

Hollies Patient Forum NEWSLETTER

No. 9 September 2026



The Hollies Patient Forum (HPF) is the patient voice of the Hollies Medical Centre (HMC)

HPF is a 'Patient Participation Group' (PPG) that allows patients to share their views, experiences, suggestions, and ideas with the Centre through a strong, close working partnership between patients and the practice.

HPF Steering Group

Information about the Group, its work, notes from its meetings and copies of the Newsletter can be found at:

<https://www.theholliesmc.co.uk/thehollies-patient-forum>

Hollies Patient Forum in 2026

The Forum has held four meetings this year. The Group currently has 12 members, plus an online eGroup of 77 who provide feedback on their patient experiences. **Anyone interested in joining the Patient Forum or the eGroup should contact the Chair at chairhpf@gmail.com**

Principal Actions and Reports

- Development of plans for the year, including improving how patients are informed about developments in primary care and liaising with community-based organisations to maximise awareness of health and self-care.
- The Forum continues to play a leading role in the Porter Valley Patient Care Network, fostering links between Groups to share good practice.

- The Practice Manager and a GP attend each meeting and provide updates. The main changes reported were: (i) the appointment of a new GP, Dr Sophie Pickering; (ii) the Practice now has over 11,000 patients; (iii) extended online access times have increased the number of patient contacts, often to over 200 a day; (iv) the introduction of a new telephone answering system; (v) Lo's Pharmacy has been replaced by Medwin's.
- Each meeting includes a report and discussion on a health issue. At the April meeting, the topic was access to mental health services and community networks. The discussion covered the role of the Associate Mental Health Act Manager (AMHAM), including ensuring that the legal rights of patients detained or subject to Community Treatment Orders (CTOs) under the Mental Health Act (MHA) are maintained.
- At the June and August meetings, there were talks on Sarcoidosis and Trauma and Addiction, respectively. Notes on these talks are overleaf.

SARCOIDOSIS

What is it?

Sarcoidosis is a condition in which lumps called granulomas develop at different sites throughout the body. Granulomas are clusters of cells that trigger inflammation. Multiple granulomas in the same organ can prevent it from working properly.

Sarcoidosis can affect many different parts of the body. Most frequently, it affects the lungs, but it can also affect the skin, eyes, joints, nervous system and heart.

Who develops it?

Sarcoidosis is uncommon. About two people in 10,000 in the UK are affected. It can develop at any age, though it is most common in adults.

What causes it?

The exact cause is unknown, though it is thought to involve a combination of genetic and environmental factors. It runs in some families. Thus far, no single factor cause has been identified.

What are the symptoms?

Cough	Painful eyes
Swollen glands	Skin rash
Joint pain	Breathlessness

Patients often suffer significant fatigue and night sweats, and flares can be common.

How is it diagnosed?

No single test can diagnose it, which is a common challenge for both patients and doctors because symptoms vary so much. Doctors use chest X-rays, breathing tests, scans, and biopsies to build a case for a confirmed diagnosis.

Treatment

There is no cure for Sarcoidosis. Immunosuppressants or corticosteroids can control symptoms. Emotional support and understanding from friends and family help. Stress needs to be managed.

What services are available?

- Sarcoidosis UK Support Groups
 - Nurse call line {charity}
 - Sarcoidosis UK Patient Online Days
 - See: <https://www.sarcoidosisuk.org>
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TRAUMA AND ADDICTION

A personal story

Alcohol was always part of my life growing up, both at home and socially. I moved away from home in my mid-twenties and took up a job where alcohol consumption was heavy and woven into day-to-day life; we had our own bars and social club facilities. I met my Wife; life was good, and we prospered, but all the while, the drinking ratcheted up, and I became a heavy drinker.

Then it all fell apart. My Wife died suddenly, unexpectedly and traumatically. I was with her and had to try and keep her alive as she was dying. The consequences for me were catastrophic. Unable to process the grief and haunted by guilt that I might have been able to do more to save her (survivor guilt). I quickly descended into alcohol dependency and was drinking four bottles of wine a day. So horrific were the potential withdrawal symptoms that I had a glass of wine at my bedside each morning to chase away the terrors.

Eventually, I had a moment of clarity; I realised that if I stopped drinking, things would be ok. I contacted the drugs and alcohol service in Sheffield. They told me to keep on drinking, but to reduce down until I was admitted to an in-house detox on 20 December 2012. I have not drunk any alcohol since. I was given drugs to manage withdrawal and tablets to manage urges and cravings to drink. I had one-to-one counselling support, which, as well as helping with my alcohol issues, helped start the process of coming to terms with my grief.

I also had excellent support from my GP, who specialised in addiction and mental health issues. She prescribed appropriate medication for my mental health/trauma issues, arranged counselling and supported me when contemplating and eventually stopping drinking. She was instrumental in saving my life and helping me rebuild it.
