

Patient Participation Group

Newsletter

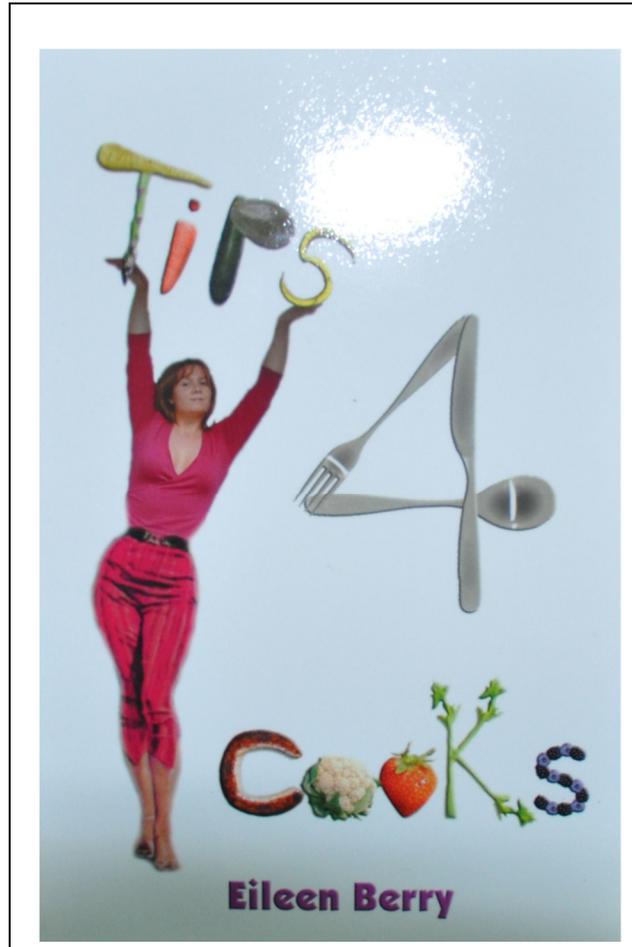


Incorporating the Friends of the Badgerswood and Forest Surgeries

July 2017

Issue 26

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 FINE FOODS
Quality cakes our speciality

**Fresh sandwiches, quiches, cakes
and business buffets made to order**

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NOTICE

The Specialist Centre for management of patients suffering from an

ACUTE STROKE

in this region has changed

Remember the immediate signs of an acute stroke – remember **FAST**

F - Facial weakness

A - Arm and / or leg - unable to move or raise

S - Speech affected

T - Time is vital

In this situation, time to get to an **Acute Stroke Unit** for expert medical treatment is vital. In this area, time from first symptoms / signs to expert medical treatment should be less than 3 hours.

Do not call the surgery - this only delays time

Call 999 immediately

If you decide it would be faster to take the patient to hospital yourself:

**The Specialist Acute Stroke Unit is now based at
Frimley Hospital**

The Royal Surrey County Hospital in Guildford
no longer has an acute stroke unit

Chairman / Vice-chairman Report

This newsletter contains important information about our NHS provider, the Southern Health Foundation Trust. You must be aware of the problems which the Trust experienced last year when it repeatedly hit the national headlines due to problems with mental health provision and poor ratings from the Care Quality Commission. Although our Trust was targeted and many of the claims were justified, it appears that our Trust was not alone. Other Trusts around the country now seem to have had similar problems. Appointment of new senior administrators to the Trust as trouble-shooters with Mr Alan Yates as Interim Chairman and Julie Dawes as Interim Chief Executive Officer have seen remarkable changes in the Trust. The CQC have now withdrawn all its major concerns and the Trust is now heading in a new direction. Alan Yates came to speak at our AGM and Julie Dawes has written a long article for our newsletter which outlines the progress which has happened over the past year. I applied and have been appointed as a Governor to the Trust and have now taken the role of Chairman of the 'Patient Experience and Engagement Group' and I am impressed by the way the Trust is embracing progress and ideas. There is little doubt now that the Trust, the Governors and the patient membership are all working together with one aim - to make the Trust as good as is possible for the benefit of all patients in our region. Please read and study Julie Dawes article.

Our AGM was in April and I am pleased to say that our present committee all agreed to remain in post for a further year. Liz Goes has been very helpful to us with numerous items over the past few months and we are delighted that she accepted the offer to join our committee. The minutes of the meeting are published in this newsletter.

Barbara Symonds, assisted by members of the committee, especially Liz and Gerald, organised a very successful evening in the Church Centre in March. Keith Henderson on guitar and his friend Steve entertained us with songs from the 60s and 70s. An ample supply of food and chat ensured the evening went down well. Requests were made for a repeat again next year. If we do, you'll need to be quick if you want tickets..

Our 1st Aid team is now developing well. We were very disappointed by the standard of training produced by 2 "approved" trainers who came to Headley to demonstrate and train 1st Aid so decided to set up our own team. Contributions from a patient, Claire, Headley Voluntary Care and Dr Clarke, ensured we had the necessary equipment and we now have run 5 courses in the village training 71 people to a good standard. We are keen to train everyone in the village who is interested. Anyone who is a member of the PPG, a member of Headley Voluntary Care, Bordon Voluntary Care, lives in or near a defibrillator, or is a carer, registered or not, we will train for free. Otherwise, we will not ask for a fee but simply ask for a donation to help to cover our costs. It costs us about £60 to run each course and we can manage about 20 people on each course that we run. Please apply to our web-site www.bordondoctors.com

Our Education Article this time is about 'Self-Care', a high priority of NHS England. This article is a personal view and is meant to be 'food for thought'. Are you someone who expects the medical and nursing profession to provide all care for you or are you someone who is keen to know what is going on and to be involved in decision making and getting involved? Read our article and let us know. We'd be very interested. Is this worth a survey of our patients?

We had a very interesting comment appear on NHS Choices from a patient of Forest Surgery who changed the way the QA Hospital behaved after he attended their A&E. We approached him to ask what he did and he sent us an article which we have published. Encouraged by Dr Walters he tackled the SE Hampshire Clinical Commissioning Group. The Chairman acted on his comments and the policy in the hospital was changed. This is real patient power. To be fair, I know the Chairman and it doesn't surprise me that he acted like this, but it shows what can be done if you see a problem, see how things can be improved and tackle things properly. Well done Mr Wood and Dr Walters!

We are very fortunate in our Practice to be unaffected by the retention and recruitment of GPs as in some other areas. This is a reflection of how the doctors and the staff work so well together and how they see that they are achieving well. If you are getting good care, please continue to praise especially on NHS Choices. We want our Practice to continue to be highly rated. And please don't forget to fill out a Friends and Family Test form.

Unfortunately we did not win a Corkill award this year. We think our submission was good. Someone else was obviously better. When we see their report, we will look at this and may learn from them. We may report on this in our next newsletter.

Issues raised through the PPG

We publish all comments about the Practice both critical and complimentary. We also publish reports sent to 'NHS Choices', an NHS internet platform for people to make comments. Since March, 3 comments have appeared on the NHS Choices website.

Badgerswood Surgery

Excellent GP

I have the pleasure of seeing Dr .. as my GP. They are wonderful. It can be very tricky to get an apt to see them face to face but this by no means impacts on the care they give. Any concerns are dealt with promptly and I had many a phone call late at night when they should be home enjoying time off. The onsite chemist are also lovely nothing is too much trouble and the pharmacist is so helpful. Excellent surgery and services

Excellent Surgery

Have lived in Headley for over 8 years. Throughout the time have received excellent support from Badgerswood Surgery. The receptionists are always polite and very helpful. One doctor stands out as an outstanding GP. Totally committed to helping the patient, non judgmental and patient with a caring nature. Without doubt running a surgery in current times is a big challenge but Badgerswood manages to do an outstanding job, we feel very lucky to have this facility within the village. The surgery has recently been extended and offers a wonderful modern, fresh and bright facility with the added bonus of a great pharmacy run by a great team within the building. Couldn't ask for more from a local surgery, thank you!

Forest Surgery

The best surgery I have ever experienced in 74 years.

Forest Surgery is by far the best surgery that I have experienced in my 74 year lifetime. Receptionists, either at the counter or via telephone, offer courtesy and always helpful.

Doctors and nurses are receptive, considerate and take care to listen - time of appointments are sometimes delayed in the waiting room as the doctor allocates the time necessary for the consultation that can take longer than the time allocated; for which all patients that I have spoken to in such circumstances are grateful as we might need a bit longer with the doctor as well!

The surgery is efficiently run, kept clean and well presented.

The Surgery Manager, doctors and nurses participate in and support the Patient Participation Group of patients who pay a small annual fee to support the surgery and help with provision of specialist equipment. The PPG has a regular newsletter.

On one occasion, on a weekend, it was necessary for me to attend a local hospital A&E and did not receive appropriate or even correct treatment. On Monday, via an emergency appointment, my doctor gave the correct medication and treatment, was very disappointed at the events that occurred, and recommended complaining to the SE CCG. This resulted in an amendment to policy and procedure at the A&E with an apology - none of which would have happened without the guidance of my doctor.

The surgery operates an active website with provision for ordering on-line repeat prescriptions and booking of appointments.

Comments on Friends and Family Test forms

Unable to make appointment for follow up appointment for months ahead.

There was no mention of name or which surgery was a problem. This comment is inaccurate.

Making people come in for repeat prescriptions!! It can be done over the phone.

Again no name or surgery. This sounds like a specific request to attend over a specific issue but no details were provided. Repeat prescriptions are available on line. Contact reception for details

Friends and Family Test - 2015 – 2017

	Apr 17	May 17	Jun 17	Total	%
Extremely likely	11	13	18	507	79.7
Likely	2	3		102	16.0
Neither likely nor unlikely	1		12	1.9	
Unlikely				9	1.4
Extremely unlikely		1	1	6	0.9
Don't know				0	

Total extremely likely or likely to recommend this Practice 95.8%

To complain or not – does it do any good?

Recent national newspaper and TV adverts from insurance companies along the lines of “If you have suffered as a result of a medical mistake...” in order to seek potential financial compensation from the NHS’s dwindling finances and not necessarily with any thought to corrective action. There is another course of action however.....

I awoke one morning in November 2013 with an uncomfortable ache in my neck – when commenting to my wife on the feeling she sympathised by commenting that I was always a ‘pain in the neck’!

I had not had a change in height of pillow nor experienced any cold drafts from a window during the night and expected the ache to go away as the day progressed – it didn’t! - it got worse and by lunchtime I actually could not move my head to the left and very little movement to the right, not up and very little down! My head was effectively ‘frozen’ still. If kept still – minimal pain was experienced, but any type of movement very painful. So what do I do - and on a Saturday? So wanting to seek some advice rather than anything else, I went to Petersfield Hospital Minor Injuries Unit as I had used them before at the weekend. I was received with sympathy and understanding at Reception – five-minute wait to see a Triage Nurse who advised a Senior Staff Nurse would see me shortly. ‘Shortly’ was indeed very short and he gave me a thorough and very considerate examination before saying “I know exactly what is wrong with you!” before announcing I had torticollis - or a “frozen neck” - I think I had already figured that one out!!

Nonetheless, encouragement was to come “I also know the treatment you need to resolve it” – then the bad news... “Unfortunately, the necessary muscle relaxant and pain relief can only be prescribed by a doctor – and we do not have one on duty today – can you get to Portsmouth A&E Walk-in Clinic – I’ll phone them and advise that you are on your way.”

Thanking the Petersfield Hospital staff for their much-appreciated help on a Saturday afternoon, my wife drove me to the Portsmouth Clinic where there had been a change of duty receptionist who had no knowledge of a phone call from Petersfield and just said “Fill in the form and wait your turn” in a rather full waiting area. My turn eventually came...

The Doctor [- who volunteered that he came from Lithuania and who actually lived in Sheffield and had travelled down for his spell of duty], examined me in a similar way to that of the Senior Staff Nurse at Petersfield and I told him of their advice. He had never heard of Petersfield - but had heard of Peterborough!! The fact that we had travelled 25+ miles to get there, that I was 71 years of age, in severe pain [- that he agreed he had determined], accompanied by my wife, seemed of no consequence - then came the punchline...

“Do you have any pain relief like paracetamol at home?” Confirming that we did, he said to our incredulousness, to go home and take them as per the packet instructions. He said there was nothing else he could do. I hardly slept Saturday and Sunday night, mainly sitting in a chair as laying down was too painful. Monday morning at 08.30 am, I managed to get an emergency appointment with my Doctor after the Forest Surgery Receptionist fully accepted the need to be seen urgently.

My GP, Dr Charles Walters, upon being advised of the weekend’s events, determined the same diagnosis as I had had over the weekend and my neck was still frozen and prescribed the appropriate muscle relaxant Diazepam and Co-codamol pain relief. (This medication took gradual effect over the next 24/48 hours and full effect after approximately 6 days).

Dr Walters then said he was appalled at the lack of treatment that I had received – not received - at Portsmouth and felt that I should raise a complaint with the CCG – Clinical Commissioning Group - and he gave me the contact details.

Having written a letter outlining the weekend’s events, I received an acknowledgement that it would be investigated. Then a request for further details came; then confirmation that it was being investigated; then further correspondence – all positive; then further correspondence – and more - then the admission....

It would appear that the Portsmouth A&E Walk-in Clinic had unfortunately had ‘walk-ins’ complaining of ‘frozen neck’ or similar symptoms on the hope of being prescribed the medication I desperately needed that the others seeking this medication in their world desperately needed for other reasons. Consequently, there had been a formal written process, procedure, instruction issued to the medical staff not to issue such prescriptions without ‘just cause’ - being a large City Walk-In clinic they were open to abuse of their treatment.

My wife had accompanied me to the appointment and I would like to think we were both dressed Smart/Casual and also we were coming to them from a referral from our local Petersfield Hospital and of a mature age! However, the Doctor agreed I did have a frozen shoulder/neck but under the A&E written instructions he had received concerning the prescription of the medication I needed, he had no option in his mind to send me away without medication.

In all the correspondence lasted some four months with the final letter from Richard Samuel, Chief Officer South Eastern Hampshire Clinical Commissioning Group, and I offer a few quotes from therein: -

“I am very pleased to note that they have revised their policy in respect of prescribing diazepam and I hope that this will prevent any other patients, in a similar situation to your own, from experiencing the same difficulties”

- further on in his letter:

“In addition, we have confirmation that in future the Minor Injuries Unit at Petersfield will ring the Guildhall Walk-in Unit whilst the patient is in the Department before directing them to this service to ensure the patient is suitable to send.”

and:

“...delighted that we have been able to achieve such a positive outcome to your concerns. Thank you for taking the time to make this complaint and pursue it, to ensure that real changes are made to the current systems in use”.

It might have taken a while, but I was more than pleased with the outcome of the exchanges of letters with the Medical Director at Portsmouth (- who was initially, perhaps understandably defensive of one of his “...in excess of 20 GPs working here” – “...seeing unregistered patients in the centre of a city”), the CCG Complaints Manager (- who kept me updated on progress and why target dates had been missed) and the Chief Officer himself.

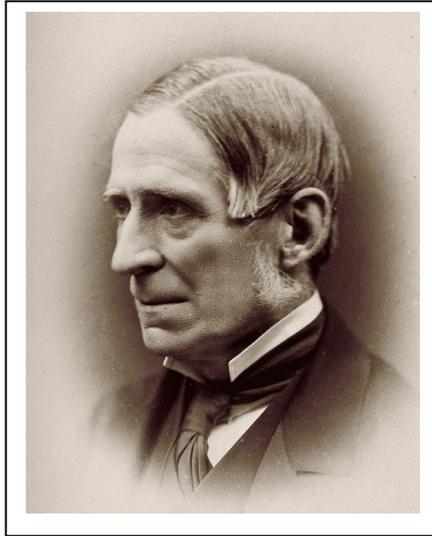
Thanks to Dr Walters I feel I was able to achieve a very positive result, that I had emphasised throughout in my correspondence, not so much a complaint process, more so an opportunity for improvement to a seriously flawed process then in-place at Portsmouth that would be to the benefit of those to follow me with a similar medical symptom.

So you see, if you try, you really can make worthwhile changes to be of value to others.

Mr E [Ted] R Wood

Great British Doctors No 13

Professor Sir James Paget
11th Jan 1814 – 30 Dec 1899



It was said in the latter half of the 19th century, that to be shown to have achieved greatness, you had to have done 3 things - you had to have reached the top of your career, you had to have been knighted and you had to have appeared as a caricature in the magazine *Vanity Fair*.



Sir James Paget did all of these. Under the title “Surgery” his caricature appeared in *Vanity Fair* on 12th February 1876. The description of him in the magazine states

“He is shy and retiring to the extent of excess, but he is well known to be much admired by many thousands of proprietors of damaged frames.”

Vanity Fair – 12th February 1876

Born the son of a brewer and ship-owner in Great Yarmouth on the 11th January 1814, James Paget struggled financially for the first half of his life. His desire to become a surgeon started at the age of 16 with an apprenticeship to the local GP for four and a half years and in 1834 he entered St Bartholomew's Hospital in London as a medical student. It was at this time his father became bankrupt and his elder brother helped out with his medical student fees. From there on he struggled for the first half of his life to achieve his ambition to become a surgeon. He set out determined to pay off his father's debts but it is of note that at that time, not only were junior doctors not paid, but they even had to pay for their apprenticeship while being trained.

While a student at Bartholomew's, Paget worked very hard quickly earning the reputation of being a keen observer producing accurate descriptions of specimens. When he found that many of the best medical reference books were written in French or German, he taught himself both languages! As a brilliant and hardworking student he should have been able to look forward to a successful and rewarding career, and even though he came first in the Royal College of Surgeons exams in 1836, which qualified him to practise, unfortunately he was too poor and his father was now bankrupt, so he could not afford an apprenticeship.

For 7 years he struggled, writing for journals, helping sort the hospital museum, earning a meagre £7 per year and living in poor lodgings while trying to help pay off his father's debts. In 1841 he was made warden of the Finsbury Dispensary but without operating facility and in 1843, warden of the hospital and Lecturer on anatomy, physiology and pathology. He became an outstanding teacher during his time at the museum demonstrating in morbid anatomy. It wasn't until 1847, at the age of 33 that he was elected Assistant Surgeon to St Bart's hospital, continuing to give lectures now as Professor to the College of Surgeons. He was now recognised as an eminent pathological surgeon.

It was only now that he had just cleared his father's debts. However all his waiting and studying of physiology and pathology paid off. No other surgeon was so knowledgeable and so able to apply the basic sciences as Paget. And he suddenly blossomed.

Paget was blessed by the recent introduction of the microscope and he was now able to see what previous pathologists could not. He described diseases of the bone and of the breast and these were named after him – Paget's disease of bone and Paget's disease of the nipple.

The microscope allowed him to study all the specimens he removed at surgery. He was a surgeon ***and*** a pathologist.

He rewrote treatment guidelines and protocols for diseases founded on good scientific principles, changing their management completely. His reputation spread widely and he even stopped operating in order to see all the patients referred to him. Doctors sought his advice for all their complex cases and his clinics bulged. At times he was working 16 hours a day to try to fit everyone in. Even royalty expected to see Paget for their problems.

He was knighted by Queen Victoria – Professor Sir James Paget, Baronet.

But what was he like as a person? Apparently he was the most delightful man, full of humour, easy to speak to, never showed any signs of stress, worked hard but could immediately relax and enjoyed good company and conversation.

Sir James Paget died in London on the 30th December, 1899, two weeks before his 86th birthday.

His true legacy to surgery was that he introduced the concept of rational thinking using basic sciences and comparative analysis – comparing one technique against another to see which was better – this is now the bedrock of our clinical trials today. He is the founding father of our critical analysis of different methods of treatment in medicine. Prior to Paget doctors worked on a concept of thoughts and good ideas and ‘what seemed best’ from their experience. But after Paget, this was never to be again in medicine. The use of trials and comparative studies to show how a new treatment was statistically better than another became the norm. We now talk about prospective and retrospective studies and double-blind cross-over trials. Studies which show without doubt that one treatment is better than another and should replace this – or not. Paget changed the way the medical profession think and his forward thinking advanced medicine beyond all measure.

First Aid Training

As mentioned in previous newsletters, we have established a First Aid Training group through the PPG. Two previous sessions using recognised First Aid training teams had set very disappointing standards. In view of this, we acquired equipment to run training courses ourselves to the standard we desire and expect. We run our courses to the Resuscitation Council (UK) guidelines and all courses result in a PPG First Aid Training course attendance certificate for all trainees.

We want to teach everyone in Headley, Lindford, Whitehill, Bordon and surrounding areas in Basic Life Support resuscitation skills. Our first aim is to teach those people who come in contact with sick people. We therefore are asking all drivers of Headley and Bordon Voluntary Cars, those people who live and work near defibrillators as they are likely to be asked for help in an emergency and carers of all types. In addition we are offering training to all members of our PPG. All of these are for free.

So far we have run 7 courses, training 71 people. We can accommodate 20 people on each course, each course lasting about 2 ½ hours.

Anyone who wishes training in First Aid, whether a member of any of the above groups or not, please contact us at our email address - www.bordondoctors.com All who are members or helpers of any of these groups, we will train for free. Unfortunately we cannot train everyone for free. If you were to apply to a First Aid Training course elsewhere, the cost is usually about £60 per person. We are a non-profit making group so would not ask fees at this rate. We are more interested in training as many people as possible rather than making a profit. But we would need to ask non-members for a small minimum donation to help us cover the cost of running these courses. Each course costs us hall hire, the cost of a set of disposable electrodes for our defibrillator, and printing costs, approximately £60.

Again we are grateful for the help which was given to us for the purchase equipment, especially Claire, one of our patients, Headley Voluntary Care and Dr Clarke from Forest Surgery. We are also grateful to Headley Voluntary Care and Bordon Voluntary Care who arranged and provided for us free of charge, hall hire for some of their training.

And for the future? We believe that all school-children should be taught 1st Aid as part of their curriculum. We are looking into this at present. We really want to make our community a safe place to live.

Patient Health Self-management A personal view

One of the central ambitions of the NHS is to help people to manage their own health better. There has been a lot of research and there is a lot of evidence to show that when people who are ill and are 'activated' (are involved in managing their own care) they get better quicker, are less likely to be admitted to hospital acutely, claim to have received better treatment and need less medical care overall. This is particularly the case with some chronic illnesses.

I would like to discuss patient self-involvement in health care in 3 distinct areas:

- i) When care is needed but no medical or paramedical person is available
- ii) When patients are involved, participate and even take over their own medical care
- iii) When medical care is beyond the capability of patient participation

i) Care is needed but no medic is available

In this country, this applies particularly to First Aid and Acute Life Support – the so called "Golden Hour". Emergency care of a patient who has sustained an acute incident such as

- a) a cardiac arrest
- b) an acute stroke
- c) a major injury, especially with major haemorrhage or spinal injury
- d) choking
- e) anaphylactic reaction
- f) a severe acute asthmatic attack

will need urgent care before emergency services arrive. Minutes are crucial in this situation and even the short time taken for the services to arrive after a '999' call may be too late.

First Aid training courses are available in communities to train everyone who is interested and many communities are now purchasing and maintaining defibrillators for general use. Instant access by a trained 1st aider and the immediate availability of a defibrillator can change the chances of survival from 5% to 35%. The more people in a community who are trained, the better the survival figures.

The Badgerswood and Forest PPG now run regular courses for anyone interested in 1st Aid training at no cost but for a modest donation. PPG members are trained for free.

Contact ppg@bordondoctors.com to enrol.

ii) Patient involvement and participation in medical care

This is the area which really interests NHS England and the doctors.

Using a survey called PAM (Patient Activation Measure), patients can be divided into 1 of 4 groups. This survey asks 13 simple questions looking at how interested you would be about looking after your own health. Following your responses, you can be classified into whether you would be

- very interested in being involved
- interested in being involved a bit
- just interested
- not interested at all.

World-wide lots of studies have been used following this survey on thousands of patients and this has shown that patients who are very interested in managing their own problems actually do very well compared to those who are not interested. This is especially the case with a 'long-term condition' (LTC) such as diabetes, asthma, high blood pressure etc. For instance diabetics on insulin who study and understand their problem, manage their insulin dosages and also their diet well, end up with less long term complications than people who take less care. Also people with high blood pressure who keep an eye on their blood pressure, regularly taking their medications and noting any changes in their blood pressure which require alterations in medication, end up with less problems. *Our practice is involved with a PAM study run by our Clinical Commissioning Group.* People who are in the 'not interested' group can be encouraged and will frequently become more interested in managing their own illnesses with certain conditions.

Also our PPG has been involved in helping patients detect and regularly check their blood pressures by installing *self measuring blood pressure monitors in the reception areas of both surgeries. Please continue to use these.* We also attend fetes such as 'Here's Headley' and check the BP of people attending. Last year our PPG ran an 'Acute Stroke Awareness' week highlighting the benefits of detection and treatment of hypertension. *We still print Acute Stroke Awareness leaflets from this for anyone who wishes.*

The more people become knowledgeable about medical disorders, the better they are at taking care of themselves and the better the long term effects. *Every PPG newsletter has had an Educational article and each article is available on the www.headley-village.com website. We now have over 25 articles for you to read.*

As you may also be aware, the number of GPs in this country is falling. About 25% of GP consultations could be attended by nurses or pharmacists. *We have produced lists of conditions suitable to be seen by nurses and pharmacists.* If you have one of these conditions, please see the nurse or pharmacist. You will be seen sooner and just as expertly. *Self-manage your referral appropriately.*

c) Medical care beyond the care of patient capability

Sometimes you may have a problem beyond your capability to self-manage. You may need surgery. You may need some other specialty treatment. You should be able to trust your doctor to give you sound advice and excellent treatment. However, it is always your final decision as to whether you should have treatment or not especially for a major procedure or one with some potentially risky complication. So long as you know the scope of the treatment and its side effects, it is your decision as to whether to proceed with treatment or not.

We recently were aware of a good example of this. A patient presented with an abdominal tumour which was small, suitable for removal and potentially curable. However it was going to take a big operation to remove it. He was elderly and fit apart from the fact he had been under the care of a cardiologist 6 months previously with an irregular heart rhythm. The surgeon was keen to operate. The patient was not keen because of his heart. He decided to obtain a second opinion and eventually proceeded with surgery which was successful. The surgeon was very clear about the scope of the surgery and the potential risks and complications and was happy about the second opinion. The final decision came from the patient and the family.

The pros and cons were clearly stated and had things not worked out well, the family understood and accepted this. The decision was not a medical one. This was a patient and family decision guided by good medical knowledge, an awareness of the skill of the surgeon and provision of comprehensive data of his past clinical experience and low complication rate in this field.

Patient self-management therefore depends on several factors.

Firstly is a willingness of the person to be involved in learning about those medical problems of interest or relevance

Secondly, an acceptance of the patient to manage these conditions to the level of confidence in the knowledge that has been acquired.

Thirdly, a willingness to apply that knowledge when the situation arises, either in the acute situation eg Basic Life Support, or in the Long Term Condition (LTC) eg diabetes, hypertension etc

It may not be obvious to the person until placed in the situation whether they are the type of person who would react to being able to self-manage easily or that the condition is easily self-manageable.

Studies such as those using a PAM survey and its application, have shown that patients who are keen to acquire and apply knowledge tend to do better in the long term than patients who are not interested in their health care management. **Evidence shows that people with higher levels of knowledge, skills and confidence experience better health, report better experience of care, engage in healthier behaviours, have fewer episodes of emergency care, and have better outcomes.**

We continue to encourage NHS England to help as many people as possible to become involved in self-management of their health. Not only does this mean that there should be less demand on our health services, it also means that the population should remain healthier and if anyone does become ill, should be able to deal with this in a smoother, easier, more knowledgeable, more rapid and more successful way in most cases. We, at the Practice and the PPG, will continue to try to help you to do this.

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

Minutes of the 7th Annual General Meeting of the Patient Participation Group of Badgerswood and Forest Surgeries , held on Tuesday 25th April 2017 at Lindford Village Hall.

1. The Chairman **welcomed** all present. He thanked Sue Hazeldine, Nigel Walker and the Practice for the organisation and provision of refreshments, Barbara Symonds for organising a raffle and book stall, Dr Laura Clark for donating a projector to the PPG, the GPs and other staff for attending and Alan Yates, interim chairman of Southern Health, for coming to speak after a long day's work which began at 5:30 am.
2. There were **six apologies**. Attendance sheets and sign-up sheets for first aid training were made available for signing.
3. The committee were introduced and thanked for their hard work. Sue Hazeldine (Practice Manager and Vice Chair), Ian Harper, Treasurer, Yvonne Parker Smith , Secretary, Heather Barratt, Sarah Coombes, Gerald Hudson, Barbara Symonds and Nigel Walker.
4. **Minutes of the AGM of April 26th 2015 were agreed**, proposed by John Evans and seconded by Phyllida Smeeton.
5. There were **no matters arising**.
6. **The Chairman gave his report**

The chairman apologised for the error on the advertising flier. This is the 7th AGM not the 6th. Our 1st AGM was on 2011.

Our PPG has a membership of just over 100. Forms were available for any non-members present wishing to join. Members receive copies of the quarterly newsletter delivered direct, are invited to attend members' meetings and are offered free 1st Aid training if desired.

Our newsletter, published quarterly, has a distribution of about 500, 200 copies printed and about 300 copies sent out electronically. The more people who receive this by email, the more this saves on printing and distribution costs. The format of the newsletter is set. A summary by the chairman and Vice-chairman of the PPG of activities over the previous quarter, all issues raised by patients through the PPG and NHS Choices and actions taken by the PPG and the Practice on these comments, an Educational article, our Great British Doctors series written by Sarah Coombes, and all changes occurring within the Practice and the health services in the region.

The PPG again have put in a submission to the National Corkill Award. Submissions close at the end of this April and results of this appear during May. Out of 8000 Practices in the UK we came 2nd in the competition 2 years ago. Our main application this time relates to our efforts in 1st Aid Training and supporting patient self-management.

Fund-raising efforts continue, both for items for the Practice but also for the villages. Ian Harper, treasurer, discussed this in detail under Item 7.

Regarding 1st Aid Training, twice training has been offered in the villages. A First Aid training course using Red Cross approved instructors was organised about 2 years ago, and an instructor came to teach about the defibrillator installed by the Headley Parish Council on the High Street. We were sadly unimpressed with both. The PPG therefore set up our own 1st Aid Training team with the use of mannequins kindly offered by a patient, a teaching defibrillator purchased with funds donated by Headley Voluntary Care and a projector very kindly donated by Dr Clark. Those who work and live near the defibrillators, those who drive patients to and from hospital, members of our PPG and carers, will be taught Basic Life Support and resuscitation skills first. The aim is to make our villages centres of excellence skilled in 1st Aid. Two courses are set up for May, one on the 11th May at 5.30 and the other on 17th at 9.45. Anyone who wished to attend was asked to add their name to the list at the meeting. Other dates will follow and everyone was encouraged to enrol and be available to help if someone suddenly needed 1st Aid skills.

The Chairman and secretary Yvonne Parker-Smith attend many of the meetings of the Clinical Commissioning Group and these are reported in our newsletter. Also the Chairman has joined the Southern Health Foundation Trust as a Public Governor. Through these contacts with our health service providers, it is hoped to keep everyone informed about what is planned regarding changes in health service provision in the area through articles in our newsletter.

There is much more our PPG could do and would like to do. Our enthusiastic committee of 9 could do much more with more help. Help is always needed with fund-raising. Barbara Symonds ably assisted by Liz Goes and Gerald Hudson organised a musical evening about 1 month ago in the Headley Church centre which was fully attended. What a wonderful evening we had listening to Keith and Steve.

Sarah and the Chairman really would welcome help with the newsletter. It appears on 3 websites – the Practice website, Headley village website, and Lindford Village website. Alistair Young helps with the Headley village web-site and our newsletters are worth looking at here. Alistair has split each newsletter into parts, producing a list of our Educational articles, now at least 25 in number and producing an electronic book of Great British Doctors, each doctor being a chapter.

Barbara Symonds organised a raffle with prizes donated by the committee members.

The Chairman finally thanked the committee. Everyone plays a part, has a role and never fails to support and thanks was given for all their help over the years.

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7. Financial Report

The treasurer, Ian Harper, made available summary sheets of the Receipts and Payment Account for the year ending 31st March 2017. The balance after receiving donations and raising funds and spending money on equipment and petty cash was around £2500. He thanked EHDC for a defibrillator, Bordon Masons for donating a BP Monitor and Dr Laura Clark for donating a projector. £100 was paid to a charity chosen by Dr Clark.

Over 6 years £16,500 has been raised and put to good use by the Badgerswood and Forest Surgeries PPG.

Ian is also responsible for monitoring the feedback sheets where patients can record how likely they are to recommend the medical services to **Friends and Family**. **He recorded a 96% positive return.** When asked how the results were followed up, the Chairman pointed out that all negative comments were put in the newsletter and attempts were made to resolve problems.

8. **Election of Committee for 2017/2018** The previous committee was re-elected en bloc, proposed by Carole Wilson and seconded by John Symonds. Liz Goes was proposed by the Chairman for membership of the committee, seconded by Ian Harper. Liz was thanked for her contributions already to the PPG, helping in fund-raising, assisting Barbara Symonds in organising fund-raising events and carrying out secretarial duties when Y P-S was unavailable. Liz was elected unanimously by the group present.

9. **The date of the next meeting TBA for late April, 2018**



The AGM was followed by a talk by Mr Alan Yates, Interim Chairman of Southern Health NHS Foundation Trust.

Mr Alan Yates, began his talk by emphasising the importance of PPG groups such as ours.

Alan joined Mental Health and Community services in 1983, working with organisations in difficulty and was placed in Southern Health by the regulator; he took over as chair in November 2016 and it has been 'a pretty rocky' time. Failings by some sections, caused by problems with access and reputational damage, have affected other sections in the organisation and battered staff have had to gain confidence through gaining an understanding of re organisation of services, much of that based on better listening to patients/parents and greater integration between primary care and community services, organised locally.

Phyllida Smeeton asked what area was covered by Southern Health to which he replied Hampshire, but not the Isle of Wight, Oxford (some aspects) and Buckinghamshire (some aspects).

He explained that problems with Mental Health have not been confined to Southern Health and a high degree of Public and Patient involvement is necessary to improve services across the whole country if possible. There are many different trusts with isolated practitioners and there are experiments with different organisational methods e.g. at Gosport. In the end, Alan believes success will mainly come down to greater integration and understanding of the services at a local level. He is due to leave in July and says he wouldn't leave if the trust wasn't in a good state. There are some excellent staff working on improvements particularly Julie Dawes, director of nursing, working as interim CEO.

When asked to comment on Mental Health in the context of present NHS funding, Alan pointed out since the early 00s when there was parity between UK health funding and Europe's, there no longer is; UK funding has been falling while demands are increasing. Mental Health funding in Hampshire is around 10% of the total health allocation while for UK, it is approximately 12% - so Hampshire is underfunded. The gap is mainly in Primary Care – and Mental Health issues are 65% self-referral into primary care. Mary Ward asked for a definition of Primary Care and we were told that Primary Care means the GP and other first points of contact and Secondary Care is referral to specialist care of any kind. Gerry Goes asked what PPG groups could do to cover the £8m gap in funding.

Alan said not all good things require cash and what our PPG is doing regarding communications (e.g. Signposting) and first aid training all helps and Badgerswood and Forest PPG should carry on doing exactly what they are doing. When questioned, Alan agreed that Primary Care varies in quality, especially regarding Mental Health. He also highlighted the need for training for the Police and liaison between Primary Care and the Police. Attitudes to Mental Health also need to change through education and the intervention of the young Royals was praised. Funding should be spent on Primary Care, prevention and maintenance of Mental Health, and provision of places of safety. Someone in crisis should not go to a police cell.

It was emphasised that with 280 trusts and £130 billion for 1¼ million people and the 'fashion' for bringing organisations together, the need for locally organised community services and primary care funding has been neglected. Poor funding per capita in Hampshire has meant the loss of such things as reading, walking and other programmes. It was suggested by a member that 'I talk' talking therapy is doing quite well. Dr Helen Sherrel pointed out that the telephone therapy is not good, though Face to Face therapy has been superb. Alan concluded by saying that socially, there is a long way to go before Mental Health issues are accepted – and suggested perhaps 15 years.

David Lee thanked the Chairman for coming to talk to us and regretted that he would be leaving in July. He replied that he was a troubleshooter and the Trust would now need stability in someone who would stay long term.

Dr Leung from Badgerswood thanked the PPG and David Lee for all the hard work. He also announced that Badgerswood Surgery patients had the lowest A&E attendance in the country.

A raffle was held with prizes donated by the committee and a book stall sold donated books.

Looking for a venue for your function or group activity?

Lindford Village Hall

offers:

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

Contact Derek Barr 01420 479486 to discuss bookings

Hello,

My name is Julie Dawes and I am currently the Interim Chief Executive of Southern Health NHS Foundation Trust. Over the last few years the Trust has seen a high level of scrutiny particularly around our mental health and learning disability services. We have been working with our regulators such as the Care Quality Commission, NHS Improvement and our commissioners to make significant improvements across the Trust. This article touches on some of this improvement work and some of the new projects we are trialling to improve the quality and access to care in your local area.

My background

I originally joined the Trust in 2016 as the Director of Nursing. Before coming here I had held Director of Nursing positions with Calderdale and Huddersfield NHS Foundation Trust, Portsmouth Hospitals NHS Trust and Central South Coast Cancer Network. Clinically I specialise in palliative, end-of-life care and oncology. Having had personal experience of these services I know how much of a difference quality care can make to a patient or family at this time.

Trust facts

Did you know?

We operate from over 200 sites, including community hospitals, health centres and inpatient services

Did you know?

Projected income for the year 2017/18 is £296 million

Did you know?

We employ more than 5,500 staff, serving a population of around 1.3 million people.

Our improvement work

In January 2016 the Care Quality Commission (CQC) carried out a follow up targeted inspection of Mental Health and Learning Disability services within the Trust, to check on the progress following our Trust –wide 2014

inspection where we were graded 'requires improvement'. They also came to examine the processes in place for reporting and investigating deaths after publication of the Mazars report in December 2015. Following this inspection, the CQC issued the Trust with a warning notice which required us to make improvements to our governance arrangements. It also highlighted that we weren't doing enough to involve carers and families.

A lot of work has taken place in the last two years to make significant changes across the Trust, to improve the quality of the care we provide. In November 2016, CQC took another look at our services and we were able to show that we have changed and improved our services so this –warning notice could be removed. I was extremely pleased and it was a great testament to our staff for all their hard work during some very difficult times.

As a brief overview, here are some of the actions we have taken:

- 🔄 New ways for staff to feedback concerns, ideas and raise issues directly with the Executive team
- 🔄 Increased senior leadership visibility at the frontline through our 'back to the floor' scheme and increased focus on patient safety.
- 🔄 Changes to the inpatient environment – modernisation of wards and improved safety features (complete refurbishments at Melbury Lodge and Ravenswood)
- 🔄 A review of how we involve patients, carers and families, which you can read more about below.
- 🔄 All patient/service user deaths which occur in our care are now subject to a review by a panel within 48 hours to determine if they require a full investigation
- 🔄 A dedicated central investigation team now takes the lead on all investigations involving a death to improve quality

There is still more to be done and our improvement plan is monitored weekly to ensure we make the progress we need. These improvements reflect the hard work and commitment of our staff in improving standards of care; however, we are not complacent and know we have more to do to restore confidence in our services.

Working with staff, patients, and carers

There has also been a lot of work done to improve how we communicate, both internally with our staff and externally with patients, carers and families.

For me, our staff should feel valued, listened to and safe to raise concerns as well as empowered and able to generate new ideas and make decisions to implement positive changes. In early 2016 we launched the 'Your Voice' facility which gives staff the opportunity to contact the Executive team anonymously with questions, concerns or suggestions and receive a reply within seven days. We have also appointed a Freedom to Speak Up Guardian – an independent role dedicated to supporting the Trust to become a more open and transparent place to work by listening to staff and supporting them to raise concerns.

Externally we are actively trying to engage more with patients, carers and families. We have appointed a Family Liaison Officer to support families throughout the serious incident investigation process, and a member of the public has been recruited to attend our Mortality Working Group. We are actively seeking more people to join some of our working groups to bring a fresh outlook and provide feedback.

I have also spent time meeting with families who have had a poor experience in order to listen to their individual concerns and understand their stories and backgrounds, and what we can learn from them.

Going forward

Over the coming months the Trust has a number of projects that we are working on and in which local communities such as yourself will have an important part to play.

Of particular interest to you will probably be our Better Local Care work. Better Local Care is our partnership with local health and care organisations in Hampshire, working to improve out-of-hospital care. Set up in March 2015 as one of around 50 pilot sites – or 'vanguards' – across England, Better Local Care tests out new ways of organising and delivering care.

We have pilots running across our whole area and I have been particularly impressed by the Carousel Clinics which have been running in Badgerwood surgery. Carousel Clinics bring professionals and specialists from a particular area of healthcare together so that patients can have all the tests and consultations needed during just one visit. At the moment the pilot has been covering two specific areas, Asthma and Chronic Obstructive Pulmonary Disorder (COPD) with great success. If you would like to find out more about this work and the other pilots in your area and across Hampshire you can visit the Better Local Care website www.betterlocalcare.org.uk

We are also working on two large long-term projects that will help shape the Trust as a whole and enable it to continue providing quality care. Our Clinical Services Review has looked into all our services with the aim of understanding how our services should be configured to best meet the needs of local communities in the future.

We recently published our findings from the review and our strategy for the Trust going forward. This strategic direction has been developed over five months, working in partnership with service users, families, carers and staff who have told us what our future services should look like. This has not always made for easy listening but we knew a frank assessment of our services was needed as a basis for genuine improvement. The strategy contains seven priorities which will now be the focus of our work. These include fundamentally improving access to care through a single point of contact; better 24/7 crisis support; greater inclusion of service users in the design and delivery of services; and ensuring people receive a more consistent level of service across Hampshire.

Longer term the Trust is working with our partners across the local health system to plan for the needs of our population and, in particular, to help deliver the NHS's plan for improving quality of care, health and NHS efficiency. There are 44 Sustainability and Transformation Plans (STPs) across the whole of England, and our local STP covers Hampshire and the Isle of Wight. The STP does not replace or slow down our other local projects such as Better Local Care, the Mental Health Alliance and our Clinical Services Review. Instead, it offers us a chance to work together with our colleagues across Hampshire and the Isle of Wight to do things that can only be achieved by working in this way.

If you have any questions or queries about our work, please do contact me using the details below. I look forward to hearing from you.



Julie Dawes,
Interim Chief Executive
Southern Health Foundation Trust.

Contact Julie

Chief Executive's Office
Sterne 7 Tatchbury Mount
Calmore, Hampshire
SO40 2RZ

Tel: 023 8087 4301

Email: Julie.Dawes@southernhealth.nhs.uk
www.southernhealth.nhs.uk

Calendar Photos

We have chosen the photographs for May and June.



The River Ar
May 2017



Climbing roses in
Headley
June 2017

We ask for your help again



We are looking for donations to purchase a **Hyfreacator**.
This is an instrument used by our doctors during the treatment of skin lesions to stop bleeding and oozing and should help our doctors carrying out minor surgery in the Practice.

Cost £1320

Donations please to either surgery reception
Cheques made out to "PPG of Badgerswood and Forest Surgeries"

Research in the Practice

Under the guidance and control of Dr Sherrill, the research programme is developing steadily. Already 4 prospective trials are underway. These are on the following topics:

1. Osteoarthritis
2. High blood pressure
3. Fish oils
4. Helicobacter infection in patients on long-term aspirin

If you are helping with any of the above studies, we would like to thank you very much for agreeing to participate.

Members meeting

For those who are members of our PPG, we are planning already for our autumn meeting. Provisionally this will either be the 2nd or the 23rd of October. We hope Professor Chauhan, Prof of Respiratory Medicine, (well known to many of you) or some of his team, may be available to come. We'll keep in touch with you about this. Please pencil the dates in your diary just now.



and

**Bordon and Whitehill
Voluntary Car Service**

We take people in the Bordon

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**

Practice Details

	<u>Badgerswood Surgery</u>	<u>Forest Surgery</u>
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 Deputy Practice Manager 1 nurse practitioner 3 practice nurses 2 health care assistants (HCAs) 1 physician associate	Sue Hazeldine Tina Hack
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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



*Are you
in need
of help?*

*Trips to the Hospital, Doctors &
Dentists difficult for you?*

Headley Voluntary Care are here to help

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

Telephone: 01428 717389

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

Can you help?

Volunteer Drivers needed

Your petrol costs will be re-imbursed

Telephone now while you think about it.

01428 717389

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**