



Neath Port Talbot Community Network News

Issue 7

August 2013

Message from the Locality Director

The past three months have been particularly challenging for the Locality, with the recent closure of Gellinudd Hospital, the introduction of a new service model for surgical specialties and now the opportunity to consolidate all inpatient beds at NPTH should the proposal to transfer the remaining ward at Cimla hospital to NPTH be agreed.

As you know service change is not easy and whilst we would like to see a 'win-win' position for all of this, it is not always achievable. I would like to acknowledge the professionalism and approach of staff, managers and staff-side organisations in delivering these changes in what we all recognise are dif-



Karl Murray
 Locality Director
 Neath Port Talbot

ficult times.

Recent events and published reports have highlighted yet again that we need to put patient safety and staff well-being first. We cannot be complacent and if you have concerns I would hope you would feel comfortable sharing them with others whether within your own teams, with your manager or members of the Locality Management Team.

We all recognise the challenges ahead and I would ask you to consider how you can improve the care for your patients and, if you feel you can make a difference, then I and colleagues will be happy to listen.

Karl Murray

Inside this Issue:

Locality Clinical Directors update	2	Observations on actual Community networks; & virtual networking	9
Important changes and developments in Neath Port Talbot	3	Kryisia Groves leaves NPT Locality	10
LHB Primary Care Issues	3	Stop Smoking 30/90 Day challenge	11
Reducing Did Not Attend - a pilot study with General Practice	4	Getting Motivating to Get Moving - Keep Moving	12
Transfer of Care Monitoring	5	Shingles vaccination for 70 and 79 years olds introduced in Wales	12
Success at the Dental Training Unit	6	Doctors support initiative to tackle obesity in the Cwmafan area	13
Preparing children with disabilities for school	7	Proposed Housing Developments in Neath Port Talbot	14
CHEST HELP - Respiratory Advice Line	7	Stress Control Courses in ABMU	14
Support for Dementia patients and their carers	8	New screening programme for men rolled out	16
Cognitive Functioning and Ageing Project	8	Are you interested in being a Lead Nurse mentor?	16

Locality Clinical Director's Update

Andy Muir

It is now ten months since I was appointed as Clinical Director for Primary Care for Neath Port Talbot and ceased to be the GP network lead for the Neath Network. At the same time I retired from being a full time General Practitioner at Briton Ferry where I had been a Principal for 32 years. I have had a break from clinical work but I have now started doing locum posts in Cardiff and in Neath Port Talbot.

Unfortunately we have not been able to recruit a replacement GP to take on the lead role in the Neath Network. Similarly for the Afan Network, Sanjay Chalissery has emigrated to Australia and the GP lead position there is now vacant.

There are far reaching changes taking place within the ABM Health Board and in South Wales as a whole, e.g. The South Wales Programme which is considering the future of the reconfiguration of Health Services for the whole of South Wales. It is vital that grass roots GPs take part in the planning of local services in this time of great change.

The Neath Network instituted some important service change under the leadership of Dr Wilkes.



Andy Muir
NPT Clinical Director (Primary Care)

The Community Diabetic Clinics run by Dr Jeremiah, and the Community Heart Failure Clinics were developed when Dr Wilkes was network lead. The Community Diabetic Clinics are still running but the Heart Failure Clinics have ceased as the specialist nurse who was facilitating these has moved to another post. It is part of the Cardiology Services Review for Nurse Lead Community Heart Failure Clinics to be developed. These developments demonstrate how important it is to have a GP involved as network leads. As indicated elsewhere in this Newsletter, Dr Ghosh has been able to drive through a significant change at the interface with secondary care working with a Consultant Physician in the Upper Valleys network, and great strides are also being taken in the Afan network to develop new ways of working and communicating.

There has been much pub-

licity about the crisis in A&E and in our hospital services but little acknowledgment of the strains within Primary Care. I understand that there are similar pressures of unprecedented demand within Primary Care. Again I think local GPs need to take part in local management services so that these messages can be voiced.

Since returning to clinical practice it has become more obvious to me how important it is to have high class primary care services that are well integrated with community

"There are far reaching changes taking place within the ABM Health Board and in South Wales as a whole"

and secondary care services. I hope that GPs in NPT will continue to contribute to the planning and implementation of some of the newer aspects of these services.

A number of major changes and developments in primary and community care are summarised overleaf.

Locality Clinical Director's Update...

...continued from page 2

Important changes and developments in NPT.

- * The NHS and Local Authority staff of the **Community Resource Team** [CRT] are now managed as a single, integrated team run jointly by the LHB and Social services. Andy Griffiths and David White have been appointed as Integrated Services Managers (CRT) and (Community Networks) respectively. It is hoped that the closer integration of the service will benefit patients in the community. In the meantime, more of the expanding CRT have transferred to work together more closely from their base at Cimla hospital, 27 staff from the Local Authority's Sensory Support teams having moved in to join their CRT colleagues in April.
- * After public consultation it has been decided to close **Gellinudd Hospital**. This hospital has provided excellent care over many years but the model of care has become outdated, with very few patients meeting its restricted admission criteria. The resources obtained from closing the hospital have been used to enhance the service provided by the Community Resource Team which will allow more people to be cared for at home. Before the last patient left on 1st August over £700,000 had been invested in additional staff for the Neath and Swansea Community Resource Teams that will enable them to care for up to 24 more patients in the community (14 and 10 respectively). This, together with the 6 additional beds re-commissioned at Neath Port Talbot Hospital, means that the Health Board has been able to fulfil the commitment made to patients, the public – and GPs – that it would not close the hospital without prior investment in alternative, community-based services.
- * It is proposed that the remaining inpatient services at **Cimla Hospital** be transferred to Neath Port Talbot Hospital, where they will be closer to diagnostic equipment and have easier access to 24 hour medical care. The first ward moved to Neath Port Talbot hospital in September 2012 following the transfer of the medical admissions function to Bridgend and Swansea. A year on, with remodelling of the surgical services to focus on the day surgery unit, sufficient space is now available to accommodate the remaining ward. Following an informal engagement period in July-August, the Health Board will decide on this matter at its meeting in early September. A multi-agency project team has been exploring options to make use of the vacated space at Cimla since January, the aim being to convert as much as possible of the site as a base for primary and community health and social services such as the CRT.

LHB Primary Care Issues

- * A great deal of time is spent by the Primary Care Department of the locality in supporting the two **managed practices** within NPT. Over the past few months, the GPs employed at Alfred Street have been on maternity leave. It has been challenging to provide continuous cover and continuity by locum doctors in this practice. It is the long term aim of the locality to return the managed practices to GMS practices run by contractors and a letter seeking Expressions of Interest in the practice will be issued to all Neath Port Talbot practices in August. In the meantime, many of you are thanked for the support you have provided when the challenge of securing locum support has proved insurmountable without your help.
- * **QPI and QOF**. Following extensive discussions between the Health Board and the Local Medical Committee regarding the implementation of the changes in these parts of the contract, practices were issued with information on the agreed 2013/14 process in July. The new draft guidance for **access to GMS services**, also the subject of consultation with the LMC, was issued the same week. Access to GP services between 8 am and 6pm continues to be a

Locality Clinical Director's Update

... continued from page 3

major point of focus locally and nationally and the Locality Team will continue to support practices in ensuring patients have reasonable access to appointments. In the meantime it is pleasing to note that Neath Port Talbot's patients fare relatively well against both the guidance and in comparison with other areas, thanks to your efforts!

- * **Enhanced Services.** The Health Board review of enhanced services continues, the aim being to secure consistent application across the Health Board and focus on priority issues. Detailed discussions have been held across the Health Board with the LMC and hopefully agreement will be reached shortly on proposals intended to support GPs in managing frailty and end of life care in the community.
- * The Health Board has been examining the future direction of **Community Networks**. Different models have been considered and during August, in parallel with the recent publication of the national *Developing Integrated Local Services*, the Health Board will seek the networks' views on alternative options for the networks of the future, specifically seeking views on, for example, what support would be required to enable networks to become fully fledged planning and management delivery units.

Reducing Did Not Attends (DNAs) - A Pilot Study with General Practice

Sarah Griffiths, Primary Care Manager, ABMU

In any 12 month period, up to 6 million GP and hospital appointments are missed at an estimated cost of more than £700m across the UK. Research carried out in 2 practices in England has found that three behaviour-change interventions can lead to a dramatic reduction in the numbers of people who fail to turn up for appointments with their GP.

The interventions were:

- * Getting patients to confirm their appointment by verbally repeating the details to the receptionist.
- * Getting patients to write the appointment down themselves (rather than the receptionist doing it for them).
- * And placing positive mes-

sages around the GP practices confirming that attending appointments is the "social norm", e.g. instead of signs highlighting how many patients did not turn up, show signs of how many patients did turn up.

In any 12 month period, up to 6 million GP and hospital appointments are missed at an estimated cost of more than £700m across the UK.

In the case of the research in England, the techniques led to a reduction of 30% in the number of no-shows for appointments with the practice.

This methodology has been replicated in the Bridgend area, and a four week pilot has shown a reduction in the number of patients who did not attend appointments with a GP. Since the initial pilot, both practices have shown their continued commitment to implementing the lessons learnt from the pilot into everyday practice.

We are looking for interested practices in the Neath Port Talbot Locality that may be wish to undertake a similar study. Prior to testing we will support practices by holding training sessions with reception staff focussing on the rationale for the interventions and the practicalities of applying them.

Please contact Sarah Griffiths, Acting Primary Care Manager on 01792 326500, sarah.griffiths8@wales.nhs.uk

Transfer of Care Monitoring

Krysia Groves, ABMU and Dr Steve Rohman, ACN

Communication between hospitals and GP practices is an important aspect of continuity of care. A longstanding and frequent complaint from GPs is the significant amount of time and effort that is wasted as a result of inadequate or deficient information when patients are discharged from one service into the other. There is much evidence to illustrate the significant risks inherent in poor communication at the primary/secondary interface - speak to any GP and they will have at hand current examples of incidents that have impacted on quality of service and efficiency of care. It cannot be argued that any measures to ensure accurate, timely discharge information will add to the quality and safety of ongoing patient experience, prevent readmissions and reduce the frustrations that result from time wasted by practices in chasing necessary information.

Afan Community Network's King's Surgery is looking at developing a simple reporting system to address communication shortfalls between secondary and primary care. Dr Steve Rohman, the Senior Partner at the practice who is leading this project says: "*This will also help identify issues that*

are frequently faced in the community. Each practice and individual GPs comes across nuisances every day and we deal with them. This reporting system provides the opportunity to look for common threads that can be brought together and addressed in collaboration with the Health Board.

Delayed or non-existent discharge reports and clinic letters form the core of what is being looked at, but issues arising from other sources, for example with the ambulance service or sharing of results with patients that have not been sent to the GP, are other areas being investigated. These are problems that would not necessarily generate a Significant Event Analysis (SEA) but are still events, that when totted up, do become significant. The DATIX reporting system is being looked at as a potential means of amalgamating this information and sharing it more widely within the Health Board."

A comprehensive document for clinical handover is critical in maintaining the safety of patients transitioning between healthcare facilities and in preventing patient readmission. Outcomes of Dr Rohman's study will inform decisions on improving the discharge communication process, and asso-

ciated documents which should be seen to be delivered in a timely and diligent fashion to those continuing the process of patient care.

The review will be used to drive initiatives aimed at improving communication across healthcare interfaces, feeding

A comprehensive document for clinical handover is critical in maintaining the safety of patients transitioning between healthcare facilities and in preventing patient readmission.

into ABMU HB's Discharge Communication Improvement Project that was initiated to tackle what remains to be one of the major sources of concern for Primary Care and a significant risk for the Health Board. The main objective of the Discharge Communication Improvement Project, which is led by Dr. Jane Harrison, is to achieve the minimum standard for all patients discharged from the main acute hospital sites.

Pause for thought

Change is the law of life. And those who look only to the past or present are certain to miss the future.

-John F Kennedy



Success at the Dental Training Unit

Sarah Griffiths, Primary Care Manager, ABMU

The Dental Training Unit (DTU) was established by ABM Health Board, Welsh Government and the Post-graduate of Medical and Dental Education, to provide high quality NHS dental care for patients with the highest need in an environment suitable to post graduate training. The Unit started providing dental treatment to patients in September 2011 at the Port Talbot Resource Centre.

Patients attending the DTU are mainly treated by one of the five Dental Foundation Year 1 dentists (DF1), who are usually new graduates. The DF1's remain at the unit for a period of one year, and are recruited on an annual basis. Two senior dentists supervise the DF1's during their time at the unit. Whilst providing a learning environment for DF1's, a trainee dental therapist and a team of qualified and student dental nurses (undergoing training) also work alongside the newly qualified dentists.

The DTU exposes its staff to a wide range of dental need and treatments which increases their learning experiences and post graduate training. By providing the opportunity for new dental professionals to work in

the local area, the future retention of dental clinical staff within ABM is improved, (which has always been a problem in Wales).

This year's cohort of DF1s has continued to excel. Four of the five took, and passed their part one of the MJDF (Membership of the Joint Dental Faculties) of the Royal College of Surgeons England and all have completed their Dental Foundation year successfully. Additionally, the two student dental nurses at the DTU have qualified in the Certificate of Higher Education from Cardiff University and are due to graduate this month.

The team have also risen to challenge to support smokers quit the habit. In response to the 'challenge', since June, 54 patients have received smok-

ing cessation advice. Newly qualified Dental Nurse, Samah Taylor has completed an excellent project investigating our patients' awareness of the oral effects of smoking, and Senior Dentist, Dr Atif Hussain, who possesses both Masters degrees in public health and medical education is leading Dental Nurse training to enable DTU Nurses to deliver the most effective oral health messages (also linking with smoking cessation).

The Unit also supports research into dental care, including participating in a trial is to establish whether the incidence of dental pain and infection are significantly influenced by the management approach to dental caries in children's teeth. The FICTION study (Filling Children's Teeth: Indicated or Not?) which is a collaboration with Dundee/Cardiff University presents a challenging but vital opportunity to answer the question of how best to manage caries in children's primary teeth. The Programme Director is also taking part in a Cardiff University study investigating the reasons for placement and replacement of crowns in primary dental care in Wales.



Pictured are staff of the DTU (left to right) Front row: Drs Atif Hussain, Jodi Lee, Middle row: Sarah Dunstan, Ffion Bowen, Debbie Street, Lucy Grey, Dr Lesley Taylor, Back Row: Dr Fraaz Mirza, Catherine Thomas, Dr Jai-Mukund Patel, Natalie Jewell, Dr Kristian Davies

Preparing Children with Disabilities for School

Mary Morris, ABMU

NPT Locality has a contract with Action for Children Neath Port Talbot for the provision of play and activity sessions for pre-school children with disabilities. The intention of the service is to prepare pre-school children with special needs, to receive education. Each child receives up to 5 half - day sessions some of which focus on special areas of development. SMART targets are development for each

child:

- * To improve physical health
- * To help the child to be ready for school
- * To improve communication skills
- * To improve emotion well being
- * To maximise independence

Access to the service is based on each child's needs and referrals are regularly received



from Paediatricians and Physiotherapists. The language of each family is taken into account.

51 children received the service in 2012/13 and in user feedback 100% of parents and carers felt

that they had been supported and informed during the process and that the child had made progress as a result of accessing the service.

CHEST HELP - Respiratory Advice Line

Marie Amanoritsewor, ABMU

CHEST HELP, a new e-mail advice line went live on the 8th of July and is being piloted in the Upper Valleys Community Network. CHEST HELP is managed by the Respiratory Consultants and Specialist Nurses in Neath Port Talbot Hospital and aims to ease communica-



*Dr Chiranjib Ghosh
Upper Valleys Network GP
Lead*

tion between primary and secondary care and to improve patient care by:

- * providing a single point of access to advice for GPs and Practice Nurses

- * providing efficient and timely responses to queries and
- * supporting GPs' and practice nurses' clinical decision-making in relation to respiratory issues.

Dr Chiranjib Ghosh, Upper Valleys Network GP lead said, 'We have been working on this project for quite some time and I am pleased that it is finally off the ground. I would like to thank the Respiratory team and the planning team of NPT Locality for the work that has gone into setting up this advice line. Communication between primary and secondary care has not always been easy and this is our opportunity to utilise the service to improve quality of care for our patients. It is my hope that such services can be developed for other specialities'.

*Single point of access for
respiratory advice for GPs*



*Dr Martin Ebejer
Respiratory Consultant*

Dr Ebejer said, 'I encourage GPs and their practice nurses to use CHEST HELP. The chest team is at your service – use it! Uncomplicate your life and that of your patient by getting to the heart of the matter as efficiently as possible. A direct question gets a direct answer.' The pilot will be evaluated at the end of the 6 month trial period and if successful will be rolled out to other networks in Neath Port Talbot.

Support for Dementia Patients and their Carers

Mary Morris, ABMU

Currently there are around 1700 people with a diagnosis of Dementia in Neath Port Talbot. However the Alzheimer's Society estimate that this represents only 48% of actual dementia sufferers – which would indicate that the real number is likely to be in excess of 3500.

Nationally the Alzheimer's Society has developed a Dementia Support package, and as part of this delivers a Carers Information Project, a 'Look After Yourself Group

for Carers', Dementia Cafes, one to one support and information.

The funding for the services to carers is provided locally through a Local Mental Health Grant, which is administered by NPT locality. The majority of referrals for the service come from Health professionals but the Society also accept self referrals. Support may be offered in person (face-to-face) and/or on the telephone, depending on the person's preference and need. Welsh speaking staff are available and infor-

mation can be provided in alternate languages as required. Staff offering one to one support and information carry an ongoing average caseload of 45 and respond to an average of 350 contacts per month. 60 carers per year benefit from the Carers Information Programme while between 15 - 20 peoples attend the bi-weekly 'Look After Yourself group' and Dementia cafes.

The Alzheimer's Society have developed new GP packs which will be launched shortly.

Cognitive Functioning and Ageing Project

Amy Jenkins, Swansea University

A longitudinal cohort study (CFAS Wales) is a research project which is part of a national study aiming to improve our understanding of changes which occur with ageing, and to help policy makers meet the needs of the modern generation of older people.

Ageing is now recognized as one of the major challenges facing the world's populations. The aim of this study is to find out how health and well-being change as people

grow older. Some people experience difficulties as they get older while others remain fit and active. We are interested in the full range of experiences so that we can get a true picture of the ageing process and whether these are changing over time.

We identify potential research participants from the NHS register for Wales, who are then randomly-selected to be contacted by the research team. Potential participants will be over the age of 65, and will be contacted with permis-

sion from their GP surgery.



Our current aim is to raise awareness of the importance and implications of the research in order to improve participation numbers, thus limit refusals.

If you do have any queries about the research please phone me on 01792 602906, or email me on a.jenkins@swansea.ac.uk. Alternatively you can view additional information on our website: <http://cfaswales.bangor.ac.uk/>



Neath Port Talbot has the highest proportion of unpaid carers in England and Wales, with 14.6% of the population dedicating their time to unpaid care.

http://www.ons.gov.uk/ons/dcp171766_300039.pdf

Observations on Actual Community Networks; & Virtual Networking

**Dr Jonathon Campbell, GP,
Afan Community Network**

Finding the time to attend the ever increasing number of meetings can be difficult, but often seems to be the only way to actively engage in community network activities. I suspect that like me, most of us really dread Network meetings, via virtual workspace or in person - long drawn out whinge sessions about everything that's wrong with ABMU and the NHS in general but very little about what we can do about it.

So when Krysia Groves, Afan Community Network (ACN) Planning Lead, sent a request for responses regarding some pre-diabetes work the network was embarking upon, as well as a call for Practice Nurse Teams and Practice Managers to join our virtual workplace, I was not surprised to see a reminder a few weeks later due to a very poor response. For once I decided to reply, pointing out my own difficulties with using the workspace and irritation having to log on every time I received an update to see what is going on.

It is clear from the names in the group that we have a poor uptake amongst us GP's so we can hardly expect our Nurses and Practice Managers to get involved. Personally, I think I prefer group emails but I appreciate how these can become thick with information with repeated replies making it difficult to find key infor-



mation at a later date.

To be fair, Krysia pointed out that we have not really given it a chance. With such poor uptake and no real effort (on my part) to learn how to use it, I can't really complain.

In fact, I was discussing this with one of our Practice Nurses a few days ago when it became apparent that she had very little idea about the Networks at all.

Like a lot of Practice Nurses in our area she had been picking up extra pocket money at the MMR catch up clinics on the weekends of the last few months. She had found these a great opportunity to share and discuss different services carried out by different surgeries in our area and felt that something like our Afan Network would be a great mixing pot of ideas to make us all better in the long run. Looking at things afresh through her eyes it was clear how much better we could all be through a combined effort, not only in sharing information but also in constructive complaints back to ABMU - if we all feedback the same issues we could make a much louder voice, far louder than a bit of grumbling to each other at the end of PT4L.

The work that a lot of the ACN

GPs have already done with Pre diabetes care is a great example of how we can take control of our Network to not only earn our points for QP stuff but to actually provide a service where gaps exist or improve care where we see it has deteriorated. The general feeling is that we've had networks forced upon us and as such we've not really got involved properly with it. However just because there are a few issues where we have to "Play the Game" to get paid properly does not mean we can't use it to our advantage.

Our Practice Nurse is very keen to get involved and I would recommend we all encourage our Nurses to do likewise. I had presumed there would be no enthusiasm to get involved but I couldn't have been more wrong. For most of our surgeries the bulk of chronic disease management is done by our Nurses so getting them all involved and using their enthusiasm and ideas seems to be a great way forward.

I'd like to suggest that as Network we all make the push to sign up and get involved with ACN Virtual Workspace.

For instructions on sign-up contact

Sam.Page@wales.nhs.uk.

Kryisia Groves leaves Neath Port Talbot Locality

Marie Amanoritsewor, ABMU
Neath Port Talbot Planning team has bid an emotional farewell to their colleague, Kryisia Groves who has recently taken up the post of Primary Care Manager in Bridgend. Kryisia started work with the locality as Chronic conditions Manager, and later took on the role of Planning and Partnerships Manager. She has, as planning lead for Afan Network, been the driving force in its development as well as a prolific contributor to this newsletter. She has worked very closely with Sanjay Chalissery (who recently emigrated to Australia) and Farida Patel, practice manager lead for Afan network to make links with network GPs and with agencies working in the network area. Kryisia has been involved in numerous projects including the development of the diabetes services, COPD, DVT pathway and the AirAware project.

Anyone who knows Kryisia cannot fault her for her enthusiasm and can-do attitude. Apart from her professional contributions to the team, Kryisia has kept us entertained with accounts of her exotic holidays caving in remote areas and camping on glaciers. Kryisia has a heart of gold as shown by her tenacious quest to improve the lot of disadvantaged people. She set up a local Foodbank point in the office and diligently encouraged donations to the cause.

Kryisia is a joy to work with and will be sorely missed by all her work colleagues here in

NPT, by members of Afan Network and all the partners from other public sector organisations and the 3rd sector with whom she has worked closely.

Kryisia said, "I'm genuinely sad to be leaving NPT Locality and particularly the Afan Community Network – I feel we've come a long way together since I started as the Network's Planning Lead over a year ago. I am leaving you in the capable hands of Sam Page, so I am certain you will continue to progress the Network agenda."

During my time in NPT I've experienced a wide range of challenging, interesting and sometimes difficult 'assignments' but seem to have managed to come through them all, learning a lot along the way. I was only able to do so with the support of the ever-helpful, highly experienced

Farida Patel said, "Kryisia is a tower of strength in helping to progress and develop the Afan Network. Having recognised that GPs are busy people and taking time out for meetings was always difficult, an e-communication hub was set up so that the Afan Network could work virtually and share ideas through this platform. Her enthusiasm and continuing support will definitely be missed and I wish her the very best for the future."

Lindsay Davies, head of Primary Care and Planning said, "I have been lucky to have worked with Kryisia in several different guises (hers and mine) in the past and have always been impressed with her drive, enthusiasm and innovative ways of working – frequently coming up with imaginative solutions to problems the rest of us might otherwise have consigned to the

"too hard" box. Her specific contributions to Afan network and Diabetes services have been rightly plauded above. What I think NPT will miss most though is the opportunity to benefit from her fresh approach as a member of our local management team. Fortunately, we'll still be able to tap into that in Primary Care, as the three Locality Teams work very closely and I look forward



Kryisia (3rd left) with members of NPT Locality Planning Team; from left to right Lindsay Davies, Dawn Burford, Kryisia, Kevin Duff, Marie Amanoritsewor, Mary Morris and Judith Lewis.

and innovative team I've had the pleasure to work with. Thank you all; I shall certainly miss you"

ward to Kryisia's unique slant coming to bear on our work over the coming year!

Stop Smoking Wales 30/90 Day Challenge

Cheryl Richards, Public Health Practitioner, Stop Smoking Wales

Following on from a meeting last month between Public Health Wales, health boards and the Welsh Government, the Chief Medical Officer for Wales, Dr Ruth Hussey, set everyone present the challenge to reduce smoking prevalence.

In particular, the challenge includes:

- * Reviewing the methods of collecting and managing smoking cessation data with a view to developing and implementing an integrated data system for Wales;
- * Working with acute services, especially primary care, to maximise their referrals to Stop Smoking Wales;
- * Increasing footfall through Stop Smoking Wales and other cessation services with enhanced communications and marketing, shared with the Health Boards;
- * Preparing Stop Smoking Wales for the expected increase in contacts to the service

The challenge ends in mid August and success will be measured by a reduction in waiting times and an increase in contacts. Extra sessions and later opening times are being implemented by Stop Smoking Wales staff with a view to providing clients with more choice.

Pregnant women and pre-operative patients are being offered new telephone assessment sessions. Within 48



hours of contacting Stop Smoking Wales, an Advisor will call them back to go through their smoking history, health and gather other information. The service will then be able to book them into their soonest available local session for the six-week support programme.

The Programme Lead for Stop Smoking Wales is Carol Owen, Principal Health Promotion Specialist. Stop Smoking Wales sits within the Health and Healthcare Improvement division of the Public Health Development Directorate.

Rhiannon Beaumont-Wood, Director of Nursing, is the accountable officer, helping to

“Improving uptake of smoking cessation services has now become a tier one target for all health boards and it is something on which we will all be measured.”

drive forward the response to the CMO’s challenge. Internal and stakeholder groups have

been established to manage the response, and include representation from local public health teams, Directors of Public Health, and colleagues in the pharmaceutical, dental and primary care teams.

Directors of Public Health have been encouraging their local team’s staff and Health Board Communications Teams to take every opportunity to cross-promote Stop Smoking Wales internally and externally. They have also been driving forward existing work on the MAMSS pilots across Wales.

Rhiannon said: “We have tried to create a real sense of urgency in responding to this significant challenge, which has short term and longer term goals for all involved.

“Stop Smoking Wales is obviously crucial to meeting this challenge and responsibility for the service’s success not only lies with us, but also with engagement from health boards, primary care and local authorities.

“Improving uptake of smoking cessation services has now become a tier one target for all health boards and it is something on which we will all be measured.

“Therefore, I would like to take this opportunity to encourage all staff and stakeholders to do everything they can to raise awareness of Stop Smoking Wales.”

For more information contact Cheryl Richard Tel: 01792 326516; Mob: 07515 200569 Cheryl.Richards@wales.nhs.uk

Getting Motivating to Get Moving - Keep Moving

Elizabeth Randall, Afan Valley Communities First

Residents of all ages from the Afan Valley are being encouraged to become physically active as part of the Communities First *Get Moving - Keep Moving* project. Over the past months a number of projects which promote physical activity have been developed with almost one hundred residents of all ages getting involved. Pupils from Cymmer Afan Comprehensive have been

in weekly Bootcamp sessions at the Upper Afan Valley Fitness Suite. Residents of Cwmafan continue to get out and about on foot as part of the local Cwm Walking Group. Plus older residents of the Afan Valley have been proving that you are never too old to get active. Residents of Tonmawr and Pontrhydyfen have benefitted from a sixteen week gentle exercise class whilst those who attend the Arwelfa Day Centre in Croeserw have the opportunity to

ier Communities Project Manager for Afan Valley Communities First reports, *‘Those who have taken the first step to leading an active lifestyle are to be congratulated. There is a wide variety of local groups and facilities that already provide opportunities for physical activity in the Afan Valley and we must ensure that these opportunities are maximised. We plan to develop further opportunities for physical activity using both local facilities and the natural environment*



Members of Cwm Walking getting active

staying behind after school doing weekly workouts with Neath Port Talbot Youth Service in preparation for their Duke of Edinburgh Expeditions. Women from across the Afan Valley are participating

participate in the EXTEND programme delivered by Neath Port Talbot NERS (National Exercise Referral Scheme). Liz Randall, Health-

which not only promotes physical health but emotional wellbeing.’

For more information on Afan Valley Communities First you can contact Liz directly at e.randall@npt.gov.uk

Shingles Vaccination for 70 and 79 year Olds Introduced in Wales

Minister for *Health* and Social Services for Wales, Mark Drakeford recently announced the introduction, starting in September 2013, of a routine Shingles vaccina-

tion programme on the NHS for 70 year olds. People aged 79 as at the 1st of September will also be eligible for the vaccine as part of a catch-up programme.

For more information about the vaccination programme, visit

<http://wales.gov.uk/newsroom/healthandsocial-care/2013/130611measlesandimmprogdebate/?lang=en>

Doctors Support Initiatives to Tackle Obesity in the Cwmafan Area

Afan Community Network Introduces *Foodwise*

Lisa Jones and Liz Randall, Afan Valley Communities First

Foodwise is an eight week structured programme that uses evidence based approaches to weight management. It is a community based programme developed by Public Health Dietitians in Wales and is designed to be delivered by appropriately trained community based staff. It utilises evidence based approaches to weight management and contributes towards activity at Levels 1 and 2 of the Welsh Government All Wales Obesity Pathway.

Foodwise uses basic behaviour changing strategies to facilitate weight loss and links in with other national initiatives such as Change4Life; National Exercise Referral Scheme; Food Co-operatives; Walk for Health and Get Cooking schemes; thereby making it an ideal intervention to introduce in those areas where it has been identified that there is a need for more support along these lines.

Members of the National Exercise Referral (NERS) team are joining forces with Communities First following their completion of a training programme delivered by Dietitians from ABMU Nutrition and Dietetics

Department and their recent inauguration as *Foodwise* Tutors. NERS and Communities first aim to deliver programmes in those areas in the Afan Community Network that have been identified as having the greatest need. Support will be provided by the Nutrition and Dietetics Department for the duration of the scheme.

Lisa Jones, NERS Coordinator and Liz Randall, Healthier Communities Project Manager, explain the plan to address obesity in the Afan Valley:

“In Neath Port Talbot the target population will be individuals with a BMI of more than 28;

*For the initial pilot, NERS will receive *Foodwise* referrals from GPs. The trained NERS*

Tutors will deliver the programme to individuals who present with a BMI of more than 28 and who also have

“Foodwise uses basic behaviour changing strategies to facilitate weight loss;”

*two or more co-morbidities, which represents an intervention at level 2 of the All Wales Obesity Pathway, whilst the Communities First will deliver to those with no co-morbidities, representing the first level of the Pathway. As part of the pilot, all participants will be offered physical activity sessions twice a week to support the *Foodwise* education programme.*

*Alongside the Cwmafan Pilot, the Afan Valley Communities First team will deliver a *Foodwise* programme in the Upper Afan Valley where participants will be encouraged to self refer. Although this secondary programme will not include the sixteen physical activity sessions, local facilities and commu-*



ACN *Foodwise* Tutors: Liz Randall (Communities First), Lisa Jones and Claire Jones (NERS)

Afan Community Network introduces Foodwise

...continued from page 13

nity organisations that provide opportunities for physical activity will be promoted.

Following these pilots the projects will be measured and monitored in the same way so on completion of the programme comparisons can be made between the group referred by health professionals and the group of self referrers.

We all plan to start the programme together, in Cwmafan initially. Following this we shall take on whatever learning we acquire from delivery of the first programmes then

look to rolling Foodwise out across the NPT Locality - NERS instructors Claire in Port Talbot, Lisa in Pontardawe and Scott in Neath, with Liz of Communities First continuing to concentrate efforts in the Upper Afan Valley.

Both programmes will promote local healthy eating and exercise initiatives in community settings and encourage the local residents to make lifestyle changes and promote utilisation of their local amenities, in order to achieve a healthy weight.”

GPs in Cwmafan are showing enthusiastic support for the Foodwise initiatives, which are scheduled to start in October, by suggesting a Health and Wellbeing event to promote the programmes and encourage sign-up. The Wellbeing Day, scheduled for 9th October will also encourage uptake of flu vaccinations and provide information and signposting to meet other health and wellbeing needs such as those around smoking cessation, drug and alcohol awareness.

Proposed Housing Developments in Neath Port Talbot

Sam Page, Primary Care Development Manager, ABMU

Neath Port Talbot County Borough Council is working on the Deposit Plan. In order to finalise the sites which will be allocated in the LDP for housing purposes the locality has been asked to identify any issues or constraints which may affect their deliverability.

ABMU Informatics Service has developed a number of maps based on network areas which provide an overview of the de-

velopment sites in relation to each GP practice base. These maps have been shared with networks and comments collated to inform a locality response to the LDP planners. In summary the following number of units has been proposed:

<u>Area</u>	<u>Units</u>
Neath	2731
Port Talbot	1974
Pontardawe	477
Swansea Valley	120

Neath Valley 505
The locality response has highlighted that physical capacity within some practice premises is extremely limited and would require attention, i.e. expansion, to cope with any additional numbers. It has been recommended that constraints in terms of primary care capacity is addressed as part of the LDP.

To request copies of the plotted maps please contact Sam.Page@wales.nhs.uk.

Stress Control Courses in ABMU

ABMU is running stress control courses to help people protect themselves against stress by recognising the signs and symptoms of stress and taking steps to reduce its harmful effects.

The Next Stress Control course in Neath Port Talbot starts on the 6th of September 2013 and runs at the same time every week for 6 weeks, lasting no more than 2 hours each session.

If you require more information, call 07967 612 246 (please leave a message if no-one is available to take your call) or email: living.lifewell@wales.nhs.uk .





STOP, THINK and CHOOSE WELL

Think carefully before going straight to the Emergency Department (A&E) and use the most appropriate service for your healthcare needs. **73% of people who go to the Emergency Department are not actually admitted as an emergency.** If you are unsure where to go to telephone NHS Direct on 0845 5647. More information on healthcare services in Bridgend, Neath Port Talbot and Swansea at www.abm.wales.nhs.uk

Emergency Departments (A&E) - for all ages groups - treatment of seriously ill, injured or life threatening conditions e.g. heart attacks, strokes, choking, blacking out - open 24/7.

Minor Injury Unit, Neath Port Talbot Hospital - for adults and children over the age of one year - treatment of injuries such as fractures, dislocations, wounds, minor burns, assaults. Using stitches, dressings, casts, antibiotics and anti-inflammatories to treat injuries - open 24/7.

Minor Injury Unit - Singleton Hospital - for any age group - treatment of conditions such as wounds, minor burns, sprains, skin complaints, animal bites, urinary infections - open 8am - 8pm everyday.

GP - advice, examinations and treatments for a range of conditions.

GP Out of Hours Service - If you need to see a GP urgently and cannot wait until your own surgery opens call **0330 123 9180** - available 6.30pm to 8am on weekdays, and 24 hours a day on weekends and bank holidays.

Dentist Out of Hours - ring 0845 46 47.

Local Pharmacist/Chemist- for advice on common illnesses and medicines to treat them, which do not require being seen by a nurse or doctor, e.g. cough, colds, sore throat, thrush, indigestion, cold sores.

NHS Direct - confidential health advice and information - 0845 4647 or www.nhsdirect.wales.nhs.uk - available 24/7.

Self Care - for very minor illnesses such as a cold or sore throat - a well stocked medicine cabinet and plenty of fluids and rest.

Please contact us if you have any views, comments or suggestions. We would love to hear from you.



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New Screening programme for men rolled out



A new Abdominal Aortic Aneurysm (AAA) screening programme has recently been launched in Wales and will offer men aged 65 a quick and painless one-off test to check for a condition that can be life-threatening if left undetected.

The aim of the Screening Programme is to reduce the number of deaths from a ruptured AAA by half in the men invited to be screened, by 2025.

Invitations are currently being sent out and men aged 65 are being encouraged to attend a local screening centre.

For more information on the programme visit:

<http://www.aaascreening.wales.nhs.uk/home>

Are You Interested in Being a Lead Nurse Mentor?

ABMU Practice Education Facilitator Team promotes and supports effective pre-registration nursing and midwifery mentorship within Health Board practice learning environments.

We are looking to re-invigorate a Mentor Forum open to mentors from practice to discuss common issues concerning student support in practice settings. We are in the process of identifying one individual from each placement area to represent their Team at the mentor Forum. These individuals would be passionate about mentorship and be willing to attend at least two meetings each year, be on an email circulation list and act as a contact for dissemination of information. Neath Port Tal-

bot mentors may be familiar with this Forum set up some time ago. We would like to recreate this arrangement and have been requesting nominations. The Lead Mentor Forums will take place **in October 2013** and will be held in Swansea and Neath Port Talbot localities (Neath and Port Talbot Hospital, Singleton Hospital, Morriston Hospital and Cefn Coed Hospital) and relevant mentors from the community are extremely welcome. At this stage we are confirming the names of lead mentors. If you are interested in acting in this role please contact Simon Cassidy (Practice Education Facilitator Manager) at: simon.cassidy@wales.nhs.uk



*Simon Cassidy
Practice Education Facilitator*

Lead mentor forum for nurses to be re-established in ABMU