



BPSPLG: Meeting Dates & Education Talks  
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BPSPLG: *Purpose, Future Objectives, Finances*

Local News  
Surgery News

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The Balham Park Surgery Patient Liaison Group (BPSPLG) is here to represent you

**The Patient Group remains very concerned at the national levels of funding for Primary Care. The Group hosted a meeting of representatives of other local surgeries at BPS in the summer which was poorly attended, and there was no agreement on the way forward. We will, however, continue to raise the issue of funding whenever appropriate and look for ways to raise awareness of the crisis facing general practice in London where surgeries face closure and there is a significant shortfall in the number of GP training posts being filled.**

If you wish to raise any issue with the BPSPLG related to these objectives, email [patientgroup@balhamparksurgery.co.uk](mailto:patientgroup@balhamparksurgery.co.uk) or tell Reception who will pass on messages. We regret that we cannot enter into discussions about individual cases or clinical matters, but we can raise matters of general interest at the next meeting. The Newsletter is published twice a year. It is distributed by email to any patient who requests it.

***Please join the Group and read our Newsletter – we hope you will find it interesting.***

If you do not receive the Newsletter and would like it, please sign up via Reception.

**2018 Meeting Dates (second Wednesday every month) 7pm to 9pm at the Surgery, Education Room.** Meetings are attended by one of the GPs and the Managing Partner, Natalie Whyte, her Deputy and one of the receptionists. Any registered patient is welcome to attend. We operate on a drop-in basis, with no commitment for regular attendance. Meetings for 2018 are as follows:

10 January, 14 February, 14 March, 11 April, 9 May (AGM), 13 June (Education Talk), 11 July, 12 September, 10 October (Education Talk), 14 November, 12 December – Christmas Party.

**Managing Partner, Natalie Whyte, reports that the Surgery is back on course after a difficult year**

"In January we reported on a major shortfall in funding of our contract which led to cuts in services at BPS. After a harrowing year following these cuts, we are pleased to report that we are heading towards a more stable position.

Unfortunately, we had to reduce the number of GP sessions that we provide to enable us to manage within our reduced resources. This has made the waiting time for routine appointments longer than we would like but we do our best to ensure that through the triage system, vulnerable patients or those with urgent needs can see or speak to a doctor as appropriate. We now use trained Care Navigators to handle incoming calls to make sure all patients are seen to in the most appropriate way and who can advise on the best way to proceed. Staff are coping brilliantly with the ongoing changes which have been difficult for them and at times have taken

an emotional toll - their consistent hard work, and all of the ideas they share, are helping to get us to where we want to be. Everyone shows such care and dedication to the practice and our patients: their positive approach makes it an absolute pleasure and privilege to work with everyone. As a team we remain strong and work closely to support each other, particularly when we feel under the greatest of pressure.

### Our Full Team Event

Thank you for putting up with our closure on the afternoon of Friday 17th November to allow us to run a training event with all staff. Two patient representatives from our patient group came and shared with our team details of what the group have been doing over the year, together with guest speakers from local services, and a representative from the Medical Defence Union who gave a useful talk on best practice in medical record keeping. The representatives will report back to the patient meeting on Wednesday 10th January. It was great to have Dr Sara Kayat and Dr Devora Vinick back to provide emergency cover at Reception."

**PLG Comment** Sally Spurr and Caroline Wentzel attended this event as Patient Group Representatives. "Our overwhelming impression was that all the staff at BPS are highly-committed to the wellbeing of patients and to raising professional standards. We were particularly struck by the enthusiasm and collaborative spirit of staff - there was a lot of laughter which, considering the pressure the team is under, is fantastic."

### Surgery Information

#### Surgery Opening Hours

Phone lines operate 8 am to 6.30 pm Monday to Friday. However, the Surgery is open early mornings, late nights and Saturday mornings for pre-booked appointments and general patient enquiries, bookings, registration, collecting prescriptions, etc. The surgery will continue to operate three sessions (7 am to 1.30 pm, 2 pm to 5.30 pm and 6 pm to 8.30pm), although with a reduced number of appointments. The new arrangements do not mean there is greater capacity, but it is hoped that extended hours mean resources are being used more efficiently and will offer greater flexibility to patients and staff. The Managing Partner, Natalie, would appreciate feedback from patients on how the system is running.

### Contacting the Surgery – Telephone/Online/Via App

We recently installed a new telephone system following problems with our old version which was outdated. As patients may have noticed, the new system increased waiting times for patients initially, but these have reduced as we have learnt to use the new system better. The good news is it is easier to navigate calls to different departments. We get huge volumes of calls and would encourage the use of online services, either on PCs or by installing smartphone apps when possible, to reduce pressure on Reception and of course for your own convenience. We will be writing to you in detail about the options in the New Year. But if you are keen to get going, all you need to do is to download the MyGP app to get started with booking appointments and cancelling appointments online. However, do please be aware your mobile number needs to be recorded on your medical record. MyGP will link to Patient Access within MyGP and this will allow you to see your medical notes. For this extended access, you will need to get your full code from Reception if you have not already registered to use the Internet Access Facility; you will need to provide photo ID and proof of address.

We now have a new service to confirm all booked appointments by text and a reminder will be sent two days before the appointment. This makes it very easy to cancel appointments by text. By and large this has been working well but there are some teething problems which the IT department is trying hard to solve. For example, if you have more than one appointment booked and you cancel by text, it is not possible yet to distinguish which one is being cancelled, resulting in extra work for BPS staff. This is an important step forward in communications, so if you have not yet registered your mobile number it would help enormously for you to do so via Reception.

If you wish to send a message on non-medical matters, which does not require an answer in less than 48 hours, you can email BPS admin staff on [waccg-adminbalhamparksurgery@nhs.net](mailto:waccg-adminbalhamparksurgery@nhs.net). If you have any problems, please do speak to Lorraine Hayles, our Reception Manager.

### Walk-In Blood Taking / Phlebotomy

Bella Chilaeva joined the Saturday walk-in service to help Valbona. This service has extended its opening from 8am-2pm Monday to Friday due to its popularity and continues to be able to see a maximum of 50 people 9-11am on Saturdays.

### Flu Jab

This service is underway. Patients are strongly encouraged to have them if they are in the categories deemed at risk, you will be informed by us if you are, but if in doubt do ask.

### Free NHS Healthchecks and Current Initiatives

Patients aged 40-74 are entitled to an NHS health check to assess cardiac risk factors. Please book an appointment for a (fasting) blood test. After you receive the results (usually one week), book a further appointment with Paa or Gloria (healthcare assistants) for a full health check. This will include advice on healthy living, diet etc.

### Mental Health Services at the Surgery.

There are two Psychologists based at BPS, both offering CBT therapy. This is a time-limited therapy which explores the patterns in thinking and behaviours. CBT helps you to find ways to change any unhelpful patterns and learn better ways to cope and deal with the challenges you are facing. It is not just about talking about your problems; it is also about supporting and encouraging you to take the steps to make change.

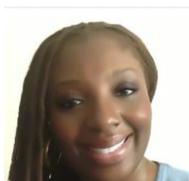
### Maya Cooray, NHS Psychotherapist



We are delighted to welcome back to the Surgery Maya Cooray, our NHS Psychotherapist from Talk Wandsworth, who sees patients in her clinic at the Surgery five days per week. Maya is a Cognitive Behavioural Therapist accredited with the British Association of Behavioural & Cognitive Psychotherapies. She specialises in providing psychological therapy to adults experiencing symptoms of depression, obsessive-compulsive disorder, social anxiety, health anxiety, panic disorder, phobias, generalised anxiety & post-traumatic stress disorder.

Maya is an experienced clinician, having worked since 2009 for the National Health Service psychology team 'Talk Wandsworth'. 'Talk Wandsworth' accepts GP and self-referrals which can be made via its website <http://www.talkwandsworth.nhs.uk/> or by telephone 020 3512 6264.

### Mavis Dwaah, Private Psychotherapist



Mavis Dwaah provides a private fee-paying service here on Tuesdays at her late-night clinic. She has worked as a therapist in the NHS for eight years, and with us since 2010. Mavis is a fully qualified and accredited psychotherapist specialising in cognitive behavioural therapy (CBT). She completed her training at the Institute of Psychiatry, Psychology & Neuroscience in Kings College London and she is accredited with the British Association for Behavioural and Cognitive Psychotherapies (BABCP). Mavis specialises in working with:

- Stress management such as work-related difficulties, relationship difficulties, life events such as bereavement, divorce, illness, career change
- Anxiety management for general worry, panic attacks, social anxiety, OCD, health anxiety & trauma
- Confidence building
- Mood management for loss of motivation and depression

Fees range from £60 - £90, with some concessions for students and those on low incomes.

Referral can be made via your GP or private self-referrals from self-paying clients. (Registered with Axa PPP, Aviva, Cigna, and Vitality Health Insurance.)

If you would like an initial consultation, Mavis can be contacted via [mdwaah@yahoo.co.uk](mailto:mdwaah@yahoo.co.uk) or by calling 07904 732 714.

### NHS Community Ultrasound Service Running at Balham Park Surgery

Balham Park Surgery has partnered with Physiological Measurements Ltd (PML), an award-winning NHS provider of diagnostic services, to offer NHS Ultrasound Services at the practice. This means any patient in the local area who has been referred for an ultrasound scan can now be seen at the Surgery rather than travelling elsewhere. (You may find that you are automatically referred elsewhere, in which case call Reception and request for the scan to be done in-house if that would be more convenient for you.)

PML is an established NHS business partner and works seamlessly with the NHS and your local area to provide you with ultrasound diagnostics close to your home in the community. PML is very proud of the quality services it provides and is proud that 99% of patients that access their service recommend them. For more information on PML see [www.physiologicalmeasurement.com](http://www.physiologicalmeasurement.com).

An ultrasound scan is an examination that involves taking pictures of the body using sound waves. It is one of the most commonly requested tests. Ultrasound can be used to look at all soft tissue structures and blood vessels. Pulses of ultrasound are sent through the skin into your body which then echo (bounce back), creating an image. The scan is carried out by a sonographer and the images are recorded and interpreted to make a diagnosis. There are no side effects from having an ultrasound.

An MRI uses strong magnetic fields and radio waves to produce detailed images of the inside of the body. MRI scans don't involve exposing the body to X-ray radiation. However, not everyone can have an MRI scan and they are expensive. For example, they are not always possible for people who have certain types of implant fitted, such as a pacemaker. X-rays are mainly used to look at bones and joints.

Getting a referral to Physiological Measurements Ltd (PML) at Balham Park Surgery is easy: once your GP has identified what Ultrasound test you require, you will be referred directly for your test. You can request you are seen by PML at Balham Park Surgery or elsewhere if you prefer. Once you have been referred to PML you will then be contacted by their patient management centre to arrange an appointment (01691 676496). Once your ultrasound scan has been completed by the sonographer, a report will be sent directly to your GP within 5 days. Only certain aspects of the examination may be discussed at the time of the scan with you. Any further examinations and clinical treatments will be discussed between you and your GP.

Selina Harrison, PML

### Patient Feedback from The Patient Survey

The GP Contract requires the Practice to collect feedback, so we urge more people to complete the Patient Survey, sometimes referred to as The Friends and Family Test, copies at Reception. Analysis of the returns January to June 2017 showed a very high level of support for BPS services — 94 % of responses were positive. The most common complaints were the length of time to secure an appointment and delays in the waiting room which the Practice is doing its best to address within current resource constraints.

The NHS consultations referred to on page 11 are a reminder that patient feedback is a crucial part of addressing current problems and shaping future services. Your views matter and the Surgery will respond.

## Education Talks

The Group holds two Education Talks each year, usually in June and October. The Group chooses subjects that are about important current health issues. We are lucky to have a range of in-house expertise in the practice. Otherwise we look for outside speakers. Suggestions for future topics are always welcomed. These are informative talks with the opportunity to ask questions and are well attended by a wide range of patients.

The topics for 2017 were Self-Help and Alcohol Addiction. The talks were well attended.

## Self Help by Dr Malik

With waiting times of up to three weeks for routine appointments, it is in everyone's interest that patients do not go to the doctor unnecessarily. Research shows that 8 out of 10 cases referred to a GP could be well-managed at home or with the help of the pharmacist. This is not code for saying "Don't bother your doctor," but it is saying "Stop, is there another way of dealing with this?" If we can build up the knowledge and confidence to make a judgement, then there will be more appointments for urgent, painful or complex illnesses. Dr Malik gave a useful talk to the Patient Group on the management of minor illnesses to make those difficult decisions. **But she did point out that vulnerable patients, parents with babies and the elderly should be cautious and refer to a doctor if worried. And not to delay seeking medical help if you are suffering from excruciating chest pain.**

A well-stocked medicine chest should contain the following:

- plasters and large sterile gauze dressings in a variety of sizes and shapes
- eye wash and eye bath and at least two sterile eye dressings
- crêpe rolled bandages and triangular bandages to act as a sling
- disposable sterile gloves
- tweezers, scissors, thermometer, safety pins and micropore
- alcohol-free cleansing wipes, TCP, and distilled water for cleaning wounds
- painkillers such as paracetamol (or infant paracetamol for children), aspirin (not to be given to children under 16), codeine, ibuprofen, and ibuleve gel pain relief for inflammation

Keep a basic first aid manual or instruction booklet with your first aid kit.

Medicines should be checked regularly to make sure they are within their use-by dates. Never keep unused antibiotics – it is safest to return them to the pharmacist. Always finish the course unless directed otherwise by your GP.

**BACK PAIN.** A very common condition. Whether caused by sitting too long or by activity or by lifting, there is little that can be done by a GP. Nowadays the recommendation is to keep as mobile as possible to ease the pain and this usually leads to a massive improvement within two weeks – if the pain persists for longer than this it is advisable to get further advice from the doctor. Meanwhile keep moving and take pain killers, try paracetamol first, and if that doesn't work, try ibuprofen.



If you suspect compression of the spine caused by a sudden injury seek help.



If you suffer from osteoporosis speak to your GP.

**DERMATITIS.** There are many causes of skin complaints (eczema, irritants, allergies, etc) and many conditions can be treated successfully by over-the-counter emollients. Apply moisturiser cream twice a day; or try a topical steroid such as hydrocortisone or antihistamines from the chemist.

Do not treat an open wound with creams but guard against infection by disinfecting and covering.

HEARTBURN OR INDIGESTION. This can be treated at home by managing your diet, looking at your lifestyle, perhaps considering trying to lose weight if suffering from reflux. Avoid taking aspirin because it can make the symptoms worse and cause heartburn and gastroesophageal reflux. Instead, try Galveston which can be bought over the counter or any other another anti-acid medication. If symptoms persist for a few weeks, go to the doctor.

If accompanied by vomiting or bleeding in mouth or anus, go to doctor

CONSTIPATION Another common ailment. It is often caused as a side-effect of medicine so check this out first by reading leaflets – review diet and avoid starchy foods, increase fibre intake and drink lots of water. Try to raise knees above the chest when going to the toilet and aim to use the toilet regularly and avoid straining – old men die on the loo

At the first sign of rectal bleeding treat as an emergency

Anyone with a family history of bowel cancer should seek medical opinion immediately

HEADACHES. Another common condition. Often a benign condition caused by tension, stress, tiredness, dehydration or a migraine. Treat by taking painkillers, moving up the pain ladder, starting with paracetamol. Migralev is available over the counter for migraine sufferers.

A sudden onset pounding headache is not normal and should be treated as an emergency; dial 999 or 111 for advice because it could indicate a stroke or meningitis. Remember the FAST mnemonic for a stroke. (Facial drooping, Arm weakness, Speech difficulties and Time to call emergency services.)

COUGHS AND COLDS AND FLU. All too common, especially in the winter, and typically there is little that the doctor can do to help. Treat with over-the-counter medicines. The best advice for flu is to rest. It is almost impossible to distinguish between a viral and bacterial infection although viral colds tend to be accompanied by a runny nose, congestion and possibly a temperature. Remember viral infections cannot be treated with anti-biotics. If pneumonia is suspected, a doctor can hear the presence of a bacterial infection causing pneumonia and test oxygen levels. However, if a cold or a cough lasts for more than three weeks, seek medical help. For more information on managing these symptoms look online for guidance: <https://symptoms.webmd.com/cold-flu-map/treating-your-cough>

SPRAINS AND STRAINS. A doctor will examine and treat by recommending “RICE” protection: rest, ice, compression and elevation, which of course can be implemented without medical help. Creams such as ibuprofen can be used and in general the gel is better than pills.

BREAK. Go straight to A & E not the GP because an x-ray will be needed.

EAR ACHE. While painful, this is usually a viral infection, so antibiotics are not going to be effective. Treat by taking painkillers. Children are particularly vulnerable to ear ache because the ear structure is not fully developed but in time will develop immunities. You can enhance the pain relief by alternating paracetamol with ibuprofen, so tablets can be taken at two-hour interval rather than at four-hour intervals.

ANTIBIOTICS. The Surgery is committed to reducing the amount of unnecessary prescription of antibiotics and patients are asked to assist by not demanding antibiotics when they are not going to be effective, such as when the infection is caused by a virus.

MENTAL HEALTH EMERGENCIES. It is now possible for a patient to self-refer to the IAPT treatment (Improving Access to Psychological Therapy) by telephoning 0203 513 6264 for counselling/CBT therapy; or see <https://www.england.nhs.uk/mental-health/adults/iapt/>

PREGNANCY. If you suspect an unwanted pregnancy, you can self-refer for information and advice by calling 020 8762 1535 rather than involving your GP.

Dr Malik drew attention to two other ways patients can help themselves and relieve pressure on GPs:

### 1. Minor Ailments Scheme

This little-known Scheme enables people who do not pay for their prescriptions to obtain urgent advice and prescription medication for minor ailments on the spot and free of charge by visiting a participating pharmacist. However, please note that this excludes antibiotics and Controlled Drugs. See [www.nhs.uk/Pages/HomePage.aspx](http://www.nhs.uk/Pages/HomePage.aspx) for more information.

This scheme is especially useful for getting urgent advice and treatment for young children, such as for treating nits, nappy rash and teething problems, but adults can benefit if suffering from, for example, constipation, conjunctivitis, eczema or a wide range of issues. See [www.nhs.uk/Livewell/Pharmacy/Pages/Commonconditions.aspx](http://www.nhs.uk/Livewell/Pharmacy/Pages/Commonconditions.aspx)

Not all pharmacies participate in the scheme. The most convenient pharmacy for the Surgery is Healthchem Pharmacy on Balham High Road. You can find a pharmacist near you by looking at [www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10](http://www.nhs.uk/Service-Search/Pharmacy/LocationSearch/10)

### 2. Wandsworth Self-Management Service



The poster is for the Wandsworth Self-Management Service, part of the NHS Wandsworth Clinical Commissioning Group. It features a blue background with yellow and white text. The title 'Sick and tired of feeling sick and tired?' is in large yellow font. Below it, the service is described as offering free self-management courses, a database of activities and information for long-term health conditions, and being brought to you by local NHS. Contact information includes a phone number (0208 812-6750) and an email address (expertpatients@wandsworthccg.nhs.uk). The poster also includes a website URL (www.wandsworthccg.nhs.uk/selfmanagement) and an illustration of a cityscape with people walking on a path.

### Alcoholism and Other Addictions by Dr William Laird

Dr Laird has worked for the prison service for several years, where he comes across many examples of severe addiction to alcohol and drugs of various kinds.

He pointed out that in our society alcohol is treated differently from all other drugs, and is not even recognised as a drug by most people. What makes it so special? Alcohol is available, legally, on every street – supermarkets, off-licenses and, of course, pubs. Alcohol is an important element in much of our social life – “let’s meet for a drink”, “come to dinner, bring a bottle”, etc. The government does little to make it harder to come by, although its over use is extremely dangerous while the treatment of alcohol-related illnesses costs the NHS a huge amount every year. Alcoholics – people with a serious addiction to alcohol - are hard to help.

Dr Laird went on to ask the audience to describe the short-term benefits of alcohol consumption. Drink, it was suggested, helps people relax and overcome social anxieties; it can feel like a reward (perhaps after a hard day); it tastes nice; can help one cope with difficult situations or emotions; and it is also seen as sexy.

But what are the short-term negative results of drinking? The audience thought that people can sometimes behave in a very silly way after drinking; drinking and driving is a very dangerous combination; people can become violent after a heavy bout; it can lead to memory loss; to unjustified risk-taking; to a loss of inhibition; weight gain; and finally, of course, people suffer from hangovers which can lead to loss of working days and capability.

Dr Laird then went on to ask what were the longer-term effects of alcoholism or alcohol dependency. The audience was in no doubt that the consequences are serious: physically, it can cause various cancers, particularly of the mouth, throat and liver; it can lead to liver disease and cause diabetes. There is an emotional toll: heavy drinking can cause a breakdown in family relationships and affect mental health. Economically it can lead to personal job loss and certainly costs the economy many lost working days. No-one could identify any long-term benefits. In the opinion of Dr Laird alcoholism is a more serious threat than drugs.

At the moment, the NHS can barely fund the casualties of drug/alcohol addiction. There are voluntary service support systems – the best known being the AA – Alcoholics Anonymous — with its well-known 12-step process, and there is also Al Anon which crucially helps support the families and close friends (<http://www.al-anonuk.org.uk/>). There are also private clinics which can help people, but they are incredibly expensive and so not available for everyone.

The problem with any addiction is that the person involved must want to change; it simply does not work to impose conditions, however hard it might be. However, individuals, or concerned family members, can take the first step and talk to their GP.

A lively discussion followed the talk, with a recovering alcoholic describing her experience, and questions about whether there was such a thing as an addictive personality.

### Carers' Meeting

**You are a Carer** if, without payment, you are looking after a partner, friend or relative who depends on your support due to frailty, illness, disability, a mental health or substance misuse.

The surgery hosted the first Carers' Support meeting attended by Kim Fenech, BPS Health Care Assistant, a rep of The Wandsworth Carers' Centre, Dr Previna Chana, and Monica from the PLG. The event was well attended. Caring can be a lonely occupation and the meeting provided an opportunity for carers to mix with others and share ideas and know-how. Carers were encouraged to approach the Carers' Centre for help and advice. The Centre is conveniently located at 46 Balham High Road. The help it can offer is wide-ranging and includes advice on benefits, etc, and specialist information on mental health, substance misuse, learning disability and dementia; training activities; assistance with respite services to enable carers to take breaks; peer support; and back care and therapies at a weekly Osteopathic Clinic. Call the Centre on 0208 675 0811 or visit online to see what help is available.

<https://www.carerswandsworth.org.uk/venue/wandsworth-carers-centre-balham-office/>

Note: The Carers' Centre supports only volunteers, it cannot assist professional carers.

There are plans for another meeting in the spring and it is hoped more Carers will attend.

### The Case for the 10 Minute Consultation by Dr Aisha Yahaya, BPS

The topic of consultation length is often discussed by GPs as we face greater challenges in making the best use of our time with patients. When you come in to see us we do our best to keep an open mind to whatever it is that you tell us and in the background the cogs are turning, reminding us to address the presenting problem, examine, explore your lifestyle and

any other relevant background, address medication and pick up on outstanding checks you might need such as blood pressure, smear tests or the flu jab. The list goes on.

Of course, some problems are quickly dealt with, but general practice requires us to work holistically. There is an ongoing struggle to offer enough appointments, so patients do not have to wait weeks to see their doctor; for this reason, the 10-minute appointment was created as a national model. This allows sufficient numbers of patients to be seen. Sometimes, however, we may need to explain things in more detail, break bad news or provide you with a safety net of things to look out for that would prompt you to seek our help again. After addressing everything that comes before this, there is often not enough time to cover it all, but when necessary we try to spend that extra bit of time to ensure the consultation goes well and that you are managed safely. In some cases, you might tell us about a couple of different problems that are just as important as the other and cannot always be left until next time.

If you have more than one problem to discuss and you think it will take time, we ask that you request a double appointment or discuss with the Care Navigator. Your GP can always advise if it wasn't needed so that you know for next time.

In cases where we run out of time, or when there is a queue of patients waiting, we may ask you to book another appointment so that other problems can be addressed with the detail that they deserve and to minimise things being missed or rushed. It is therefore helpful if you raise the problem that is worrying you the most first. There are of course other factors that influence how much time is needed per patient and we do our best to provide the time you need, but I hope that this gives you an insight into the GPs' perspective of how we work.

It would be interesting to hear what you think about BPS consultations and how they compare to other healthcare systems you may have experienced, for example in a different country. What works well and what doesn't. Refer to the PLG or fill in the Friends and Family Survey.

### Balham Park Surgery Patient Liaison Group: Purpose

The BPSPLG was formed in 1999. Since April 2015 all GP practices have been required to maintain such a patient group, even though there is no specific funding for its activities. The BPSPLG meet regularly at the Surgery on the second Wednesday of each month. The Practice offers wide ranging support to the Group and representative members of staff (both medical and administrative) attend meetings and this close collaboration provides good two-way communication. The Group is among the most active in the Wandsworth Clinical Commissioning Group and the Practice values it highly and works closely with us to ensure that we have the role of a 'critical friend' and assist patients to provide feedback and help shape the services provided.

All new patients over 16 years old are given details of the BPSPLG and those who provide their email address automatically become members of the 'Virtual' Group. Patients can opt-out, if they wish, by selecting 'Unsubscribe' and there are paper versions of the Newsletter available from the Surgery to ensure no one is disadvantaged by the electronic distribution. All patients, whether signed up to email services or not, are entitled to be members of the PLG and are welcome to attend all functions.

### Balham Park Surgery Patient Liaison Group: Future Objectives

In May 2017 the Group approved the following objectives for the next three years:

1. To discuss with staff existing and new services provided by the surgery and to monitor issues raised in the Friends and Family Test, so as to monitor responsiveness and quality of services.
2. To meet regularly at the Surgery on the second Wednesday of each month. Representative members of staff (both medical and administrative) attend meetings and this close collaboration provides good two-way communication.
3. To publish two Newsletters a year in the Spring and Autumn.

4. To organise two Educational Talks each year in June and October.
5. To establish sub-groups to develop action plans for future activities, prepare the Newsletters and review finances and report back to the full Group for approval.
6. To nominate representatives to attend meetings about relevant health and NHS issues, particularly at local meetings.
7. To continue membership of the National Association for Patient Participation.
8. To keep the BPSPLG website section and notice board in the waiting room up-to-date.
9. To explore ways of engaging a broader representation of the patient population, e.g. targeting mothers attending post-natal groups and younger and ethnic minority people; and to ensure, with the assistance of the Practice IT Lead, that as many people as practicable have access to the Group and its publications as part of a wider drive towards ensuring patient participation, while respecting patients' rights to confidentiality.
10. To continue to support less able Group members who have difficulties getting to meetings through use of a local taxi service.
11. To rotate the chairman and minute taker for each meeting and confirm who is following up actions agreed by the Group

***The Group needs more help from patients to achieve these objectives – PLEASE JOIN US. Joining the Group is not a firm commitment, members are free to attend meetings as and when they choose, or you may prefer to get involved only in a particular project that interests you. A warm welcome awaits you in whatever capacity you come.***

### Balham Park Surgery Patient Liaison Group: FINANCES

The 2016/17 annual accounts were approved by the Group at the meeting on 10 May 2017 confirming that there was a balance of over £8,000 on 31 March 2017.

#### Loss of funding from BPS

A balance of £8,356 was reported at the Group meeting in September 2017 and funding of the Group was discussed. In spite of valuing and supporting the activities of the Group in many ways, it was confirmed the Surgery were not now in a position to provide financial support. As well as the overall financial problems facing the surgery, the funding given to the Group in the past was from a specific grant which was no longer received.

#### Current & future spending

In spite of the reduction in income, the Group considered the balance would fund their activities for many years and funding will then be sought from other sources.

Group spending has been reduced significantly by savings on printing and postage because the Newsletter was now received electronically by more than 4,000 patients. It was agreed we could afford to publish two issues of the Newsletter each year and ensure copies were available in the Waiting Room. It was agreed the Group had sufficient funds to pursue its main priority to support the Surgery in any way possible, particularly in these challenging financial times for the whole NHS.

Lanior John has been our Treasurer for many years and we are grateful for his efficient work and his clear explanations to the Group. We will need a new Treasurer in 2018. This is not an onerous job for someone with some financial experience, but we urgently need a volunteer.

### Local News - Keeping up with Changes and Making your Views Heard

The Patient Group participates in several local health groups to keep up to date with changes and to contribute to discussion. The Patient Group has been asked to comment early in the new year on two NHS proposals and these will be discussed at the next BPSPLG meeting on 10 January 2018.

First, The NHS in south west London is in the process of developing a Five-Year Forward Plan which includes The South West London Sustainability and Transformation Plan (STP). The STP covers all aspects of local health services including hospitals, primary care, mental health and community service. Considerable efforts were made to make sure a wide range of views and comment at grassroot level was included. The initial findings were published in September 2017 and can be found on the link below. BPS comes under Merton and Wandsworth Clinical Commissioning Group (CCG), see paragraph 3.3 <https://www.swlondon.nhs.uk/wp-content/uploads/2017/11/NHS-SWL-Engagement-Report-16-17-by-LTB-area-1.pdf>

The next stage is for the STP to be reviewed at a local level. We have been asked to comment on the 2018/2019 Commissioning Intentions of the Merton and Wandsworth Local Transformation Board. These proposals are of considerable significance for all of us who live in the area and can be seen at [https://democracy.merton.gov.uk/documents/s20377/Commissioning\\_CIEngagement%20V3.pdf](https://democracy.merton.gov.uk/documents/s20377/Commissioning_CIEngagement%20V3.pdf)

The local intention is to focus mainly on improving services in the following areas: rapid response with seven-day cover to homes and to care homes; care pathways; community-based short-term top-up beds; home-based intermediate care packages; geriatrician outreach; intermediate health and care rehab; single-team complex discharges. This is an ambitious plan with some risks but with the hope of bringing real long-term benefits. The local CCG is seeking feedback on their proposals and asks simply:

- Have they got the approach right?
- Are they missing something?

The feedback will be presented to the Local Transformation Board for their consideration and will be referred to when community views are needed in future planning.

Secondly NHS England is hosting Public and Patient Reference Group discussions nationally to look at the quality of care in general practice and to review how general practice should be organised in the future. BPSPLG intends to send a representative. Time will show but this may be the start of a major initiative that will alter the way all GP practices are managed and the Patient Group will want its views to be known.

The Patient Group will discuss both these important matters on 10 January 2018. To make sure a wide range of views is represented, we invite you to comment via email at [patientgroup@balhamparksurgery.co.uk](mailto:patientgroup@balhamparksurgery.co.uk) or better still by coming to the meeting. All patients are welcome. Details on the front page.

If you cannot access any information referred to in the Newsletter, email the Patient Group to request a printed copy: [patientgroup@balhamparksurgery.co.uk](mailto:patientgroup@balhamparksurgery.co.uk)

"We've been wrong about what our job is in medicine. We think our job is to ensure health and survival. But really it is larger than that. It is to enable well-being.

Atul Gawande, Neurologist  
*Being Mortal: Illness, Medicine and What Matters in the End*

## Surgery news

### Staff leaving

Dr Lowri Bailey and Dr Sara Glynne left to focus on their young families.

Dr Sara Kayat left to move closer to her new home.

Dr Devora Vinick left us on 19th September to go back to her previous practice.

Eugene Aliphon, one of our IT Managers, moved to a senior IT job with our Federation. After 15 years at BPS, he leaves a great legacy and we wish him well.

### Special Delivery

**Congratulations on the birth of baby boys to Dr Sian Morris, Dr Jo Tunnicliffe and Dr Tim Tully.**

**We still have vacancies for Reception/Care Manager positions. If you know someone who might be suitable, do speak to Lorraine.**

### Staff arriving

Dr Timothy Tully - full time Registrar for one year (Dr Chana is his trainer)

Dr Amrita Mankia - full time Registrar for one year (Dr Shah is her trainer)

Dr Punit Makwana - GP - 4 sessions per week maternity cover

Dr Morag Lenman - GP - 6 sessions per week maternity cover

Dr Taryn Walker - GP 6 sessions per week maternity cover

Dr Aisha Yahaya - GP- 4 sessions per week maternity cover

Dr Kavita Sharma qualified with us as a GP under Dr Previna Chana and has taken up a post for 4 sessions

Dr Lizzie Marston is now doing 8 sessions

Dr Aysha Malik qualified with us under Dr Lowri Bailey and is staying until she moves to Australia.

### Patient Service Administrators

Three new recruits to our patient services team Meg, Chanice, and Stephanie are settling in perfectly.

### Reception / Care Navigators

Lorraine, our lovely Manager of this team, has been working hard to recruit new staff. We welcome: Mehnaz Chowdhury, a 2nd year radiologist student, working in extended hours with extra hours over holiday periods; Claire Curel, a 2<sup>nd</sup> year biomedical student at St George, also working in extended hours (hopefully we will have her with us for a few years more); Durvin Durrant, with a background in customer service, works full-time; Karla Beasley and Richard Higgins, who both bring experience of public facing roles.