

Update on Changes in NPT Locality

Since the last newsletter the changes to the medical intake have taken place with the Local Accident Centre (LAC) and Medical Assessment Unit (MAU) from NPT Hospital transferring to Morriston Hospital along with Dr Steve Lennox, Dr Ali Al Hassani and Dr David Vardill. Drs Lennox and Al Hassani are now working as Acute Care Physicians at the front door of Morriston. The LAC and MAU staff all relocated successfully.

Ward C transferred to Singleton and Princess of Wales Hospital and again the staff from these wards moved across. Brynedd Ward moved from Cimla to the vacated Ward C and Glannant Ward moved into the vacated Brynedd Ward. There are now three medical wards at NPT Hospital Ward C, D & E all with 32 beds each covered by Drs Adenwalla, El Khatieb and Ewad as the Consultants and Dr Salaman as Associate Specialist. Dr Martin



Hilary Dover
Locality Director
Neath Port Talbot

Ebejer is also based at NPT Hospital covering respiratory outpatients and is involved in the development of the new model of care. Dr Rahman continues to deliver the Endoscopy services at NPT. Dr Raj Peter moved to Singleton but like Dr Vardill, continues to run his outpatient clinics from NPT Hospital.

We were delighted that Lesley Griffiths, Minister for Health & Social Services visited NPT Hospital on 19th

September to see how new services were being used and developed following the recent urgent service change.

Dr Martin Ebejer and I met with GPs at the September PT4L to discuss the changes and to ask those GPs interested in working with us on the development of the new model of care for NPT Hospital to come forward. As the changes were introduced and implemented within 7 weeks there was little time to think of anything other than making this change as smooth and

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Update on Changes in NPT Locality continued

painless for patients and staff as possible. We have planned in a 3 month time frame following the move, to reflect and plan the new model. Thanks to those GPs who have come forward with their interest in taking this forward – if anyone else is interested, please contact me on 01792 326500 or e-mail Hilary.dover@wales.nhs.uk

Other changes include the appointments of Dr Firdaus Adenwalla as Clinical Director Integrated Medicine, Dr Andy Muir as Clinical Director Primary Care. I am delighted with these appointments and look forward to working with them.

These appointments come at a challenging but interesting time as last week the South Wales Plan (SWP) engagement process commenced. At the same time ABMU Health Board released a 60 page full engagement document 'Changing for the Better – Our Ideas For Your Local NHS'. There is also a short guide which summarises key points and tells you how to find out more; how to get involved and to request your



views.

The ambition of the Changing for the Better (C4B) programme is to provide NHS services in Swansea, Bridgend and NPT that are comparable with the best anywhere. We want modern, safe and reliable services which meet 21st century healthcare demands – including caring for growing numbers of frail, older people, more patients with chronic diseases and tackling unhealthy lifestyles.

There are a number of public engagement events and a full list, along with copies of the C4B and SWP documents, are available from: www.changingforthebetter.org.uk

You and your patients can also register at www.YouTellUs.org to share your views.

I hope you enjoy the newsletter – if you have any comments, or just want to get in touch about health services in your area, you can contact me on 01792 326500 or Hilary.dover@wales.nhs.uk

Pressure Ulcers Prevented in Care Homes in NPT

By Sian Edwards

Sian Edwards (TVN), PUPIS and the Nurse Assessor Team in the Local Health Board have teamed up together to deliver a Pressure Ulcer Prevention Programme to create awareness for pressure ulcer prevention with the aim of reducing the number of acquired pressure ulcers occurring.

All the Care Homes in Neath & Port Talbot area are being asked to pilot the Pressure Ulcer Prevention Programme.

The programme originated from the Institute of Healthcare Improvement (IHI) and Saving 1,000 Lives Campaign. Within the ABMU Health Board this initiative has already been implemented in the Secondary sector and has proved effective within several areas in Swan-

sea, Bridgend, and Neath & Port Talbot.

The main goal of the programme is to prevent acquired pressure ulcers by implementing quality improvement methods and reliably implementing six components of care namely, risk assessment, reassessing risk, skin inspection, minimizing pressure, managing moisture and maintaining nutrition (SKIN Bundle). The aim of the pilot is to test these elements within a Care Home environment.

" Doing the Pressure Ulcer Prevention Programme gives us the opportunity to work together to concentrate on pressure ulcer prevention. The Programme is intended to be an ongoing measure. Through working with the Care Home Sector and the Nurse Assessors in the Local Health Board we're able to utilize systems already in place to ensure longevity."

Neath Network GP lead retires

By Andy Muir

As you may know I have retired from general practice at the end of September after 32 years in Briton Ferry. I have found the last few weeks very difficult saying goodbye to people I have known well for many years.

I have however accepted the job of Clinical Director (Primary Care) and look forward to taking on the challenges of the role in the light of all the changes that are happening in the Health Board.

Having retired from general practice I shall no longer be able to continue as network lead for Neath Community Network. I have fulfilled this role since April this year having taken



Andy Muir
Clinic Director – Primary Care

over from my GP partner Dr Heather Wilkes. There does not seem to be fierce competition from the GPs within the Neath Network to compete for this vacancy. I think it is important for GPs, patients and other partners that a GP from within the network takes over this role. I have not found the job too onerous and there is a great deal of support from staff within the LHB.

It also gives a great insight into how the Health Service is managed. I would encourage any GP that is interested to contact myself, or other staff within the network, to discuss how they might be able to contribute to improving the services for our patients within this role.

Citizens Advice Bureau: Working with GPs in the Upper Afan Valley

By Mary Morris

Residents in the Upper Afan Valley are benefiting from a review of the Service Level Agreement (SLA) between Citizens Advice Bureau (CAB), ABMU Health Board and Neath Port Talbot County Borough Council.

CAB is now providing weekly 'Gateway' triage services in three GP practices in the Upper Afan Valley – Blaengwnfi, Cymmer and Glyn-corrwg. Residents can get quick and relevant advice and interventions with appointments available for more complex cases. This is a major improvement as it is cutting out long waiting times and providing more frequent

access to the service.

Results in the first quarter of the new contract (April to June) are very encouraging; 25 new clients were seen and there were confirmed gains of £84,991 (uptake of benefits etc.) with the highest amount being achieved in Cymmer ~ £56,529.

Most of the clients using the service heard about it through family and friends but a significant number were referred by Health Care Professionals (13.6%). Advice was given on a number of issues but the highest numbers were for Sickness Benefit (21.2%) and Debt (10.6%).



Pause for thought...About Caring

"Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around." Leo Buscaglia 1924 - 1998

Community Networks: Collaboration or Partnership?

By Krysia Groves

On 25th July 2012 the 9th Locality Workshop, attended by more than forty participants, was hosted at Port Talbot Resource Centre. The event, focusing on Primary Care and Community Networks, was entitled Collaboration or Partnership?

The scene setting for the morning was in the title when it was affirmed that the term 'collaboration' might not always have a positive interpretation; during the Second World War

"collaboration" acquired a negative meaning as referring to persons and groups which help others infiltrate another's territory – begging questions around the extent to which primary care and community networks can safely creep into each other's camps. Linguistically, collaboration implies more or less equal partners who work together, much the preferred definition raising the pointed question for the day which was, in reality what must we do to work together more productively?

A brief opening presentation appealed to the audience to pose questions, make comments and offer ideas, all to be recorded on post-its, whilst listening to each of the presenters. These were later collected on colourful posters around the room. The purpose of the exercise was to challenge the current infrastructure and people within it and attempt to breakdown barriers that exist as a result of each paying attention to their own area of work but not necessarily looking beyond to understand others' points of view – working towards that elusive shared vision!

During the course of the morning succinct presentations were delivered by speakers from Primary Care outlining the variety of

contractors for which responsibility is taken, and the challenges of managing the services involved. Planning colleagues then presented on the intricacies of network development. Primary Care and Community Networks' remits, roles and restraints were clearly outlined.

The discussion that ensued, based on the questions and comments posed by the audience, was summarised as *messages from the front line*.

In brief, the key messages derived from the day by the Primary Care and Planning Team were around:

Communication – never believe you have done enough! Community Networks should be exploited to the full to ensure spread of information and promotion of good

work;

Silo working – it still happens! There are pockets of valuable, but fragmented service development and improvement; these must be joined up – that shared vision again.

To quote a workshop participant "*It is important that we make things easier for other agencies to engage in Community Networks... [they] need to see that they can get something out of being involved.*"

There were too many points raised to address there and then in any detail but none have been ignored – the questions, comments and ideas recorded on post-its are currently being reviewed by the Primary Care and Planning Team. Responses will be issued to the Locality and insight gained will inform the next workshop agenda to ensure continuity in our approach to better communication, more joining up and progress.



Voluntary Sector Contracts Reviewed

By Mary Morris

During the last 18 months ABMU has been conducting a Strategic Review of Third/Voluntary Sector Commissioning. There are more than 80 Service Level Agreements (SLAs) in place across ABMU, which fund a wide range of service which assist and complement services provided directly by the Health Board. These include palliative care, hospital discharge, play groups for children with disabilities and many others. A number of contracts are held jointly with the relevant Local Authority.

The main aims of the Review are to ensure that all SLAs fit with Health Board priorities and relevant Health Social Care and Well Being Strategies. The review seeks to ensure that services are of a suitable standard, provide value for money and that there is equity of access across ABMU.

A standardised review process including site visits is being used across the Health Board, with staff meeting regularly in order to ensure consistency of approach.

A Steering Group has been established which is attended by staff from all three localities and representatives of the Voluntary Sector Organisations.

Where no or only very minor changes are required it is proposed that 3 year SLAs will be used. Where more significant changes are required organisations are being offered 1 Year SLAs in the first instance which will be reviewed with the aim of moving the majority of contacts to 3 Year SLAs. This will provide organisations with greater stability and opportunities for forward planning.

For more information on the review, contact Mary.Morris2@wales.nhs.uk

New ban on age discrimination comes into force

By Marie Amanoritsewor

The Equality Act 2010 has made it generally unlawful for a provider of services to discriminate against anyone on the basis of their race, gender or gender reassignment, disability, religion or belief, sexual orientation, pregnancy or maternity.

On 1st October 2012, new provisions came into force, extending the ban on discrimination, to cover age discrimination. This means that basing the decision whether to provide or refuse a service solely on a person's age will no longer be allowed, unless sufficient reason can be shown to justify

this, or the decision falls within one of the exceptions or exemptions in the provision. Initiatives such as age-based screening are usually set up on strong evidence of effectiveness and will still be allowed, but NHS and other providers should think carefully before setting arbitrary age limits or treating people differently because of their age.

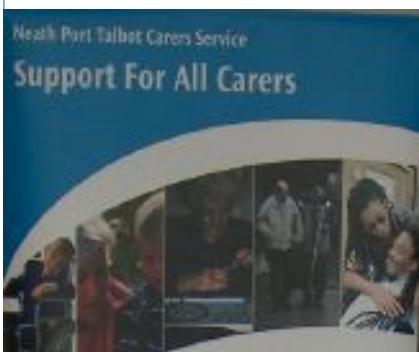
For more information about the new provision go the <https://www.wp.dh.gov.uk/publications/files/2012/09/ban-on-age-discrimination.pdf>

Dyfed Road Surgery: Working in Partnership to Support Carers

By Alison James

Neath Port Talbot Carers Service

The Neath Port Talbot Carers Service was invited to give a presentation to the GPs of Dyfed Road Surgery. This presentation included information on services and support available to carers in the area.



Following on from this the service has also been invited to speak to all other

staff within the surgery about how they can signpost carers onto other organisations such as the Neath Port Talbot Carers

Service. Many carers attend the GP surgery on a regular basis; therefore the more informed carers will be. Dyfed Road Surgery has also shown good practice in providing a carers notice board that the Carers Service now update on a regular basis. The Carers Service holds information stands in all GP surgeries and would like to invite all surgeries across the area to share the good practice of Dyfed Road Surgery in working together to support carers. For more information on how the service supports carers please contact:

Alison James –Manager , Neath Port Talbot Carers Service, 21 Alfred Street, Neath SA1 1EF. Telephone: 01639 642277

Walk Ten ~ Well done!!

By Krysia Groves

On August 4th 2012 a team of District Nurses from Afan Network enjoyed a 10km twilight walk around the grounds and Castle of Margam Park. The fairly challenging walk, taking the team up to the highest point in the park, resulted in them raising £405.

By taking part the nurses will all help fund more local Marie Curie Cancer Care nursing, providing care to people with

terminal illnesses in their own homes and giving more people the choice to die at home.



Pictured left to right are Jeeny Ryan (retired District Sister), Trish Sanders (HCSW), Moira Jones (District Sister), Jan Llewellyn (Staff Nurse), Rose Lever (Co-ordinator CHC Team) and a friend, Network Clinical Lead

The £405 raised will support the Marie Curie multi visit service in the NPT area equating to around 20 hours of nursing care.

Participants enjoyed entertainment after the event, including a fireworks display to celebrate the work of those nurses providing care to local people with terminal illness.

Profile ~ Sara Forster ~ Head of Occupational Therapy

By Marie Amanoritsewor

I managed to interrupt Sara Forster's very busy schedule to ask her a few questions about herself. Sara is the Head of Occupational Therapy for ABMU and joined the Health Service in 1980 after graduation from the Welsh College of Occupational Therapy

The following are excerpts from the interview...

Tell us a little bit about your background

I am a proper Welsh girl, having been born and brought up in Ferryside in Carmarthenshire. Dad worked in Insurance and later established a gardening business with my brother. Mum was an Occupational Therapist. I had a very happy childhood and when asked what I wanted to be when I grow up, I'd say teacher or nurse. I think I finally decided to become an occupational therapist because it covered both bases – empowering people and caring for them.

What have you done since you joined the NHS?

After I joined the NHS in 1980, I worked in Cardiff where I set up an OT service for stroke patients in the old St David's Hospital. I moved to Bridgend General Hospital in 1982 where I was the only occupational therapist covering the general and four community hospitals. The OT service moved to POW in the late 1990's. I became Head of OT in February 2002. With the merger of the Trusts and later re-organisation of ABMU I took over the lead role for the OT service. I work very closely with the other Directorates and Localities to develop and drive the strategic direction for the Health Board.

How would you describe yourself?

I would describe myself as a pragmatist. I



Sara Forster
Head of Occupational Therapy

believe in going on and doing stuff. I would describe myself as a doer and not a talker and like to apply knowledge to action. I work best as part of a team and like to see a product or idea delivered using all the skills of the team

What do you dislike most?

I really do not like things that waste my time, as there are not enough hours in the day and life is too short to waste it.

What has been the most interesting aspect of your career?

I think one of the proudest moments for me was when I was elected by my peers as Council representative on the College of Occupational Therapists. In that role, I was able to influence national policies and to put Wales on the map.

How do you feel about the changes happening in the Health Board?

Change is inevitable and for the Health Service I think it has needed to happen for some time. It is encouraging that in ABMU, we are not just jumping into making changes for change sake, but are involving staff and clinicians in Primary and Secondary Care and our public sector and voluntary sector partners. What we also need to ensure is that we take the public with us by asking for their views and informing them of the steps we are taking. This is what we intend to achieve through the Changing for the Better and South Wales programme engagement activities.

What do you feel about community networks?

Most care should be happening in the community and we should be working towards keeping people at home where possible. People live within network boundaries and this is where services should be developed to address their needs. At the moment we

have been concentrating on GP and District nursing involvement.

If you could change anything, what would it be?

I would restore the idea of the work ethic which used to exist in the UK. People should not expect to get something for nothing.

What do you do when you aren't working?

Excuse me...when am I not working? But seriously, I have some caring responsibilities. Cooking is a passion - I am a ready-steady-cook type of person and love throwing ingredients into a saucepan and seeing what comes out. I love reading, travelling, history and browsing for jewellery in ant-

ique shops.

Who do you most admire?

Top of my list would be Winston Churchill and the Queen; but particularly the Queen. I always ask myself – How does she put up with all that she has and always appear so calm and graceful?

What is there about you that would surprise most people if they knew?

I have a chrysanthemum named after me...and my mother has one named after her. This was to honour my father who was very involved in the National Chrysanthemum Society...

Helping 'at risk groups' to get their Flu jab

**By Nadia Bogdan-Kingman
Older Person's Project Lead, NPT CVS**

It is that time of year when everyone at greater risk from the effects of flu should be getting their free flu vaccine.

Neath Port Talbot Local Service Board's Older People's project, led by Nadia Bogdan-Kingman, NPT CVS is currently working in the Afan Valley to improve access for older people to services and facilities that will contribute to an increase in their well-being, independence and quality of life.

The project will work towards establishing a neighbourhood approach to service delivery that involves key partners including Neath Port Talbot CVS, Communities First Cluster, ABMU Health Board, Neath Port Talbot County Borough Council, Public Health and Neath Port Talbot Homes.

Following consultation with older people in the community, a need was identified for

improved access to health provision. In response to this, a joint trial is planned with GP practices in the area to provide community transport, funded by the Upper Afan Valley Communities First Team, for elderly patients or those with mobility problems to enable travel to their respective health centres for their flu vaccinations.

The initial trial is taking place jointly with the Afan Valley Group Practice on the 5th October 2012 and will ensure that flu vaccines are administered to some of the more vulnerable sections of our communities.

If successful, the trial will make the process of vaccinating patients with age-related, mobility and transport needs, more cost effective; patients will be taken directly to the health centre, therefore avoiding additional workload for District Nurses and Doctors through undertaking home visits for flu vaccines.



MAE FFLIW YN LLADD - MYNNWCH BIGIAD
FLU KILLS - GET THE JAB!

Neath Port Talbot 'Urban Trees' Project

Geoff Marquis, Climate Change Manager, Environment Directorate, Neath Port Talbot County Borough Council

One of the long term priorities of the Neath Port Talbot Local Service Board (LSB) is to improve the air quality within the borough. To this end the Air Quality Project was set up: under the umbrella of this project several priorities for action for improving air quality have been designated. For 2012/2013 one of these is to maximise urban woodland/tree planting in Port Talbot.

A Project Team was set up to look at the ways that this priority could be met. The Project Team is made up of officers from Neath Port Talbot County Borough Council, the Environment Agency, the Forestry Commission, Countryside Council for Wales and the not-for-profit housing association NPT Homes.

The Team recognised that there is a particular need to focus on improving the air quality

air than others. Other factors, such as the location of the trees and shrubs with respect to residential properties and the pollution source, the density and planting configuration are also key to maximising pollutant removal from the air.



The Team has put together a tree planting scheme for the Air Quality Management Area. Species selection has been informed by work carried out by Lancaster University, who have undertaken research into the ability of species to remove pollutants from the air. Several areas of land have been identified as planting sites which have been strategically selected to maximise the amount of potential pollutant scrubbing according to the factors described above. The areas selected include potentially planting in the gardens of local residents. The scheme will involve the planting of 1000 trees within these areas. The scheme will have a strong focus on community engagement and links with local community groups will be developed to enable the recruitment of volunteers to assist with the planting works.

Funding for the scheme has been successfully bid for from the Welsh Government's 'Tranquil, Greener and Cleaner Spaces' funding stream. This funding stream made available a total of £500,000 to all local authorities in Wales to make improvements in environmentally deprived urban communities focusing on air quality, environmental noise and tranquil green space. The Environment Agency has also committed funding towards the project from its own 'Making a Difference' funding stream.



in the Afan Network (Margam and Taibach) area of Port Talbot. In 2000 this area was declared an Air

Quality Management area because there were more than 35 exceedances of the UK short term Air Quality Objective for PM10 (particulate matter likely to be inhaled by humans and possibly cause health problems) The numbers of exceedances of the short term average has reduced since 2000 but still remains of concern. The Air Quality Management Area is located in a social and economically deprived area which is heavily-industrialised; access to good quality urban green spaces in this area is therefore limited.

The Team recognised that many tree and shrub species have the ability to remove PM10 and other pollutants from the air by acting as 'scrubbers'. Certain species of tree and shrub are more effective at scrubbing the

Please let us have your views about the newsletter. If you have any comments or suggestions for improvement or would like to submit an article, we would love to hear from you.

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Hunger is not just a third world problem. Today people across the UK will struggle to feed themselves and their families. Redundancy, illness, benefit delay, domestic violence, debt, family breakdown and paying for heating during winter are just some of the reasons why people go hungry.

Neath Port Talbot Food bank provides a minimum of 3 days emergency food and support to local people in crisis and relies on food donations of non perishable food items. If you would like to find out more about the food bank and how to donate please visit

<http://neath.foodbank.org.uk/>

General Practice Awards

By Krysia Groves

Shortlisted for Nursing Team of the Year and Innovator of the Year, NPT Locality has been recognised in this Year's General Practice Awards.

Congratulations to all those involved in developing and delivering the services. Two projects have been shortlisted as finalists from hundreds of applications; both up for Nursing Team of the Year and Innovator of the year:

Support with medication in patients homes

The NPT Community Continuing Healthcare Team (part of the NPT Community Resource Service) has developed and implemented a pilot initiative to enable Health Care Support Workers to support patients living within their own homes with the administration of medication. This work is supporting the delivery of comprehensive nursing care, reducing duplication of effort and resources, reducing demand on unscheduled care and improving transfer of care for Continuing Healthcare patients (many of whom have life limiting conditions) who wish to return home. The Medicines management pilot was completed in partnership with

the Medicines Management Team (Domiciliary Care) NPT Locality.

Deep Vein Thrombosis pathway

A multi-professional team (MPG), led by Judith Morgan, Consultant Nurse, has developed an integrated pathway for patients with suspected Deep Vein Thrombosis (DVT) preventing admissions and enabled more timely care for other patients managed in the LAC and pharmacy led Anticoagulant Clinic. The MPT contained the following members: CIIS Clinical Lead Annette Davies; Head of Pharmacy John Terry; Acute Care Physician Dr Al Hasani; Lead Clinical Pharmacist Paul Swithenbank; SN Tim Cahalane LAC. No award would have been possible without the diligence and support of the extended teams of CIIS, district nurses, LAC nurses, NPT medical doctors, Pharmacists in Anticoagulation Clinic & sonographers & radiologists in x-ray department.

Project leads have been invited to the glittering black tie ceremony taking place on the evening of Thursday 1st November, at the fabulous 5 star Hilton Park Lane in London. The event will include a drinks reception and dinner for over 900 guests.