

BETWEEN FRIENDS

THE NEWSLETTER OF THE FRIENDS OF HENFIELD MEDICAL PRACTICE

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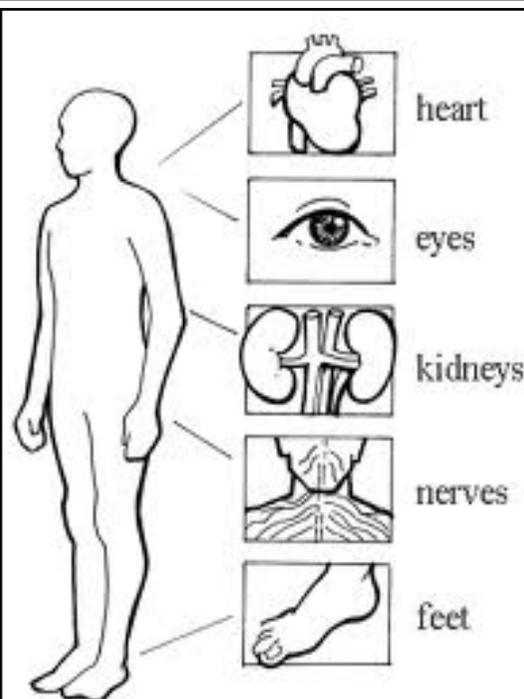
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A message from our chairman

This issue of *Between Friends* is the last under the editorship of Moira Parrott, and we thank her for the skill and dedication that she has contributed over some 7 years. Responses received from our readers confirm the very high value of and interest in *Between Friends* that Moira has generated and she will be a hard act to follow.

However, follow we must (or certainly intend to), but to so do we need a new volunteer editor (or editors, as the task may suit a couple or a pair of friends). Some experience of compiling/editing would be useful, but not essential as we are sure that Moira will be able to 'show you the ropes' and hopefully guide you through your first production. Offers please, **urgently**, to me, Peter Bates on 01273 493172 or email peter@bateshouse.freeserve.co.uk. Ideally we would like the new editor (s) to take on the next issue in Spring 2013, but if that is not possible, Autumn 2013 could be your first compilation. **Please consider carefully and respond if you possibly can if the task is of interest.**

The Spring 2012 issue reported the purchase of an ECG Data Transfer machine and soon afterwards there was a very generous offer to donate £800 (increased to £1000 through Gift Aid) which made up the gap and ensured that the valuable piece of equipment has been paid for totally through grants, fund-raising and donations to the Trust. During the summer a hyfreicator has also been purchased from existing funds, with the agreement of the trustees, and you will see details of that equipment and its use on page 9.

The trustees have now agreed a request from the Practice for the purchase of a Dermatoscope, costing approx £800, which will assist in avoiding unnecessary referrals. A Dermatoscope helps to diagnose a malignant melanoma at a very early stage, and having the equipment at Henfield Medical Centre, together with one of the current partners trained to use it, will enable diagnosis of malignancy at first presentation. We are now applying for grants towards this purchase and also hoping for donations - preferably gift aided. You can pick up a donation form from either Deer Park or Woodlawn.

The Secret Diary of an Ophthalmologist in May proved to be very informative and interesting - see Jennifer Ochoa's report on page 4. We were pleased to be able to donate over £60 to *Eyesee*, the charity set up by ophthalmologist Sal Rassam to fund his continued work (the *Secret Diary*) in Burma. *A Date with Diabetes* in October also proved popular, with Diabetes Nurses, Fiona Ordidge and Nicky Middleton, providing some basic information both for those with diabetes and those potentially at risk - there will be a report in the next issue, but in the meantime see Fiona's article on page 12. This is a follow-up to her

LES item in the last issue.

A new fund-raising venture was the Friends' participation in Henfield's Giant Garage Sale on the Saturday of the August Bank Holiday weekend. We were joined in the Medical Centre car park by some stall holders from the fringes of the village and some staff from the Centre. Despite the appalling weather early that morning, we raised just over £130. We again have a stall at the Charities Fair in The Henfield Hall on Saturday 10 November. The bookshelves inside the entrance to the Medical Centre are a continuing source of income with over £300 raised since we started in February, meaning that over 600 books have been recycled. There is now a set of bookshelves at Woodlawn and we hope that our Partridge Green Friends will be able to use and benefit from the books there, and perhaps contribute some good quality books to help swell the funds.

News from the Practice is on page 10, and also on the Friends website and via the recently launched *Henfield Hub*. Please remember to look at the Friends' website on a regular basis.

Trustee news is that Pippa Davies has resigned from her membership of the Friends' Committee and as a trustee. We thank Pippa for her years of service. In her place Richard Kendall has accepted the invitation from the other trustees and we welcome him as one of seven trustees of the Friends of Henfield Medical Practice Trust.

Peter J Bates



Editors Note:

Having edited this Newsletter for the past seven years, I've decided it is time to hand over to someone new. It has been an enjoyable challenge, especially the first issue I produced which was a real baptism of fire! Unlike now when the person taking over from me will have a format already created, I had to start from scratch using Microsoft Publisher which I'd had absolutely no experience of before. It has been a rewarding experience and I've not only improved my computer skills considerably, but also learned a great deal about health matters through editing numerous interesting articles over the years.

I'm a great believer in the benefits of bringing fresh enthusiasm and new ideas into any task, and I'm sure there is someone out there who would welcome the opportunity to put their own stamp on this informative publication. If you are interested and want to learn more about what editing 'Between Friends' entails, please don't hesitate to call me on: 01273 495143 and I'll give as much assistance as I can.

Moira Parrott

Report on the talk: **The Secret Diary of an Ophthalmologist** by **Sal Rassam**.

Sal Rassam is a Consultant Ophthalmologist at Worthing and St Richard's Hospital Chichester.



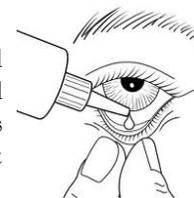
I was intrigued from the start when we first learned the title of the presentation. Why would this consultant's diary be secret I wondered? On arrival at the medical centre, the projector was whirring and a rather amateur film show was already in progress. We soon learned that the scene we were watching was set in Burma, at a Missionary hospital run by a Buddhist order where the Consultant, Sal, and his team went as volunteers once a year during their holidays to carry out eye surgery and to correct eye problems. It looked a very primitive set-up compared to what we are used to! He explained that conditions were so poor that they had to scrounge equipment from wherever they could and adapt them for use there. This included a Second World War pressure cooker being used as a sterilizer to clean the instruments! Interspersed with scenes of operations and examinations in the capital and a second clinic run by another volunteer doctor some distance from Rangoon, Sal talked on various topics to educate us about eye problems.

The first covered basic eye anatomy. The second was about Glaucoma. There was a great deal of detail concerning types of glaucoma – open angle and narrow angle, 'optic cupping', the importance of visual field and peripheral vision and the part eye pressure plays. Treatment is more or less the same whichever type of glaucoma one has. Certain environmental factors have an effect. Caffeine, hypertension, diabetes, alcohol and aerobic exercise are all risk factors.

Returning to the film – we saw that patients carried their own records book. Amazingly enough, we learned that cataracts surgery took only between one and two minutes per patient and they usually managed to see 4000 patients in all. They dealt with a daily 'conveyor belt' of approximately 500 patients for surgery. One of Sal's team is a consultant anaesthetist from Worthing who really loves adapting equipment to use in Burma.

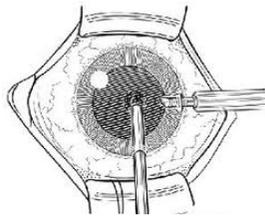
With glaucoma treatment, the aim is to reduce the eye pressures and for each patient they customize the target pressures until they find the stabilized vision. They start with eye drops - "fantastic drugs with minimum side effects", and then go to one of three different types of laser treatment. Finally would come surgery.

The next condition was Dry Eyes which is very common. The biggest risk



factor is age. Tears consist of water, electrolytes, lipids, proteins and a layer of oil on top to stop evaporation. There are a number of conditions and diseases with symptoms such as discomfort, grittiness, excessive watering. The eye dries out, with water streaming from the eye. This can lead to 'photophobia' and ulcers. Dry eyes are indeed a burden as they can cause difficulty in reading, driving, watching TV and computer screens. Those with arthritis may suffer from 'Sjogens syndrome'. When there are reduced tears, the eye becomes dehydrated, which exposes the nerve and the inflammation causes swelling and interferes with eye pressure. This can be treated with artificial tears, however vision can be blurred and a process of trial and error may be necessary to get the correct dosage. If this doesn't work, steroids are used and finally possibly surgery. Dry eye treatment is one of the fast growing pharmaceutical markets. Meanwhile we have seen on our film a poor child with an injured left eye, another with a squint and another with a droopy eye. The team has adapted an adult machine and is giving the children anaesthetics. (All the time we are watching this there is a soundtrack of variable quality which all adds to the fascination of this narrative.)

Cataracts are the next condition- of which there are many different colours. The eye becomes opaque or fuzzy and therefore light is impeded. It can also become red or yellow in the middle and clouding of the natural lens causes 80% of blindness in the developing world. The symptoms are blurred vision, glare, increased short sight and double vision in one eye. The question is when to intervene and surgery is the only option, using ultrasound not laser. This is a question of risks versus benefits. If it is bad enough to affect everyday tasks then the risks are 3 in 1000 and you think twice before having surgery. Compared to the old procedures it is now an outpatient matter, with a small incision (1.8 millimetres) and a foldable lens. Those of a strong constitution were able to watch this graphic procedure on screen. We see an incision, the lens surrounded by a sugar coating, which is 'peeled' with forceps, the cap taken off and a jet of water used to inject fluid under pressure. There is an ultrasound probe cutting the cataract as we move in and out. They sculpt away to get four quadrants, 'hoover' out and suction the part still left inside the coating. They then polish it, inject into the eye, put the lens in and position it within the eye, wash the eye and seal the wound – all within 7 minutes and under local anaesthetic eye drops.



In the film, we see a two month old baby who has been born with cataracts and



afterwards is miraculously enabled to see his mother and the world for the first time!

Laser treatment is used for secondary cataracts. For flashes and floaters - which is a very common condition - the patient sees spidery objects across the eye. These are formed in the vitreous which degenerates with advancing age. In 99% of cases this is benign and there is less than 1% risk of retinal detachment. When the retina breaks or tears, water goes into the gap and you can get a detached retina. The risk factors for this are myopia, family history, prior eye trauma or prior eye surgery.

On screen we see a dramatic development – there is a power cut and they have to use special back up batteries connected to the machines.

The next eye condition was age related macular degeneration - AMD, the leading cause of blindness affecting central vision and whose prevalence is ever increasing. It affects 11% of the population between the ages of 65 -74, and 28% for those between 74 - 85. There are two types of AMD - wet and dry. Dry can often progress to wet and it can differ between people. Two genes have been identified- hopefully they can separate it. In the wet type, the hose pipe becomes very fragile and develops a hole where blood pooling causes a haemorrhage in the retina. Iron is very toxic to the retina. Wet AMD is much more devastating than dry AMD. There is a 10%- 20% risk of progression to retinal damage with severe vision loss. After five years both eyes will be affected. The risk factors are:- age, Caucasian, family history, cigarette smoking, hypertension, low in antioxidants - Vitamins A etc., and beer consumption. We do not have a definite causal link and once it's triggered it is not possible to halt the progression. In the next two years there is no treatment for the dry form and the treatment for the wet is laser, then TIT laser. Now it is photodynamic Therapy, where dye is injected into the arm. Also Anti- VGF for wet AMD. The protein VGF is healing and promotes growth. Once healing takes place, an antibody to VGF develops and the haemorrhage stops. There are three drugs. One is Lucentis, which is very expensive. Another is Avastin produced originally for bowel cancer and subsequently also tried by someone in Florida for eyes and found to work 'like a dream' and cause no side effects. Lucentis is the registered trade name for the drug trialled to be injected into the eye with a follow-up of three more injections or possibly more. Avastin is a much cheaper product and these two drugs are the subject of legal dispute currently. The miracle drug is the anti VGF.

On the subject of multivitamins, Sal explains that these are not regulated and

studies have shown that they do not help because the enzyme system cannot cope with them. Sal advises a very varied and healthy diet and care taken not to overdose on Vitamin A.

There were many questions from the floor and much advice was sought and received concerning individual's own situations. However, the overwhelming mood of the evening which drew to a close quite late, was of admiration for the wonderful work of this man and his fellow medics, and a desire to help by contributing to the excellent charity – Eyessee, that Sal has set up to support their work. Over £60 was raised in the collection and was most gratefully received. Eyessee - 'A charity with a vision seeking to provide medical aid to underprivileged countries', is based in Worthing. Tel 01903 500 345 web: www.eyessee.org.uk Registration No. 1103057



Jennie Ochoa

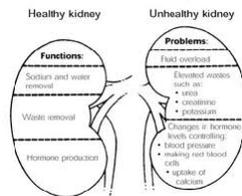
Chronic Kidney Disease explained (briefly!)

Some patients can find that they have been given a diagnosis of chronic kidney disease, sometimes without even knowing. This can seem very alarming for them. However, it simply means that the kidneys are not working as well as they should and may not be any problem at all. We just need to keep an eye on it by checking the patient's blood pressure, blood test and testing a urine sample once a year.

Chronic kidney disease (CKD) is identified through routine blood tests. The Glomerular Filtration Rate is measured and if the rate is below 60 then it means that we need to follow the patient up routinely. The diagnosis of CKD is added to the patient's records so that we can include them in our Passport to Health recall system to have annual monitoring, usually in the month of their birth.

If you are diagnosed with CKD, the main message to remember is to keep all the risk factors for heart disease (and therefore kidney disease) as low as possible. This means eating a healthy low fat diet, stop smoking, stay within a normal weight, keep blood pressure controlled, exercise regularly and don't drink too much alcohol.

Dr Karen Crawford-Clarke



Wasted Appointments owing to Non Attendance

Over the past year we have noticed a large number of appointments have not been kept. An audit shows that in the first six months of 2012 GP and nurse wasted appointments amounted to 1,350.

If this trend continues we could potentially be seeing three thousand wasted appointments this year. Last year the number of wasted doctor and nurse appointments amounted to a massive 2,164.



This number of wasted appointments means that we are sometimes unable to offer appointments to patients who really need them. We appreciate there are sometimes valid reasons for someone being unable to attend an appointment such as a sick child or work commitments arising. However, it would help us greatly if you would ring and cancel your appointment in advance, so that it can be re-used. Appointments can now also be cancelled on our website www.henfieldmedicalcentre.co.uk. All you need to do is make a quick call to the surgery so we can register you for online access. This registration will also allow you to order your medication online and eventually even make appointments. (At present only asthma appointments can be made in this way).

So.... back to wasted appointments. We have introduced a system whereby if we have a mobile number for you, we can generate a text reminder the day prior to your appointment, we also send out a text when you have missed your appointment! So please keep us up to date with your mobile number so that we can send you reminders.



If you do miss an appointment you can expect one of our staff members to call you to ask the reason for your non-attendance. This action serves to find out the reason, and also helps us to build a picture of why patients fail to attend.

We have made several observations apart from the obvious one of forgetfulness. We noticed that when patients book too far in advance, they have often recovered or have been seen earlier by a duty doctor but failed to cancel their existing appointment. It also appeared that around 80% of patients took down the wrong information e.g. date/time.

Of course we are not perfect, and some of the issues identified were of our making. However we do strive to give a good, reliable service which includes being able to give patients appointments promptly.

Wendy Davies - Office Manager

NEW HYFREACATOR

In the Spring this year the Friends of Henfield Medical Practice Trust bought a hyfrecator for use in the Practice at a cost of approximately £800. Dr Cheryl Lambe and Dr Patrick Reade, shown here holding the hyfrecator, alongside Friends Chairman Peter Bates, are now using the hyfrecator during their minor surgery sessions at the Surgery.



The hyfrecator is a hand held, portable electro-surgical diathermy machine and it works by emitting low powered, high frequency, high voltage electrical pulses. It has a huge number of uses. It rapidly and selectively destroys tissue and is mainly used at Henfield Medical Centre for removal of benign and malignant skin lesions and haemostasis (controlling bleeding). It is infinitely superior to the cautery we used previously and conforms to high infection control standards. It is strongly recommended that all GPs who undertake minor surgical procedures use a hyfrecator and we are hoping it will enable us to extend the scope of the procedures we can perform in the Surgery, for example removing larger cysts because of the more effective haemostasis.

Congratulations Wendy!



Wendy Davies - Office Manager (*seen here with Tony Jackson Chairman of the Henfield Community Partnership*) after winning the Henfield Hub calendar competition.

Photo by Mike Beardall - Oakfield Media

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.

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And Ascent Hearing Care



NEWS FROM THE PRACTICE

GP Changes - Comings & Goings

From 1st October 2012 Dr Charlotte Hoey is no longer practising at Henfield Medical Centre. Nurse Gail Yacoubi has also left and November brings the full retirement of Sister Linda Campbell after many years service at the Practice. We wish them all well in their new ventures.

Dr Olivia Snape and Dr Camilla Drew will be joining our team in November as job share partners at the Practice, working 4 days a week between them. They will be looking after Dr Hoey's patients and taking on new patients registering at Henfield Medical Centre. Existing patients who wish to transfer from their current GPs can also have the opportunity to be transferred to their list. Any existing patients wishing to do this should please contact the Deputy Practice Manager on 01273 497418.

Dr Snape and Dr Drew joining us will increase the number of GP surgery sessions we offer each week, thereby meeting the escalating demand for appointments and helping to accommodate population growth in our area.

Dr Olivia Snape qualified in 1989 at St. Thomas' Hospital London. She has three children and enjoys walking, cycling, gardening and adventurous travelling! She has worked in various practices in Sussex over the years, including a time at Henfield, and is very much looking forward to rejoining the Henfield team in November.

Dr Camilla Drew is looking forward to joining the practice in mid November. She worked in a partnership in London before moving to Sussex eight years ago. Since then she has been working in a practice in Burgess Hill, and is now excited about joining Henfield. She has particular interests in family planning and fertility issues.

Outside work she is kept busy by her 4 children who are all currently at St Peter's primary school.

Baby News:

Dr Claude Baxter and Dr Gordana Chapman have both given birth to baby girls recently. Congratulations to them both and we look forward to Dr Chapman returning to finish her placement with us in the New Year.



New Executive Partner

On 1st July 2012, Dr Karen Crawford Clarke took over as Executive Partner at Henfield Medical Practice. Karen writes :

I have been a GP in Henfield for 17 years now and can reflect on the many changes in general practice during that time. The medical centre just keeps expanding in staff numbers and size to try and keep pace with the change. We are a happy but extremely hard-working team, and currently we are anticipating many more patients from the new house building.

General practice is recognised as the central point of care in the NHS. More and more the trend is for care to be given by your GP at the surgery rather than in hospitals. We are also focusing much more on preventing disease such as strokes and heart attacks, and that requires patients to attend for blood tests and medication check ups more often. Patients are also more informed from reading the press, sometimes showing us articles, and they want to have an informed discussion about their care with their GP, and quite right too! All this has led to an enormous increase in demand for appointments, in fact three times the demand of 17 years ago. I know you are all getting frustrated at not being able to make appointments with your own doctor, and this is a common cry across the country. We pride ourselves in the fact that we have held onto personal lists (each patient having a nominated GP), while many other practices have abandoned them. The only way to make personal lists work is if we have the flexibility of using our excellent practice nurses, GP registrar doctors, health care assistants and PAs to deal with more minor and short-lived problems, and routine reviews for chronic illness, leaving us GPs to deal with more complex problems. The pharmacist or NHS Direct can also give advice. We have also recruited two new job-share partners, Dr Olivia Snape and Dr Camilla Drew, to replace Dr Hoey and to try and relieve some of the pressure on the existing partners.

Perhaps this will help patients understand that our appointments are currently at a premium so please help our receptionists to use them wisely. The basic job of caring for our patients has stayed the same and we focus on that as the most important part of our work. It keeps us going.

We are incredibly lucky to live in Henfield. There is community spirit



Continued on next page

everywhere – just look through the Parish Magazine and BN5! We have HART, which is amazing, not to mention the Link cars, BP Guild, various clubs, and many wonderful carers in the village quietly working away. Being part of a thriving community and getting involved in one of the many activities, or helping neighbours and friends is one of the most powerful ways to maintain your health. If you can be part of the community and build up your self-esteem and self-confidence it has a positive effect on your health – don't ask me how it works but it does! Spirituality has also been shown to have a similar effect. Just get involved!

MY VISION

My vision is for our practice to be a wonderful place to work, where all the team feels valued and fulfil their potential. A practice that delivers appropriate, safe, health care to our patients, with continuity of care where appropriate and good communication between team members. I would like our practice to be a Beacon for General Practice in the country.

Dr Karen Crawford-Clarke

LOCALLY ENHANCED SERVICE (LES) FOR DIABETES

In the last edition of *Between Friends* I outlined the new specifications for the Locally Enhanced Service (LES) for diabetes and now I propose to explain how Henfield Medical Practice will meet these new expectations. Firstly a nominated GP Lead and a nominated Nurse Lead for diabetes must maintain Continued Professional Development in diabetes annually by taking part in local diabetic educational events and then cascading key messages to the rest of the team.

Patrick Reade and I attended a mandatory training event in September and in addition the Diabetic Specialist Nurses at Worthing Hospital organise a quarterly diabetic forum for the practice nurses which is held at the Ardington Hotel. This is always a very enjoyable event and provides an invaluable opportunity for nurses to share best practice in diabetes care over a splendid meal! We then have two presentations related to different aspects of diabetes management where I make relevant notes to feed back to my colleagues at Henfield.

Secondly we are required to do annual blood glucose tests on all our patients on the Pre-Diabetes Register who have been diagnosed with Impaired Fasting Glucose (IFG), Impaired Glucose Tolerance (IGT) or Gestational Diabetes. This enables us to make sure that these patients have not developed full

diabetes. Nessa Snuggs, PA to Practice Nurses and Senior Administrator, has worked very hard doing searches on the computer to ensure that this is happening in practice and that the newly diagnosed pre-diabetic patients are being given lifestyle advice. Written information regarding physical activity and healthy eating is given, as published by Diabetes UK.

Thirdly to ensure that all the newly diagnosed Type 2 Diabetic patients are offered a structured education programme (DESMOND*), our Diabetes template on the computer has been redesigned to include a reminder that this should happen. Patients are encouraged to refer themselves as much as possible. We then get sent data regarding who has attended the DESMOND programme and who has decided not to!

Another requirement of the new diabetic LES are Care Plans to document agreed goals and develop an action plan with patients. We had fortunately already been using care plans and had been encouraging patients to bring them to their reviews. These have been proved useful to most of our patients by providing a record of treatment, weight, blood pressure, blood results, etc. Housebound and care home patients should also be included in this process, so we have produced a list and endeavour to visit Upper Mead, Red Oaks, Eastridge, and all the housebound patients.

We are also expected to provide pre-conception counselling and contraception advice to women aged between 15-54 years, with diabetes or pre-diabetes. Nessa has again carried out extensive searches to identify the relevant patients and has amended the computer system to include this very important aspect of diabetic care. Our final obligation is to provide insulin instruction and subsequent insulin management, when needed. We provide this support both face to face and on the telephone during the often daunting first few weeks of patients being on insulin.

We are fortunate at Henfield Medical Centre in having monthly collaborative clinics when I am joined by Nicky Middleton, a DSN from Worthing Hospital. We work together and see patients who need her expertise in their management. She also discusses diabetic patients who have been admitted into hospital, together with their health requirements and alterations to their medications that are needed on their hospital discharge and return home.

Fiona Ordidge

*DESMOND -

Diabetes Education and Self Management for Ongoing and Newly Diagnosed



Working together to improve Wellbeing

Earlier this year the Horsham district Wellbeing Hub offered small grants to communities to help fund schemes to enhance the wellbeing of residents. The Friends of Henfield Medical Practice were approached regarding this and they asked staff at Henfield Medical Centre for suggestions as to how we could utilise such a grant for patient benefit. It was suggested that we could work with the Henfield Leisure Centre to set up a 'Boot Camp' - A six week course with two different exercise classes a week under qualified instructors at Henfield Leisure Centre, the classes being suitable for all levels of fitness with exercises for individual needs, including exercises in the open air. The aim was to help a group of patients improve wellbeing – physically and mentally; gain confidence and boost self esteem whilst generally achieving an improvement in their overall fitness.



Suitable candidates were referred by staff at the Medical Centre. 11 participants took up the challenge and alongside our health care assistant Angela Mariner (Mrs Motivator). They took the 6 week course under the supervision of Sam at the Leisure Centre. Getting this scheme underway was a group venture involving Horsham Wellbeing Hub, The Friends, Henfield Medical Centre and the Leisure Centre. More importantly for the

participants, the 6 week course was a group journey with everyone bonding and encouraging each other towards a healthier and happier lifestyle. In fact, the course has been such a success amongst the group that they all want to continue and are funding themselves to extend the scheme for a further 6 weeks!

Horsham District Wellbeing is a free, friendly and impartial service which comes from your local authority, the NHS and other partners. You can find out about local activities and support services from their website: www.horsham.westsussexwellbeing.org.uk or by talking to their friendly Wellbeing Advisors over the phone on 01403 215111. We have also hosted Horsham Wellbeing drop in sessions at Henfield Medical Centre and are currently planning future dates which will be publicised on our website shortly.



FRIENDS WEBSITE

www.friendsofhenfieldmedical.org.uk

Please do click on to the Friends website on a regular basis as it will help keep you up-to-date with the Friends activities and meetings, and other relevant news, in the gaps between issues of this Newsletter. Clicking on the site also helps us to stay at the top of the list so that anyone putting *Friends of Henfield Medical* into a search engine will find us and go straight to the website. On the Friends notice boards in both the Medical Centre and Woodlawn surgery you will find details of the website, accompanied by some pull off adhesive labels that you can take home and use as a reminder with your desktop or laptop computer. Please take one with you when you next visit either surgery.

FLU VACCINES

Hello, if we haven't met!

I would like to introduce myself - my name is Samantha but most people call me Sam. I joined Henfield's team of Practice Nurses 15 months ago. I have been a nurse for 25 years, 4½ of those in practice nursing. I love the different aspects of working in the Medical Centre. The surgery team are really friendly and I enjoy meeting and looking after the local community in my clinic.

It's a really busy time of year at the surgery as we are getting ready for our annual flu campaign. The posters are up and the vaccinations are ordered. Fiona, Tina, Linda, Angela, Sue and I are ready to give and advise on the flu vaccines. There is information in the surgery and on our website. We arranged two Saturday morning clinics and walk-in clinics during October. It is best to get protection as early in the winter as possible but we will continue to give the vaccination up until January 2013 if stocks last. Every year a different vaccination is produced by monitoring and identifying the strains of flu viruses that are present. Therefore the flu immunisation you had last year will be different to the one you receive in 2012. The people who fall into the groups the NHS need to vaccinate and protect are the over 65s, people with lung problems, heart problems, chronic kidney problems, people with low immunity, carers and pregnant women.

People who don't fall into these groups and want a vaccination can organise this at a High Street chemist or private clinic because unfortunately we can't vaccinate you. This will generally cost around £12 - £20.

It is really important for people who are eligible to take up this FREE vaccination that the NHS offers, as we want you stay healthy this winter - so come and see the team and say hello.

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

Christmas Opening Times

Christmas Eve: 8am - 6.30pm (*Reduced service from 3.00pm*)
Christmas Day - **CLOSED**
Boxing Day - **CLOSED**

New Years Eve: 8am - 6.30pm (*Reduced service from 3.00pm*)
New Years Day - **CLOSED**

Spring Talk - subject & date to be announced
See website & posters for details

Steyning & District Voluntary Group meets at the Steyning Centre at
7pm on the last Thursday of most months (not December)
For more details, contact:



steyning.diabetes.uk@gmail.com
or phone 01273 494317 or 493172

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