

Barnabas Bulletin

Breast, Bowel and Cervical Screening

There are three national cancer screening programmes in England: Cervical screening, Breast screening and Bowel screening.

If you are eligible, please make every effort to have your screening test. NHS cancer screening programmes help to spot cancer, or potential cancer, early and improve the likelihood of successful treatment. Finding a problem early can mean that treatment is more effective.

Cervical screening

NHS cervical screening is offered to people with a cervix aged 25 to 64. Routine screening is offered every three years up to age 49 and every five years from 50 to 64. Depending on the result of the screen, people may be recalled earlier than these routine intervals.

All samples taken at cervical screening are first tested for high risk Human Papillomavirus (HPV). This is the virus which causes nearly all cervical cancers. Samples that are positive for HPV will then be further analysed for cell abnormalities.

HPV is a very common virus and affects around 8 in 10 people; it is nothing to be embarrassed about, and in many cases, your immune system will get rid of it naturally.

For more information on the cervical screening programme please visit the [NHS cervical screening pages](#).

Breast screening

About 1 in 7 women in the UK are diagnosed with breast cancer during their lifetime. If detected early, treatment is more successful and there's a good chance of recovery.

Breast screening uses an X-ray test (mammogram) that can spot cancers when they're too small to see or feel.

Breast screening is offered to women aged 50 to 71, who are first invited within three years of their 50th birthday.

Some may be eligible for breast screening before the age of 50 if they have a very high risk of developing breast cancer.

If you are 71 or over, you can still have screening if you want to; this can be arranged with the local screening unit.

If you're worried about [breast cancer symptoms](#), such as a lump, an area of thickened breast tissue, or your breasts

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*No longer need your
appointment or
telephone
call-back?
Then please tell us!*

**PHARMACY
FIRST** >>>

Doctors' appointments aren't always necessary
...ask your pharmacist

*Barnabas Patient
Voices*

Open Meeting

Wednesday 17 July
13:00; on Zoom

All welcome
Details on page 7



Barnabas
Medical Centre

← look or feel different from your normal, do not wait for screening but see your GP.

Bowel screening

Bowel cancer survival is improving and has more than doubled in the last 40 years in the UK. If diagnosed early, more than 90% of bowel cancer cases can be treated successfully.

As part of the NHS Bowel Cancer Screening Programme, men and women aged 60 to 74 are sent a home testing kit every two years to collect a small sample of their faeces. This is checked for tiny amounts of blood which could be caused by cancer. The latest Faecal Immunochemical Test (FIT) is more accurate (it can detect smaller signs of blood), and is easier to use (only one sample is required).

The NHS Long Term Plan contains a commitment to lower the bowel screening age to 50 and further improve the sensitivity of the screening test.

For more information on the bowel cancer screening test please visit the [nhs.uk bowel cancer screening pages](https://nhs.uk/bowel-cancer-screening-pages).

Take up for all three of these cancer screening programmes is below 60% – so over 4 out of 10 of those eligible are missing out on a quick and simple check-up.



Men ... please also be aware of

Prostate Cancer

There's a quick risk check at <https://prostatecanceruk.org/risk-checker>



NHS Cervical Screening



Prostate cancer risk check



NHS Breast Cancer Symptoms



Guidance for those with Covid Symptoms



NHS Bowel Cancer Screening



Guidance for those at Covid High Risk

NEWS SHORTS

Covid Update

Yes, I'm sorry, but Covid is still with us. At the time of writing in late May, it looks as if we've had a lucky escape.

A couple of weeks ago cases seemed to be on the rise again, albeit from a very low level. This was thought to be down to a combination of waning immunity and the new so-called FLiRT variants of which KP.2 seemed the most dominant. However this week cases are back down, so hopefully we've avoided all but the smallest of waves.

Nonetheless it is wise to keep taking precautions. There is good research which says that our immunity is very low just 15 weeks after vaccination or infection – and everyone, except the few eligible for the Spring Booster, is now at least 6 months from their last vaccination. We also don't know when a new, more dangerous, variant may emerge – but don't bet against it!

It's possible Covid will evolve into a common cold, but unfortunately we're nowhere near there yet.



WHAT CAN WE
IMPROVE
ON?



You said ...
... *you need more
clinical GP
appointments.*

We did ...
... *we are currently
looking to appoint two
additional salaried GPs
to bring our doctor
team up to seven.*



Antibiotic Use

Antibiotics are drugs which are used to treat bacterial infections that:

- are unlikely to clear up without treatment
- could infect others unless treated
- could take too long to clear without treatment
- carry a risk of more serious complications.

In addition they are sometimes given as a precaution to prevent an infection if you:

- have surgery where there's a higher risk of infection
- are more vulnerable to infection due to age, a weakened immune system, or a condition which makes you more vulnerable to infection
- have a wound like an animal bite that has a high chance of becoming infected
- have a recurring infection like cellulitis or a urinary tract infection.

However antibiotics do not work against viral infections, including the common cold, flu, and most coughs and sore throats. Antibiotics are also not often prescribed for mild bacterial infections, as your immune system can usually clear these on its own.

When talking with your doctor, and thinking you might need antibiotics keep in mind that:

- all treatments have possible side-effects, and antibiotics (especially penicillin) do cause quite a few allergic reactions; so not prescribing them unless necessary is sensible
- many minor infections will be self-limiting and be cleared by your immune system within a few days
- all illness creates some level of fear, especially for those caring for small children, but these fears are most often unfounded
- not every illness needs a prescription.

Most importantly, keep in mind that if we continue to routinely take antibiotics, then some infections will become resistant to them and they will stop working. So those infections, and other new ones, will become much, much more dangerous and hard to treat.

Receive messages from your surgery
in your NHS App, instead of by
SMS text or letter

MORE SECURE AND MORE RELIABLE

Download the NHS App and turn on notifications



Patient Hospital Choice

If your GP refers you to a specialist, you usually have the right to choose which hospital you go to.

You can choose a hospital in your area – or one further away if you wish. You may also choose an independent hospital, if it provides services for the NHS.

While you have the right to choose your hospital, if you prefer you can ask your GP to help you decide.

The benefits of choice

Choosing where to go for your care helps you make health and care decisions based on things important to you. These might include:

- Waiting times – you might choose a hospital outside your area if they can see you sooner.
- Convenience – you might choose a hospital near where you live or work, if it makes it easier to attend appointments.
- Near family or friends – you might choose a hospital close to family and friends, so they can support you during your treatment and recovery.
- Recommendations – you might choose a hospital based on quality ratings, reviews, personal experience or recommendations.

How Patient Choice works

Step 1: You have a health concern and visit your GP, who advises you see a specialist. Your GP looks up services suitable for you and your condition.

Step 2: Your GP practice can help you make a shortlist of suitable providers, based on your condition and what is important to you. You can be referred straight away by your GP practice, if you already know where you want to go. If you want more time to decide, your GP practice will give you a letter, an email or a text, with a link to a website where you can choose and confirm later.

Step 3: If you have a link from your GP practice, you can make your choice online or you can choose using the NHS App or you can phone the National Referral Helpline on 0345 608 8888.

When choosing your hospital, it is important to remember you may need to attend several appointments.

Step 4: If an appointment with your chosen hospital is not available online, that hospital will contact you with an appointment date and time when one becomes available.



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Hospital Waiting Lists

The BBC recently revealed the hospitals in England with the shortest and longest waiting lists – as measured by the percentage of patients waiting over the target 18 weeks to start treatment.

Unfortunately our local London North West University Healthcare Trust (which includes Ealing, Central Middlesex and Northwick Park Hospitals) came in with the tenth longest waiting lists in the country.

BBC report at <https://www.bbc.co.uk/news/health-68479414>.

You can find information on local hospital waiting lists at <https://www.myplannedcare.nhs.uk/>.



NHS My Planned Care



BBC Report on Hospital Waiting Lists

NEWS SHORTS

More GP Appointments

NHS data shows there were 30.5 million appointments (excluding Covid vaccinations) delivered by GPs and their teams in February 2024, compared with 24.7 million in February 2020. That's an increase of 5.8 million (that's almost 25%) over four years.

The NHS promised 50 million more GP appointments a year by March 2024 compared with 2018/19. The data shows that GPs and their teams delivered an extra 57.5 million appointments (excluding Covid vaccinations) in the last year compared with 2018/19; that's significantly ahead of the target.

This is reflected in the available appointments at Barnabas where in January to March 2024 we offered 15,854 appointments compared with 13,787 in the same three months of 2023. That's an increase of 15% in just a year.

Source: NHS England



NHS Choice of Hospital



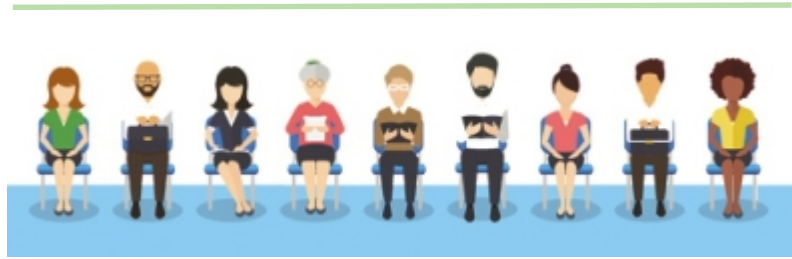
Email bb@barnabasvoices.org.uk



Where to go for more information

You can compare the waiting times and Care Quality Commission ratings for hospitals in England at www.myplannedcare.nhs.uk. The website includes information about NHS providers and independent sector health organisations which provide NHS services.

If you do not have access to the internet, you can call the National Referral Helpline on 0345 608 8888 for help with choosing and confirming your hospital.



Medical Terminology: Blood Tests (3)

In this article we'll take a brief look at the Lipid Panel of the blood test. This consists of various tests to measure the different types of triglycerides (fats) and cholesterol in the blood.

Triglycerides are fats found in the blood. Irregularities are a possible risk factor for heart disease and other medical conditions.

Total cholesterol. This test measures the total combined levels of LDL (bad) and HDL (good) cholesterol in the blood.

HDL cholesterol (high-density lipoprotein; *good* cholesterol) is useful in protecting against heart disease. Low levels can increase the risk of heart problems.

LDL cholesterol (low-density lipoprotein; *bad* cholesterol) is linked to heart disease and clogged arteries. High levels are a danger sign.

Total cholesterol to HDL ratio. Calculating this ratio can help determine an individual's risk of developing a heart disease. It is worked out by dividing total cholesterol by HDL cholesterol. High levels are a risk factor for heart problems.

That concludes this short series looking at the most common elements of a blood test.

What medical terminology would you like us to look at next? Please tell us – email bb@barnabasvoices.org.uk or leave a note for us at Reception.

Public Satisfaction with the NHS

The latest British Social Attitudes Survey research shows that public satisfaction with the NHS is at an all-time low of 24%; a fall from 53% in 2020.

Overall satisfaction with GP services is down to just 34%, from 68% in 2019. This is the lowest level ever recorded. The major reasons seem to be long waits for appointments and for treatment.

When the survey asked about the most important priorities for the NHS, respondents said:

- make it easier to get a GP appointment: 52%
- increase the number of staff in the NHS: 51%
- improve waiting times for planned operations: 47%
- improve waiting times in A&E: 45%.

When asked about government choices on tax and spending on the NHS:

- 48% said increase taxes and spend more on the NHS
- 42% said keep taxes and spending the same.

The overwhelming majority of respondents supported the NHS principles that it is:

- free of charge when you need it: 91%
- primarily funded through taxation: 82%
- available to everyone: 82%.

Moreover these findings were surprisingly consistent right across the political landscape.

Source: King's Fund



These links will always take you to the latest copies of this newsletter and our useful local guide *What's Where near Barnabas*.



The current issue of *Barnabas Bulletin* is always at https://barnabasvoices.org.uk/docs/Barnabas_Bulletin.pdf



The latest issue of *What's Where near Barnabas* is always at https://barnabasvoices.org.uk/docs/Whats_Where_near_Barnabas.pdf

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Barnabas Patient Voices

Barnabas Patient Voices is the patient group for Barnabas Medical Centre. The main aims are to :

- facilitate communication between patients and the Practice, and build good relationships with all who work at the Practice
- offer a patient's view on the services provided by the Practice and the NHS generally
- help the Practice and patients develop and improve overall healthcare.

Barnabas Patient Voices is run by patients for patients.

Join Barnabas Patient Voices

and help us work together to improve healthcare for all our patients.

Join online at

<https://shorturl.at/dlqX4>



Join *Barnabas Patient Voices*



Barnabas Patient Voices Website

Barnabas Patient Voices
Improving healthcare
together

Find us online at: [https://
barnabasvoices.org.uk/](https://barnabasvoices.org.uk/)

Barnabas Patient Voices
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Vice-Chairman
Harsha Mortemore



Email BPV Chair



BPV Annual
Report 2024

Barnabas Patient Voices
Open Meetings 2024

Provisional dates for our
2024 Open Meetings

Wednesday 17 July;
13:00; Zoom

Saturday 14 September;
11:00; Medical Centre

Wednesday 20 November
[date/time likely to change]

All patients are welcome
Please email
chair@barnabasvoices.org.uk
for Zoom links/venues

Barnabas Patient Voices Corner

Updates from our Patient Group

Looking Back and Forward

On Saturday 18 May we held our regular 2-monthly Open Meeting which was also our AGM. It was good to meet in person again, rather than over Zoom, and our thanks to Practice Manager, Matt Edwards, for giving up his Saturday morning to make the Practice available for the meeting.

At the meeting I presented my Annual Report (link below) of our activity, which has again been somewhat curtailed. This was in part due to continuing concern over Covid and the Practice having to be mindful of safe working conditions for the staff; but also in part as I've been somewhat distracted by my wife's deteriorating kidneys. But that, as they say, is life and hopefully now under much better control.

What has been pleasing is that in the last year we had 85 members, of whom 14 attended at least one of our five Open Meetings. (The sixth Open Meeting was rescheduled into April so counts in the current year.)

We all want to return to having more in-person meetings, and we are still trying to make this happen. We also want to resume some of our former activity: talking with patients in the waiting area, and making the waiting area noticeboards more useful. I hope we will be able to embark on this during Patient Participation Awareness Week in early June.

A couple of us, with the Practice Manager, have started a piece of work to look at what we can do to improve patient engagement with, and access to, both the Practice and **Barnabas Patient Voices**. We know there are things we can do, and the current focus is to work out what the priorities should be. Hopefully we'll come back to this in future newsletters.

*Keith Marshall, Chairman, **Barnabas Patient Voices***

The Annual Report for 2024 is available on our website at [https://
barnabasvoices.org.uk/wp-content/uploads/2024/05/
Annual_Report_2024.pdf](https://barnabasvoices.org.uk/wp-content/uploads/2024/05/Annual_Report_2024.pdf) or contact Keith for a copy.

Keith can be emailed at chair@barnabasvoices.org.uk, contacted via the BPV website, <https://barnabasvoices.org.uk/>, or you may leave a note for him at Reception.

The views expressed in this column are the author's and may not reflect those of Barnabas Medical Centre.



Organ Donation

Thousands of people across the country are waiting for an organ transplant to save or transform their life. Thanks to donors some will be matched with a suitable organ. But sadly due to a shortage of donors many won't. The more donors who are available, the more lives can be transformed.

As a potential organ donor your decision is important. Anyone can register a decision to become an organ donor after death, and there is no age limit. All the major religions and belief systems in the UK are open to the principles of organ donation and transplantation and accept that organ donation is an individual choice.

Every effort will always be made to save your life above all else – healthcare professionals have a duty of care to save your life first.

If – despite everyone's best efforts – death is inevitable, organ and tissue donation will be discussed with your loved ones. It is only when end of life care planning is started that the NHS Organ Donor Register will be accessed and the possibility of organ donation discussed with your family.

There are strict criteria in place in the United Kingdom which provide safe, timely and consistent criteria for the diagnosis of death. Organs are never removed until a patient's death has been confirmed in line with these criteria.

To donate organs the person must die in hospital in specific circumstances. Specialist healthcare professionals decide in each individual case whether the person's organs and tissue are suitable for donation. Most people do not die in circumstances that make donation possible. In fact, only around one in 100 people who die in the UK are able to be donors; they are typically those who die in a hospital intensive care unit or emergency department.

The organ donation process involves a specialist team who ensure that donors are treated with the greatest care and respect during the removal of organs and tissue for donation. The retrieval of organs takes place in a normal operating theatre under sterile conditions, and is carried out by specialist surgeons. The donation operation is performed as soon as possible after death, and only those organs and tissue specified by the donor and agreed with the family will be removed.

After donation the surgical incision is carefully closed and covered by a dressing in the normal way. The body is always

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Organ Donation in Numbers

In the year 2023-24 in England there were a total of 4057 organ transplants from 1990 donors – up 3% on the previous year.

This included:

- 2700 kidney transplants, with 5191 people waiting for a kidney transplant at 31 March 2024.
- 185 heart transplants, with 225 people on that waiting list at the end of the year.

On 31 March 2024 there were a total of 6450 people on the list waiting for a transplant.

A single donor can potentially benefit up to nine others with the donation of:

- kidneys
- heart or heart valves
- lungs
- pancreas or pancreas islet cells
- liver
- small bowel
- corneas
- skin

Some of those donations (most notably a kidney) can be made by living donors, whereas many are available only after death.

Around 4% of the population have opted out of organ donation.

Over 50,000 people in England are alive today thanks to an organ transplant.

Source: NHS Blood & Transplant



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NHS App Data

Some data from a survey last autumn.

- 3 out of 4 survey respondents (78%) said they use the NHS App
- 4 out of 5 (81%) said they found the NHS App easy to use
- 2 out of 3 (65%) use the app to order repeat prescriptions
- 3 out of 5 (60%) use it to check their health records
- 5 out of 10 (54%) said they use the app to check test results.

However a third of the respondents said they were unable to access personal health records through the NHS App.

When asked why they didn't use the NHS App, the reasons included:

- they didn't think it would benefit them
- they preferred to speak to someone
- they had concerns about data confidentiality.

Source: Patients Association



NHS Organ Donor Register

← returned to the family of the deceased in the same way as for any other death in a hospital.

The law in England assumes that everyone is a potential organ donor unless they opt out – so the decision is still yours to make. If you do decide you don't want to donate, it is quick and easy to record your decision on the [NHS Organ Donation Register](#). You are free to register or amend your decision at any time.

If you record a decision to opt out, you are stating that you do not want to donate your organs and tissue after death. Your decision is added to the NHS Organ Donation Register, and will be respected in the event of your death. No details about you are held on the Register unless you have recorded your decision there.

If you have recorded a decision on the NHS Organ Donor Register and want to update your details, change or reaffirm your decision, you can do so at any time.

Whether you want to be an organ donor or not, it's really important that you talk to your loved ones and make sure they understand and support your decision. If they don't know what you want, they may make the wrong decision on your behalf – each year hundreds of opportunities for transplants are missed because families aren't sure what to do. Your family will always be consulted about whether you wanted to be an organ donor or not, and clinicians will never proceed with organ donation if your family or loved ones object.

You can register or amend your decision at any time:

- on the [NHS Organ Donation Register](#)
- through the NHS App, or
- by calling 0300 123 2323.

Staff Updates

New Doctors

We are pleased to have two new salaried GPs join the Barnabas team:

Dr Nikunj Patel (m)

Dr Stuti Talwar (f)

Doctors Leaving : Dr Fong & Dr Carey

It brings us great sadness that two of our salaried GP's left the practice in May. Dr Fong has left us after 6 years; and Dr Carey who has been with us for almost three years. They have both been excellent doctor's for the practice and their patients and will be sorely missed. As I am sure you all will, we wish them the very best in their future endeavours.

Forgetting is Normal

Forgetting in normal life is annoying, and as we get older a little frightening; but it is an entirely normal part of memory. In fact, our memories aren't as reliable as we may think. But what level of forgetting is actually normal?

To remember something, our brains need to learn it, store it and recover it when needed. Forgetting can occur at any point in this process.

We can't process all the information coming into our brain; so our attention filters the information down to what's important, and we mostly store what we pay attention to.

If someone introduces themselves at a dinner party when we're paying attention to something else, we never store their name. It's a failure of memory, but normal and very common.

The longest lasting memories are those we recall and retell many times – although we likely remember the last retelling! We can also forget specific details, but remember the gist.

Getting older, we worry more about our memory, and notice forgetting more – but that's not always due to a problem.

Living longer, we experience more, and have more to remember. Such experiences have much in common, and it becomes tricky to separate events in our memory. This overlap hinders information recall, and over time it becomes harder to retrieve the right information on demand.

But it can also be disruptive to not forget. Post traumatic stress disorder (PTSD) is an example: people cannot forget; the memory is persistent; doesn't fade; and interrupts daily life. A similar thing can happen with grief or depression. Here, forgetting would be extremely useful.

So forgetting is common; more so as we get older. Forgetting names or dates doesn't necessarily impair decision making.

Of course, at times forgetting can be a sign of a bigger problem and you should maybe speak to a doctor. Asking the same questions over and over is a sign that forgetting is more than a problem of being distracted when storing information.

Similarly, forgetting your way round familiar places is a sign you're not using the cues around you as prompts on how to get around. While forgetting the name of someone at a dinner party is normal, forgetting how to use your knife and fork isn't.

Ultimately, forgetting isn't something to fear. It is usually extreme when it's a sign things are going wrong.

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What do you want in *Barnabas Bulletin*?

This newsletter is produced to help you, the patients of Barnabas Medical Centre.

What would you like us to include?

What would most help you?

What is it about medical care you don't understand?

Let us know and we will try to include something in a future issue.

Please email your ideas to bb@barnabasvoices.org.uk or leave a note at Reception.



Email bb@barnabasvoices.org.uk



NEWS SHORTS



Prescription Charge Increase

From 1 May the charge for prescriptions has risen (again!). Single prescriptions have gone up by 25p from £9.65 to £9.90. Pre-payment certificates have also increased.

You can find full details at <https://www.gov.uk/government/news/nhs-prescription-charges-from-1-may-2024>.



Hepatitis C
Testing



NHS Prescription
Charges

Changes to Death Registration

Cases such as those involving Harold Shipman and Lucy Letby have highlighted the need for an extra layer of scrutiny around the certification of a death.

From 9 September 2024 it will become a requirement that all deaths in any healthcare setting that are not referred to the Coroner in the first instance will be referred to Medical Examiners before the Death Certificate can be sent to the Registrar's office. This move is designed to help strengthen safeguards and prevent criminal activity by providing greater transparency after a death and ensuring the right deaths are referred to the Coroner for further investigation.

The Medical Examiner will also be able to consult the family (or other representatives) of the deceased, providing an opportunity for them to raise questions or concerns with a senior doctor not involved in the care of the person who died.

Medical Examiners are senior medical doctors that independently scrutinise the causes of death. Since 2019 many NHS trusts have voluntarily appointed medical examiners to scrutinise most deaths in acute healthcare settings and some community settings. This now becomes mandatory from September.

Hepatitis C Testing

Anyone who believes they may have, or have had contact with, Hepatitis C can now order an NHS self-test without the need to see their GP.

Hepatitis C is a viral disease which is transmitted from person to person through infected blood, which includes:

- shared drug-taking equipment
- a blood transfusion before 1991, or a blood product before 1986
- dental or medical treatment abroad in unsterile conditions
- piercing, tattoo, acupuncture or similar procedure using unsterilised equipment
- unprotected sex with someone who may have Hepatitis C.

If not treated, Hepatitis C can lead to liver disease and cancer. However it is easy to treat.

If any of this applies to you, then a free, at home, self-test is available on the NHS – and you don't need to see your doctor!

You can find full details, and order a test, at <https://hepctest.nhs.uk/more-about-hepatitis-c> or call 0333 344 4462 during office hours.

Remember ➡➡➡ **Pharmacy First!**

Got a minor ailment?

Why not talk to your local pharmacy?

Most are part of the Pharmacy First service,
and may be able to help with treatment.



Where to go for the right medical help

999 Dial 999 for life-threatening emergencies

111 If you need medical help fast or think you need to go to an Emergency Department (A&E) use NHS 111 first – online or by phone* – to get clinical advice or direction to the most appropriate services for treatment

GP Pharmacy For all other health needs, contact your pharmacy or GP practice. You can also access NHS advice and information at www.nhs.uk

*If you have difficulties communicating or hearing, you can use the NHS 111 British Sign Language (BSL) interpreter service via www.nhs.uk/111 or call 18001 111 on a textphone.

Help Us to Help You

When you get in touch, we'll ask what you need help with. We will use this information to choose the most suitable doctor, nurse or other health professional to help you. If you need help with your appointment please tell us:

- If there's a specific doctor, nurse or other health professional you would prefer to respond
- If you would prefer to consult the doctor or nurse by phone, face-to-face, by video call, by text, or by email
- If you need an interpreter
- If you have any other access or communications needs.

We will always do our best to support you.

Barnabas Medical Centre

Girton Road, Northolt
UB5 4SR

020 8864 4437

email: admin.barnabas@nhs.net

web: [https://](https://barnabasmedicalcentre.co.uk)

barnabasmedicalcentre.co.uk

Surgery Times

Mon-Fri: 08:00-18:30

Phone lines are open

Mon-Fri 08:00 to 18:00

Out of Hours

For urgent healthcare outside surgery times please call 111

Doctors

Dr Harpreet Kooner (m)

Dr Harjeet Bhatoa (f)

Dr Rajee Navaneetharajah (f)

Dr Nikunj Patel (m)

Dr Stuti Talwar (f)

Practice Nurses

Henny Shanta (f)

Karen Collett (f)

Nikki Onoufriou (f)

Clinical Pharmacist

Paresh Virji (m)

Practice Manager

Matthew Edwards

Office Manager

Angela Hemingway

*** ** *

Barnabas Patient Voices

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chair@barnabasvoices.org.uk

<https://barnabasvoices.org.uk>

*** ** *

*This newsletter is a joint production
of Barnabas Medical Centre and
Barnabas Patient Voices.*

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