



# Keeping in Touch

Issue 10 Summer 2012

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## Secretary of State for Health opens dental clinic

**The Secretary of State for Health, Andrew Lansley CBE, MP officially opened a major extension at Brookfields Dental Clinic in Cambridge.**

He was shown the new facilities by Dr Maria Ross-Russell, Head of Dental Services/Clinical Lead, with Cambridgeshire Community Services NHS Trust, which runs the clinic. He was also accompanied by the Trust's Matthew Winn, Chief Executive and Heather Peck, Chairman.

The expanded facilities mean that more people can have minor oral surgery in the community, rather than having to travel to hospital. The extension includes two operating rooms, a dedicated decontamination room and a waiting area.

The award winning minor oral surgery service is a partnership between

Cambridgeshire Community Services NHS Trust and Cambridge University Hospitals NHS Foundation Trust. Led by a joint post, the team has grown to seven dental clinicians treating patients across Cambridgeshire.

Since the launch of the service more than 3500 people have undergone minor oral surgery in clinics closer to their homes, and 70 per cent of those complete their treatment at their first visit. It won the Primary Care and Community Care Based Integration Award at last year's regional Health and Social care Awards organised by the NHS Midlands and East.

Dr Maria Ross-Russell said: "The success of the team has led to a large increase in the number of patients who can have minor oral surgery in the community. I was delighted to give Mr Lansley a tour of the new facilities, which have greatly enhanced the clinical setting in which our patients are treated."



*Pictured are Secretary of State for Health Andrew Lansley CBE, MP and Dr Maria Ross-Russell*

# Welcome

## to the latest issue of our *Keeping in Touch* newsletter.

**Our cover story looks at how we have expanded minor oral surgery services in the community, enabling thousands of people to avoid hospital treatment. This is just one example of the innovative services being developed by Cambridgeshire Community Services NHS Trust closer to people's homes.**

Similarly, in Peterborough we have redesigned the end of life care services to give more support to patients, families and carers as part of the Marie Curie Delivering Choice programme, whilst the 'what do they do' feature highlights the essential work our Luton based special needs nursing service is doing to treat some of the most vulnerable children in society.

We are delighted to have partnered with the Terrence Higgins Trust to provide sexual health services across Suffolk and you can read more about this partnership on page 5.

We continue on our journey to becoming one of the first

Foundation Trusts in the country specialising in the provision of community services. We have welcomed over 4000 local people to become Members of our future Foundation Trust, so we are well on our way to achieving our target of 7000 Members by November 2012. Our Members will have the opportunity to really influence the future of the services we provide, so if you're interested in your local health and social care community services visit [www.cambscommunityservices.nhs.uk](http://www.cambscommunityservices.nhs.uk) and join up on line. We would very much welcome your involvement, whether that is simply receiving this regular newsletter or engaging in major service redesign projects.



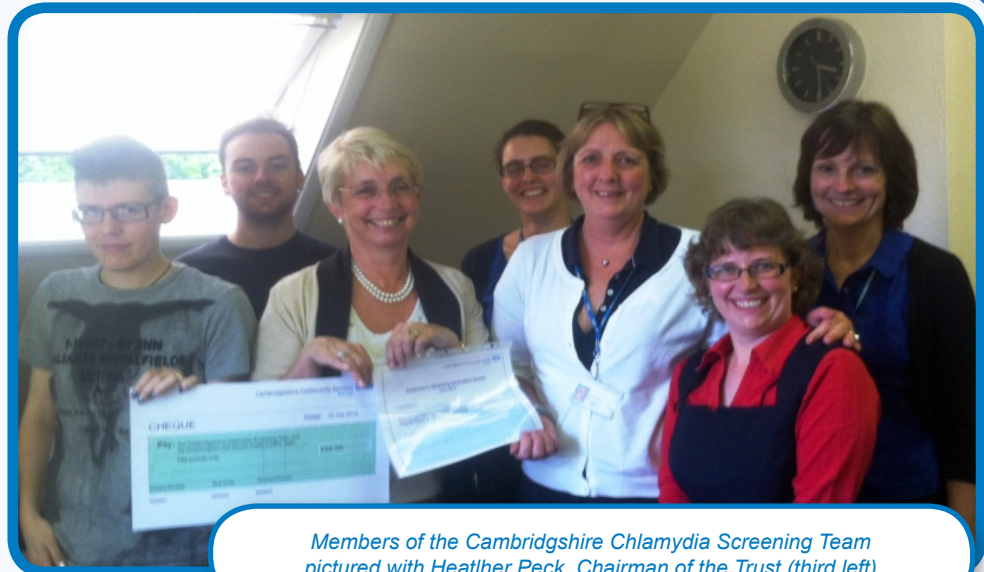
**Matthew Winn**  
**Chief Executive**  
**Cambridgeshire Community Services NHS Trust**

### **Celebrating the Winners of our Chairman's quarterly Innovation Award**

**July 2012 winners: The Cambridgeshire Chlamydia Screening Team and the Contraception and Sexual Health (CASH) team, who worked in partnership to embed chlamydia screening into the CASH clinics.**

The service was redesigned so that initiation of the Chlamydia screening test (on an opt out basis) took place at reception rather than in the clinic room, enabling patients to complete necessary forms and provide urine samples in advance of seeing the clinician, making it easier for the clinician to process the sample. In addition the urine sample was available for pregnancy testing within the consultation reducing any delay previously experienced during sample provision.

The results have been dramatic. Before the new system the CASH



*Members of the Cambridgeshire Chlamydia Screening Team pictured with Heather Peck, Chairman of the Trust (third left)*

clinics were screening on average around 70 people a month and in the first month of trialling this new integrated option they screened 243. The end of year figures showed that CASH services had increased their screening by 50% achieving 2158 screens compared to 1429 the previous year, supporting the Trust to achieve its contractual targets and enabling 36 additional people to be identified with positive screens.

A simple but effective innovation! This wouldn't have been possible without the proactive involvement of the receptionists and the hard work of the doctors and nurses in undertaking the pipetting of the samples.

Congratulations to the team for winning the first Chairman's Innovation Award.

## Three non-executive directors join the Trust

Cambridgeshire Community Services NHS Trust has welcomed the appointment of three non-executive directors to strengthen its Board, who joined the Trust on 1 April 2012

Heather Peck, Chairman of the Trust, said: *"I am delighted that Nicola, Gary and Julie have joined the Trust's Board. They bring a wealth of knowledge and expertise primarily gained with the Royal Mail, BT and publishing companies respectively."*

### Nicola Scrivings

brings more than 20 years experience with the Royal Mail, progressing from sales, marketing and operational management to a number of Director level roles. She has been Regional Operations Director (Anglia) at the company since 2009. She also did a stint at Parcelforce Worldwide, where she was Regional General Manager, for most of the south of England and Wales.



### Gary Norgate

has spent much of his career at BT, working in several senior posts in sales, marketing and business development over a 20 year period, before becoming Vice President Marketing and Market Unit Engagement in 2008. In between he held senior Director roles at a professional services company and two other major telecommunications companies, before returning to BT.



### Julie Goldsmith

has enjoyed a 30 year publishing career including early roles at IPC Magazines and EMAP, before progressing to senior posts such as UK Chief Executive and Senior Vice President at Egmont, Scandinavia's second largest media group, and Managing Director at RHS Publishing, the publishing division of the Royal Horticultural Society. She has also been Chief Executive at law firm Roythorne and Co.



## Luton school nurses success

**Luton's school nursing team has achieved the highest participation rates in the country for the National Child Measurement programme.**

Recently released figures show that the team weighed and measured more than 99 per cent of all children during their reception year at primary school and also year 6.

In Luton, if a child is found to be overweight or obese when they take part in the programme, we share this information with parents or guardians to support improvements in the child's diet and lifestyle.

More good news is that the most recent statistics show that the number of obese children in reception classes in Luton has fallen from 14.1 per cent in 2009/10 to 11.2 per cent in 2010/11.

## Health Manager voted 'UK Sexual Health Professional of the Year'

**Peterborough's sexual health manager, Kay Elmy, has been voted 'Sexual Health Professional of the Year'.**

Kay received her prestigious national award from Brook, the country's largest young people's sexual health charity, at their annual awards evening held in London on Thursday 15 March.



Kay Elmy

Kay manages the contraception and sexual health (CASH) services in the city, which provides confidential

advice on contraception, periods, pregnancy and sexual health.

She was also instrumental in working with Cambridgeshire Constabulary and Rape Crisis to open the first sexual assault and referral centre in the area, the Oasis@Rivergate.

Kay Elmy, sexual health services manager, CCS NHS Trust, said of her award: *"I am absolutely delighted to receive this award. I've worked in sexual health for over 21 years and I am really proud of the services we provide to young people in Peterborough and that we continually strive to improve our services, information and advice, so people are empowered to make choices, and not take chances about their sexual health and well-being."*

# News

## 10th Anniversary of Assistive Technology and Telehealthcare in Cambridgeshire

The latest technological advances are being harnessed by Cambridgeshire Community Services NHS Trust to help people self-manage their conditions so they can live as independently as possible.

This year marks the 10th anniversary of the Trust's Assistive Technology and Telehealthcare Service in Cambridgeshire, which has seen referrals rise from just over 200 in the first year to 2500 a decade later.

The team provides expert support on a wide range of technological devices which enable people and their carers to address the challenges they face to every day living in their homes across the county.

Following referral a member of the team will contact or visit the patient or their carer to assess their needs, agree the appropriate technological solution and loan the equipment for as long as it's needed. These range from equipment like medication reminders, fall detectors and seizure alarms to advanced technology which enables people to remotely take their vital signs, such as blood pressure, heart rate, weight and glucose levels.

Margi Fosh, Assistive Technology and Telehealthcare Manager/Lead, explained: *"We assess, research, procure, install, monitor and review equipment and people's situations, which helps them to live as safely and independently as possible in their own environment"*

*"We work with manufacturers to develop new devices and improve existing one's. We also support new builds and refurbishments to ensure the correct technology is installed as part of the infrastructure."*

Margi explains that technological solutions are used by people of all ages, not just older people with long term conditions.

She added: *"These devices can also help people with autism and young people with learning disabilities, who are not always aware of danger, but are able to live independently with the appropriate technological support."*

### Case Study 1

After 15 years living with chronic obstructive pulmonary disease (COPD) Jeremy Adamski, 58, from Cambridge knows that any infection could have serious consequences for him. Which is why it's critical that any worsening of his condition is quickly spotted and treated.

So while he is talking to doctors about the possibility of a lung transplant he takes advantage of a technological device – known as telehealth – to take his vital signs each day. This information is automatically transmitted to the assistive technology team who can monitor, triage and alert clinicians if attention is needed.

Jeremy said: *"The device gives me the reassurance that my condition is regularly monitored and that I can get help quickly if I catch an infection. Although I can't get out and about much and don't have a lot of energy any more, it also allows me to stay in my own home and avoid unnecessary trips to hospital."*

*"My COPD is at an advanced stage so I've been told I may need a lung transplant, but touch wood with a combination of understanding my condition, antibiotics and telehealth I'm able to manage."*

Jeremy is also linked to care line, a device which enables him to contact an ambulance in an emergency.

He added: *"When my COPD worsens I can't breathe very well and become anxious, so I can find it difficult to speak. This device means I can immediately alert the emergency services wherever I am."*

### Case Study 2

Eammon Malloy, 65, from Cambridge is also taking advantage of the latest technological advances to self-manage his COPD.

He said: *"It's reassuring that I can take my own vital signs each morning, such as my temperature and breathing, which tells me how I'm doing. If there are any problems then I know that the assistive technology team will get me the help I need."*



Eammon Malloy

*"I've not been too well over the last couple of weeks, but fortunately the telehealth device has helped me to spot this early and with the support of the community nursing team I'm getting back on my feet."*

## 'Shine a light' on outstanding community NHS staff

**Has your nurse, social worker, therapist or health care assistant gone the extra mile for you?**

Whether it's the smallest gesture that made your day or something that you'll remember for a lifetime we want to know.

Cambridgeshire Community Services NHS Trust is launching a new 'Shine a Light' award where members of the public can nominate staff who delivered a fantastic service that made a real difference. Trust staff are also being encouraged to nominate their colleagues.

Every month an expert panel will select one member of staff from the list of nominations as the 'Shine a Light' award winner. The Trust will publicise the winner and the other nominees each month via its public website, newsletter and Twitter page.



Kerry Yates

Matthew Winn, chief executive, CCS NHS Trust, said: "We know that our dedicated staff are committed to delivering the highest standards of care day in day out. It's important to recognise their outstanding contribution and this new monthly award is one way we're doing this."

The June 2012 award was presented to Kerry Yates, Feet Focus Podiatrist, for organising a highly successful health and well-being day. The event was targeted at the over 50's to help them understand the services available to them, manage their conditions and improve the quality of their lives.

Help us say thank you to our staff by picking up a nomination form at one of our locations across Cambridgeshire, Peterborough, Luton or Suffolk or nominate on-line at [www.cambscommunityservices.nhs.uk](http://www.cambscommunityservices.nhs.uk)

## New sexual health services provider for Suffolk

**Community sexual health services in Suffolk are now managed by Cambridgeshire Community Services NHS Trust in partnership with the Terrence Higgins Trust.**

The change in provider does not affect the services that people currently receive, which are now provided as follows:

### Cambridgeshire Community Services NHS Trust

- Genito-urinary (GUM) clinics located at Ipswich hospital and West Suffolk hospital
- Community reproductive health clinics in ten locations across Suffolk and one in Norfolk
- Chlamydia screening
- Psychosexual therapy
- HIV care.

### Terrence Higgins Trust

- C Card, a scheme which supplies free condoms to young people under the age of 25
- Sexual health community outreach, education and training.

Alison Gilbert, Director of Clinical Delivery, CCS NHS Trust said:

*"We are absolutely delighted to be providing sexual health services across Suffolk, alongside the Terrence Higgins Trust. Suffolk residents can be assured of the continuity of the high quality services already in place".*



Members of the Suffolk Sexual Health Services promoting sexual health, Chlamydia screening and launching the new look C-card at the Ipswich Music in the Park event

# In Focus

## Community matrons tackle long term conditions

**It's estimated that more than 15 million people in England, almost one in three of the population, suffer from a long term condition.**

With a growing and ageing population placing increasing demands on health and social care services this number is expected to rise. So caring for people in the community with problems like heart disease, asthma and diabetes is a major part of the NHS' work in the 21st century.

One way Cambridgeshire Community Services NHS Trust is tackling the issue locally is with a team of highly experienced, senior nurses called community matrons who focus on helping older people who have two or more complex conditions, who are at risk of emergency hospital admission.

Most community matrons have been district nurses before becoming matrons. They receive additional education in clinical assessment, medicines management and prescribing, and they have or are studying for master's degree.

**Sophie Howson, community matron, said:** *"Life can be tough enough when someone has a long term condition, but if they have several they can find it difficult to manage their health and social care.*

*"My job is to visit people at home to assess and agree the type and the amount of health and social care services they need. I will also help them with managing their often complex medications. I will then monitor them and their care.*

*"This can often involve liaising with hospital consultants, GPs, nursing staff, physiotherapists, occupational therapists and social workers to ensure people get the help they need. I also often work with the voluntary*



*Community Matrons Sophie Howson and Isobel Wilkerson*

*sector, housing departments and the Benefits Agency to support people's wider needs, as this can impact on their health and well-being."*

*"Community matrons also teach their patients about their conditions to give them a better understanding of them*

*and help them adopt healthier lifestyles that will improve their quality of life."*

Sophie has a caseload of around 30 people locally and can see them from daily, if they're particularly unwell, to monthly check-ups.

### Case Study 1

*Robert Fergusson, 84, from Cambridge, has been suffering from a series of chest infections caused by chronic obstructive pulmonary disease (COPD), which at one stage developed into more serious pneumonia and has resulted in a number of stays in hospital. But thanks to the community matrons working closely with his GP and paying regular visits to him at home to monitor his breathing and spot problems early, he is slowly getting back on his feet – and has only had one hospital admission this year.*

*The team has also supported Robert following the death of his wife last year with bereavement counselling and has organised day therapy.*

*He said: "The community matrons have been terrific and I've no doubt that they have helped me avoid further visits to hospital. They tell me off if I don't follow their advice, but in a nice way! I was quite poorly for a while, but I now manage to get out every day to the shops."*



If a patient is admitted to hospital, which is sometimes unavoidable, the community matrons will also liaise with the hospital to support early discharge and ensure the right services are in place to support them in the community.

**Isobel Wilkerson, community matron, added:** *“Being a community matron allows us to build a strong relationship with people and make a real difference to their lives. People get to know and trust us, which is really rewarding.”*

*“Communication is vital if we are to maintain people’s independence. Community matrons are just one of the specialist services now available in the community, so it is important that hospital clinicians and GPs understand what we do and that we work together at all steps of the patient’s journey. This will ensure people are not admitted to hospital unnecessarily and, indeed, can leave hospital earlier, ensuring the very best outcomes for our patients.”*

## Case Study 2

Polly Connell, 78, from Cambridge, is determined to stay in her own home for as long as possible, despite a number of serious long term conditions which have left her housebound.

She has chronic obstructive pulmonary disease (COPD), emphysema, hypertension, Addison’s disease, which affects adrenal glands hormone production, high blood pressure and osteoporosis. Earlier this year she was also diagnosed with a small blood clot on her lung and was prescribed anti-coagulant medication, which needs constant monitoring.

Polly said: *“The community matrons give their full attention, listen to every little problem, followed by the necessary action. You are left feeling safe and secure under their care.”*

In order to support Polly to continue to live at home as she wishes, she is supported by two health teams from Cambridgeshire Community Services NHS Trust – community matrons and assistive technology.

**Polly explained:** *“The support the community matrons have given me is invaluable and I don’t think I would have coped without them. They help me to manage my conditions and to spot the symptoms if I start to become unwell, so that we can catch problems early and avoid the need to go to hospital.”*

*“I know that they are only a phone call away if I need them, which is very reassuring. At first they visited me regularly, such as taking blood tests, testing my oxygen levels and checking my lungs with a stethoscope, but I’m currently well enough, so that I only need to get in touch with them if I need to.”*

Polly also takes advantage of technological devices – known as telehealth – which includes equipment to take her own blood pressure, temperature, pulse and oxygen levels each day. This information is then automatically transferred to the Trust’s telehealth team who can respond rapidly if needed. Polly added: *“The device is really easy to use and if for any reason I forget to use it I get an audible reminder. The result of the tests then go direct to the telehealth team, who get in touch if there are any concerns.”*

## Delayed transfers of care

There has been a lot of media coverage about the issue of delayed transfers of care in Cambridgeshire recently.

Matthew Winn, Chief Executive, Cambridgeshire Community Services NHS Trust, gives his view.

The reasons for delayed transfers of care are complex. These can include access to health services, capacity in nursing and residential homes, the availability of home based care provided by the independent sector, efficient and appropriate care at hospital, and ensuring that patients are assessed and their discharge is planned at the right time.

Only by the NHS and other organisations working closely together can we resolve these issues. For our part, the Trust remains committed to working with partners to reduce the number of delayed transfers of care, while also meeting the challenges of an increasingly elderly and frail population in the community.

Key to this is expanding capacity in community services to help cope with the increasing complexity of care packages required. The recently introduced re-ablement service and telecare provision are having a positive impact on maintaining independence and avoiding hospital admissions or enabling earlier discharge.

# New Service

## New end of life care services launched in Peterborough

**End of life care services have been redesigned in Peterborough to give more support to patients, families and carers.**

New facilities, for some of the time when GP surgeries are closed, and the services of a key worker for each patient, are among the new additions.

The new services launched by NHS Peterborough and Cambridgeshire Community Services NHS Trust as part of the Marie Curie Delivering Choice for Peterborough programme – Co-ordinate My Care – include:

### Care co-ordination centre

An information hub for health and social care staff and a single contact point for palliative care patients and their carers.

The team also supports the arrangement of care packages for patients to be looked after at home.

The service is available Monday to Friday, 9am-5pm.

### Urgent palliative care service

The team supports patients and carers when their GP surgery is closed during the evening and overnight.

A skilled nurse provides advice and support, and can rapidly respond in a crisis. Health care professionals can also contact the service if they are concerned about a palliative care patient. The team operates a 7 day service, 4pm-8am

Each palliative care patient also has a key worker responsible for organising

their care and so they always have someone to contact. They also support the patient by ensuring their wishes for their preferred place of care and death are met.

### Enhanced transfer of care service

The service builds on the existing transfer of care team located at Peterborough City Hospital.

It now operates seven days a week for the first time to ensure that palliative care patients are quickly discharged from hospital to the preferred place of their care.

Chris Cooper, service manager, Cambridgeshire Community Services NHS Trust, said: "We have developed

*our services to provide palliative care patients direct access to the support they need, when they need it, to avoid crises and unnecessary hospital admissions.*

*"We are also supporting health professionals so they can focus on patients and provide a central point of contact which improves the co-ordination of services from GPs, district and community nurses, Macmillan nurses and nursing home staff."*

Jacqueline Jacobs, project manager for Delivering Choice, NHS Peterborough, said: "These services have been set up to give patients and their families dignity, choice and improved support during illness, death and afterwards."



*Pictured is Kate Bellis, Urgent Care Palliative Care Nurse*



# What do they do?

## Helping children and young people to manage CFS/ME

**Chronic fatigue syndrome / myalgic encephalomyelitis (CFS/ME) is a general term used to describe a condition which can have lots of different symptoms.**

But the main symptom is profound and continued fatigue and exhaustion which does not go away with sleep or rest. Although there is no miracle cure, early diagnosis, pacing rest with activity, targeted drugs to control certain symptoms and self-help may aid recovery.

CCS NHS Trust has one of the few community based paediatric CFS/ME specialist nursing teams in the country, which works with children and young people to help them manage their condition. The team comprises Dr David Vickers, consultant paediatrician, Janey Readman, team leader, and Stella Parry, paediatric occupational therapist.



Janey Readman

Janey Readman said: *"We will carry out a multi-disciplinary assessment which looks at every aspect of their lifestyle, including their home and school environment."*

*"From this we will confirm a diagnosis and agree an activity management programme. It's really important that they understand the triggers to their condition. These can be academic pressures, or the effects of a hectic social life. Like most typical teenagers they will test the boundaries of what is socially acceptable, but unlike other teenagers this may cause them to become ill."*

The team will usually support the child for around two years, intensively at first, but usually less frequently as they learn to manage their condition more effectively. Janey's team also does a lot of work in schools to educate both teachers and fellow pupils on the impact of CFS/ME.

She explained: *"CFS/ME can be very isolating, so it's important to visit schools to raise awareness and look at how we can support people, such as exam concessions."*

The team has a case load of around 90 children and young people. Most live in Cambridgeshire, but about 20 are out of area placements.

Janey added: *"Although there is no miracle cure, children and young people usually get better. They tend to be more receptive to lifestyle changes than adults, but the earlier the diagnosis the better."*

## Case Study



Today 16 year old Becky Miller is like any other happy go lucky teenager taking her GCSE exams with ambitions to go to University, where she hopes to study geography or economics.

But five years ago she was suffering from a mystery illness that left her exhausted and caused migraines, dizzy spells, panic attacks and bouts of acute anxiety. This meant she was regularly absent from school and missed out on the things that most children the same age take for granted.

Doctors were initially unable to agree a diagnosis and put her symptoms down to stress. However, Becky's mum Kathy started her own research and began to suspect chronic fatigue syndrome.

The family went back to their GP who agreed to refer them to their choice of specialist – either one in London or Cambridge. The family decided on Cambridge as it was an easier commute from their Colchester home, a decision they describe as "the best they've ever made".

Becky said: *"I was experiencing quite scary symptoms, which were worse because no-one knew what was causing them. Janey helped me to understand what CFS is and advice on the do's and don'ts to help me better manage the condition. She also visited my school to explain to my teachers and class mates what was happening to me and how they could help."*

Becky's mum Kathy is delighted at the progress her daughter has made. She said: *"It was initially difficult to get a diagnosis, but we were very fortunate to have been referred to Janey's team."*

*"Becky says she has made a total recovery, although I think it's more like 90 per cent back to her old self. But she now know's how to manage herself."*

*"Becky was discharged over a year ago, but we're still in contact with Janey, who has helped the family come through a really tough time."*

# What do they do?

## A day in the life of Lyn Jackson, Team Leader, Special Needs Nursing Service

**The Special Needs Nursing Service in Luton supports some of the most vulnerable children in society, who have special needs such as learning difficulties or complex health conditions.**

The 12-strong team has an active caseload of around 600 children in both special and mainstream education across Luton and south Bedfordshire. Lyn Jackson, Team Leader, talks about her job during another typically hectic day.

**9am**

The start of another busy day. Our work is split into two areas. We support children who go to special schools, who usually have severe learning difficulties or complex health conditions, for example cerebral palsy or epilepsy. We also look after children with similar, but less severe conditions, who are able to attend mainstream education.

We carry out a multi-disciplinary assessment to determine the child's needs and agree a care plan to enable them to reach their full potential. This can involve dietetics, physiotherapy, audiology and many others.

We then monitor their progress against the plan and carry out routine checks on indicators such as their height and weight.

**10am**

I have a daily caseload, so I have appointments with a couple of pupils to check how they're doing.

Mainstream schools are understandably concerned that they can meet the child's needs, particularly if they have rare conditions which require complex medical regimes. So we work in partnership with schools to provide expert advice, education, support and equally important, reassurance. I often

attend school liaison meetings and work with school nurses.

**11am**

I have two appointments with children and their families to review their care plans. We assess the child's progress and agree changes to the plan if it needs updating. We also aim to support families as much as possible, as a child with special needs can have a major impact on family life.

and Trusts involved in child health and learning disabilities. We will look at the available resources and how these are best used to meet the needs of children on our caseload.

We take a multi-agency approach as it's critical that hospitals, community health care providers and schools work together to support children with special needs. We have also run a lot of awareness training for Luton Borough Council and others so they better

understand the issues that children with special needs face.

**3:30pm**

I go to a discharge planning meeting at a hospital to agree how we're going to support a child at home who is recovering from a spinal injury, but is well enough to be discharged. It's quite a complex case, so a lot of different health professionals are involved.



*Pictured are: Lyn Jackson (centre) with members of her team*

**12:30pm**

I go to a home visit to carry out checks and see how the family is doing.

**2pm**

I attend a multi-agency resource allocation panel involving social services, voluntary sector organisations

**5pm**

I write up my notes for the day, and check my emails and any telephone messages.

I've been in nursing for more than 25 years and while it can be challenging, I still really enjoy it.

# What do they do?

## Let's talk about sex

**Suffolk has one of the few NHS funded psychosexual therapy services in the country which helps people with sexual dysfunction – the term for a wide range of difficulties such as loss of desire, problems with arousal or orgasm, and related emotional problems.**

Liz Stolls is one of three psychosexual therapists, working alongside Liz Sargeantson and Dr Michaela King from the Trust, based at Ipswich and Bury St Edmunds. They provide expert counselling to individuals and couples to identify the problem, its underlying causes and possible solutions. They are accredited members of the College of Sexual and Relationship Therapists (COSRT) and are all Relate trained.

Liz said: *“Couples usually have two initial assessments followed by ten therapy sessions after referral from a GP or other healthcare professional. Counselling is not a quick and easy solution, but we will look at the whole situation. This can range from emotional problems related to a loss of sexual interest following an illness or operation, while others have been affected by difficulties conceiving or a loss of fertility, HIV or a long standing sexual dysfunction.”*

Specific conditions can include erectile dysfunction, premature ejaculation, female orgasmic dysfunction - where women never or seldom reach orgasm, and vaginismus - an involuntary muscle spasm which causes pain on penetration and a loss of desire.

Liz will usually see thirty people each week across all ages. At the first therapy session she will take a thorough history.

She said: *“During the first assessment we will identify any underlying physical problems, which might be resolved by surgery or medication. We will also look at lifestyle factors such as alcohol or smoking, as well as long term health conditions and medication, and refer on where appropriate.*

*“If medical and physical factors are ruled out, it's my job as a therapist to work with couples or individuals to look at psychological issues, from anxiety, which is very common, to relationship issues, past sexual abuse and sexual dysfunctions, and how these might be overcome. Sometimes couples feel unable to communicate with their partner and want to avoid upsetting them. But only by talking and acknowledging the issues can they be resolved. Some people are perfectionists and fear of losing control is overwhelming, whilst others feel a lot of guilt about sex and sexuality.”*

## Case Study

**All names and situations have been changed to maintain confidentiality. Tom and Sarah are in their twenties, have been together for five years and married for three. They have no children.**

The couple went to their GP with Sarah experiencing pain during sex, and Tom finding it difficult and sometimes impossible to penetrate. Their GP diagnosed vaginismus and referred to the team. A general history was taken from them both to establish that the team would be able to help them and a further ten

appointments were booked.

During the next assessment a more detailed history was taken. Sarah was asked about any physical factors, but she explained that her GP had ruled out any physical causes.

Psychological factors were discussed such as an overprotective background, family relationships, sexual feelings, any traumas, fears of childbirth, and use of tampons.

Tom was asked about his feelings towards sex. It was established that they both had an overwhelming fear of pain. They had



*Pictured: Liz Stolls taking a therapy session*

attempted sex before they married, but Sarah was very tense and wanted to wait until they were married, thinking the problem would resolve itself. Unfortunately, this didn't happen and, if anything, the situation worsened.

They started on a programme called Sensate

Focus, which was developed in the 1950's by Masters & Johnson and is still used as the basis of treatments today. The couple are encouraged to become more sensual and explore each other's bodies. As their confidence grows they become more sexual and are able to follow through with full intercourse.

By the end of the treatment Sarah was able to have sex with only minor discomfort, which improved as she relaxed. They were discharged back the care of their GP, but if they experience further difficulties they can be referred again.

## Trust joins Stonewall Health Champion programme

**CCS NHS Trust is taking part in a year long project to improve health services for lesbian, gay and bisexual people.**

The Trust has successfully applied to the Stonewall 'Health Champions Programme', funded by the Department of Health, which will provide free support to 20 NHS organisations in England during 2012/13.

Stonewall, the gay equality charity, has conducted research which shows that lesbian, gay and bisexual people can face significant health inequalities, as well as discrimination, when accessing health services. The programme offers member organisations practical advice to help them achieve real improvements in the care they provide to local gay people and their families. The Trust will receive:

- The equivalent of ten days consultancy worth over £6500
- A free initial needs assessment based on Stonewall health research
- Support to establish a lesbian, gay and bisexual network group for staff
- Access to NHS specific training on sexual orientation equality

- Support entering the first Stonewall Healthcare Equality Index to benchmark progress year on year
- A benchmarking meeting to identify next steps at the end of the programme.

Alison Gilbert, Director of Clinical Delivery, CCS NHS Trust, said: "We have a duty to ensure that everyone can access our services and that they are treated equally, regardless of

issues like gender, religion, ethnicity, or sexual orientation. This project is an important part of our on-going work to embed the principles of equality and diversity in everything we do.

"The Trust is also introducing the new Equality Delivery System (EDS), launched by the Department of Health, which will help us to deliver against our statutory requirements in promoting and valuing equality and diversity – both to our staff and the people who need our services."



## Talk to PALS for confidential advice and support

**As a patient, relative, CCS NHS Trust staff member, service user or carer sometimes you may need to turn to someone for advice support or general information, but don't know where to go.**

Our Patient Advice and Liaison Service – PALS for short – provides confidential, on the spot advice and support, helping you to sort out any concerns you may have about the care we provide and guiding you through the different health and social care services available from the Trust.

Don't worry if you are unsure if PALS can help with a particular service, just give us a call.

We are open Monday to Friday, from 9am to 5pm. Outside of these hours an answer phone is available and we will aim to return your call within 48 hours.

Free phone: 0800 013 2511  
Email: [ccs-tr.ccs pals@nhs.net](mailto:ccs-tr.ccs pals@nhs.net)

Telephone: 01480 355184

Mobile: 0750 7195 375

Or write to us using our freepost address:

Freepost: RSAE-ELUT-RHCL, Cambridgeshire Community Services NHS Trust  
Patient Advice and Liaison Service, The Priory, Priory Road, St Ives, Cambridgeshire, PE27 5BB



**Chris Hampson,  
PALS Co-ordinator**