

Patient Participation Groups Newsletter



Incorporating the
Friends of the
Badgerswood and Forest Surgeries

October 2021 Issue 40



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barrack buildings**



The battle of Quebec in Canada was fought against the French in 1759, hence the name of the café.

The café is a non-for-profit café supported by volunteers. All money made is re-invested into the café and the local community. All food is locally sourced and home made in the café kitchens.

Café 1759

Opening times

Chieftain House

Challenger Place

Bordon

GU35 0FP

Sunday / Monday - Closed

Tuesday - 8.30am - 4.00pm

Wednesday - 8.30am - 4.00pm

Thursday - 8.30am - 4.00pm

Friday - 8.30am - 4.00pm

Saturday - 8.30am - 2.00pm



Bordon & Whitehill Voluntary Car Service

We are looking for more volunteer drivers, who use their own cars, to help run this service. With the enlargement of the town we are receiving an increasing number of requests.

We also need coordinators to answer calls and arrange the trips with the drivers etc.

We take clients to local surgeries, hospital outpatients, dentists etc.

Please call us on the number below and our coordinator will explain all about our service. You can do as much as you like, there is no pressure to do any journey.

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Please ring **07596 701312**. Our new number



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*We hold a coffee morning at 10.30 every Thursday
at Headley Church Centre*

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up with other local people*

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Not too long now before you can!

<https://www.thehuntercentre.co.uk/>

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The Hunter Centre is a dementia day centre which supports those affected by dementia and their carers in Haslemere and the surrounding areas. It is now safely open and following government guidelines regarding COVID-19.

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01428 654710 07482 464322
Email: manager@thehuntercentre.co.uk

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Chairman's Report

There is a new contract in place for COVID boosters, along with flu clinics. Flu jabs are also being offered at the Pharmacy.

The COVID boosters will be offered six months after the second vaccination was given. Please wait for an invitation for these.

There are two GP's commencing working, Dr S Cooper at Badgerswood and Dr S Thomas at Forest Surgery.

Dr Milton has left the practice, and Dr Tamang is carrying out more sessions.

The telephone system is being looked at as this has led to much frustration.

A plaque is being removed at Forest Surgery, as it is very out of date.

A member of the Committee, Barbara Symonds, has stepped down. She will be much missed as she has been very active in local charities, and has raised funds for these too.

The Dermatology lamp, partly funded by EHDC, will be purchased very soon.

Stay safe.

Yvonne Parker Smith

Chairman PPG

News from the Practice:

Dr Sarah Thomas has joined the practice and is based at Forest Surgery

The foundations are being dug for a new building which will include new consulting rooms behind Badgerswood. This is excellent news.

The flu clinics are in full swing, and eligible patients for the COVID booster programme, beginning in the first week of October, will be contacted soon.

The winning pupil from the Holme School who named the Badgerswood Pharmacy robot SAM (Sorts All Medicines) has received a lovely prize of a Robotic dog and a book entitled *I want to be a Doctor*. Well done.

Practice-Management have been working hard to find a solution to the problems caused by the telephone system and have approached a new provider.

Sue Hazeldine, Emma Sharp and Paula Hazell

Fundraising Fun



One of my abiding memories from the PPG comes from a small car boot sale at the Church Centre. Barbara and John had organised our part of the event and made an early start. Two items we had to sell come to mind –a set of golf clubs and particularly a lady’s jacket that looked like the one worn by Cher on Top of The Pops in 1965. From the very beginning two very keen buyers made offers for them. Barbara was adamant that the price she was asking was very generous. After about an hour the golf clubs were sold at Barbara’s price. The lady interested in the jacket would return every half hour or so and make a different offer. She must have tried it on 5 times. She came back just as the car boot was finishing and made a low offer. ‘No,’ said Barbara, ‘I would rather take it home!’ The lady paid the full price. There were about 10 tables that day and Barbara and John’s efforts made us more than the rest put together. Barbara has been a great member of the PPG and we will miss her.

Ian Harper.

Barbara has remembered a rather chaotic fashion show at Country Market when the models couldn’t come and the Manager and Deputy Manager took over and made a comedy show of it. They arrived looking larger than normal wearing roomy dressing gowns which they proceeded

to strip off behind a screen to reveal one new outfit after another amid lots of laughter and good cheer. A bit of money was raised, she said, mostly from a raffle. We shared memories of a couple of Musical evenings when Keith and Steve's superb live music got many of us, including Dr Sherrell and the Vicar's wife, up to dance. We also recalled a quiz which made lots of money. Not only did Jenny Lee, almost on her own, win the prize for her table with her knowledge of Latin flower names, but also David Lee squeezed another £50 out of the quizzers by making them play Heads and Tails. We fondly remember Gerald's contribution of sandwiches and Nigel and Mary's great help on these occasions. We thank Barbara, Gerald and Nigel, recently retired from the PPG committee, for their hard work and wish them a happy and restful time.

On Sunday August 15th 2021, Carole and Glynn Humphries with help from new committee member David Pennell, raised £178 at the Country Market Car Boot Sale. Many thanks to all three. The money will go towards something which will help the patients at The Badgerswood and Forest Surgeries.

We also appreciate the recent donations from local masons, one of whom is David Pennell who has joined our committee and written the following article.

Freemasonry started over 300 years ago and is based on masons who 2000 years ago travelled all over the Middle East building temples etc. The area on the site where the masons used to eat and sleep was known as the Mason's Lodge.

Masons hold high ideals and pledge to uphold the laws of any state they reside in - thus in the 1930's when Hitler, Mussolini and Franco made it clear that masons would be persecuted (and were) it drove masons to meet secretly. It was only in the 1970/80's that masonry gradually emerged into the open again and today we are absolutely not a secret society - but a society with secrets that are based on the way a mason was able to arrive at a new temple site and by use of a special hand grip and giving a password he was able to let the person paying the wages know his skill level viz. Entered Apprentice, Fellow Craft or Master Mason. In masonry we say that you cannot make a bad man good BUT you can make a good man better!

There are 7 craft lodges that meet at Bordon Masonic Centre with over 200 members in total.

Most lodges meet between 5 and 8 times a year but the lead lodge at Bordon, Woolmer Forest, meets 9 times a year.

There are 2 Grand Lodges for Lady Masons in England

The Grand Lodge of England and Wales is a wonderful art nouveau building in Covent Garden that if you ever watched the Spooks TV series was featured as the HQ of the Secret Services (as an exterior shot only). The building was completed in 1932 as a memorial to masons who died in WW1.

Masonry is the largest giver of money to charity in England after the National Lottery. London Masons bought the 2nd London Air Ambulance and more recently bought for the London Fire Brigade two high platform vehicles that can reach the 24th floor of a block of flats - at a cost of £2.5M. Every air ambulance in the country receives at least £4,000pa from masons.

You will never see a mason shaking a tin - all the money comes from mason's own pockets.

Best wishes

David (Pennell)

(The following is an extract from the first PPG Newsletter October 2010 which might be of interest to readers who are relatively new to the area – like me.)

History of the Surgeries

The Badgerswood and Forest Surgeries are the two premises of one practice. The Badgerswood surgery is in Headley and the Forest Surgery is in Bordon. Historically, the practice has operated in the area for over 40 years with the earliest premises being in Park Street, Bordon, before moving to the first Forest Surgery on the corner of Chalet Hill and Forest Road in Bordon and then, in 2005 to its present site in Forest Road, Bordon, adjacent to the Chase Hospital. The Headley Surgery moved to its present site in Mill Lane adjacent to the Playing Fields and a hundred metres from the village centre in 2005 from a primitive (but at the time, purpose-built) surgery in Frensham Lane, Lindford. A major problem at the old Lindford Surgery had been very limited parking and while in 1995 it was thought that adequate provision had been made for this at the new Headley Surgery, in 2008, additional parking was added to cope with increased parking requirements.

In 2008 Headley Pharmacy was added to the surgery building and in 2009, Forest Pharmacy was added to the Forest Surgery. The current buildings are both purpose built, Badgerswood having been built from modifying a bungalow ('Noah') and the Forest Surgery being built as new.

The partners at the Practice are Dr Geoffrey Boyes and Dr Charles Walters who work at the Forest Surgery. Dr Boyes is the senior partner having been working in Bordon for 24 years. Dr John Rose and Dr Leung work at the Badgerswood Surgery in Headley, with Dr Rose having worked in Lindford or in Headley for 22 years. Dr Burrin works at both surgeries but predominantly at the Badgerswood Surgery.

Both surgeries have many appended staff who are employed by the partnership. These include the Practice Manager, Moira Clark, Practice Nurses, Health Care Assistants, receptionists, cleaners, typists, summarisers, gardeners and other doctors.

Over 11,000 patients are registered with the practice and the number of services offered has progressively expanded over the years. There are plans to extend services further, perhaps by providing some Complementary and Counselling services, which unfortunately at the present time can only be provided on a private basis.

Information in respect of both surgeries is available on the Internet and can be logged on as follows: [Same websites as today](#)

Things don't seem to have changed

(As I was going through some very old notebooks I came across this gem, which I had copied out while waiting for an ante-natal check in 1984. (Is she that old?!))
(This was displayed on the wall outside the dispensary at the Middlesex Hospital, Mortimer Street, which no longer exists. (Am I that old?) L.G.

“We the Willing
led by the Unknowing
are doing the Impossible
for the Ungrateful.
We have done so much
with so little
for so long
we are now qualified
to do anything
with nothing.”

Konstantin Jireček, a Czech historian, wrote this, but in 1984, without Auntie Google's help, I thought it was some long-suffering health worker.

What is happening to General Practice?

Where have all the Appointments gone?

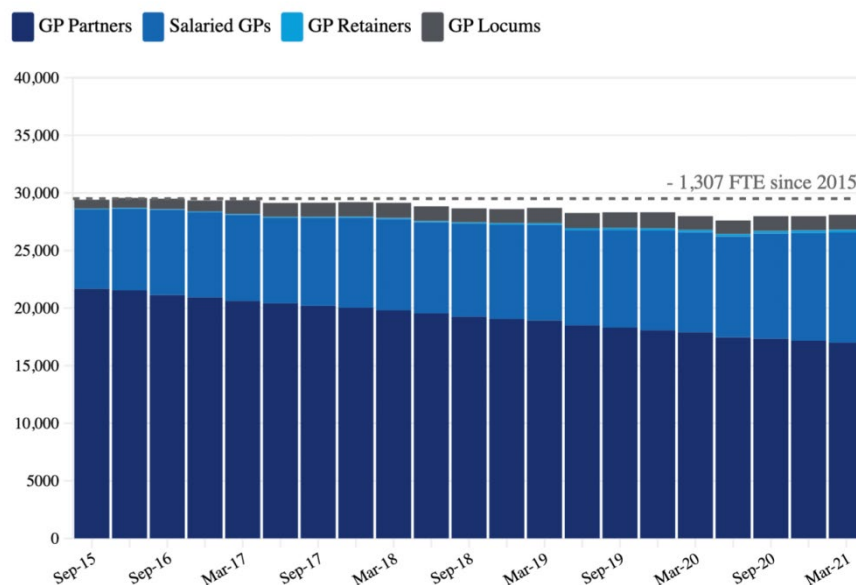
For most patients the wait for an appointment now stretches into weeks and weeks. Clinicians are exhausted and the demand just keeps growing. So what has happened to our appointments?

Has the pandemic changed the demand or are expectations more demanding? The number of appointments has certainly gone up, in line with national figures which showed there were 26.7 million appointments in June 2021, three million more than two years ago before the pandemic. At the Badgerswood and Forest Surgeries, we offer 3,000 appointments a week, and that is quickly absorbed. We all know the NHS is under pressure leading to cancelled operations, long waiting lists, late diagnoses, and simply not enough supply to meet the demand.

Where have all the GP's gone?

Number of NHS GPs by role (FTE) - fully qualified GPs only

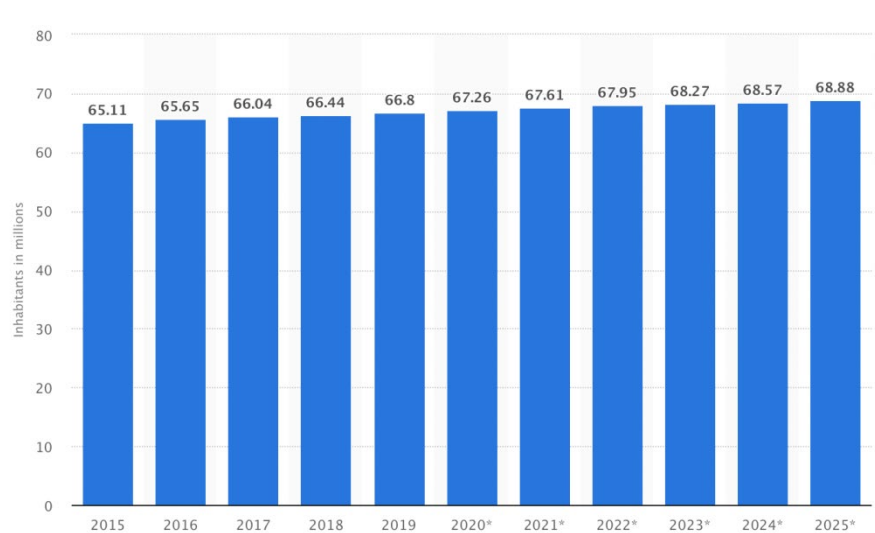
September 2015 to March 2021



(Source: <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/>)

So the number of GP's has gone down a little, at a time when the population has grown a little.

UK Population growth

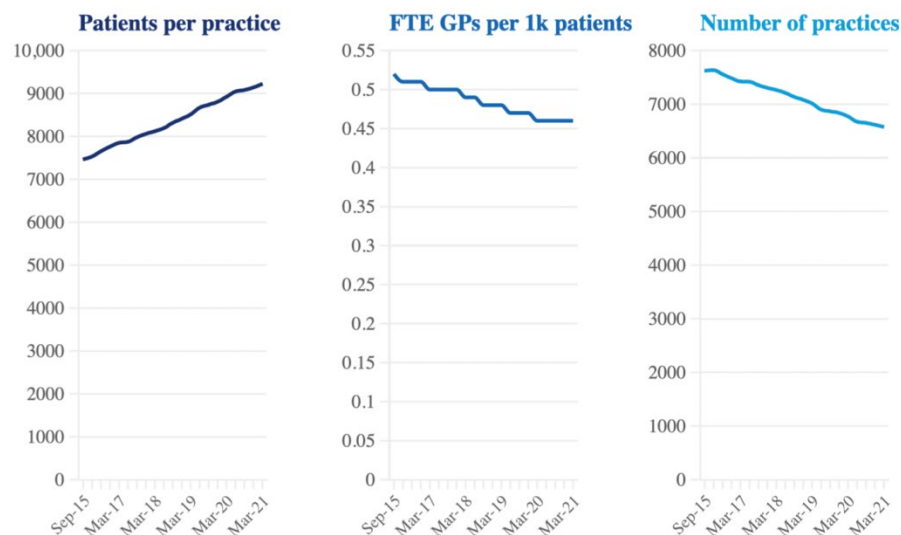


The work pattern of GP's has changed – with fewer working full time, and more taking on locum or salaried roles rather than become partners.

How many GP's are there per patient?

Change in patients per GP practice, GP to patient ratio, and number of GP practices

September 2015 to March 2021



(Source: BMA analysis using NHS Digital data)

In 2015, our government promised there would be an additional 5,000 GP's. In reality, the number dropped by 1,000. At the time of writing, there were 15,500 patients registered at the Badgerswood and Forest Surgeries. We have 67 doctor sessions per week which equates to 0.54 FTE per 1,000 patients compared to an average of 0.46 FTE for the UK. We are fortunate in having almost a fifth more doctors per patient right now, but it just takes one doctor leaving or going off sick and we can come unstuck. This is a constant worry, knowing that almost 50% of doctors responding to a

nationwide survey just this year said they are currently suffering from depression, anxiety, stress, burnout, emotional distress or another mental health condition.

What of the future?

The number of trainees is increasing, but it's a slow process. From entering University to qualifying as a GP takes a minimum of 10 years. There were more doctors emigrating abroad but that is still a small number. What is more worrying is the number retiring early – a third. If they did quit, that would equate to patients losing 3,000 of the UK's 40,000 family doctors by 2022, 6,000 by 2023 and 14,000 by 2026. How is Boris Johnson going to deliver his pledge to increase the numbers by 6,000 by 2024? (Source: <https://www.theguardian.com/society/2021/jun/23/number-of-doctors-retiring-early-trebles-in-england-and-wales>)

The mix of clinicians will change. I expect us to have more Physician Associates, paramedics and non-clinical support staff to take some of the load off GP's. There is also money going into Primary Care Networks but nothing is based in Bordon so is difficult for our patients to access. The scarcity of GP's will get worse before it gets better. There are increasing restrictions on what we can prescribe and we are seeing many more referrals 'bounced' for 'not meeting referral criteria'. In secondary care, clinician interventions are getting shorter and patients are being discharged sooner. There will be more reliance on self care. Our patient numbers are still growing at 0.5% per month. Our next limiting factor is finding enough rooms for everyone. See the next newsletter for news about the new building at Badgerswood.

Dr Leung

October 1st 2021

Dear PPG

I was hoping to record for posterity that the coronavirus pandemic was more under control than it is.

However, technology, medical science and the Hippocratic Oath have failed to stop Mother Nature's efforts to reduce the population. They, who know, say COVID-19 won't ever go and, in time, it will simply resemble the common cold. Meantime, with all its controversies, the constant balancing act between safety restrictions and the easing of them to save the economy is playing havoc with the sanity of the experts, the politicians and the general public.

Other news, chaos in Afghanistan, Eco anxiety, Hurricanes, Earthquakes, Emma Raducanu, Volcanic eruptions, prices rises, lack of lorry drivers leading to shortages and provoked panic buying of fuel, may have nudged COVID off the top spot temporarily but there it is, lurking dangerously, significantly, worldwide, – while we, in UK, attempt to 'live with it', and pretend we no longer need masks, social distancing or singing, 'Happy Birthday Coronavirus, I'm going to kill you,' while the children wash their hands. We are in that tricky spot between over cautiousness and too much complacency.

Where are we now?

The good news is that in our local area (Bordon, Lindford, Headley and nearby surrounding area) there were 20 new cases, 17 hospitalisations and 0 deaths in the past week.

UK wide, daily numbers of cases are high at around 37,000, hospitalisations are around 800 a day and there are on average 180 deaths a day. These numbers of new cases are the highest per capita in Europe if not the world.

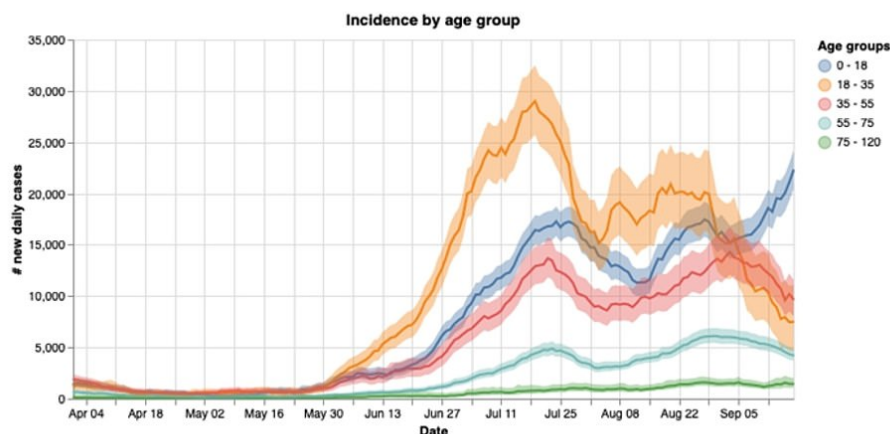
Without UK's excellent vaccination programme, these numbers would have been much higher but Internationally UK are now beginning to fall behind in the vaccination rates and some other countries have been quicker to mandate vaccination and have retained mask-wearing, social distancing and other restrictions, which UK abandoned on the so-called 'freedom day' on July 19th.

Who's transmitting and who's catching COVID?

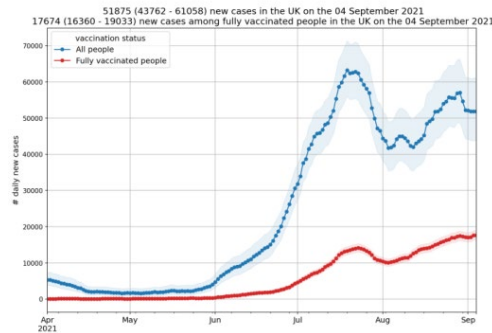
The following graphs are from the ZOE COVID study

The first shows us that all under 55s, but especially the 18-35 year olds were spreading the virus in July and August the most quickly but the numbers in all groups except the 0-18 have dropped recently. Freedom to socialise, attend events and travel abroad on holiday might explain this. Numbers of cases in school age children are going up as bubbles and isolation of whole groups are abandoned but let's hope they will start coming down soon. Perhaps herd immunity is being slowly built up?

Graph 2. Incidence by age group



The second graph, below, tells us that we can still catch COVID despite being fully vaccinated but that there is less chance of that. No vaccine is 100% efficient especially if people are immuno-suppressed or have other medical conditions.



Other data tells us that people are generally less sick if they have been fully vaccinated but that there is evidence of the vaccine's protection waning amongst over 65s or those with underlying conditions. The government have come up with Winter Plans for England to help prevent possible surges in numbers of both COVID and flu which would overwhelm the NHS.

Plan A includes COVID booster jabs for over 50s, younger adults with health conditions and frontline health and social care workers along with single doses for 12-15 year olds. Unvaccinated people should be encouraged to get jabbed. NHS Test and Trace with free PCR tests will continue and free flu vaccines will be extended to over 50s and secondary school pupils. Face coverings and ventilation in crowded indoor settings are recommended.

Plan B, should the numbers rise and endanger the NHS, includes compulsory face coverings in some settings, vaccine passports and asking people to work from home. Test, trace and isolate

Plans for compulsory COVID and flu jabs for frontline NHS and care workers have been introduced after consultation with staff, providers, residents and families. There are fears this may lead to further staff shortages as these workers may choose to leave if vaccines become mandatory.

Post pandemic, the medical and social care sectors will have a mammoth task of catching up with non-Covid conditions, including mental illness, Long Covid and the unsolved conundrum of social care. With so many healthcare workers having left for various reasons, including exhaustion, we should be kind to those who have turned up to shoulder the burden.

Meanwhile, we must live our lives as well and as cheerfully as we can, while taking care to keep ourselves and others as safe as we can.

With Best Wishes
Liz Goés

Time to Remember



Today is October 1st, 2021

Of a total world population of almost 8 billion people, almost 4.55 million people (.55 million more than July) have died of COVID-19 related conditions. 136,382 people (8000 more than July) out of a total population of almost 68 million people in UK have died.

They are not merely statistics. They were loved and are missed.

Don't forget that although UK have vaccinated approximately 80% of the population, the world overall has vaccinated around 44% and LICs (Low Income Countries) mainly in Africa have vaccinated around 2.2% of their people.

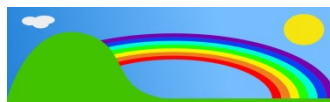
Michael Rosen's Poem for the 60th Anniversary of the NHS

These are the hands
That touch us first
Feel your head
Find the pulse
And make your bed.

These are the hands
That tap your back
Test the skin
Hold your arm
Wheel the bin
Change the bulb
Fix the drip
Pour the jug
Replace your hip.

These are the hands
That fill the bath
Mop the floor
Flick the switch
Soothe the sore
Burn the swabs
Give us a jab
Throw out sharps
Design the lab.

And these are the hands That stop the leak, Empty the pan Wipe the pipe Carry the can
Clamp the vein Make the cast Log the dose
And touch us last.



Another healthy recipe from Carol Humphries:

Black beans and poached eggs This is another one pan dish that is easy to make. You can prepare the vegetables and beans in the morning and leave the pan in the fridge bringing it out again, heating the beans and simply adding the eggs

Black beans are a great source of fibre and protein making them a weight-loss-friendly food that may also help manage blood sugar levels and lower your risk of heart disease. Black beans have more antioxidant activity, gram for gram, than any other bean
Canned beans are high in salt so it is important to rinse them well

before use.

Ingredients:

- 1 tbsp olive oil
- 1 crushed garlic clove
- 1 small onion
- 1 small red pepper
- 1 celery stick
- 1 red chilli (seeded)
- 1tsp smoked paprika
- 400g can black beans
- 400g vegetable stock
- 2 eggs
- Handful of basil leaves



Method:

1. Finely chop all vegetables. Crush garlic
2. Using a frying pan heat the olive oil and gently fry the chopped onion until it starts to soften
3. Add the crushed garlic and chopped vegetables (celery, pepper and chilli) and smoked paprika
Continue to cook for 10 mins on a medium heat until all of the vegetables are softened.
4. Add the rinsed black beans and all of the stock. This may seem like a lot of stock but it will reduce.
Simmer ingredients for 30minutes.
5. Remove the pan from the heat and lightly smash the beans with a potato masher.
6. Replace the pan on the heat and make two wells in the mixture. Crack an egg into each well.
Cover with a pan lid and cook for a further 3-4 minutes.
7. Serve with warmed tortilla wraps and garnish with basil leaves.



John Hall-Edwards

John Hall-Edwards was born in December 1858 in Birmingham. He studied at the Queens College Medical School in Edinburgh. It was there that he gained a knowledge of photographic techniques.

This interest led him to becoming President of the Midland Photographic Club in 1891 and to begin with, his photographic work focused on images taken through microscopes.

In January 1896, Hall-Edwards first used X rays under clinical conditions when he radiographed the hand of a colleague, this revealed a sterilised needle beneath the surface. Soon after, he took the first radiograph to direct a surgical operation. He also took an X ray of the human spine.

In 1899, Hall-Edwards was made the first Surgeon Radiographer at the General Hospital in Birmingham. The following year he joined the RAMC (Royal Army Medical Corps) as a Major and became chief radiologist in South Africa during the Boer War. It was difficult to get enough power for his two X ray machines as the bicycle powered dynamos were not up to the job but he switched to an oil powered engine which had been converted. During his 14 months in Deelfontein, 280 patients were referred for X rays.

Unfortunately Hall-Edwards interest in X rays cost him his left arm. This had to be amputated at the elbow and the loss of four fingers on his right hand soon followed, leaving only a thumb. He had already managed to write papers and give public addresses on the dangers of X rays which resulted in the introduction of some protection. His left hand is in the collection of Birmingham University Museum showing the dangers and effects of radiation! He taught himself to paint landscapes using one thumb and an artificial finger. He kept his interest in photography and was very sceptical of the photograph of the Cottingley Fairies although Arthur Conan Doyle had thought that these were genuine.

Hall-Edwards died in 1926 and his name is one of 169 inscribed on the Radiation Martyrs' Memorial in Hamburg, Germany, erected in 1936.

Yvonne Parker Smith

August 2021

Source Internet/Engole

Medical and Surgical Developments as a result of Conflict

The development of triage as a method for sorting casualties

This is the third article looking at how the demands of treating large numbers of casualties wounded in battle led to discoveries and practices that benefit medical and surgical treatments in civilian life to this day.

Introduction

Even those of us who don't work in medicine may be aware of the term 'triage' through real-life and fictional medical series on television. We mainly hear of it in relation to Accident and Emergency admissions to hospitals where it refers to the rapid assessment and sorting of casualties. In a modern UK hospital setting where full medical and surgical facilities are available on-site, the purpose of triage is mainly to determine the urgency of the patients' needs, instead of treating people in the order in which they arrived. This should avoid, or at least reduce, the risk of those with minor or non-urgent injuries being treated while someone else is deteriorating or even dying. But looking back at the history and development of systems of triage in battle situations reveals that this was not always the only consideration to be made.

The demands of battle

Casualties in battles and wars have occurred throughout history and we think of armies needing a medical corps or division, as much as they need soldiers. But this was not always the case. Instead, armies would have an entourage of civilian men and women who followed them around and provided ancillary care such as catering, laundry and when required, treatment of wounds. It is relatively recently that the need for trained medical/surgical personnel close to the battlefield was recognised, and doctors and surgeons became part of armies. But they were often overwhelmed by the sheer numbers requiring attention plus a number of other considerations. Should a General be treated before a foot soldier as the latter were more numerous and less skilled? Should the enemy be treated before their own men, or at all? Was there any point in treating those who were going to die anyway?

As medical provision in combat became more sophisticated, a range of services became available. The simplest was providing immediate first aid on the battlefield that enabled a soldier to return quickly to battle. To this was added treatment facilities off the battlefield that would enable a soldier to receive treatment and the chance to recover before returning to battle later. The final development was facilities, perhaps at a distance from the battlefield, to which a soldier could be evacuated for more complex treatment. As a result, there had to be a system of assessing and sorting casualties so they could be assigned to the appropriate staff or facility.

A pioneer in the field

The first use of the principles of triage is attributed to a French surgeon, Dominique-Jean Larrey (1766-1842) although he apparently did not actually use the term. The word comes from the French verb *trier*, meaning to sort and it was first used in relation to sorting foodstuffs such as coffee.



Baron Dominique-Jean Larrey

(portrait by Anne-Louis Girodet de Roussy-Trioson, 1804, Musée du Louvre, Paris)

Such was his success in saving the wounded that Larrey became surgeon to Napoleon's armies and over a period of 25 years, accompanied him in numerous campaigns and battles. Much of Napoleon's success was attributed to Larrey and the former made him a Baron in recognition of his contribution. Larrey is credited with major developments in emergency medicine including effective treatment of different types of chest wounds, managing haemorrhage and limb amputation. He described the course of tetanus and the mechanism of cold injury. In addition, his rules of triage stipulated that battlefield casualties were treated according to the severity of their injuries and urgency of need for medical care, irrespective of their rank or nationality.

Flying ambulances

One of Larrey's first innovations was battlefield treatment. He had observed that the wounded were left untreated on the battlefield until after the battle was over and they could be removed to a medical facility nearby. As a result many men died who could have been saved had they received earlier care. Larrey established a series of mobile wagons and medical facilities, accompanied by teams of surgeons, assistants and nurses, which would travel to the wounded and provide on-the-spot care. He called these mobile units *ambulances volantes* (flying ambulances) and the term initially applied not just to the wagons but to the whole unit including the teams that went with them. Operations, including amputations, were performed on the battlefield – even under fire – and the casualties then taken away to recover away from the fighting.

Triage in Britain

News of Larrey's innovations spread to Britain and in 1846 British Navy surgeon, John Wilson, started applying a system of triage to naval casualties. As well as stressing treatment according to urgency of need, he stipulated that it should also be based on the likelihood of success. This meant treating those most likely to recover and not those fatally injured – harsh but makes sense! But in the main, the British appear to have lagged behind other countries in terms of efficiency and early treatment of the wounded. For example, during the Crimean War in the 1850s, the British had heavy wagons drawn by six horses to take casualties from the battlefield to regimental hospitals. But these were often at a distance from the battlefield and the wagons were managed by old retired men who could offer no treatment and struggled under the conditions.

Changing priorities

By the First World War, systems for sorting casualties on the battlefield were more commonplace but possibly slightly different in terms of prioritisation. At this time the emphasis was on helping the greatest number. This meant that an individual in urgent need might be neglected in favour of treating a greater number of less seriously wounded who could then return to battle, particularly if the individual's treatment was likely to take a lot of time and resources. It was during this time that the French started applying the term 'triage' to the sorting of casualties.



Triage, 42nd Division, near Suippes, France, July 17, 1918

Modern triage

After many years of the use of triage systems in battle situations, it was realised that civilian medical facilities could also benefit from a system of sorting casualties by urgency. Hence from the 1990s triage systems have been in common use throughout the world, each being tailored according to the particular needs of the geographical areas.

The nature of battle meant that its triage system only really required three categories of treatment:

- Immediate
- Urgent
- Non-urgent

But civilian medical facilities deal more often with non-urgent and medical illnesses than those on the battlefield and this has led to extra categories being added between immediate/urgent and urgent/non-urgent. As a result, modern triage systems typically have four or five levels.

Civilian medical triage systems are particularly vital following natural or manmade disasters such as terrorist attacks, fires and freak weather conditions, all of which can result in large numbers of casualties with serious injuries.

As the benefits of such systems have been realised in emergency medicine, they have also been recognised in other medical specialties such as paediatrics (children's medicine) and mental health, both of which have developed their own specific systems.

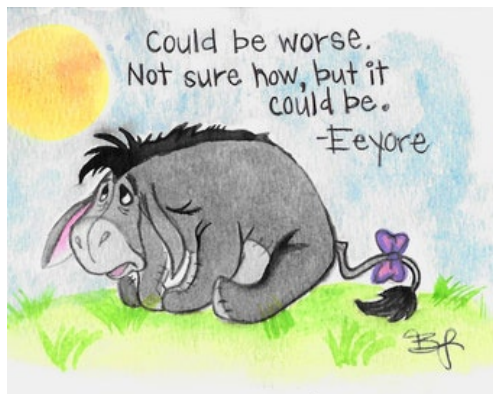
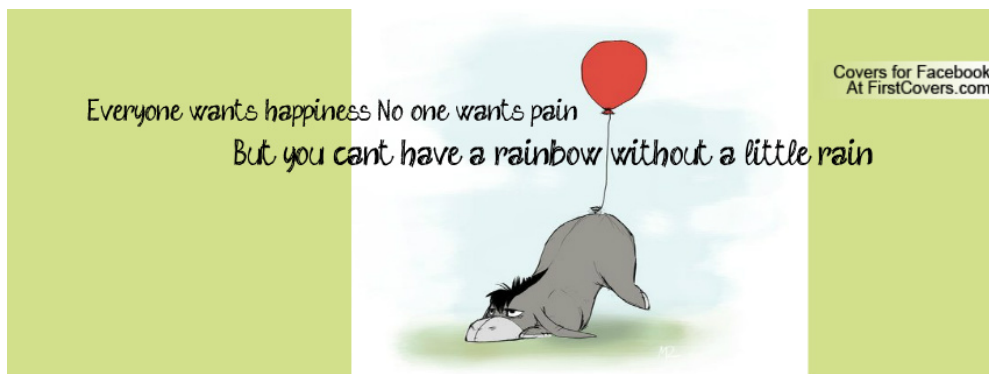
Even during the Covid pandemic, triage has been used to assess patients contacting GP surgeries. In this application, as well as assessing urgency, it has helped determine those who need to be seen face-to-face and those who can be dealt with by telephone or video contact.

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By Marcia Hammond.



Thanks Eeyore! Keep cheerful everyone.

Practice Details

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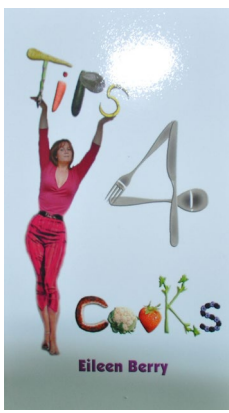
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Brian Donnachie is a patient of Badgerswood. He has very kindly given the PPG copies of this book “Tips 4 Cooks” to sell to raise money for our latest projects. It was written by his wife Eileen who sadly passed away recently. We would recommend a minimum donation of £2. Copies are available in the receptions of Badgerswood and Forest surgeries. Please support us and give a thank you to Brian by buying a copy of “Tips 4 Cooks”.

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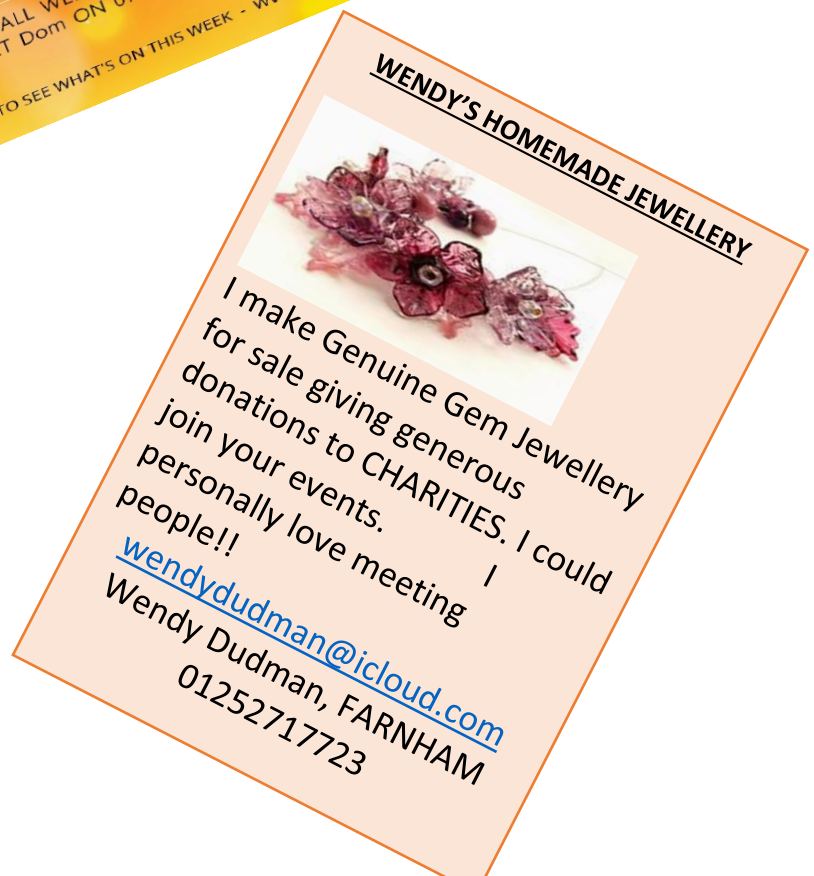
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