

BETWEEN FRIENDS

THE NEWSLETTER OF THE FRIENDS OF HENFIELD MEDICAL PRACTICE

ISSUE NUMBER 33

AUTUMN 2011

Registered Charity No 1140280

Inside This Issue

*A Message from our
Chairman*

*Repeat Prescribing Scheme
Explained*

NAPP conference Report

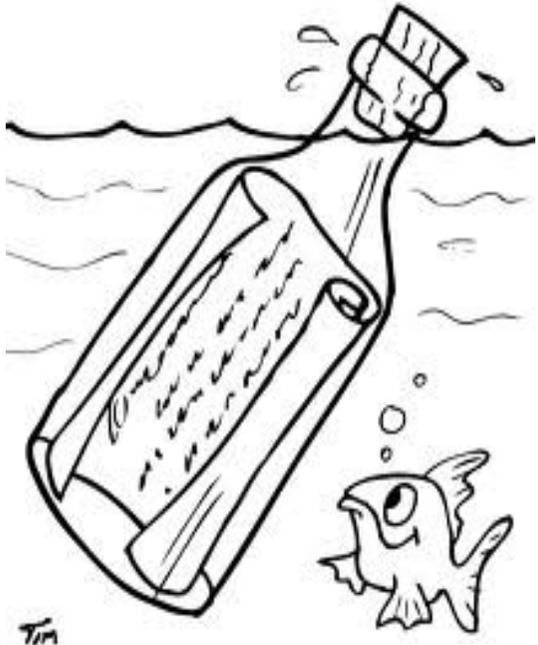
*Report on the Talk
'Losing Those Extra Pounds'*

How to Recognise a Stroke

*Patient Reporting Adverse
Drug Reactions*

Flu Vaccination Info

Medical Practice News



Message in a Bottle!

See page 6 to find out more

A MESSAGE FROM OUR CHAIRMAN

The past few months have seen worthwhile contributions to our funds, firstly from the residents of Sobell Court who raised £430 from sales of cakes over the Gardens and Arts Festival weekend, and secondly £200 from the chocolate tombola, gingerbread man decorating and face painting at the Village Fayre. This was organised by the staff under Wendy Davies' very able leadership, and with assistance on the day from committee members.

Our exposure to the public through fund-raising will continue at the Charities Fair in The Henfield Hall on Saturday 12 November with a *Puddings and Pies* stall. The committee has agreed to the purchase of an ECG Data Transfer machine, and the funds raised above will be devoted to that. We are looking for more donations from supporters, members and readers of this issue of *Between Friends*. The official closing date for these is 30 November 2011 (*although donations after that will still be very welcome*), following which the equipment will be purchased. Donations can be left at the Medical Centre or Woodlawn, in cash or cheque (payable to Friends of Henfield Medical Practice Trust), but please mark the envelope clearly '*Friends - ECG Machine*', and enclose your name and address (unless of course you wish to remain anonymous). Please remember that as a charity, the 'Friends' can increase the value of your gift significantly by reclaiming tax on donations from any tax payer who completes a gift aid form. You can obtain one of these either from the Medical Centre or by phoning me on: 01273 493172.

The Friends AGM in June was well attended and received an excellent update from Dr Malcolm McLean on the NHS developments that are gradually unfolding. The Practice is now required to form a Patient Reference Group (PRG). You can find more details about this, and the *Having Your Say* leaflet on our website: www.friendsofhenfieldmedical.org.uk Leaflets are also available at Henfield Medical Centre and Woodlawn Surgery.

There has been an excellent reaction to the content, longer print run and wider circulation of the Spring 2011 issue, and we are again grateful for some continuing commercial support of this issue. Again please help us by collecting some extra issues from the Medical Centre or Woodlawn for your friends and neighbours, or pass on your own copy to a wider readership.

In my last Chairman's letter I reported that although Wendy Parker had relinquished her treasurer duties, she would remain on the committee. She decided to take a sabbatical from active committee work, and as we go to press we learn of the sad death of her husband, Ken (See page 6).

Also on the personnel front, David Langley has now moved out of the immediate area to Findon and ceased to be a Practice patient. He has therefore resigned, both as a Trustee and member of the Friends. David masterminded our registration with

the Charity Commission and we are indebted to him for his work on our behalf.

The third person who has earned our gratitude for his sterling work in establishing our website is Graham Jenner, our volunteer online editor. If you've not yet visited this, please go to:- www.friendsofhenfieldmedical.org.uk and look at the goodies on offer. We aim to keep the website up-to-date, so please look there regularly for the latest information. You can also use the site to contact us to make any comments or suggestions about the Friends, the website or the Medical Practice itself.

We are now planning our next talk for spring 2012. The subject will be eye problems, so put the date in your diaries (See page 7 for details). Suggestions would be welcome on any topics that you would like to be addressed - why not use the website to give us your thoughts?

Peter Bates

FUNDRAISING FOR A NEW DATA TRANSFER ECG MACHINE

Currently donations to the Friends of Henfield Medical Practice Trust will be put towards the purchase of a new ECG machine for use in the surgery. The cost of this new machine is £3,372. It is a step up from the ECG machines we currently use in that it can transfer data from the monitoring equipment attached to the patient directly into our clinical computer system. Currently the doctors and nurses have to run off a paper copy of the results from the ECG machine and this then has to be scanned on to the patient's records. If the data has to be then sent on, to a hospital for example, the image may not be of such good quality as it will be with the new equipment. We intend to purchase this equipment within the next couple of months and the closing date for donations to the Friends of Henfield Medical Practice Trust is 30th November 2011.



Editors Note:

Once again we have a packed newsletter which I hope will keep you up to date with developments both locally and nationally. The doctors and staff at Henfield & Partridge Green continue to work hard on our behalf and we are extremely lucky that despite the constant challenge of delivering a good service and meeting new government directives etc, they are still willing to go the extra mile and give up their spare time to raise funds for much needed equipment. Nothing daunts them as they throw themselves into anything from running marathons to making gingerbread men! No doubt there will be a few contributions towards the 'November Puddings & Pies' stall from them as well so come along to The Charities Fair to buy some, and perhaps bring along your own contributions too.

We continue to be keen to include your feedback and ideas in these Newsletters so please do send us your thoughts.

Móira Parrott - ED



Repeat Prescribing Scheme or 'Batch Prescriptions' Explained

What is a repeat prescription and repeat dispensing?

A repeat prescription is one that the patient can receive without consulting the GP every time they need a supply.

Repeat dispensing is the process by which patients can obtain supplies of their repeat medicines over a defined period of time, without the need to contact their GP practice on each occasion a new supply is required.

The **process** involved in the repeat dispensing system or "batch" is straightforward. The prescriber produces a 'repeatable' prescription on a standard form for the patient's repeat medicines. A series of accompanying 'batch issues' enables the pharmacist to continue to dispense the medicines by instalments for the duration of the original repeatable prescription. This can be a period of up to 12 months and each accompanying batch issue is annotated with the number of the batch. The repeatable prescription must be computer generated and contain all the usual patient details of name, address etc. The prescriber specifies the number of repeats or 'issues' they wish to permit with the dispensing interval where appropriate. **The recommended dispensing interval is 28 days.**

The prescriber signs the original repeatable prescription form as this is a legal requirement of the pharmacist at each dispensing episode. A batch issue is printed for each instalment that a repeat supply is to be made. The batch issues are not signed by the prescriber as they are not prescriptions but are used for reimbursement purposes.

The patient nominates a pharmacy convenient for them (at present all batch prescriptions go to Lloyds pharmacy) and presents the repeatable prescription in the usual way. The patient does not sign the repeatable prescription but is asked to sign each batch issue and complete the relevant declarations on the reverse of the form. A prescription fee is payable on each dispensing occasion where appropriate. The pharmacy retains the original repeatable prescription form. **All batch issues should be retained by the pharmacy and stored in a secure place.** When the patient needs their next supply of repeat medicines, the next batch issue is dispensed, and so on. When all of the batch issues have been exhausted, the patient returns to their prescriber for another repeatable prescription, if appropriate.

Repeat dispensing offers a number of benefits to patients and practitioners

Repeat dispensing reduces the number of unnecessary contacts between patient and practice. The repeatable prescription may only need to be renewed once each year and these annual visits can serve as a timely opportunity for the GP to conduct a thorough clinical medication review. This makes life simpler for patient

and practitioner, and provides an opportunity for repeat prescriptions to be 'tidied up' with unwanted medicines removed, dosages reviewed and optimised etc. Evidence suggests that requests for emergency supplies of medicines are also reduced as patients are not at risk of running out of important medicines. They don't need to ensure that each prescription is ordered and received before they run out of medication as the next prescription is already at the community pharmacy.

Reducing GP and practice workload

Once the initial review and authorisation of repeat medicines is completed, the patient may not need to contact the practice for the duration of the repeatable prescription. This reduces demands on GPs and reception staff as there are fewer requests for prescriptions and forms needing to be signed.

Who is suitable? - Patient selection.

Patients most likely to benefit are those who need regular medicines and have long-term conditions that are unlikely to change in the short to medium-term. Patients usually selected are those on less than four medicines, or whose medication regimen has not changed for at least two years, or who are less likely to experience a hospital episode due to their condition. Selecting suitable patients is usually relatively straightforward. For instance, many prescribers start by identifying, and inviting, perhaps during a routine consultation, those patients taking a medicine such as levo-thyroxine or with defined stable conditions such as hay fever using anti-histamines. Patients with more complicated medication regimens and/or medical conditions will require more time to be assessed.

If you feel you would like to participate and receive your medications in this way, please call into the surgery and pick up a leaflet for more information or speak with your GPs secretary who will be able to pass your request on for assessment.

Our very grateful thanks go to these local businesses who have generously supported this issue of '*Between Friends*' with donations and therefore enabled us to reach more people.

Cherish Care
...for you and your home

GS GOLDEN SQUARE
CC CHIROPODY CLINIC

HENFIELD OPTICAL LTD
And Ascent Hearing Care



MESSAGE IN A BOTTLE

a H.A.R.T. and HENFIELD LIONS Joint Initiative

Henfield Lions and H.A.R.T. have joined together to support and sponsor this voluntary scheme for anyone living at home who might be reassured to know that essential information about their medical conditions would be available to the Emergency Services should they suffer an accident or sudden illness at home.

The scheme ensures that vital information is readily available to not only identify you, but also gives details of relevant illnesses, allergies, medicines and contact details.

How it works:

- Call into Henfield Medical Centre (display in main foyer), Woodlawn Surgery, or Lloyds Chemists in Henfield High Street to collect the white plastic bottle with a distinctive green cross emblem on the front. It will have 2 green cross stickers and a form inside.
- Complete the form and place the bottle in the door compartment of your fridge. Ensure your current repeat list of medicines is included in the bottle. Stick one of the green stickers on the outside of the fridge door.
- Stick the remaining label at eye level on the **INSIDE** of your front door where it cannot be seen from the outside. Ideally this should be near the door lock if possible.

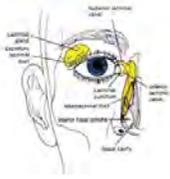
The Lions Club of Henfield together with H.A.R.T. provide this service, that could quite possibly save your life, **FREE OF CHARGE**.

Did you know?.....

The first recipient of a 'Bottle' was a lady in Fife in 1995. This was given to her by her local bobby who pioneered the scheme in Scotland. This event marked the official beginning of the distribution of 'Messages in a Bottle' in Fife and was to be the start of the project which Lions Clubs International later adopted.

THE LATE KEN PARKER

The Friends (and Trustees) were very sad to learn of Ken Parker's death this month. Ken has audited the accounts of both the Friends and the Trust since we were set up. Our sincere condolences go to his widow Wendy.



Advance Notice Of Our Next Talk

Thursday 3 May 2012 - Henfield Medical Centre at 7.30pm
'The Secret Diary of an Ophthalmologist'
Talk by Sal Rassam - Consultant Ophthalmologist

TRANSPORT LINK UPDATE

The last issue of *Between Friends* brought enquiries from two potential new drivers for the Link scheme, but more new drivers are still needed to continue providing this service for those without transport readily available for appointments at the Henfield Medical Centre, Woodlawn Surgery at Partridge Green, or hospitals, dentists and clinics. Currently there are three coordinators covering Henfield and Partridge Green, and two others covering Small Dole, Woodmancote and other outlying areas.



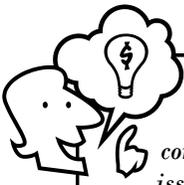
If you need transport, telephone one of the coordinators, preferably between 9.00 am and 5.00 pm, Monday to Friday. If you have an urgent, short-notice requirement, you may of course telephone at other times, but please avoid this if possible. If you cannot contact your local coordinator, you may telephone any of the others, but be aware that this is a voluntary service, and coordinators do take holidays! If you have left a message on an answer-phone and do not receive a response quickly, then leave a cancelling message on that machine, and try one of the other numbers.

Please tell the coordinator if you are taking a friend (or child) with you, and also if you need to take a wheelchair or pushchair. Do you need a hospital wheelchair? Do you find some cars difficult to get into and out of? If so, please tell the coordinator. If you have a blue (disabled) card, bring it with you as it makes parking by the volunteer driver so much easier.

As you come into the Medical Centre, there is a box on the left hand wall which contains leaflets with details of the coordinators' telephone numbers. There are also leaflets at both Woodlawn and in the Henfield Library. If you are interested in volunteering as a driver, or just want more information, please contact the Friends' chairman, Peter Bates, on 01273 493172, or the scheme organiser, John Langhorne, on 01273 492591. It is a worthwhile activity that you will enjoy.

PS Since the last issue we have become aware of a first-time donation towards the Link costs from Fulking Parish Council. In the past two years we have received financial contributions from six of our local parish councils and we are very grateful for this tangible support.

Jackie & Peter Bates



VIEWS & FEEDBACK FROM OUR READERS

We're keen to keep this space for our readers to express any views or concerns they may have. As we haven't received any contributions for this issue, the staff at the Practice have put together answers to the following questions frequently asked by patients. ED

Why do you ask for my date of birth when I contact the Medical Centre?

In the first instance the staff will always ask for your name and date of birth so that they can bring your records up on our clinical computer system. To avoid any mistakes, and to make sure they are not looking at the wrong patient on their computer screen, they will ask for your date of birth as a safety net.

My appointment at the hospital is not soon enough – can it be brought forward?

Or

My appointment has been cancelled / put back by the hospital – can you help?

In the first instance we advise that you ring the number on your letter, or the secretaries at the hospital.

What is normal blood pressure?

Normal blood pressure is a blood pressure reading that is lower than 140/90 but higher than 90/70

Why can I not always see my own GP?

GPs are often required to attend meetings and educational events that take them away from the Practice. Some of our GPs are part time and although they have fewer patients on their list to allow for this, they do not work at certain times during the week. Also, of course, they have holiday times. We do monitor this very carefully to ensure that we do not have too many GPs away from the Practice on any day.

NAPP CONFERENCE

The Friends of Henfield Medical Practice are affiliated to NAPP, the National Association of Patient Participation. Every year NAPP holds a national conference, which in June 2011 was held at Bracknell, Berks. The theme was *Patients matter - they must be at the centre of healthcare decision-making*. Despite a recent accident, Dr Clare Gerada, Chair of Council of the Royal College of GPs, opened the conference with a powerful keynote-address by video-link on the theme *We are all patients*.

She emphasised that patients are vital in the new commissioning agenda, and stressed the need for all GP practices to set up a PPG (patient participation group - we are well ahead here in Henfield and Partridge Green). She also

talked about the benefit of continuity of care and the importance of the need for a consistent high quality health service across the country, with equality of care that is free at the point of need. Commenting on the current proposed changes to the system, she pointed out that there had been a number of top-down reorganisations of the NHS in recent decades, and that if you want a plant to grow, you bed it down well, you do not keep digging it up to see if the roots are still growing !

After a lively question and answer session, the conference broke up into workshops, of which there were four. We had each arranged to go to two of them, so that we could get a good overview of the topics, which covered PPGs as partners in GP-led commissioning, and the role of PPGs in supporting greater choice and control.

The conference was well attended and it was very interesting to meet folk from other patient groups, all of which had slightly different ways of working. Some were setting up new patient groups, as required by the recent regulations. There was a lot of interest in Henfield's *Between Friends*, as only a few of the groups present had comparable newsletters.

Altogether it was a very useful conference and we were grateful for the opportunity to attend. We learnt a lot about how the NHS works and how it is changing.

Jackie & Peter Bates

HOW TO RECOGNISE A STROKE

Recognising the symptoms and calling for help quickly can reverse the effects of a stroke. The following is a simple test for identifying whether someone may have had one:

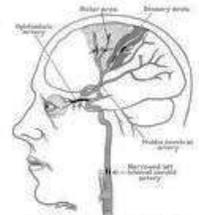
S = Ask the person to SMILE

T = Ask the person to TALK & speak a simple sentence such as: 'It's a nice day today'

R = Ask them to RAISE both arms

S = Ask them to STICK out their tongue

*If they have trouble with **any one of these** or their tongue is crooked or falls to one side, it's an indication of a stroke and the emergency service should be called **immediately***





NEWS FROM THE PRACTICE

Village Fayre

Many staff from the Medical Centre took part in the Henfield Village Fayre on 23rd July. We helped the Friends run a very successful pitch with face painting and a chocolate tombola. We also had on display items of medical equipment that have been purchased by donations to the Friends of Henfield Medical Centre Trust in recent years. We raised £200 on the day which will be put towards the current fundraising campaign for a new ECG machine compatible with our clinical computer system.

New Faces

We've had a number of new faces at the surgery since the last edition.

The following GP registrars joined us at the beginning of August: **Dr Raj Balendran, Dr Claude Baxter, Dr Daphne Coutroubis and Dr Petro Ediare.**

GP registrars are qualified doctors in the last years of their further 3 year training to become a GP. They are attached to individual doctors in the Practice who work closely with them. You will be offered appointments with GP Registrars even though you are on the list of a permanent GP at the Practice. This is similar to seeing a registrar at your hospital appointment instead of the named consultant you are under for your care.

Samantha Strachan joined our nursing team and has become our infection control nurse, **Christine Brookbank** began in our dispensary in June, and recently **Jennifer Bush** joined our reception team.

Passport to Health

We have introduced a new system for monitoring patients with hypertension, coronary heart disease, hypothyroidism, chronic kidney disease and a history of a stroke. These patients will be invited in on an annual basis for monitoring and to have their medication updated. This will happen at the same time each year in the month of their birth. They will each have their own document called a Passport which will fit their individual planned medical requirements, have information about their condition on it and is for them to keep and bring with them to appointments. If this works well it may be rolled out to more patients on regular medication for certain conditions.

Having Your Say

We are encouraging patients to give their views about the services we provide. Would you like to have your say? By providing your email details we can add them to a contact list which means we may contact you now and then to ask about our services. If you would like us to have your email address please send it to: emma.wiggs@nhs.net.

We will be running a survey during November and this may be sent out to you by email. It will also be available to all our patients at the Henfield Medical Centre and at our Branch Surgery at Woodlawn, Partridge Green.

And now a plea for Help!

Are you green fingered and have a couple of hours a month to spare? If so, we really need your help We've planted a lovely border of shrubs outside our new extension at Henfield, but the weeds have taken over and we are hopeless at keeping it in check. We'd love a kind volunteer to keep the weeds at bay. If you are willing and able to help - please contact me at Henfield Medical Centre.

Katie Hill - Practice Manager

MINOR ILLNESS

GP consultations for minor ailments are costing the NHS £2 million every year. Three quarters of these consultations are for the same ten ailments.

- | | |
|----------------------------------|----------------------------|
| Back pain | Migraine |
| Dermatitis | Cough |
| Heartburn and indigestion | Acne |
| Nasal congestion | Sprains and strains |
| Constipation | Headache |



Many minor illnesses can be adequately treated with time, rest, fluids and basic over-the-counter medicines. We all have busy lives and want to get better quickly in order to return to our normal pace. I wonder if we have unrealistic expectations about the length of time that our immune system takes to overcome a virus. It is not unusual for a cold to take 10 -14 days. Many patients abandon self care of their cold earlier than they need to and seek an appointment with their GP. Flu of course, would be longer and the residual cough can take about four weeks to go. **Antibiotics do not work against a viral illness.** A virus can mutate from host to host and that is why a cold can often seem endless.

There is considerable evidence that antibiotic prescribing is leading to widespread resistant bacteria and superbugs.

There is not a pill for every ill! A well stocked medicine cabinet can manage most minor ailment symptoms while you get better.

There are excellent resources online at www.patient.co.uk or if you have not got internet access we have produced our own booklet with helpful advice which can be collected from the Henfield Medical Centre reception (also available online from our website www.henfieldmedicalcentre.co.uk).

Gail Yacoubi - Minor Illness Nurse



REPORT ON THE TALK HELD IN APRIL ENTITLED *'TRYING TO LOSE THOSE EXTRA POUNDS'*

There was a full house at the Medical Centre on the eve of the Royal Wedding in April for a talk by Professor Jane Ogden from Surrey University about the psychology of eating. She

began by talking about the current increase in the number of overweight people in the country, and about how we now live in an 'obesogenic' culture. We snack frequently, whereas earlier generations limited their food intake to meal times. We also take much less exercise, for various reasons. We both walked and stood more when we needed to catch trains and buses rather than use our cars. Nowadays television remote controls and telephone extensions cut out a lot of incidental exercise - we've become a nation of couch potatoes.

Jane then talked about the difficulties of dieting, and how easy it is to give up. Some people feel that they've blown their diet when they succumb to one biscuit, and they end up eating the whole packet! If food is eaten 'on the go' it has not really registered, so when people add up their daily intake these snacks are forgotten. This part of the evening was really rather depressing!

However, there is hope. Those wanting to lose weight need to learn new habits. Don't keep calorie-dense food in the house, or at least remove it to an inaccessible cupboard. Make it difficult for yourself to succumb to temptation! One successful way of doing this is to use a 'buddy' system of some kind, and this is where Weightwatchers and Rosemary Conley slimming clubs work well. Boots and Tesco offer weight mentoring systems, and there are other services available on line. Knowing that you have to reveal progress to other people increases the pressure to resist temptation.

Apart from control of eating, the other necessary change is increase in exercise. This is best tackled as a regular change - daily walking, exercise classes, joining a sports club or gym. Like food intake, the amount of exercise taken should be tracked to prevent backsliding.

There followed a discussion of the more radical methods available to help the very obese. Medication works for some people; The drug orlistat is most commonly used. This drug reduces absorption of fat, and can have very unfortunate side effects involving anal leakage if the patient continues to eat fatty foods. This medication works best for those who accept that they overeat. Orlistat will only continue to be prescribed beyond 3 months if a 5% weight loss has been achieved during that time. The rather drastic surgical options available were then discussed. These can work well, as they lower appetite. However they are not an easy option and it is much better to prevent weight gain in the first place.

During question time a variety of topics cropped up: hypnotherapy - does it work? weight and sleep patterns; restaurant dining - sharing plates or asking for small portions; the increasing difficulty of losing weight as you get older; artificial sweeteners - do they make you eat more?

The evening ended with thanks to Professor Ogden and a collection taken to defray expenses and help the funds of the Friends of Henfield Medical Practice Trust.

Jackie Bates



SIGHT & SOUND - A Great Success!

On Wednesday 8 June at The Henfield Hall, Henfield Action for Older People were delighted by the attendance at their third annual information meeting. The two excellent speakers were both interesting and informative.

Cathy Cobbold from *Action for Deafness* explained that one in five people have significant hearing loss and the chances of becoming hard of hearing increase with age. *Action for Deafness* is a charity, which both aims to raise awareness about hearing loss, and offers a service to people who are hearing impaired. The charity has nine audiology units in West Sussex offering a free service. They test hearing and fit and help maintain NHS hearing aids and, not only are these aids free, they are as good as any sold commercially in terms of how they function. Cathy showed the meeting a number of gadgets that can help to make people's lives easier such as doorbells, smoke alarms, alarm clocks and telephones. If you could not attend the meeting but would like to contact *Action for Deafness*, telephone 01444 415582.

After the break, when everyone enjoyed homemade cake and a cream tea, Patrick Marshall from *4SIGHT* introduced Mandy Whiton, from Worthing Hospital eye clinic who talked about the four main conditions that affect sight in older people: macular degeneration, glaucoma, diabetic retinopathy and cataracts.

Patrick then told the meeting about the services that the charity *4SIGHT* can offer anybody who has reached the stage when their sight loss is no longer correctable with glasses, such as providing regular home visits and specially adapted equipment for use in the home. Patrick brought along a number of gadgets such as big button telephones, talking clocks and special lights. He also reported that there is a new *4SIGHT* group in Henfield meeting once a month. If you would like to find out more about the Henfield group or contact *4SIGHT* for help, telephone 01273 454343.

An adverse drug reaction (ADR) is defined as a harmful or unintended reaction to a medicine, vaccine, herbal or complementary preparation taken at a normal or recommended dose.

Why Report a Suspected ADR?

In 1964, following the link between the drug Thalidomide and congenital deformities in babies, a voluntary reporting system, the Yellow Card scheme, was established to report to the Medicines and Healthcare Products Regulatory Agency (MHRA) any suspicion that a medicine could have harmed a patient. The purpose of the Yellow Card scheme is to gather reports of suspected ADRs. While the scheme was initially open only to doctors and dentists, it was later extended to include nurses, pharmacists and coroners.

Introduction of Patient Reporting

The Yellow Card scheme was further extended in 2005 to allow patients to report directly to the MHRA. This has created the opportunity for UK patients and the public to be more engaged as active partners in their healthcare and, as patients and members of the public, to be listened to by the regulators - the MHRA. The results of patient reporting can, in the long run, only be positive. ADRs are costly to patients and their families and to the NHS. It is, therefore, important for the regulators, doctors and pharmaceutical companies to know from patients how suspected adverse drug reactions have affected them.

Patients can report a suspected ADR in the following ways: On a Yellow Card form, which can be found in pharmacies and GP surgeries, or from the Yellow Card hotline by calling **freephone 0808 100 3352** during business hours.

The Yellow Card form can also be downloaded from the MHRA website: www.mhra.gov.uk/safety. The return address is on the bottom of the form. No stamp is needed.

NB: Although the scheme is referred to as patient reporting, any member of the public can report, but they must provide a name and contact details. Reports can also be made on behalf of others, for example a parent, carer, or friend. By increasing public awareness of the extent of any problems created by ADRs, some may even be prevented.

Adapted from the 2011 Spring Newsletter of NAPP (National Association for Patient Participation).



Once upon a time there lived a little bacteria who was called Bug. He was a nasty little Bug because his special purpose in life was to get passed on to a sick child so that he could make them even sicker.

Bug was very crafty and lived in a doctors waiting room, hiding on a nice furry toy bunny that couldn't be cleaned. He would sit and wait every day, hoping that a little girl or boy might cuddle the lovely bunny so that Bug could make them really, really sick.

However, one day, the nice people and nurses of the surgery read that toys harboured bacteria and that was not good for patients, specially the little children. So all the toys, including the bunny that Bug was living on, were taken away. This made all the patients happy because Bug had gone and could no longer pass on his viruses and bacteria.

The moral of this little story?

Please understand that the reason we don't supply toys is because they can transfer bugs that spread disease. We have no objection to children playing with their own toys so please do bring them along to keep your children amused whilst waiting for your appointment.

Many thanks for your understanding

SEASONAL FLU VACCINATION

Your GP recommends that you should have a flu jab

- If you are aged 65 & Over
- If you are pregnant
- If you are the main carer to a relative or friend
- If you have had pneumonia in the past
- Or if you are receiving treatment for:
Asthma, Pneumonia, Other Lung diseases, Heart disease,
Diabetes or Kidney disease



WALK IN CLINICS AT HENFIELD MEDICAL CENTRE WILL RUN FROM:

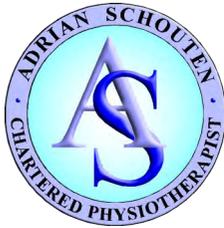
Tuesday 4th October 2011 to Friday 4th November 2011

Come along during the following times:-

TUESDAY - 2.00 PM – 4.00 PM

WEDNESDAY - 4.00 PM – 6.00 PM

FRIDAY - 11.30AM – 12.45 PM



ADRIAN SCHOUTEN

Chartered Physiotherapist
MSCP (England) MAPA (Australia) MCBF (Holland)

Providing Total Rehabilitation & Injury Care

National Provider Code: 8DP54

BUPA Provider Code: 81048497

Henfield Medical Centre, Deer Park
Henfield, West Sussex BN5 9JQ Tel: 01273 495990

DATES FOR YOUR DIARY

Saturday 12 November 10am - 1pm Henfield Hall
Puddings & Pies stall at the Annual Charities Fair

CHRISTMAS OPENING TIMES

Friday 23 December: 8am - 6.30pm
(Reduced Service from 3pm)

24 December: CLOSED

Christmas Day: CLOSED

Monday 26 December: CLOSED

Tuesday 27 December: CLOSED

NEW YEAR

Friday 30 December: 8am - 6.30pm
(Reduced Service from 3pm)

Monday 2nd January: CLOSED

Thursday 3 May 2012 - Henfield Medical Centre at 7.30pm
'The Secret Diary of an Ophthalmologist'
Talk by Sal Rassam - Consultant Ophthalmologist

CONTACT DETAILS

Henfield Medical Centre: 01273 492255

Peter Bates - Chairman: 01273 493172 - peter@bateshouse.freesevice.co.uk

Moira Parrott - Editor: 01273 495143 - littlefinches@uwclub.net

Website: www.friendsofhenfieldmedical.org.uk