practice

Our Practice has recently appointed a new style of healthcare physician. Sharmin Ullah is a “Physician Associate” and is fully qualified to run out-patient clinics and provide medical care. We hope she will write an article for us for our next newsletter explaining what is a “Physician Associate” and outlining her role in the Practice.

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 Charles Walters Dr F Mallick Dr L Clark
	Dr Laura Hems	

Practice Team

Practice Manager Sue Hazeldine
Deputy Practice Manager Tina Hack
1 nurse practitioner
3 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

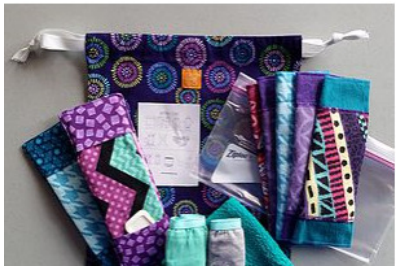
Chairman	David Lee
Vice-chairman	Sue Hazeldine
Secretary	Yvonne Parker-Smith
Treasurer	Ian Harper
Committee	Nigel Walker
	Heather Barrett
	Barbara Symonds
	Gerald Hudson
	Sarah Coombes
	Liz Goes

Contact Details of the PPG ppg@headleydoctors.com
ppg@bordondoctors.com
Also via forms available at the surgery reception desk

DAYS FOR GIRLS

Every Girl. Everywhere. Period.

What if not having sanitary supplies meant DAYS without school and DAYS of isolation? Girls use leaves, mattress stuffing, newspaper, corn husks, rocks, anything they can find...but still miss up to two months of education and opportunity every year. It turns out this issue is a surprising but instrumental key to social change for women all over the world and the cycle of poverty is changed when girls stay in school.

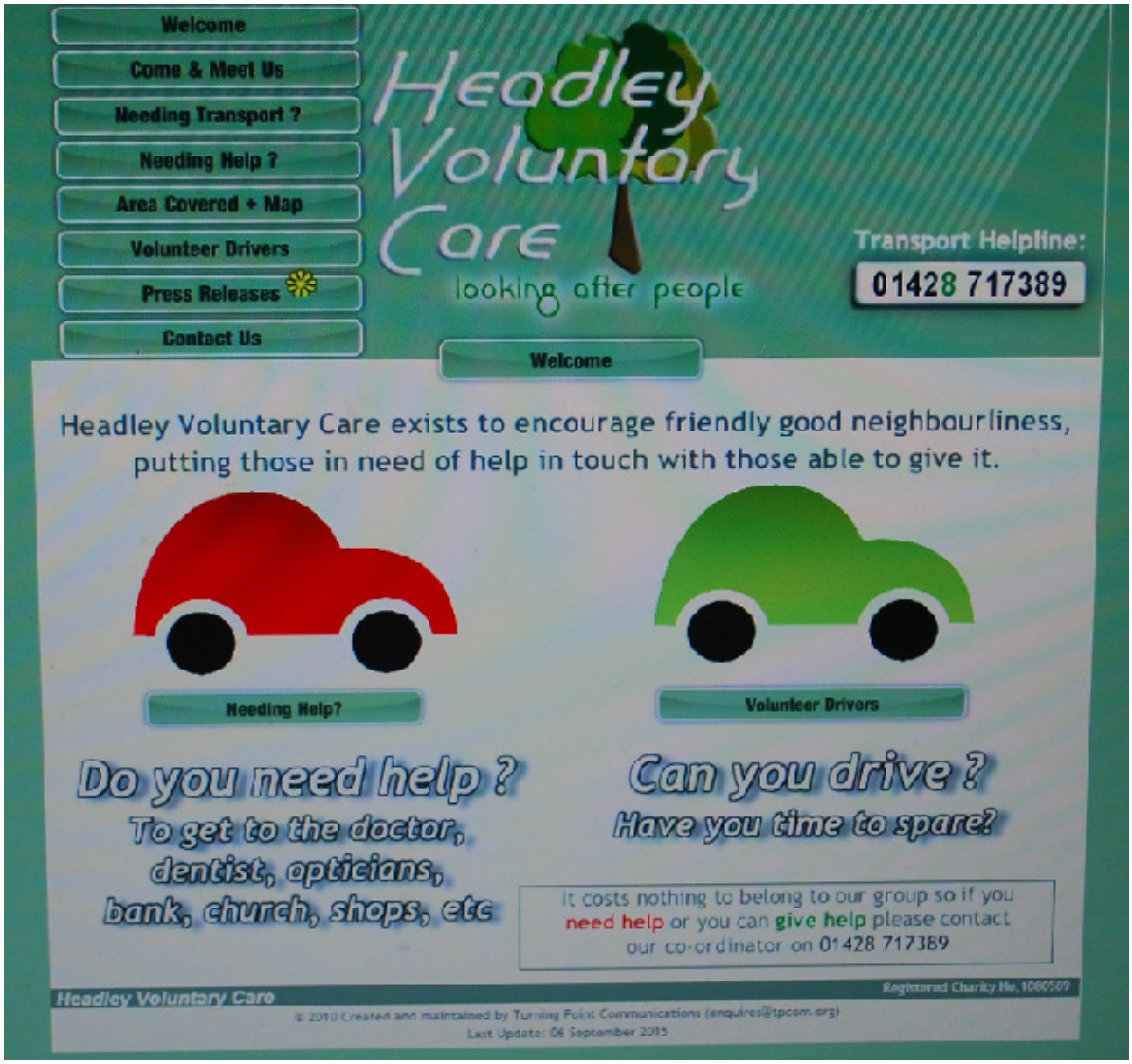


Days for Girls International (http://www.daysforgirls.org/) supplies hygiene kits to girls and women containing soap, washcloths, knickers and washable, re-usable pads and liners sewn by volunteers around the world, including the UK.

After distribution of kits, absenteeism dropped from 36% to 8% in Uganda and from 25% to 3% in Kenya.

There are many ways to aid this effort: donate money via the website above or donate kit materials: 100% cotton fabric, flannel, cotton thread or volunteer to sew kits.

For further information contact Marcia Hammond, 07885 427786 or e-mail Marcia@resmedica.co.uk



NEIGHBOURCARE
HAMPSHIRE VOLUNTARY CARE GROUPS

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

Headley Pharmacy

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

Tel: 01428 717593

Visit the new expanded pharmacy in 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