

We would like to thank
the following Sponsors
for all their help:

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T: 01932 345454

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T: 01932 343 965



Friends of West Byfleet Health Centre
Madeira Road
West Byfleet
Surrey KT14 6DH
Telephone: 01932 358646

www.wbhc.org.uk



Registered Charity No. 1086545

Friends of
WEST BYFLEET
HEALTH CENTRE
Incorporating the Patients' Participation Group

Mission Statement

Our purpose is to make possible higher
levels of care for the patients of
West Byfleet Health Centre
by raising funds to purchase medical
equipment, services and facilities for the
Centre which fall outside the resources
of the National Health Service



we seek your help

Funding from The Friends leads to more vital pieces of equipment being purchased for the benefit of all **28,000 patients** in the three practices. This is a list of purchases bought since **March 2004**

2004

- **Hearing Loops** for the receptions and mobile unit
- **Baby Changing Units**
- **Water Dispensers:** Cool filtered
- **Improved Access** and safer parking for the disabled
- **Free Telephone** for patient emergency use on first floor
- **Minor Operations Theatre:** Equipped
- **Automated Appointment Check-in System:** 50% contribution
- **Optical Light Box** for sight tests
- **Sphygmomanometers:** 2 for leg ulcer clinic.

2005

- **Duo Monitor** to measure blood pressure and oxygen in the blood with a paediatric probe to be used for infants
- **Pulse Oximeters:** 2 with paediatric probes. Mobile, hand-held units for surgery use and home visits
- **Dopplex Probes:** 2 for district nurses attending patients with leg ulcers
- **Wheelchair**
- **Defibrillator** for first floor (for sudden heart attack victims)
- **Oxygen Cylinder:** 2nd for resuscitation kit previously provided
- **Ambulatory Blood Pressure Monitors:** 2
- **Hyfreator** for Minor Ops suite for removing skin lesions
- **Ultrasonic Cleaner** for instruments, prior to sterilisation
- **Autoclave Data Logger:** Logs every sterilisation cycle to the correct standard.

2006

- **Slit Lamp** for eye examinations
- **Consultant Radiologist Fees** for Ultrasound
- **Syringe Drivers:** 2 for district nurses to lend out to patients with terminal conditions who wish to remain at home, to control delivery of their drugs
- **Woods Light:** An ultraviolet light to detect fungal skin infections
- **Portable ECG monitor** for home visits.

2007

- **Hastings Trolleys:** 2 for Minor Ops Suite
- **Dopplex Probes** with monitors for all three practices. For use mainly in diabetic clinics.
- **ECG Machines:** 3 advanced
- **Blood Pressure Machine** (In Reception) Enables patients to take their own blood pressure

- **Chairs:** 3 for lobby outside Pharmacy for patients waiting to be collected
- **Ophthalmoscopes:** 16
- **Examination Lights :** 6 Wall mounted and 1 free standing
- **LEC Pharmacy Fridge** for storage of vaccines.

2008

- **Appointment Cards** for Practices and Trust receptions
- **Pulse Oximeters** – 3 (1 per practice) for accurate pulse readings in surgery and on home visits
- **Greenlight Sphygmomanometer** for use of Midwives
- **Higher Seat Chairs:** 4
- **Fetal Doppler** for use of Midwives – for detecting baby's heart beat
- **Hastings Trolley** for Minor Ops suite
- **Table for Friends** corner in reception for ease of form filling.
- **Panel Privacy Screen:** 4 for Minor Ops Suite also being used for Gynae Ultrasound
- **Digital Blood Pressure Monitor:** Desk Top
- **Laminator** for Community Nursery Nurses
- **Dermlite Epiluminescence:** 2 for aiding diagnosis of skin lesions
- **LEC Pharmacy Fridge** for storage of vaccines
- **Capture Cameras:** 2 for skin lesion pictures and transfer to patients records

2009

- **Health Visitor's Cupboard** for all equipment to be kept clean including toys
- **Mobile Examination Lights:** 3
- **Mobile Carbonmonoxide Monitor**
- **Portable Weighing Scales:** 2
- **Carrying Cases:** 5 for district nurses
- **Stethoscopes:** 5
- **Pair of Scales** to accompany Blood Pressure Machine
- **Battery Pack** for the **Defibrillator**
- **ECG Event Recorder**
- **Digital Thermometers:** 3

We can do more with your help now and in the future!

Will you please consider becoming a 'Friend' by supporting our charity with a donation or, better still, regular payments by Banker's Order.

If you are able to Gift Aid these payments, which will provide additional financial benefit to The Friends, please indicate as such on the form to be returned.

Any sum will be gratefully received.

Just complete and sign the attached form and send it to:

The Treasurer, FWBHC
Freepost RRSB-TKET-HBYS
West Byfleet KT14 6DH
(no stamp is required)

Thank you for your support

I wish to become a Friend of West Byfleet Health Centre

Name _____

Address _____

Post Code _____

Doctor _____

Patient Names (s) _____

I enclose my cheque payable to **The Friends of West Byfleet Health Centre** for £ _____

I prefer to pay by Banker's standing order

Bank/B.S. _____

Branch Address _____

Account Name _____

Sort code

Account Number

Please pay £ _____ on

and monthly/quarterly/annually (*delete as applicable*) thereafter until further notice.

To: The Friends of West Byfleet Health Centre, CAFCASH Ltd., Kings Hill, West Malling, Kent ME19 4TA. SC 40-52-40 A/c No. 00008492 (Ref: _____)

GIFT AID I confirm that I am a UK tax payer and that the tax that I will pay will at least equal the tax that the charity may reclaim in this donation. Please treat all donations that I make to The Friends of West Byfleet Health Centre from April 2009, until further notice as Gift Aid Donations Registered Charity No 1086545

Signature _____ Date _____

Please return to: The Treasurer, FWBHC, Freepost RRSB-TKET-HBYS, West Byfleet, KT14 6DH
(no stamp is required)