Patient Participation Group

Newsletter

Incorporating the

Friends of the Badgerswood and Forest Surgeries

January 2013 Issue 8

Pain causes ***tension...***

Learn how to -
Release tension to improve posture
and reduce pain

Change your posture and improve your health & well-being

Alexander Technique

- **Relieve muscular tension and stiffness**
- **Help back, neck and shoulder pain**
- **Learn to manage the symptoms of stress**
- **Become more attuned to your body and aware of bad postures and movement habits**
- **Develop better balance and co-ordination**
- **Improve performance and prevent injury in sport and music**

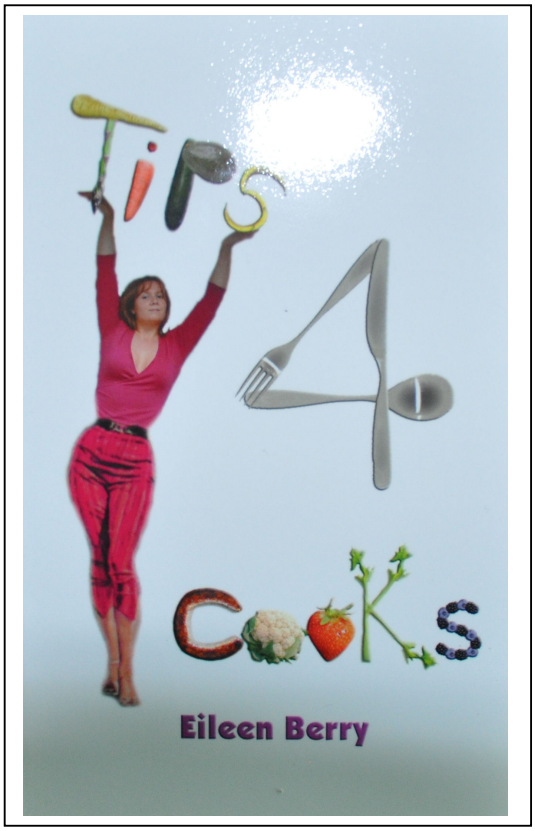
Good posture promotes confidence & energy

Jane Baker MSTAT
greatposture.co.uk

Lindford Hants GU35 0NZ
Tel:01420 488680
Mobile:07775618822

Jane@greatposture.co.uk
www.greatposture.co.uk
www.stat.org.uk

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”.

volunteer drivers Hampshire

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

Home Start
Support and friendship for families
Home-Start WeyWater
Alton, Bordon & Liphook

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-weywater.org.uk

Chairman / Vice-chairman Report

The extension to Forest Surgery has proceeded more slowly than was hoped but should be complete soon. The PPG were approached by Dr Boyes asking if we could buy a water dispenser for the waiting room. We managed, partly paid for by the installing firm, Eau, funding an advert in our newsletter.

Encouraged by Dr Leung, we have written an article on 'Screening' coinciding with the Aortic Aneurysm screening programme taking place nationally this year. We hope this helps to clarify the role screening plays in medical care.

To continue our articles on 'What different specialists do', Caroline Sly has kindly written an article for us on the Chase Rehabilitation Therapy Team. We may, in future Issues, ask for an individual contribution from each member of the team.

This past session we introduced a new innovation. We wanted to host lecture evenings and Nigel Walker, assisted by Sue Hazeldine, our Vice-Chairman, organised a medical education meeting in the conference room of Badgerswood Surgery with speaker, Dr Rose! Nigel reports on this later in this newsletter.

Coming soon, the Care Quality Commission (CQC) has been set up to start looking at GP Practices from April next year. The PPG will help the Practice in any way it can to set the standards demanded of it at that time.

As many may recall, together with the Practice, we ran a questionnaire last year asking your opinion about the Practice and we plan to do it again, possibly with some slight modifications. Your help with form filling would be appreciated.

Our AGM is scheduled for Tuesday 23rd April at Forest Surgery. This is more than a year since our last AGM but will coincide with the end of our financial year at the end of March. We look forward to seeing many of you in our new extension.

Our educational article this time is on Prostate cancer, the commonest male cancer in the UK. We've had a debate about the content of this article but its importance justifies its appearance in our newsletter.

Finally, our notice-board highlights again the whooping cough vaccination. It seems to be a topic on the main news regularly with yet more infant deaths.

Issues raised through the PPG

Results of Investigations

When investigations are performed at the Practice, if any of the results are significantly abnormal, the Practice will contact the patient to inform them and to arrange whatever steps are necessary to follow-up the problem. However, if the results are normal, these are filed and no contact is made with the patient. This is standard practice nationally and if the patient wishes to know their results, they should phone to obtain these a week after the investigation has been performed.

On discussion with the Practice, it would appear that many patients are contacting for results at a time when the Practice is very busy. **The Practice would be grateful if patients could call for their results between 2 – 6.30pm Mon – Fri.**

Annual General Meeting

This is the preliminary announcement
of our AGM
Please put the date and venue in your diary

Tuesday 23rd April 2013 at 7.30pm
in the new extension of
Forest Surgery, Forest Road, Bordon

Speaker to be confirmed

MR MARTIN CHANDLER

It is with great sadness that the PPG note that
Mr Martin Chandler
of Chandlers Opticians
died in November.

As many of you will recall, he supported our newsletter and wrote an excellent article for us in our April 2012 Issue on Acute Macular Degeneration
At that time he indicated to us that we merely had to contact him and he would happily write for us again.
We know he is sadly missed, not only by us.

Report on Chase Hospital

The decisions regarding the future of Chase Hospital are nearing a deadline. Some of the new introductions are to be welcomed but the thorny issue of bed closures and its effect on 'End of Life Care' is still not comfortably resolved.

At present the Hospital has 8 beds for this purpose and discussions have revolved around closure of these, with beds being utilised from a local Nursing Home. However, no such Nursing Home exists at present although discussions are taking place with parties interested in building in this area. To tide us over this period of hospital bed closure and Nursing Home building, beds in a Nursing Home in Liss have been ear-marked. Difficulties of transporting relatives for visiting will be resolved by the Health Board.

East Hampshire District Council and Whitehill Town Council oppose the bed closures as do many of the GPs who use these beds frequently. Over 3,000 local people signed a petition run by the Friends of Chase Hospital.

The Clinical Commissioning Group (CCG) has been studying this issue from both sides. On the one side is a desire to improve home care to such an extent that more people who require 'End of Life Care' can be looked after at home and will not require to be admitted to Hospital at all. However there will always be a number of patients who will ultimately need in-patient 'Terminal Care'.

A desire to improve out of hospital services run out of Chase Hospital has met with enthusiasm. A recent survey showed that 99% of people wished the Hospital to retain its existing out-patient services and 94% of people approved plans to expand the services and clinics.

More recently as an alternative, consideration is being given to expanding the bed-base within the hospital to cover a wider catchment area either for 'End of Life Care' or for other health services. Discussions are on-going.

Screening

Screening is defined as “the detection of a disease which has not yet developed any clinical symptoms or signs”. Taken on its own, you would have thought if you detect a disease earlier, that can only be good but is that always true? In fact, the WHO have looked at this and as far back as 1968 laid down the criteria for screening:

1. The condition should be an important health problem.
2. There should be a treatment for the condition.
3. Facilities for diagnosis and treatment should be available.
4. There should be a latent stage of the disease.
5. There should be a test or examination for the condition.
6. The test should be acceptable to the population.
7. The natural history of the disease should be adequately understood.
8. There should be an agreed policy on whom to treat.
9. The total cost of finding a case should be economically balanced in relation to medical expenditure as a whole.
10. Case-finding should be a continuous process, not just a "once and for all" project.

So at first glance, screening for cancer may seem the right thing to do but when one starts to develop a screening programme, problems may soon become apparent.

What problems can result from screening?
First and foremost, screening must not cause more harm than good.

If a screening test indicates that there *may* in fact be a problem, this *may* lead into further tests which may be quite invasive, such as biopsies, scans, endoscopies, etc. If these prove negative, in addition to the anxiety, this whole process has not helped the patient. This screen test was a false positive. If there are too many false positives, then the original test is not accurate or specific enough.

On the other hand, if a lot of patients are told they have no problem when in fact they do have the disease, they may delay consulting even when they develop symptoms because they have been falsely reassured. They would then be worse off than if they had not been screened at all! The test is then not sensitive enough.

What about assessing the results? There may be a problem with what is called **'lead time'**. Let us take the situation where a patient presents with a cancer lump with a 50% chance of surviving 5 years with standard treatment. If we now introduce a screening programme, we pick up patients with their disease earlier. The patient should then have a more than 50% chance of surviving 5 years because the disease has been picked up earlier. We are adding a 'lead time' to the time of clinical presentation. Where the patient survives over 5 years, the problem is, 'how much is lead-time' and 'how much is extra survival time' we have added by picking up and treating the disease earlier?

To try to assess this, we can look at overall population survival rates to see if this improves but this itself is not without problems. The screening programme may pick up tumours which would never have developed into frank cancers. We know this may be happen because screening always detects more tumours than actual cancers ever appear! And the pattern of the disease may change over the years altering the survival rates in the population anyway.

Proven benefits of screening

But don't be put off screening. Many screening programmes are very successful and if you are invited, be re-assured that what you are embarking on has been carefully assessed.

The following screening programmes adhere tightly to WHO guidelines. These include:

- Cancer screening - cervical, breast, colorectal, and melanoma have all been assessed and are now implemented in selected at-risk population groups.
- Diabetes - already discussed in one of our previous newsletters
  - in known diabetics, screening for retinopathy
- Abdominal Aortic Aneurysm - by ultrasound scanning
- and other screening programmes eg for familial diseases etc.

(Abdominal Aortic Aneurysm screening has been introduced nationally in the UK this year and is discussed here.)

Abdominal Aorta Screening

The aorta is the main blood vessel in the body carrying blood directly from the heart through the chest and down into the abdomen. Its normal diameter is about 2cm. With time, especially in smokers where weakening of the wall causes a condition called atheroma, the aorta stretches and this is known medically as an 'aneurysm'. In time, if the stretching progresses, the aorta may rupture which is rapidly fatal.

Screening for abdominal aortic aneurysm is easy, safe and non-invasive. It involves simply carrying out an ultrasound scan of the abdomen. It may be difficult in very obese patients but in the vast majority of people, clear measurements are obtained.

Abdominal aneurysm screening follows all the WHO guidelines. Good treatment is available either by open surgery or by the insertion of a 'stent' guided by Xray. The success rate of operating on an aneurysm before it ruptures is over 95%, but after it ruptures this only reaches 40% in those patients who make it to hospital, and this is in the very best units in the country (Compare this with the USA where the figures are in fact only 5 – 30%).

An aneurysm under 3cm is at no risk. An aneurysm over 5.5cm is at higher risk of rupture. It will not definitely always rupture but the chances are so high that if the patient is fit, treatment is advised. An aneurysm between 3 – 4.5cm should be reviewed with annual ultrasound scans in the first instance. Aneurysms between 4.5 to 5.5cm should be scanned every 3 months initially.

The incidence on Abdominal Aortic Aneurysm (AAA) in the UK is 5% in white men over 65 years old, 0.5% in Asian men and hardly at all in Africans. It is less common in women and definitely higher in smokers. A screening programme in England at present aims to offer AAA screening to all 65 year old men by March 2013.

Lastly a bit of historical interest - Cellophane is not a material usually recommended to be inserted into the body but in 1949 Albert Einstein had cellophane wrapped round his AAA and survived for 5 years!

Mr John Davies
Consultant Urologist
Royal Surrey County Hospital
Guildford

writes our Educational Article for this Issue on

Prostate Cancer

I trained at St Bartholomews Hospital, the Institute of Urology and the Royal Marsden Hospital, London.
I specialised in Prostate Cancer while a research fellow in London, M.D. Anderson Hospital, Houston, and Johns Hopkins Hospital, Baltimore.
I was appointed Consultant at The Royal Surrey County Hospital and St Luke's Cancer Centre in 1993.
I co-founded the Prostate Project Charity in 1997.

Prostate Cancer

Prostate cancer is probably the commonest cancer in men in Britain today. About 40,000 cases will be diagnosed this coming year. It is the cancer of the elderly man being rare under the age of 50. Of men aged 70 – 79 who die from other causes and have autopies carried out, over 80% will be found to have an associated prostatic cancer which they never knew they had. It is therefore said that "many men die with their cancer and not from their cancer".
It is however a cancer and acts as such and has a mortality. Every year over 10,000 men die from prostate cancer in the UK.

The Prostate

The prostate is a small, firm solid structure which sits just under the bladder in men and encircles the tube which drains urine from the bladder, the urethra. Anatomically it lies in front of the rectum and the back of the prostate can be felt by a clinician on a 'digital rectal examination' (DRE). With age, the prostate can enlarge harmlessly (known as 'Benign Prostatic Hypertrophy' BPH) and in time, tend to compress the outflow from the bladder causing symptoms. These symptoms may mirror the symptoms which arise with prostate cancer. Since the glands and ducts which carry and store sperm also pass through the prostate, men can also get problems with erection and ejaculation.

Symptoms of prostatic obstruction

The main symptoms of prostatic obstruction are:

- Urinary hesitancy with delay in starting passing urine
- Poor dribbling stream
- Urine dribbling on after urination should have ceased
- Increased urinary frequency
- Having to get up at night to pass urine
- Occasionally blood in the urine or semen
- Difficulty in erection or ejaculation

It is impossible to differentiate whether you have BPH or Prostate Cancer just from your symptoms.

Natural History of Prostate Cancer

Prostate cancer is commoner in black African and black Caribbean men but less common in the Asian. It normally grows slowly within the gland then ultimately spreads from the gland to lymph nodes and through the blood to the bones. Research has looked at diet in cause and prevention but little is proven. Drugs such as aspirin have little benefit in prevention.

Early diagnosis and treatment

If picked up early before it has spread, prostate cancer can be treated by surgery or other local therapies and potentially cured. It would seem best to find it at this stage, but there is no good screening test. A digital rectal examination (DRE) may feel a cancer in the prostate. A blood test called PSA (Prostate Specific Antigen), if raised or rising on subsequent testing, may arouse suspicion of a tumour. However prostate cancer is not the only cause of a raised PSA and advanced cancer may not even raise the PSA level at all. At present it is felt that the criteria for a National Screening programme using PSA and DRE do not fulfil the WHO Guidelines.

Thus, in patients in whom the diagnosis is suspected by DRE or PSA, further tests may be needed. Patients must be made aware of the possible complications of these tests to weigh up whether to proceed should the final results prove negative.

It should be noted though, a raised PSA predates clinically apparent cancer by an average of 9 years. A significant percentage of men presenting with advanced cancer in their 60s consulted their GPs during their 50s for other causes when a PSA could have been performed. A significantly raised PSA in men in their 50s is almost always due to prostate cancer.

Early detection is vital for any chance of curative treatment.

So what should you do?

- If you are over the age of 50 and have a close relative who had prostate cancer, you should have a PSA test and regular follow-up
- If you develop any of the above bladder out-flow symptoms, even minimally, you should consult your GP
- If you pass blood in your urine, even on 1 occasion only, you **must** see your GP

If you ask your GP to check your PSA while performing other blood tests, he/she will probably wish to discuss the implications of this before checking your level.

The Urology department at the Royal Surrey County Hospital in Guildford is at the forefront of research trying to develop better screening tests for prostate cancer. A urine test (EN2) and a new MRI scanning technique look very hopeful.

For further guidance see www.cancerbackup.org.uk or www.cancerresearchuk.org.uk

PPG NOTICEBOARD

Can we remind you as stated in previous newsletters

VACCINATION IN CHILDREN IS VERY IMPORTANT

Whooping Cough
This year, England and Wales is experiencing an outbreak of whooping cough, numbers of cases having trebled to over 3500 compared to 1118 in 2011. What is worrying is that there is an increase in very young babies and 6 have died already this year. In Hampshire, total cases reported are 126 compared to 3 last year. Symptoms are severe coughing fits, followed by the characteristic "whoop" in young children, or prolonged coughing bouts in older children and adults.

Vaccination is the most effective way to protect from infection so it is important that pregnant mum's are covered and parents ensure their children's vaccinations are up-to-date.

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With regard to emergency calls, there are 2 situations which are so urgent that it is vital that the situation is dealt with by a 999 call rather a call to the surgery which may delay the rapid treatment necessary and affect outcome. These are:

1. **ACUTE CHEST PAIN**
2. **OBVIOUS ACUTE STROKE**

Remember F - Facial weakness
A - Arm - unable to raise
S - Speech affected
T - Time is vital

ACUTE TRAUMA requiring more than a steristrip or paper suture should be transported direct to casualty or if severe, dealt with by a 999 call.

DO NOT CALL THE SURGERY IN THESE SITUATIONS

Southern Health NHS
NHS Foundation Trust

Chase Community Hospital Therapy Team

Our Team
These smiling faces are those of your local Community Therapy Team based at Chase Community Hospital in Bordon. The team consists of Physiotherapists, Occupational Therapists and Rehabilitation Assistants, supported by our Administration assistant. Do you recognise any of us?

We are employed by **Southern Health NHS Foundation Trust** and work closely with your GPs, Community nurses, Social workers, Community Mental Health team and carers.

What do we do?
We aim to provide a friendly, timely and professional service tailored to the needs and preferences of the individual.

Our Community Therapy Team specialises in providing rehabilitation for adults with a range of health problems. We look at all aspects of care - psychological, physical and social, so nothing is missed.

We provide treatment for housebound patients in their own homes, nursing and residential homes and at Chase Community Hospital.

What patients do we treat?

We treat nearly every medical condition that you might find in adults. For example

- General weakness, joint pain, stiffness, mobility problems and falls.
- Breathing problems for example chronic chest conditions and asthma.
- Neurological conditions including Stroke and Parkinson's disease.
- Acute and long-term conditions including patients who have had surgery or recent hospital admissions.

What is the difference between an Occupational Therapist and a Physiotherapist?

Occupational Therapists are specialists in promoting maximum independence for people in their own homes. They could offer assistance in adapting the home environment or providing and/or advising on specialist equipment to improve ability to carry out everyday tasks. Promotion of independent living is central to their role.

Physiotherapists are specialists in treating patients using movement and exercise, manual therapy, education and advice to regain maximal function.

Treatment can include exercises that are aimed are to improve strength and flexibility, pain relieving electrotherapy or provision of walking aids with guidance to improve mobility and reduce the risk of falls.

We also run Steady and Strong Falls Prevention classes

Steady and Strong Level 1 classes are run by Therapists and held at Chase Community Hospital on Thursday afternoons**.** These classes aim to help improve strength, balance and confidence for people who are at high risk of falling or have fallen. They are also a chance to obtain information and advice about avoiding falls and the best ways to get up from the floor after a fall. The classes last for one and a half hours a week, over 12 weeks and also involve exercises to do at home. GPs or Health Professionals can refer you to our classes if appropriate.

We work in partnership with East Hampshire District Council who run **Steady and Strong Level 2** classes. They are provided by accredited exercise instructors in different community venues in Alton, Petersfield and Bordon. There is no limit on attendance of these classes and people are encouraged to join and continue going to help maintain strength and balance. There is a small charge for Level 2 classes. For more information talk to: Specialist Falls Instructor Paula Haidon on 01428 723324

Falls are not a normal part of getting older and many can be prevented. They can be caused by a variety of factors, such as

- Low blood pressure
- Poor vision
- Loose rugs or carpet
- Cluttered pathways
- Unsteady balance
- Weak muscles

We offer comprehensive falls assessments to help reduce these risks.

How to access Therapy from the team at Chase Community Hospital

If you think we might be able to help you please contact your GP or health professional and they can make a referral to us if appropriate.

Cheese & Wine Evening

We all value our GP. Indeed we are dependent on him or her for our health and wellbeing in time of illness. Rarely, however, do we meet them outside a consultation. Patients Participation Groups (PPGs) have helped to change that relationship by providing opportunity for contact between doctors and patients. Not only that. PPGs are able to help raise finance for specific projects. For example, in our case by providing the surgery with an Ambulatory Blood Pressure Monitor to enable patients to monitor their own blood pressure in their own surroundings and thus obtain a more accurate reading.

Recently the PPG arranged a gathering for members from both surgeries who met together at a 'Cheese and Wine' held at Badgerswood Surgery on the 10th October. It turned out that our decision to meet in early October proved to be a suitable time and reasonably convenient for a good number of members to attend. Sue Hazeldene (Practice Manager) did an excellent job in setting up the wine and cheese part of the evening as well as organising the room and encouraging the involvement of the doctors in the two Practices at Forest and Badgerswood.

To make the evening interesting we decided to ask one or two of the doctors if they would be kind enough to speak on a medical topic of interest to us all. The late Tony Nicklinson, who suffered from 'locked in syndrome' and who begged for the right to die, provided us with a subject of interest to most people. The matter was thus highly topical and one on which we were able to reflect and ask questions. Dr John Rose was invited to speak and his subject matter and presentation proved very helpful and of great interest. It was good for us all to be reminded of the intense suffering that some people have to endure at the end of their lives, not to mention the indignities that often go with it. The evening was then rounded off by our Chairman, David Lee, who informed our guests of the work of the PPG. A warm appreciation of his role was expressed at the close of the evening.

At an appropriate time we would hope to hold another such gathering. We would thus warmly encourage patients at both surgeries to join the PPG for a small subscription of £5 per person. We believe that PPGs have a real potential to play an important part in the coming years and in every local Practice.

NIGEL WALKER

Recent Changes at the Practice

It had been hoped that the extension to Forest Surgery would be complete by the end of 2012, but not quite. The work will continue into January. As reported in the last newsletter by Dr Boyes, there will be 3 new consulting rooms, an enlarged waiting room and an additional smaller waiting room at the end of the main corridor. Also there will be a new storage room and meeting room now located at the end of the main corridor. Outside there will be some additional car parking space.

The out-of-hours cover changed some time ago and is now provided by 'Hampshire Doctors on call' with the number provided in the 'Practice Details' listed opposite.

Highview Surgery is due to close at the end of January. Patients from there will be able to apply for re-registration at any other practice of their choice but those who have not re-registered by the time the Highview Practice closes, will be automatically registered with our Practice.

Purchase of Spirometer and Portable Cardiograph Machine

Dr Leung, observed by Yvonne Parker-Smith, secretary, and David Lee, Chairman, tests the respiratory function of our Treasurer, Ian Harper, using the new spirometer purchased by the PPG. A cheque is being handed over for this. The spirometer and a portable cardiograph machine were both bought from funds kindly donated anonymously to the PPG.

Practice Details

	Badgerswood Surgery	Forest Surgery
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 John Rose Dr Anthony Leung Dr Anna Chamberlain (1 day/wk)	Dr Geoff Boyes Dr Charles Walters Dr Laura Clark (3days/wk)
	Both Surgeries Dr Ian Gregson Dr Stephen Carr-Bains Dr Mark Paterson	
Practice Team	**Practice Manager** Sue Hazeldine **Deputy Practice Manager** Tina Hack **1 nurse practitioner** **1 practice nurse** **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	**Hampshire Doctors on call** 01962 718697	

Committee of the of the PPG

Chairman	David Lee
Vice-chairman	Sue Hazeldine
Secretary	Yvonne Parker-Smith
Treasurer	Ian Harper
Committee	Maureen Bettles
	Nigel Walker
	Heather Barrett

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

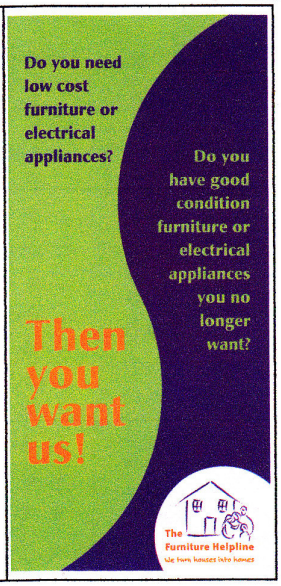
Call The Furniture Helpline on 01420 489000 or www.furniturehelpline.co.uk

We support low income families in the area by redistributing previously owned, good quality furniture and electrical appliances at affordable prices. If you have any unwanted, good condition furniture or electrical appliances, please get in touch.

We also provide a removal and house clearance service.

Also, we always need helpers to collect and deliver, answer phones, and fund-raise.

The Furniture Helpline is a registered charity number 1128070



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

HEADLEY PHARMACY

Next to Badgerswood Surgery
OPEN TO ALL

NOT JUST A
PRESCRIPTION DISPENSARY
BUT
OVER-THE COUNTER MEDICINES
CHEMIST SHOP
RESIDENT PHARMACIST
CALL IN FOR ADVICE
Tel : 01428 717593

Opening hours
Mon – Fri 09.00 – 13.00
14.00 - 18.00
Sat 09.00 - noon

Chase Pharmacy

Next to Forest Surgery
OPEN TO ALL

PHARMACY TO
FOREST SURGERY
AND
CHASE HOSPITAL
-
PRESCRIPTION DISPENSARY
OVER-THE-COUNTER MEDICINES
CHEMIST SHOP
RESIDENT PHARMACIST
LIPOTRIM WEIGHT-MANAGEMENT SERVICE
Tel : 01420 477714

Opening Hours
Mon-Fri 09.00 – 18.00