

Community **SUMMER 2016** Bristol Community Health HEALTH NEW

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Carers: are you getting what you need?

Being a carer can be rewarding, but it can also be isolating, tiring and have an impact on your health, wellbeing and finances.

But changes to the law mean that you might be missing out on support that you are entitled to.

Are you a carer?

Do you provide help and support to a partner, relative, child, friend or neighbour who could not manage without your help due to physical or mental illness, disability, frailty or addiction?

A carer is someone who provides unpaid support to a person who could not manage without this help. This could be caring for someone who has a long term physical or mental health condition, a disability or someone who misuses substances.

What is a carer's assessment?

The Care Act 2015 has a new wellbeing principle which means that local authorities should always have a person's wellbeing in mind when making decisions about them or planning services.

As a carer you have a right to an assessment of your own needs if you provide a substantial amount of care on a regular basis.

This can be done even if the person you care for doesn't want an assessment or has declined any support previously.

More on support for carers, page 9 ➤

Being a carer can be rewarding, but it can also be isolating, tiring and impact your health, wellbeing and finances.



Above: When Robbie Hallam (pictured left) was diagnosed with an autism spectrum disorder, it answered a lot of questions for his mum, Emma. With support from our Speech and Language Therapy Team - which is part of the Community Children's Health Partnership service - the family is now working together to help Robbie build his communication skills.

FEATURE: 'Building social skills', full story on page 6 >

NEWS: 'New children's community health service', page 4

Sun sense: Know your sunscreen

It looks like summer is finally here and it's time to head outside! Some sunshine is good for us, as it boosts our vitamin D which helps us absorb calcium and phosphorus from our diet. These minerals are important for healthy bones and teeth. But there are 100,000 new cases of skin cancer each vear, and extreme sun exposure is thought to be responsible for most cases. In 4 out of 5 cases it's preventable. Labelling on sunscreen bottles can be confusing, so know the facts and get the most from the sunshine.

Types of sunscreen

There are two main types of sunscreen: absorbers of reflectives. Absorbers take in the harmful UV radiation and convert it back out as infrared. Reflective sunscreens contain titanium dioxide or Source: www.bad.ora.uk

zinc oxide, which reflect UV radiation away from the skin.

Ultraviolet A rays (UVA) are linked to skin ageing and skin cancer. UVB is more responsible for sunburn and also has links to skin cancer. Sunscreens have a Sun Protection Factor (SPF), which protects against UVB rays. You'll also see a star system on bottles. These relate to UVA, and range from 0-5 stars. This shows the ratio of the level of UVA protection to the level of UVB protection. So if you choose a low SPF it may still have a high number of stars. This isn't because it's providing a lot of UVA protection, but because the ratio between UVA and UVB protection is about the same. So choose both a high SPF and star rating. SPF 30 and 4-5 stars is For more information about sun safety considered a good standard of protection, plus shade and clothina.

Apply sunscreen generously at least 20-30 minutes before going outside and reapply every two or three hours. Stay out of strong sunshine between 11am and 3pm.

Taking extra care

Be particularly careful in the sun if you:

- Have pale, white or light brown skin
- Have freckles or red or fair hair
- Tend to burn rather than tan
- Have lots of moles
- Have skin problems relating to a medical condition
- Are only exposed to intense sun occasionally, e.g. on holiday
- Are in a hot country with intense sun
- Have a family history of skin cancer visit www.britishskinfoundation.org.uk More on summer health, page 13

End of life care Edward's story Page 8



Hayfever misery? Ease your symptoms Page 13



Wound care **Expert tips** Page 14



NEWS NEWS



Welcome to the Summer edition of *Community Health News*. Our cover story is about Robbie Hallam, who is going from strength to strength after being diagnosed with an autism spectrum disorder (ASD) and supported by our speech and language therapist Gerry (p6). We're now working with many other children like Robbie as we start providing children's health services in the area. Find out more on page 4.

If you've got children who are out and about this summer, there is plenty of health advice here to help you. Our expert staff give some tips to help you patch up your kids when they take a tumble and ward off hayfever misery (p13-14). We also try to make sense of the confusing world of sunscreen labelling (front page)

And if you fancy going behind the scenes, read about substance misuse team leader at HMP Bristol, Sheila Shatford, who talks about caring for patients in prison who are withdrawing from addiction (p11). Our prison healthcare partnership has been an exciting development for us – read more on page 5 to find out what's new.

There's lots more for you to get stuck into: find out about how Bristol Community Health's been performing on page 15 and catch up with our news and events on pages 2-5. And if you feel like socialising, take a trip to our Twitter and Facebook pages @briscomhealth and www.facebook.com/Briscomhealth. You'll get some exclusive content and maybe even a sneak preview of the next edition... Until next time,

Julia Clarke, Chief Executive **Bristol Community Health**



5 things about us.

We are a not-for-profit social enterprise which delivers publicly-funded NHS

We are 100% proudly owned by our staff.

There are 1,700 of us working here in over 35 different services, and we serve Bristol and the surrounding

We see over 100,000 patients a year.

We avoided nearly 3,700 unnecessary hospital admissions between October 2015 and March 2016 (Rapid Response



Making their day



We celebrated our amazing nurses all around Bristol and beyond on 12 May, International Nurses' Day.

To give us a true flavour of their work, our nurses took over the Bristol Community Health Twitter account. They have expertise in everything from wound care, palliative care, heart failure and dermatology to community,

children and prison healthcare, so there was never a dull

One thing was clear, though – they all share a passion for their work and true dedication to patients and families in our community.

Read some of their tweets below..

Twitter Takeover

@BrisComHealth

Happy #InternationalNursesDay! Our nurses are taking over our feed today to show us the amazing work they do #thankanurse

Ordering new uniforms for our new starter who can't wait to work with us.

Young nurses proud to be making a difference! Tory, Community Nurse

Behind good nursing teams are fab admin teams. #working together Nicki, Diabetes Specialist Nurse

Productive end of life meeting with GPs and @stpetershospice collaborative working at its best. Paula, Senior District Nurse

Joint working with district nurses supporting patients with diabetes in their own homes. Nicki, Diabetes Specialist Nurse

Derm CNS managed to see extra patient who's skin flared and needed our help. Love my team. Lynne. Dermatology

Lush cake and tea at HMP EWP today to celebrate Nurses' Day. Love working with such an amazing group of healthcare staff ♥♥ Tamara, Prison Nurse

Celebrating Nurses' Day: recognising hard work and dedication 😊 😊 #thankanurse Paula, Senior District Nurse

Discussing complicated patient with district nursing colleague. Emily, Continence Advisor

It's Florence Nightingale's birthday. Thank you to all our wonderful nurses touching lives across our community today. Julia, Chief Executive



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What's on Free events in and around Bristol

Raking and Baking

What: Meet others in your local community; learn new recipes and tricks in the garden. Open to all. When: Every Tuesday, 10am-3pm Where: St Werburghs Community Centre BS2 9TJ

How: Book on 0117 955 1351 or email office@stwerburghs.org.uk



Awaz Utaoh

What: An empowerment group for South Asian Communities providing advice, signposting, domestic abuse services and community cohesion projects.

When: 10am-1pm Mon-Thurs, drop-in at St Werburghs Community Centre; 10am-1pm Weds, support group at Trinity Centre Where: St Werburghs Community Centre BS2 9TJ, Trinity Centre BS2

How: Find out more at ww.awazutaoh.org.uk or call 07968 621079.



Memory Café

What: Meet other people whose lives are affected by dementia. When: 1st Monday of month, 2-4pm,

Winterbourne; 3rd Friday of month, 2-4pm, Henleaze

Where: Greenfield Centre BS36 1NJ & Trinity United Reformed Church BS9

How: Call Alzheimer's Society on 0117 9610 693

Sharing your **ideas**



In February over 30 patients, carers and people working in the voluntary sector shared their ideas about budget

setting and priorities for the future.

This feedback has helped us put together our Quality Account (see page 15), which reports on the quality of

our services and any improvements we've made.

"We are delighted that so many members of our participation community joined us. We heard some fantastic suggestions," said Matthew Areskog, our Patient and Public Empowerment lead.

Do you want to help shape our services too? Contact the Patient and Public Empowerment Team on 0117 900 2146 or feedback@briscomhealth.nhs.uk

Out and about at Somali Café

We have been busy connecting with the local Somali community to make sure patients are getting the healthcare support they need. Our latest outreach session took place in a bustling Easton café in April. It was run by our Health Links worker, Mohamed, who was there to translate, raise awareness about services, and give support and advice.

As a Health Links worker, Mohamed has worked hard to forge close bonds with local Somali people. For many he is their primary link with the medical

One patient said: "He accompanies me to all of my hospital appointments and interprets everything for me. I couldn't live without him." Another explained: "Mohamed supports me with my healthcare and helps me with translation. My healthcare requires numerous GP appointments. When I receive my prescriptions I need Mohamed to tell me what the medicine is for and how many times a day I require around this area when we need his help - we would be lost without him."

Mohamed has been living in Bristol for 19 years but was born in Somalia. He loves Bristol because of the diverse culture and the strength of his

community. "I understand the challenges of moving to another country very well. Living in a country permanently and not being able to communicate

well is a



constant struggle for many Somalians. Health Links workers are often a lifeline for people. I don't think of it as work – I'm happy to have the opportunity to help others."

it. He is always on hand and we can always find him Bristol Community Health's Health Links service provides a language support and advocacy service in Bristol and the surrounding area. For more information contact Health Links, Charlotte Keel Health Centre, Seymour Road, Easton BS5 OUA; tel: 0117 902 7145; healthlinks@nhs.net

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School footie team gets a kit makeover



Whitehall Primary School girls' and boys' football teams have had an extra boost this season - we've given them a brand new the part, and hopefully it's brought them luck both teams have played brilliantly.

Last term they played in the Bristol primary

schools football tournament. The girls' years 5/6 team gave an outstanding performance and came top in their group, scoring 14 goals. Well done, everyone! We hope that our

sponsorship will help give local children a lifelong interest in sport and keep them healthy and active.

Q. Why do you love football?

A. H (aged 11): I like playing midfield and defence because to work quickly which is good I think I'm stronger in those positions. And my throw-ins are amazina!

M (aged 10): I like that you have to work in a team. I like to play in striker position because it means I can try and score

Q. How does football make you feel?

A. H: It's fun. For me it's not so much about competition, it's more about participating, being in a team and having fun. It makes me feel really happy and I love playing. It helps me keep fit, stay healthy and get 66 I love our new

M: You can get fit and learn how to move. Your brain has

And how's your new

A. H: It looks amazing. I love the logo because it is bright

and colourful. It makes me feel like I'm part of a team and we play stronger because of it. I feel really grateful for the kit because not many school teams like us get the opportunity for sponsorship.

M: I love the kit. It makes us look proud.

SUMMER 2016 | Bristol Community Health www.briscomhealth.org.uk www.briscomhealth.org.uk football kit.

It makes us

look proud. 99

Our partners



We are supported by many partners in our community. Here are a few who are relevant to this edition of Community Health News.

Bristol Older People's Forum

A charity giving a voice to all over 55s in Bristol, facilitating their representation into decision making that affects them, and promoting equality and inclusion for older people in the city. Membership is free for anyone in Bristol aged over 55: just call. You will receive three newsletters a year and invitations to 8 forum meetings with invited speakers. To become a member, please call **0117 9279222** or email bopf@ageukbristol.org.uk

British Heart Foundation

Bristol Community Health works closely with the Bristol Heart Institute and the British Heart Foundation to provide treatment that meets the needs of patients. www.bhf.org.uk

Marie Curie

Support for people living with a terminal illness and their families with information, advice and expert nursing care at home. www.mariecurie.org.uk

Refugee Action

Refugee Action helps refugees who've survived some of the world's worst regimes. It gives them the basic support they need to live again with dignity. Then it helps them build safe, happy and productive lives in the UK. www.refugee-action.org.uk

Macmillan

Macmillan's ambition is to reach and improve the lives of everyone living with cancer and to inspire millions of others to do the same. www.macmillan.org.uk

British Lung Foundation

The BLF has been researching lung conditions for 30 years. It aims to improve care and to prevent, treat and cure lung diseases. www.blf.org.uk

If you work with us and you'd like to appear in this section, please contact comms@briscomhealth.nhs.uk

New children's community health service

We're delighted to be working alongside Sirona care & health (lead provider) and Avon and Wiltshire Mental Health Partnership NHS Trust to deliver children's community health across Bristol and South

The service, called the Community Children's Health Partnership (CCHP), transferred to our organisations in April. Working with Barnardo's, CCHP provides child healthcare and child and adolescent mental healthcare across Bristol and South

> Gloucestershire. Over 800 staff work in CCHP including community paediatricians, children's therapists, health visitors. school health nurses, children's mental health

teams, administrative staff, nursery nurses, managers and safeguarding leads.

CCHP staff are joining our organisations from North Bristol NHS Trust. Together, our partnership will manage the service for a year whilst commissioners run a tender process for a longer, five year contract. We will be bidding for this work as we are committed to delivering this service over the long term.

Julia Clarke, our Chief Executive, said: "CCHP delivers an outstanding service across our local area and so we're truly delighted to be taking on this service with our partners. We welcome staff to our organisation and will support them so they can achieve even greater things for children and young people in Bristol and bevond."

For more information about the services CCHP provides, please visit www.cchp.nhs.uk

Introducing: live feedback

 Have you tried our new online dashboard? It allows you to see what other patients think about our services. It's based on the hundreds of comments we receive from you every month about what we're doing well, and what we need to work on

 Topics include appointments, confidence in our service, quality of emotional support • and more. And it's completely live, so what you see gives you the very latest snapshot of our care.

In the next phase of this project, later this year, you'll be • able to see feedback on each individual service

What do you think?

If you've been one of our patients, why don't you let us know what you think of your care and help build the feedback dashboard? Have your say on our website by selecting the relevant service in the 'Services' section and click on the feedback button on the left. Alternatively, ask for a paper form at your appointment.

We never stop collecting and acting on your feedback. Have a look at the 'Patients and Carers' section of our website to find out more about how we are involving you in our service





Above: Our new dashboard

Help **O**vercome **P**roblems **E**ffectively

Macmillan Rehabilitation and Support Team are offering a two day help patients feel more in control living with or beyond cancer. This course is offered in sites across Bristol throughout the year.

Call or email the team to make enquiries or book a place on: Tel: **07920 833641** Email: bch.macmillansupport@nhs.net



Sharing with others was brilliant. 99

experiences

I felt very alone

since my cancer

diagnosis. I now

know I am not. 99





On 24 March, World TB Day, we sponsored a special twohour show on Radio Ujima 98FM to inform listeners about tuberculosis and tell them about our specialist TB nurses and other migrant health services.



To celebrate International Nurses' Day, Associate Community Matron Karen Grady and Harriet Carter, Team Leader at HMP Bristol, talked to Radio BBC Bristol about their passion for their work..

Supporting your self-care

We've published a report that explains how patients can use technology, education and support from clinicians to better manage their health at home. We call this approach 'supported self-care'.

The report comes at the end of an eight-month programme of supported self-care delivered in a Bristol practice in partnership with Philips Healthcare, The Lennard Surgery and funded by the West of England Academic Health Science Network. Patients in the programme used different technologies to learn more about their condition and/or submit vital readings from their own home Patients were connected to a clinical 'hub' so staff could monitor readings and management in the community', email provide further support if necessary. As

a result of the programme GP practice felt more

confident about managing their own health and reported a range of other benefits. The partnership is now exploring how supported self-care might be implemented across the whole city For the full report, 'Supported selfcare through technology: a population approach to long term condition proactive

gemma.hargreaves@briscomhealth.nhs.uk

...and our nurses appeared on the homepage of www.bristol247.com to answer the question: "What do you love about nursing in Bristol?"

"Because I make a difference to people's lives."

"We love to be able to make a difference for the people of Bristol. It's such a vibrant and diverse city to live in."

"Because of the social and cultural diversity I experience on a daily

"The people of Bristol have fantastic team spirit. It is rewarding working with the people, for the people.

10k heroes

A big congratulations to our staff team who ran the Bristol 10K in May as 'Team Bristol Community

The team have raised over £900 for four charities of their choice (Family Centre for Deaf Children, Bristol MIND, Carers Support Centre and Jo's Cervical Cancer Trust). Amazing work! Well done to everyone who ran on the day.



New healthcare for South West prisons

On 1 April, we launched InspireBetterHealth, a brand new prison healthcare partnership. This service is provided with the help of our partners Avon and Wiltshire Mental Health Partnership NHS Trust, Hanham Health, GP Care, Time for Teeth, Homecare Opticians, Day Lewis and Sirona care & health CIC. We are delivering healthcare in HMP Bristol, HMP Eastwood Park, HMP Ashfield, HMP Leyhill and HMP Erlestoke for the next five years. We're aiming to improve our patients' health by:

• Providing coordinated physical and mental healthcare. We wanted to create a more integrated

Thank you a million times over. My life is now good to live out. I'm 68 next month and feel 48. **Patient**

approach to healthcare so patients won't have lots of separate assessments when they come into prison. So now, when new patients first arrive, they receive one holistic assessment and an integrated care plan is agreed. All the prison and healthcare teams then work together to support the patient to manage their plan.

Encouraging offenders to make positive choices about their health. This is why we decided on the name 'InspireBetterHealth'. We believe that if a patient can identify and address their health needs including drug addiction, they may be less likely to reoffend in the future.

• **Providing a range of specialist services,** including optometry, podiatry and audiology.

 Providing continued support after a patient is **released.** This may include support with finding accommodation and registering with a GP.

To find out more about our prison healthcare partnership, visit www.inspirebetterhealth.org.uk



Staff at the five prisons were welcomed into the new partnership with launch parties at each site.

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Building social skills

When Robbie Hallam was diagnosed with an autism spectrum disorder, it answered a lot of questions for his mum, Emma. With support the family is now working together to help Robbie develop his communication confidence. **Community Health News** meets the Hallams.



debate is afoot in the Hallam family about which household chore is most fun.
"I like polishing," says Sian (9), waving her yellow duster above her head with a grin. There are some further discussions about the pros and cons of hoovering, and with that Sian, her twin brother Robbie and sister Catrin (12), thunder happily up the stairs.

It's a bright, bustling family scene, but as mum

It's a bright, bustling family scene, but as mum Emma curls her feet up underneath her and tells me their story, it has been a difficult journey.

A year ago, Robbie, then eight, was diagnosed with an autism spectrum disorder (ASD) by the South Gloucestershire Autism Spectrum Assessment Team, which is part of the new Community Children's Health Partnership (CCHP). (See News, page 4, for more information about the new service.)

Autism is a description

of the way a child

understands the

support them. 99

Gerry, speech and

language therapist

world. My role is not

to mend them, but to

Having the diagnosis and the support that came with it was a huge relief, says Emma, and it's helped the family move on and work together to support Robbie.

But there were
many years where
Emma felt a burden
of uncertainty. She
felt that something was
different about Robbie

but wasn't sure what it was

"I thought I was going mad. I constantly questioned whether I had things wrong. People would say: 'It's nothing to worry about. It's just how boys can be'. No one wanted to believe there was something else going on."

Early signs

Emma never felt that she 'got' Robbie as a baby: "I tried really hard to understand him, but it took me ages to get a smile. But I thought it was just a stage that would pass."

Robbie went to a mainstream preschool in Norfolk when he was nearly three, and he was only really comfortable when supported directly by his favourite play worker. But he was interacting well with his family at home, so the health visitor had no real concerns at that time. After the family moved to Bristol, Robbie and Sian attended a Steiner kindergarten from the

age of five. "Robbie's teachers were insightful and professional – they quickly gave Robbie some extra support with music and movement therapy. But he had clear social anxieties, even in a more protected, less pressurised environment," says Emma. When he was about seven, he moved up into the lower school for more formal learning. This was when the problems became more obvious. "Robbie just wanted to do his own thing," remembers Emma. "And he didn't have the natural skills to be able to say to other children: 'Will you play with me?' He would run out of the classroom without warning, and needed ear defenders to cope with the general hustle and bustle of classroom life. I was in the school every morning doing relaxation exercise with Robbie. just to get him ready to go into the classroom." Before he started the lower school,

Robbie's teachers had a frank conversation with Emma and her husband, Adrian. "It was a very welcome discussion. She thought it was time to see a healthcare professional about Robbie's social anxieties," says Emma.

Robbie was seen by the GP, who then referred him to a paediatrician. Robbie was then referred to the South Gloucestershire Autism Spectrum Assessment Team.

While this was happening, Emma and husband Adrian made the decision to home-school all their children. "I was going into Robbie's school so often to support him, so I decided – why don't I just do it myself? I just wanted him to have the time and space to learn, with less stress," Emma says.

Knowledge is power

The Hallams went in to see Gerry, Specialist Speech and Language Therapist on the Autism Spectrum Assessment Team for an initial assessment. Within a week Gerry came to see Robbie at his home for some play-based assessment.

Gerry, who is also team leader at CCHP's South Bristol Speech and Language Therapy Team, thinks back to the first time she met Robbie: "He was a lovely, funny character. His language was very precise and pedantic. He



and support children

and young people with

speech and language

and communication

difficulties.

was like a little old man in an eight-year-old body. When I met him, he didn't give me any eye contact, and he was anxious and worried. But Robbie loves scientific, construction toys like Lego, so when we started playing he soon warmed up."

"Gerry's questions teased out such subtle results – they were incredible," remembers Emma. "Gerry was talking to him about a butterfly and a cocoon, but he wouldn't engage with her in the story. He just wanted to talk about his Lego. That's all he wanted to do." As Gerry puts it: "Robbie is keen to talk, but he doesn't have 'social reciprocity', which is a hallmark of autism.

In these cases it's hard for children to imagine what other people are thinking. Children may also have a monotonous voice and not use physical gestures to help the natural flow of a conversation."

Gerry told Emma and Adrian at a follow-up meeting that Robbie was on the autism spectrum.

"Of course, I burst into tears," says Emma.
"But a lot of it was relief, because I knew that I hadn't made it all up. And straightaway Gerry said: 'There is so much we can do.' She was very professional and empathic, and positive about Robbie's life chances. She was really good with the whole family."

A diagnosis is very hard, says Gerry. "Parents often feel that they've lost their 'perfect' child. But we spend most of the meeting talking about the child's strengths and then create an action plan. By the end it always feels positive." With latest research suggesting that 1 in 80 people have ASD, there is more information

As Gerry notes: "With ASD can come real strengths. Often young people can make a special interest their job and excel in later life. Autism is a description of the way a child or young person understands the world. My role is not to mend them, but to support them."

www.briscomhealth.org.uk

and support available than ever before.

What next

Gerry helped the Hallams put together an educational health assessment request for Robbie, which has been submitted to the local authority for review. This aims to help Robbie get extra support throughout his education. The Hallams also attended a Cygnet course, which are parent training and support sessions Gerry and other professionals run for parents in similar situations. They learn more about autism, theories and techniques, come to terms with the diagnosis and develop supportive networks. "It's been really helpful for us," says Emma. "We have made the most amazing

connections with people over the challenges Robbie has faced – and have also become lifelong friends with some of the wonderful classroom assistants who have supported him along the way."

Robbie is also having further input from an independent speech and language therapist, with support from Emma and Adrian at home.

He is working hard on his social thinking to help him communicate. The family uses Lego therapy: Robbie, the 'builder', listens to someone else, the 'designer', and follows their instructions as he builds.

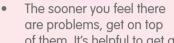
It has also helped the family to write down clear expectations for Robbie about situations or activities so he knows what is expected and why. Emma and Adrian can then refer back to it and say: This is what's expected of you now, Robbie.' They also use comic strips to help him think about feelings and what underlying intentions people might have when they speak. And how is it all going? "I'm really proud of Robbie," says Emma. "He's trying really hard. He said to me the other week: 'How are you, Mum?" That felt like real progress."

His strong relationship with his sisters helps him too, and he benefits from their social role modelling. "Robbie said recently: 'Sian really likes Brownies, doesn't she?', says Emma. "He'd watched Sian coming home absolutely beaming after Brownies, and he made a connection which he wouldn't have done before. Now it's happening quite frequently. It's like a flower coming out."

What I wish I'd known

Emma Hallam (right)

- Listen to your instincts and talk to your child's educators at an early stage.
- Have an honest
 discussion with educators
 - and encourage honesty
 in return. They will need
 to provide a detailed
 statement, along with
 your GP, to get a referral
 to speech and language
 therapy and a community
 paediatrician.



of them. It's helpful to get an early diagnosis if possible.
Getting a diagnosis of ASD will help your child – it's not a label. It will help you access the support your family needs.

Our Speech and Language Therapy Team

Children's Speech and Language Therapy is a team of about 80 therapists who support 0-18 year olds. We are based in children's centres, clinics, nurseries, specialist and mainstream schools. We assess, diagnose and support children and young people with speech, language and communication difficulties and eating and drinking needs.

The service is part of the Community Children's Health Partnership (CCHP), which Bristol Community Health runs in partnership with Sirona care & health (lead provider) and Avon and Wiltshire Mental Health Partnership NHS Trust to deliver children's community health across Bristol and South Gloucestershire. The service transferred to our organisations in April. For more information have a look at News, page 4 or visit CCHP in 'Services' at www.briscomhealth.org.uk

If you have any concerns about your child's communication or behaviour, talk to your GP, health visitor or school health nurse. For more information and resources about autism visit the National Autistic Society at www.autism.org.uk

What does a speech and language therapist do?

The team supports in the following areas:

- Assessments and diagnosis of autism in children.
- Therapy for children who have a stammer.
- Assessment, advice and intervention for children who have difficulties with speech sounds.

 Assessment and input for children who have difficulties understanding and using language.

• Feeding and drinking support for children and young people.

 Parent training courses for vulnerable families to help them communicate with their children.

 Social communication input for children. With older children this may include support to develop non-verbal communication, relationships and social insight.

Right: Gerry Bates, Specialist Speech and Language Therapist



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Looking to the future

After almost half a century of companionship, Edward* lost his life partner John to pancreatic cancer last year. Here he remembers the things that made John special and talks about how he's trying to face the future with a smile on his face. By Amy Holgate

often think about bringing octopus and fish home not to tell him how tired I was. He was always worried about the whole thing. He never spoke to me about it from the sea near our flat in Malta – I have some I fantastic memories of the time John and I spent there. We had a wonderful 47 years together."

Edward remembers fondly the travelling he used to do with his partner, who died last year of pancreatic cancer. "I went back to Malta after John died to scatter his ashes there. It was nice to see it again, but it wasn't quite the same."

At the age of 82 Edward is still adjusting to life without John, but he tries to stay upbeat. "My view is: I can't sit around moping," he says. "I have moments of sadness, but I don't feel sad about my lot. I'm a reasonably steady person and I'm quite realistic."

A new chapter

John hid the severity of his illness from Edward after he was diagnosed. "When he finally told me, all I could think was: 'Don't break down, Edward. He's got enough to deal with

Edward set about providing the best care that he could. "John always liked a bowl of porridge. One morning I heard a crash and he had fallen down. I said to him: 'Anything you want, I'll do.' I made a point about giving me a break, but I didn't want a break. I enjoyed looking after him. And he'd have done the same for me."

But eventually it became too much for one person to manage. John was referred to Bristol Community Health's Palliative Care Home Support by his GP for

"They were all like Florence Nightingale. I don't know

what we would have done without them. Before they helped us, I was doing most of it myself. And all the things that were making life difficult were fixed," Edward remembers. Other Bristol Community

Health teams were on hand to help, too. One morning Edward found John stuck between the bed and the sofa, and couldn't move him.

Calling the hospital, a Rapid Response Team arrived quickly with an inflatable cushion to raise John back up onto the bed. "They were wonderful people, too," says Edward.

After the Palliative Care Team

things that were making life

started helping us, all the

difficult were fixed.

"John was still thinking clearly at the end, but he was in shock

*Names have been changed and stock photography used to preserve patient anonymity



as he should have done.

"I think he was numb. His last words were: 'Why is this happening to me? How can it be happening?' But he was always so funny, even near the end. He liked to call me 'a sore with a bare head' because I was going bald."

Looking to the future

Still with a keen desire to travel – cigars are much cheaper in Amsterdam than they are here – Edward keeps himself active. He walks a lot around hilly Clifton and beyond to keep fit. Last week he helped an 80-year-old man carry his shopping home.

"Feeling old is all in the mind - you can easily let yourself go. And you have to take an interest. I've started watching Jeremy Kyle to know what kind of people there are in the world. It gives me hope, really, that I've avoided such things. I've been very

Our Palliative Care Home Support Team

The Bristol Community Health Palliative Care Home Support Service works with other healthcare professionals to offer personal care and emotional support when patients are reaching the end of their life. The team is made up of nurses and healthcare assistants and is based in Avonmouth. All care is provided in patients' homes.

After referral the team assesses the patient to work out how many visits are needed – whether they need one, two or three a day. The care provided includes: personal care, e.g. washing; providing emotional support for patients and their families; moving patients to stop pressure sores and keep them comfortable; and helping with breathing difficulties, pain management any other symptoms.

For more information about Bristol Community Health's Palliative Care Team visit the Services section of our website at www.briscomhealth. **org.uk.** Referrals to the service can be made only by health or social care professionals for patients registered with a Bristol or South Gloucestershire GP.



What my job means to me Angie Carpenter, Healthcare Assistant, Palliative Care Home Support

Some patients don't want to talk about dying with me. Sometimes they do. I tell them to take each day as it comes, but I just can't imagine what they are going through

Sometimes families are relieved to leave us to it, and some like to be involved, or sit in the room while we do it. We are really guided by them and respond to their cues.

I try and break down barriers. Rugby is always a good one - I'm a massive Wales fan. I show my patients pictures of me watching a game with a sheep or a daffodil on my head. Just finding an area of interest for them can help.

Some patients are very reserved, and take a while to accept strangers. When you are giving them personal care, it can be very difficult for them. It's very intimate You have to take it gently, gently – and with the family too. You don't want to take over. You need to build trust.

I always say: "I promise, in a couple of weeks' time, you'll be looking forward to us coming." And 100% of the time, they do.

It can't be all gloom and doom. Laughter when we came in for a visit. But one day, really is a good medicine. I try and focus he was in and out, up and down - really on everyday life, on something other than the illness.

Most days I cover 100 miles. In my team most of us cover nearly 10,000 miles a year. We're dedicated to the job.

Working with patients experiencing dementia is very hard. Often I will ask them "Are you in pain?" and they'll say "no". But how do I really know?

I never switch off. I think about patients on my day off – it's the same with all of us. It's a vocation. When patients pass, it often feels like a happy release for the patient. But it's so sad for the families.

Sometimes it can be a relief when death comes, because it can be a waiting game which lasts for days. Marie Curie provide 'nightsits', where they sit with patients overnight to give relatives a break. And Hospice at Home provides temporary care for 24 hours too. It depends what the family needs.

Afterwards we support the family in any way we can. Sometimes we have to wait for the GP to verify death if the nurse isn't registered to do it. Then the undertakers will come to take the body, but sometimes relatives want a bit longer with them. It's a very personal thing.

Dogs very often pick up signals about **death approaching.** I'll always remember one of them. The patient owned a husky, who never really moved or even blinked restless. And then he licked her face, and she was gone.

They call us angels. We do everything we can to make patients more comfortable. We only have one chance to get it right.

➤ Cover story - continued

Carers: are you getting what you need?

All carers over 18 years old who have a need for support are entitled to a carer's assessment. This is not affected by the amount or type of care you provide, your financial situation or your level of need for support. There are three guestions that the local council will need to consider when making their decision. If you answer 'yes' to all three questions then you will have

- 1. Are your needs the result of you providing necessary care?
- 2. Does your caring role have an effect on you?
- 3. Is there, or is there likely to be, a significant impact on your wellbeing? Don't forget that children can be carers too. All young carers under the age of 18 have a right to an assessment regardless of who they care for, what type of care they provide or how often they provide it. If you want to request a carer's assessment for yourself or on behalf of a child, contact your local council.

Quick tips for carers

- Register with your GP as a carer and have an annual health check. • Get yourself a Carer's Emergency Card. Cards are free to carers and the
- card can also be used to access benefits and discounts. Find out more on the Carers Support Centre's website.
- Make sure you are receiving the right financial support. You can read more about the Carer's Allowance on the Carers UK website.
- Talk to other carers who will understand how you are feeling phone the Carers UK helpline or have a look at their website.
- Talk to your employer and let them know you are a carer for someone. Be clear about your rights. The right to request flexible working has now been extended to cover all employees with 26 weeks' service or more.

More information

Carers Direct A free nationwide service offering information, advice and support for carers. Tel: 0300 1231053; www.nhs.uk/CarersDirect

Carers Support Centre Information and advice to carers of any age living in the Bristol and South Gloucestershire area. Tel: 0117 965 2200; www.carerssupportcentre.org.uk

Carers Support Centre - Young Carers Information, advice, services and activities focused on supporting young carers. Tel: 0117 939 2562; www.carerssupportcentre.org.uk/young-carers

Rethink Carers Service Support services for carers of people with mental health issues. Tel: 0117 353 2042; www.rethink.org/bristolcarers

Bristol City Council Information and advice on how to get a carers assessment. Tel: 0117 352 1668; www.bristol.gov.uk/social-care-health/carers Carers UK Information about the Carer's Allowance. Tel: 0808 808 7777; www.carersuk.org

Bristol Community Health carers' support

We are passionate about finding out more about the challenges carers face, and what's important to them. Last year, we ran focus groups for carers in partnership with the Carers Support Centre. One carer said: "It's a long journey and we're still learning. It was a nightmare in the beginning. We didn't know anything – where to go for help or what we should be doing." We found that many others from the focus group were in a similar situation.

If you are a carer and would like to shape our services by coming to events or focus groups, join our Participation Community. Contact Jennifer O'Malley on 0117 9002146 or email feedback@briscomhealth.nhs.uk Visit www.briscomhealth.org.uk for information and other resources for carers.

Amanda's story

Undergoing a major operation is tough for anyone. But for Amanda, who has a learning disability, receiving medical information in a confusing format was one of her biggest worries. Our Community Learning Disabilities Team was on hand to ensure that Amanda got all the support she needed.

Emily Cope reports

ack in 2013, Amanda weighed 28 stone and was told that if she didn't lose weight soon she would die. To prepare for a gastric sleeve operation to aid her weight loss, Amanda had to face the tremendous challenge of losing 10 stone, as well as attending many pre-operation appointments and managing her worries about the operation itself.

What first seemed to be a scary and overwhelming experience was made easier thanks to the support from our nursing, occupational therapy, psychology and dietetic services within our Community Learning Disabilities Team (CLDT). The team work closely with each other, and other external services, to provide specialist health services directly to people with learning disabilities.

Accessible information

Our registered nurse who specialises in learning disabilities, Debbie, went with Amanda to all her pre-operation appointments. "It's difficult to understand the medical words doctors use but Debbie was there to help me understand all the questions I was asked. By Debbie explaining what words and questions meant, it helped me to feel in control."

Our occupational therapist, Abi, also made sure that Amanda had accessible information available in her own home to help her keep her weight down. Abi helped Amanda prepare different types of healthy food by creating an accessible Easy Read cookbook

with images and simple words. "Accessible information is really important to me", explains Amanda. "I remember once I was sent an appointment letter from a hospital and it was written in a way I didn't understand so I didn't realise I had to see 3 different people. This meant when I turned up to the appointment, I was confused. I didn't know who they were and I didn't feel informed. I decided to go to a local health meeting to tell them of my experience and raise awareness that paperwork for people with learning disabilities needs to be accessible. It was an interesting thing to do. The learning disabilities team at Bristol Community Health was really proud of me."

Fit Club

For 12 weeks before the operation, Amanda attended the weekly Fit Club run by by our learning disability dietitians, Lucy, Libby and Fay. "At Fit Club, I learnt about the type of food I should have and the type of food I shouldn't have. We did food guizzes about what food is low in fat, and what food is high in fat. We did fun exercises outside and I got to meet other people in a similar situation to me. I really enjoyed it! We got given homework and I really enjoyed that too." As well as Fit Club, Amanda also attended regular CLDT psychology sessions to talk about her feelings about her weight and the operation.

After the operation

If you would like this

newspaper in easy

read or any other

format, contact us

on 0117 900 2198

or email comms@

briscomhealth.nhs.uk

Amanda, who had successfully lost 10 stone by herself, finally had her eagerly awaited operation in November.

Our nurse, Debbie, worked closely with adult care services to arrange six weeks' respite in extra care housing, which has staff on site 24/7, to help Amanda recover and to ensure that she had the post-operation support she needed.

Debbie also helped to make accessible information for Amanda, such as a food and medication chart. which explained clearly the food she could eat and the medication she should be taking. Debbie often went shopping with Amanda to show her the best foods to eat after the operation.

"Amanda is a pleasure to work with," says Debbie. "She is a great advocate for people with learning disabilities. She is a very determined lady who has fought for equal access to the surgery that she wanted."

Amanda has also received excellent support from other external services, such as the Bristol Community Links drop-in centre run by Bristol City Council. "Amanda has a lot of experience working with

> health services and enjoys sharing her knowledge with others." says Debbie. Now 17 stone, Amanda is back on her feet and looking forward to attending Fit Club again for the first time after her operation. "Before I met the learning disabilities team, I couldn't walk up a hill without getting out of breath and I'd have a pain in my legs and back. I would have to stop every minute to catch my breath! I was also upset when people would say horrible things about my weight. But now, people don't say horrible

things anymore and I get less out of breath.

"I now feel I have more confidence in myself. The team has helped me become more independent and given me the information in an accessible way so I can make the right choices for myself."

Find out more about all the different services CLDT provides for adults with learning disabilities by visiting www.briscomhealth.org.uk/our-services

Did you know? In 1979, Amanda took part in the Paralympics as part of the England squad and held a world record for shotput!



I now feel I have more confidence in myself. The team has helped me become more independent.

Accessible Information Standard

From 31 July 2016, all NHS and adult social care organisations need to meet the Accessible Information Standard.

This standard requires us to meet the communication needs of people with a disability, impairment or sensory loss. At Bristol Community Health, we are committed to meeting this vital requirement across all of our services.

Work of substance

Caring for patients with multiple addictions is a delicate balancing act, but custodial sentences can be a chance for patients to turn their health and lives around, says Tania MacDonnell

🐧 any patients who go to prison with drug problems 🤍 Mare addicted to opiates such as heroin, but new psychoactive substances (NPS - previously known as 'legal for anyone but patients who arrive addicted to drugs often highs'), alcohol and, to a lesser extent, amphetamines also cause problems. Patients often arrive with several addictions and helping them is rarely straightforward. As well as helping patients break their dependency, the Substance Misuse teams who work in the south west prisons help them detox safely in a controlled environment usually also have other health problems related to their so that they don't fit, hallucinate, convulse or even have a

NPS, particularly synthetic cannabis known as 'Spice', are a particular concern in prisons because the components are always changing so there is no real way of knowing what someone has taken - if something does go wrong it can be very difficult to help.

The teams help patients withdraw slowly and carefully and increase their chances and increase their chances of staying drug-free and this reduces the chances of them re-offending in the future.

Sheila Shatford, the Clinical Team Leader in the Substance

Misuse wing in HMP Bristol, explains some of the difficulties for patients: "Being sent to prison is very tough have the additional problem of actively withdrawing when could be dangerous they are admitted. This is usually due to the length of time and potentially fatal they have spent in custody. We need to take things slowly in terms of counselling and support as a person who is withdrawing can't think beyond their next drug fix." Addicts particular." Patients drug use and lifestyle; these can include dental problems, ulcers and sexual health issues.

A full health assessment is carried out and then there is an immediate need to stabilise the patient as soon as possible.

Sheila explains, "The patient is seen by a GP as soon as they arrive. We find out where they were given prescriptions previously and confirm the amounts given.

Next, we have a delicate balancing act – we need to find the correct amount of medication to help them detox safely. If we give them too much withdrawal medication beyond their next drug fix 99 they will need high quantities and eventually find it harder

to detox completely but if they are given too little their withdrawal - this is the case with alcohol withdrawal in lose their tolerance to drugs like methadone very quickly so the teams start with a low dosage which is increased gradually until the patient has stabilised and is ready to start withdrawing.

Withdrawing in a prison environment can present its own challenges - Sheila explains, "Many patients receive short sentences so the time we have to help them is limited and when they return home the temptation to relapse can be strong as they are surrounded by all of the things that caused them to get addicted in the first place. We also have to work within the prison environment

and we sometimes find that they are unable to attend a counselling session due to an incident on the wing, for example." However, patients are offered a great deal of



We're hiring



We need to take things

slowly...as a person who

is withdrawing can't think







Pharmacy techs Substance misuse nurses



Find your career in prison healthcare

Are you a qualified, experienced nurse or pharmacy technician? Working in a prison is stimulating and challenging. If you're interested in finding out more, talk to us. See: http://bit.ly/249k55g

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BEHIND THE SCENES

support while they are in prison that, due to their often challenging home lives, can be difficult to access in the community; they are offered a wide range of interventions, counselling and support as well as prescription medications to relieve their

Sometimes patients even welcome custodial sentences as a chance to detox and turn their lives around and they are offered continued care after release (such as referral to Narcotics Anonymous) to increase their chances of success when they return to their community.

Ultimately though, a patient in prison is like anyone else who is trying to break an addiction – they need to actually want and be ready to make changes. If you recognise the signs and symptoms of addiction (see right) in a loved one, consider talking to a professional, such as a GP, for advice.



Addiction: 10 warning signs

- 1. Less money than previously or financial problems; stealing
- 2. Change in appearance e.g. lack of personal hygiene
- 3. Weight loss or gain
- **4.** Change in sleeping patterns
- **5.** Unusual smells on breath, body or clothing
- 6. Changes in mood, including mood swings, secretive, defensive or aggressive behaviour
- 7. Appearing fearful, anxious or paranoid, with no reason
- **8.** Change in friends or interests
- **9.** Lethargy and lack of motivation
- 10. A drop in attendance and performance at work, school or college

Ask Matron: Hayfever

Hayfever is a common allergic condition caused by pollen. Pollen is

the invisible annoyance! It is the fine powder that is released during

cause irritation to the nose, eyes, throat and sinuses. Unfortunately this common condition affects around 18 million in this country each year.

the reproductive cycle of plants. It is the proteins in the pollen that

Common symptoms of hayfever include:

A runny or blocked nose

Itchy and red watery eyes

Less common symptoms include:

Top tips for avoiding pollen

enter the house.

Keep windows closed at night so pollen doesn't

Buy a pair of wraparound sunglasses to stop pollen

Smear petroleum jelly (e.g. Vaseline) or another

pollen and stop it being inhaled.

around the house.

pollen blocker around the inside of your nose to trap

Wash your child's hair, face and hands when they have been playing outside, and change their clothes.

Don't let children play in fields or large areas of

Keep the car windows shut when driving.

Use air filters to try to reduce pollen that is floating

Sneezing

Itchy throat

Loss of smell

Face pain

Headaches

Sweats

like to ask Matron? Email us at comms@ briscomhealth.nhs.uk

HEALTH HINTS

health question you'd

Have you got a

Q: Everyone in my family suffers badly from hayfever. Last year felt like a very long summer of suffering and when the season changed it was a blessing! What can I do to stop the misery?!

Safeguarding Q&A Jessica Beach, Adult Safeguarding Lead

Q. What is 'adult safeguarding'?

A. Safeguarding is protecting an adult's right to live in safety, free from abuse and neglect. It means people and organisations working together to prevent the risk of abuse or neglect, and to stop them from happening. It involves making sure people's wellbeing is promoted, taking their views, wishes, feelings and beliefs into account.

Q. What are the different types of abuse?

A. Abuse can include financial, emotional, physical, sexual, psychological, domestic abuse, neglect, self-neglect, discrimination and 'modern slavery', e.g. forced labour. It can happen to anyone who's over 18 with care and support needs which mean they can't

protect themselves.

Q. What are some warning signs of abuse?

- Unexplained bruises and injuries
- Subtle changes in behaviour take note if someone is very subdued, has lost their self-esteem or changes how they act in the presence of a particular person
- If a person begins to isolate themselves and stops seeing friends and family it may be a sign that something is wrong
- Any changes in appetite and weight loss or gain can be a cause for concern

- Unexplained signs of distress, tearfulness or anger may signal a problem • If someone has possessions that go missing, an unexplained lack of money or failure to pay bills this may be a sign of financial abuse
- Being unclean, unkempt or hungry may signal neglect or self-neglect
- Discouraging visits from relatives or friends on a regular basis should raise alarm bells Missed appointments – failing to show up at GP appointments or regular meetings
- could be a cause for concern • If someone shows unusual distress at being close to someone, or at receiving personal care, this could be a sign of physical or sexual abuse

Q. What do Bristol Community Health staff do if they suspect abuse?

A. All of our staff are trained in safeguarding adults, and have a clear process for how to handle any concerns. We have a duty of care to all our patients and when there are concerns about abuse we will always need to share this with the local authority. Sometimes we may also need to contact the police if a crime may have been committed. It's important to us to involve patients in this process.

Q. What should you do if you are worried about someone?

A. To report suspected abuse call Bristol Care Direct on 0117 922 2700. For more information, the new Bristol Safeguarding Adults Board Leaflet can be downloaded here: www.bristol. gov.uk/social-care-health/report-suspected-abuse



5 MINUTES WITH

Angela Davies, a volunteer exercise buddy

Our volunteer exercise buddies help and encourage people to get fit and also offer practical advice about using gym equipment or filling out exercise log books. Angela has been a volunteer exercise buddy at Brunel Fitness Centre in Speedwell for the past six months, helping people suffering from lung conditions. Angela herself was diagnosed with Chronic Obstructive Pulmonary Disease (COPD) two years ago and so has a very good understanding of the condition. She is an inspiration to others as, through her first-hand experience, she is able to explain how exercise can improve the quality of life for those suffering with long-term or incurable lung conditions.

First-hand advice

Angela explains, "When I was first diagnosed, I felt very lonely and isolated. I felt that my whole life had changed for the worse and that nobody else really understood. I'm now a general mentor to others and this gives me a sense of achievement. I encourage others to give up smoking and how taking their medication is really important."

She adds, "I find the role really rewarding, particularly when I receive positive feedback. When I meet people who are suffering from lung conditions I feel like I understand their frustrations and can offer some first-hand advice. People have often told me that it's really helpful to talk to someone who understands their illness and who they can relate to."

Exercising with COPD

while COPD isn't curable, it is treatable; medication and exercising with COPD can change the way you feel, breathe and function and you can also prevent further damage to the lungs. Angela says, "I was referred to do a Pulmonary Rehabilitation course by my GP and I saw straight away that exercise makes a huge difference to my condition. As I felt so much fitter and more positive I was asked if I would like to become an exercise buddy for others."

People often assume that only smokers and old people

Volunteer for us

Volunteering can make a huge difference to people's lives and can be a very rewarding experience too. The Bristol Community Health volunteer programme offers a range of different roles. To find out more, visit www.briscomhealth. org.uk/community/volunteer-with-us or contact Greg Juckes on greg.juckes@briscomhealth.nhs.uk

get COPD and while Angela has helped all sorts of people, including a 93 year old man who was referred to her, she explains that, "Although COPD is more common in older people who have smoked for many years it can be diagnosed in people as young as 30 or 40."

Find out more about our Community Respiratory Service in 'Services' at www.briscomhealth.org.uk

Which pollen is your problem?

There are around 30 types of pollen that could be the cause of hayfever, coming from a number of different sources.

Grass pollen affects around 90% of people. 1 in 4 of people with hayfever in the UK are allergic to pollen from trees, and weeds and shrubs can also cause problems.

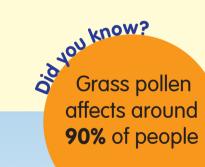
When is there most pollen in the air?

It depends on what types of pollen you are allergic to. Tree allergies will be apparent from March to early May, while grasses release pollen from late May to early August. Weed allergies will be present in the late summer and autumn time.

Treatment options

There is a large range of over the counter products that can treat your child's hayfever symptoms, including tablets, nasal sprays and eye drops. If your child doesn't like taking tablets, antihistamines are also available in liquid forms. However if your child's symptoms are more troublesome it is worth speaking to your GP as they may require prescription medication.

There is also a treatment called immunotherapy for severe and persistent hayfever symptoms. This treatment involves being exposed to small amounts of pollen overtime to build up a resistance to its allergic properties. However, this can take months or even years to have an effect and is very much a last resort.



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Help yourself heal

A good diet can help wounds to heal. Try to have plenty of protein (e.g. eggs, cheese, milk, beans, meat or lentils).

Remember your **vitamins** and minerals too (e.g. fruit, vegetables, fresh fish). If you struggle to have a varied diet, a multivitamin tablet can help.

Drink **eight mugs** of fluid a day. Half of these should be mugs of fruit juice or water.

Quit smoking as toxins in cigarettes can delay healing by reducing blood flow to the skin.

Keep all of your skin well **moisturised** especially your bony bits.



Looking after your wound

Doing some gardening this summer? Or maybe going cycling? Getting out and about in the summer is great for your health, but make sure you know what to do if you have an accident. Our tissue viability nurse, **Sue Murphy**, gives some tips on how to look after your wound - and when to get help.

Q: How do I treat a small wound?

- Remove any debris, e.g. dirt or gravel.
- Use warm tap water to clean it.
- Cover it to keep it clean. A plaster might do the job. For larger wounds, buy a simple dressing from a local chemist. 'Nonstick' dressings are recommended.

Q: It's been two weeks and I'm still worried about my wound.

Wounds usually heal or start to improve during one to two weeks so if after this time there is no sign that it is getting better, you should seek advice. If you have any of the following signs, the wound is likely to be infected:

- The wound is getting bigger.
- There's a redness around the border of the wound which gradually starts extending more than 1cm away from the wound.
- The redness is hot and painful.
- There's an increased swelling/leakage from the wound.
- It gives off a smell.

In the first instance, arrange to see a treatment room nurse at your GP surgery. This may lead to a referral to our Wound Care service

Q: What about wounds on my lower lea?

If you have a wound on the lower leg, below the knee, you need

to be cautious as these wounds are sometimes affected by circulation and can be harder to heal. If your legs are swollen, you are more prone to developing a leg ulcer when the skin has been knocked. For this reason it is a good idea to seek advice from the treatment room nurse at your GP surgery if you notice the knocked area is not healing.

The earlier you seek advice on wounds on the lower legs – the better. It's okay to wait a few days to seek advice (for example, it won't hurt if you leave it for a weekend), but do not leave it for weeks.

Q: How can I reduce swelling in my legs?

To reduce swelling in your legs, which can make wounds slower to heal, make sure you:

- Take lots of regular exercise, such as walking, as this can help circulation. If you can't walk very well, you can still exercise your legs by moving your feet and ankles around while you are sitting in a chair.
- Sit with your feet raised up, perhaps on the sofa or on a foot stool with a cushion on it. Ideally your legs need to be level with your heart or higher if you can!
- When standing still, move your body weight left to right and raise and lower your toes.
- Do not cross your legs as this slows down blood flow.
- Wear light compression hosiery which you can buy from the chemist.

If you have followed this advice and your legs are still swollen and feel heavy and achy, make an appointment with your treatment room nurse at your GP surgery for assessment. Here, they can provide some more supportive compression hoisery if needed.

If you have any concerns or questions about a wound, contact your GP surgery, or you can contact the Wound Care service on 0117 919 0270 or email wcs@nhs.net

If you urgently need an appointment, our Urgent Care Centre at South Bristol Community Hospital is open 8am-8pm everyday. 0117 342 9692. Sat nav postcode: BS14 0DB



A day in the life of a Tissue Viability Nurse Sue Murphy

8.30am I arrive in the Wound Care office to check for telephone messages and new emails. We get a lot of requests for advice from treatment room and community nurses on how to manage wounds that they are dealing with. This is where technology can help us as we can see photos of wounds that they want advice on by text or email.

9.30am I'm off to visit some patients at home with the community nurses to assess wounds that aren't healing very well so we can put a treatment plan in place. We always listen to the patient's story of how the wound started and what is bothering them most about their wound so we can put a plan in place to suit them.

1pm Time for a quick spot of lunch whilst I check emails and telephone messages again. I also write up important medical records on the computer.

2.30pm It's time to start one of our clinics that we hold across Bristol. We can get to see more patients quickly this way as they are coming to us.

5pm Home time. The day has flown by because it's always a pleasure to see our patients.

14

Weird & wonderful wound care

- We often use maggots (sterile medical ones though!). We call them mini-surgeon as they get rid of nasty tissue quickly and easily.
- Manuka honey promotes healing we use a medical graded version.
 Silver is a fantastic antibacterial product
- which is added to lots of different dressings
 Charcoal dressings are brilliant at getting rid of nasty smells...
- Vacuum therapy is a suction dressing operated by a small pump. It can help some big wounds to heal twice as fast.

Our quality priorities for 2016-17

We've been working closely with our patients to develop our priorities for the next 12 months. We will measure the outcome of these priorities through patient stories and feedback, so we can understand

the impact of our work.

Find out more about how we are going to make a difference by reading the full Quality Account at www.briscomhealth.org.uk (available from 30 June).

Improving outcomes for patients with sepsis

Improving the identification, escalation and treatment of sepsis (also known as blood poisoning) in patients.

Improving care at end of life

Prescribing 'just in case' medicines to ensure that possible symptoms in the last days of life are anticipated and treated quickly.

Improving outcomes for acutely unwell patients

Maintaining and improving the skills of staff in an emergency

situation through a new course developed by our clinicians.

Making information more accessible

Implementing the Accessible Information Standard (AIS) to advance equality for our patients. The AIS is a new legal requirement for providers of NHS funded services.

Delivering person-centred care together with the voluntary sector

Building on our connections with the voluntary sector by working as part of the Bristol Ageing Better (BAB) Partnership on an exciting pilot project. BAB is developing a 'first contact checklist' that our staff will use to refer a patient on to a list of agreed voluntary organisations who will meet their needs in a holistic way.

Optimising medicines management
Reducing the inappropriate

prescription of antibiotics.

Work with us

What we offe

- Generous annual leave entitlement and opportunity to buy and sell leave.
 NHS pension or cash alternative.
- Terms and conditions which match the NHS.
- A range of benefits to maximise your
- Flexible working patterns to suit your
- A strong staff voice.

How to find current vacancies

- www.briscomhealth.org.uk/work-for-us-jobs
- www.jobs.nhs.uk
- Work experience placements: www.briscomhealth.org.uk/community/ volunteer-with-us

More information

• Email: recruitment@briscomhealth.nhs.uk

• Call: 0117 900 2257



Did you know?

We've created a Happiness and Wellbeing programme to help our staff develop key life skills such as resilience and a positive outlook.

Find out more about our quality priorities

Our Quality Account outlines how we've developed the quality of our services over the last financial year. You'll also find out more about our priorities for the year ahead. Visit www.briscomhealth.org.uk and click on About > Our Publications to view the latest Quality Account and our other publications.

What we've achieved

in six months (October 2015-March 2016)

We received **68,993** referrals

The Rapid Response

teams have provided

treatment to 98% of

their patients within 24

hours of their referral

We saw **232,775** patients

of referred patients within 18 weeks

92% of referrals

92% of referrals into our Learning Disabilities service have been seen within 13 weeks

Rapid Response avoided **3,699** unnecessary hospital admissions and facilitated **5,144** discharges

Thank you! Nearly **97%** of our patients
attended their scheduled
appointments

100% of urgent referrals received by the Community Nursing teams have been seen within 4 hours





We saw **95.5%**







www.briscomhealth.org.uk



Service directory

Bristol Community Health is a social enterprise that provides community healthcare services across Bristol. Visit **www.briscomhealth.org.uk** for more information about how to access our services.

Bladder and Bowel Service Support for patients with bladder and bowel problems.

Community Children's Health Partnership (CCHP)
Health visiting, school nursing, occupational therapy,
physiotherapy and dietetics for children and young
people across Bristol and South Gloucestershire within
CCHP (Bristol Community Health services).

Community Discharge Co-ordination Centre (CDCC)Single point of exit for all hospital discharges into community services.

Community and Out of Hours Nursing Healthcare and support to housebound patients in their homes, seven days a week.

Community Respiratory Service Services for people with chronic respiratory diseases.

Community Therapy Occupational therapy and physiotherapy in a person's home or a clinic setting.

Health Assessment and Review Team (HART) and Continuing Healthcare Team Nurses and administrators who assess patients' eligibility to access NHS Continuing Healthcare and funded nursing care.

Dementia Support Assessment and signposting to dementia services.

Dermatology Diagnosis, treatment and education about long-term skin conditions.

Diabetes and Nutrition Services Education, information and support about diabetes and nutrition.

Diabetic Eye Screening Annual photographic eye screening for people with diabetes aged 12 years and over.

Falls Support Support for patients who need a falls assessment.

Health Links Language support and advocacy service.

Heart Failure Service Nurse-led heart failure diagnostic service.

Infection Prevention and Control Advice on the prevention and control of healthcare-associated infections.

Learning Disabilities Teams Specialist health services for people with learning disabilities.

Macmillan Rehabilitation & Support Team For those living with and beyond cancer to improve their quality of life.

Musculoskeletal Assessment and Treatment Service (MATS) Assessing and managing the care of patients with musculoskeletal and spinal conditions.

Palliative Care Home Support Works with other healthcare professionals to offer care and support at the end of life.

Parkinson's Nurse Specialist Information, advice and support for people with Parkinson's and for their carers and families.

Physiotherapy (Musculoskeletal Outpatient Service)
Helping people who have difficulty with their day-to-day

living due to pain or problems with movement.

Podiatry Care for conditions affecting the foot.

Prison Healthcare Services Prime provider of healthcare services in prisons, including physical and mental healthcare and substance misuse services.

Rapid Response Intervention for acutely unwell people in their own homes to avoid unnecessary hospital admissions.

REACT In-Reach Co-located with emergency departments to help people home with support rather than being admitted.

Specialist Community Neurology Support for patients with a neurological impairment.

Strength and Balance Classes Exercise programmes to prevent falls in the community.

The Haven Healthcare service for asylum seekers and refugees new to Bristol.

Tuberculosis (TB) Nurse Service Outreach and support to people with active or latent TB.

Urgent Care Centre Walk-in minor injury and illness service at South Bristol Community Hospital.

Walk-in Centre Walk-in minor injuries and illness service based in Boots, Broadmead

Wound Care Support for patients with non-healing or slow-to-heal wounds.

To get in touch visit www.briscomhealth.org.uk/contact-us, email comms@briscomhealth.nhs.uk or call 0117 900 2600.















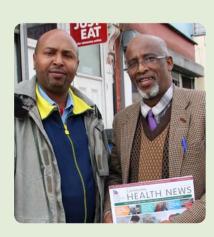




Did you know that our Twitter and Facebook pages have lots going on to keep you busy?

If you follow us you'll keep up to date with all the latest news from Bristol Community Health, and also get our latest health tips, patient stories, exciting events and behind-the-scenes access. Keep your eyes out for some exclusive competitions too...

- Twitter: @briscomhealth
- Facebook: Briscomhealth



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- comms@briscomhealth.nhs.uk
- Communications Team, Bristol Community Health, 6th Floor, South Plaza, Marlborough Street, Bristol, BS1 3NX

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