

Keeping in *Touch*

Issue 13 - Summer 2013



Ollie Duell is an inspiring 8-year-old Cambridge lad, living with a host of medical conditions that would leave most of us on our knees.

Read his story on page 6

Our **AGM** is on
24 September 2013
See the back page
for your invitation

**Local boy
donates birthday
money to SCBU**

See page 15

**The Friends of
Doddington
Hospital
celebrate its
refurbishment
on page 5**



Integrated working special

The Trust provides a wide range of health and social care services. In this edition we look at the integrated way they work together to support patients.

Read our stories starting
on page 8

Welcome to the latest issue of our new look public newsletter – Keeping in Touch.

Much has happened since the last issue, so I want to update you on the future of the Trust and the services we provide. We were aiming to achieve NHS Foundation Trust status by April 2014. The Department of Health policy in relation to all NHS Trusts having to become Foundation Trusts by April 2014 has been relaxed, so we therefore remain a sustainable and viable NHS Trust providing a wide range of NHS services.

Our focus remains on providing high quality services in line with the priorities set out by our GP led locality commissioning groups and which are responsive to the specific needs of the local populations we serve. Central to this is working collaboratively with GPs, social care practitioners and hospital clinicians to develop seamless care irrespective of organisational boundaries.

The Cambridgeshire and Peterborough Clinical Commissioning Group is currently undertaking procurement processes for adult and older people's services across Cambridgeshire and Peterborough; musculo-skeletal services in Cambridge and sexual health services in Cambridge.

We are actively participating in these and have every expectation of making strong and compelling submissions given the specialist knowledge, expertise and history we have of successfully providing community services.

We are delighted to announce that we will be partnering with Capita and Circle to submit an innovative bid for the delivery of adult and older people's services across Cambridgeshire and Peterborough. The Clinical Commissioning Group is seeking to commission integrated services across community services and certain hospital and mental health services for older people.

By partnering with Capita, market leaders in back-office business transformation and Circle, a national provider of state of the art acute hospital services, our bid will offer a dynamic approach to delivering integrated services across these settings.

Community services are vital to the local health and social care systems and I hope the features in this newsletter demonstrate just some of the innovative ways we are supporting people in their own homes.

Matthew Winn, Chief Executive

Welney ward re-opens

A rehabilitation and end of life care ward at the Princess of Wales Hospital, Ely, has officially re-opened after a temporary closure earlier this year.

The Trust, which runs 20-bedded Welney ward, held a special ceremony on Thursday, 9 May, to mark the occasion. The first patients were admitted from Monday, 13 May.

Guests, including new and existing staff, were given guided tours of the newly refurbished facilities, which feature redecorated and refloored ward and day room, air conditioning in the day room and the latest call bell system.

Tracey Cooper, community manager, Ely and the Fens, explained: "Patient safety is the Trust's top priority, so we took the difficult decision to temporarily close the ward earlier this year, after experiencing significant staffing issues.

"The safe re-opening of the ward follows a highly successful recruitment campaign, where we've recruited to two leadership roles and five registered nurses, to add to the 40 plus strong existing team."



Matthew Winn, Chief Executive, cutting the ribbon to open Welney Ward with members of the ward staff.

"We've worked closely with the new local commissioning group to re-open the ward and I'd like to thank them for their support. The re-opening of the ward is good news for staff, but more importantly is good news for local people. Welney ward is a key element of our services for older people and I'm sure will continue to provide high quality services for people in and around Ely long into the future."

Dr John Jones, Chair, Isle of Ely Local Commissioning Group, said: "We recognise what an important role the ward plays in supporting local people when they're poorly and both Cambridgeshire Community Services NHS Trust and ourselves are committed to continue to work together to maintain and develop services at the Princess of Wales Hospital."

"We wanted to let the attendees know that if you are interested in people, food, science and medicine and want a job which offers a wide range of possibilities and the opportunity to excel, becoming a dietitian is the ideal career."



The event, which took place at Hinchingsbrooke Hospital in Huntingdon, included presentations on how dietetics can help patients from birth to old age, the content of university courses and first hand experience of what it is like to be a student dietitian.

One would-be dietitian was Michelle Cheney from Ickleton, near Saffron Walden. A mature student at Cambridge Regional College, Michelle has been interested in dietetics for around ten years.

She said: "I have two children and now is the right time to start thinking about studying for a new career. Both my children have allergies, which I had to look into and researched myself, which sparked my interest in paediatric dietetics."

For more information about careers in dietetics go to the NHS Careers website www.nhscareers.nhs.uk

To contact your local Patient Advice and Liaison Service, call:

Freephone: 0800 0132511
Telephone: 01480 355184
Mobile: 07507 195375
Email: ccs-tr.pals@nhs.net

Freepost:
RSAE-ELUT-RHCL
CCS NHS Trust
Patient Advice and Liaison Service
Unit 3, Meadow Lane
St Ives, Cambridgeshire
PE27 4LG

Find us on Twitter: [@CCS_NHST](https://twitter.com/CCS_NHST)

Find us on Facebook: www.facebook.com/cambridge-shirecommunityservicesNHSTrust

Website: www.cambscommunityservices.nhs.uk

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Speech and language therapist scoops excellence in Stroke Care award



Kay Martin, centre, receiving her certificate

A speech and language therapist who works with people affected by stroke in Peterborough has been praised for the quality of her care.

Kay Martin, who works at the City Care Centre, Thorpe Road, received an East of England Stroke Forum Excellence in Stroke Care award at a recent ceremony in Newmarket. The Excellence in Stroke Care awards aim to recognise health care professionals who deliver outstanding care for stroke survivors.

Kay was nominated for the award by a colleague, Hannah Longlands, communication support co-ordinator for the Stroke Association.

Her nomination read: "Kay has a passion for supporting stroke survivors to make their best possible recovery following a stroke. She is sensitive and empathetic in her manner with clients and carers, yet is able to push them to work hard towards achieving their goals, involving family and carers in this process too."

"Kay consistently has an exceptionally busy caseload and yet is always able to make time for clients and for colleagues where needed, making herself available to attend external appointments with clients or even to accompany them to research projects in London."

"She is creative in her therapeutic approach, making use of high-tech equipment such as specialist speech and language therapy computer software and iPad apps as well as low tech solutions such as communication books, and encourages and supports clients to use these tools in everyday settings."

Kay said: "It was a real honour to have been nominated for this award by Hannah. Speech and language therapy often has an essential role to play in the recovery of patients affected by stroke, but it is only part of a wide network of support that patients require, both from health services and also other services, such as those provided by the Stroke Association and the wider community."

"I must thank the patients I work for and their carers, as I learn so much from them about how they come to terms with the issues they face. They're the real heroes."

Community retinal screening service launches in Peterborough

The Trust has launched a community retinal screening service in Peterborough to aid the early diagnosis of an eye disease caused by diabetes.

Retinopathy – damage to the retina – happens when high blood glucose levels damage the cells at the back of the eye.

Without treatment it can lead to blindness, but if caught early it is possible to manage the condition by maintaining healthy blood glucose levels, cholesterol and blood pressure.

Jane Masters, Diabetes Care Technician, explained: "The national screening programme is available at selected opticians in the city and now the Healthy Living Centre can offer this service".



Jane Masters (right) carries out an eye test

"The eye test is a simple procedure. This involves instillation of eye drops and a photograph of the retina using a special camera. This shows whether there is any damage to the retina. The images are sent to Hinchingbrooke to be graded and the patient will be contacted with the results. If evidence of retinopathy is found they will be referred for further treatment."

Respiratory nurse awarded the distinguished title of Queen's Nurse

Judith Williams has received the title in recognition of her work delivering high quality care to patients in the community and their own homes.

Judith, who leads the community respiratory nursing team in Peterborough and delivers care to patients with chronic obstructive pulmonary disease, received the title at an awards event in London, where she was presented with her award by the Chief Nursing Officer for England, Jane Cummings.

The 'Queen's Nurse' title is given by community nursing charity The Queen's Nursing Institute. Nurses who hold the title benefit from developmental workshops, bursaries, networking and other opportunities.

£2 million Doddington community hospital refurbishment completed with a special ceremony

The successful completion of a £2 million refurbishment of Doddington Community Hospital has been marked with a special ceremony.

The Trust, which runs the hospital, held the event in June. Guests, including staff, GPs, commissioners, patient groups and the Friends of Doddington Hospital, were given guided tours of the newly refurbished facilities.

Tracey Cooper, community manager, Ely and the Fens, explained: "The major refurbishment reflects our commitment to Doddington Community Hospital."

"We're also privileged to be supported by the Friends of Doddington Hospital, who have such a dedicated team of volunteers working tirelessly throughout the year."

Thanks to their efforts we've also replaced the seating in the outpatient waiting area and corridor equipped two treatment rooms with couches, a desk and chairs, chairs in all the clinic

- A new main entrance and reception area, and revamped corridors between departments, including new flooring, lighting, windows and signage
- A new roof on the main building
- Outpatient department, including all clinical and treatment rooms, and the appointments desk
- Minor injury unit, including existing treatment rooms, an additional treatment room and an expanded waiting area, incorporating new patient seating
- New office space
- Landscaping of the hospital grounds, with new footpaths and external lighting
- Additional parking, seating and a cycle shelter.

rooms and purchased several items of new equipment and other items for the new rooms."

June Bevis, co-ordinator, Friends of Doddington Hospital, said: "We're delighted that the refurbishment at the hospital has been completed and that

our fund raising efforts have enabled the Trust to purchase additional equipment which will benefit patients.

"The 'Friends' have raised more than £50,000 over the past ten years, including most recently £6,500 on new chairs for the outpatient department waiting room and clinical areas."



Steve Barclay MP and Carla Stevens, Head of Administration, on a recent visit



Judith Williams (left) receives her Queen's Nurse title from the Chief Nursing Officer for England, Jane Cummings.

Judith said: "I was delighted to receive the Queen's Nurse title, as it's a great way to promote the values of community nursing. To gain the title I needed statements from my manager and two patients, along with evidence that demonstrated how my work and values are in line with those of the Queen's Nursing Institute, such as leadership, commitment to on-going learning for the benefit of patients and being a role model for good community nursing."

"I now intend to apply for funding from the Institute to help support work into examining mental health issues in patients with chronic obstructive pulmonary disease. I really would encourage any other community nurses to think about applying for the award."

QNI Director Crystal Oldman said, "Congratulations are due to Judith for her success. Community nurses operate in an ever more challenging world and our role is to support them as effectively as we can. The QN title is a key part of this and we would encourage other community nurses to apply."

The children's community nursing team: a life-line in challenging times

Ollie Duell is an inspiring 8-year-old Cambridge lad living with a host of medical conditions that would leave most of us on our knees.

Mum Claire says the family has coped with the devastating impact of his illnesses due to the life-line offered by Cambridgeshire Community Services NHS Trust's children's nursing team.

Claire explains, "Since he was a baby Ollie has lived with a condition called Intestinal pseudo-obstruction where the intestines lose their ability to contract and push food and stools through his system.

"This resulted in Ollie needing a multi-organ transplant (bowel, stomach, intestines and pancreas) and creation of a stoma for a colostomy at the Birmingham Children's Hospital in October 2010 when he was just five years old.

Since then he has had multiple problems with his stomach, bowel, intestines, duodenum and colon.

"The nurses from the children's community nursing team have been with us since Ollie was 3 months old, so know him really well and provide the majority of his care at home, hugely reducing the amount of time he has had to spend in hospital."

Now aged eight years old, Ollie – like most boys his age – is addicted to computer games and, as Mags Hirst, Play Specialist with the children's community nursing team explains, this can be used as a positive part of this care programme.

She said: "Ollie is a very special boy and copes with his conditions remarkably well but like all of us, every now and then he needs that extra bit of help. Through therapeutic play, we use computer games as one way to help him manage any concerns or fears he may have about his illness and treatment."

Sadly, Ollie's bowel transplant was rejected by his body in 2012 and life now involves a complex regime of 25 medicines each day mainly given through a nasogastric tube placed through his nose which goes into his stomach and a nasojejunal tube fitted to his stomach which enables him to be fed.

Children's Community Nurse, Jenni Sherman explains, "Ollie also has a catheter placed directly into a vein in his chest (a central line) through which he receives nutrition and fluids overnight. The central line is fitted on a long term basis and also avoids us having to insert needles every time we visit Ollie to collect blood or give medication".

Mum Claire adds: "The nursing team has taught me how to give Ollie certain medications and to manage his tube feeding, which takes place over a 20 hour period each day and manage his overnight fluid intake. They've also taught the teaching assistants at Ollie's school to understand his needs so that he can attend school for 8 hours a week, which is fantastic for him and has really expanded his horizons."

Ollie is a very special boy and copes with his conditions remarkably well.

As well as all the physical conditions resulting from pseudo-obstruction for which there is no known cause, Ollie also has sleep apnoea which can leave him tired and juvenile arthritis, so mobility is a real issue for him and more often than not he uses a wheelchair.

If you're thinking that looking after Ollie is a full time job, you'd be right. So how do Claire and her husband Gavin find time for each other and Ollie's older sister? Again, the Children's Community Nursing Team has come to the rescue.

Three times a week, the family receives respite care from the Nursing Team, either in the home or by taking Ollie out on visits, enabling Claire and Gavin to spend precious time re-charging their batteries, focusing on their elder daughter or just doing the simple things that most people take for granted.

"Life is full of ups and downs" she says philosophically. "For example, last year Ollie won the Cambridge News Community Award for Most Courageous Child in 2012 and as a result was hugely excited to meet the Duke and Duchess of Cambridge, but in a few weeks we're back to Birmingham Children's Hospital for Ollie to have another medical procedure.

What is Intestinal pseudo-obstruction?

It is where the intestines lose their ability to contract and push food and stools through the system.



"We often joke," Claire explains, "that taking Ollie with us to do the weekly shopping is a military operation, what with all the equipment, medication and paraphernalia we have to take with us.

"We are so incredibly proud of both our children and I cannot thank the Children's Nursing Team enough for all the care they give Ollie and the entire family. We consider them an integral part of our family life; without them it's simple, we just wouldn't cope – it's so reassuring to know that the team will be here when we get back from Birmingham to pick up the reins again".



Mags Hirst, Play Specialist, playing in the garden with Ollie Duell

Integrated Care for George

Older people often need the support of lots of different health and social care professionals. Here we look at an imaginary patient - George - and the services the Trust runs and which he relies on.

George - aged 80 years

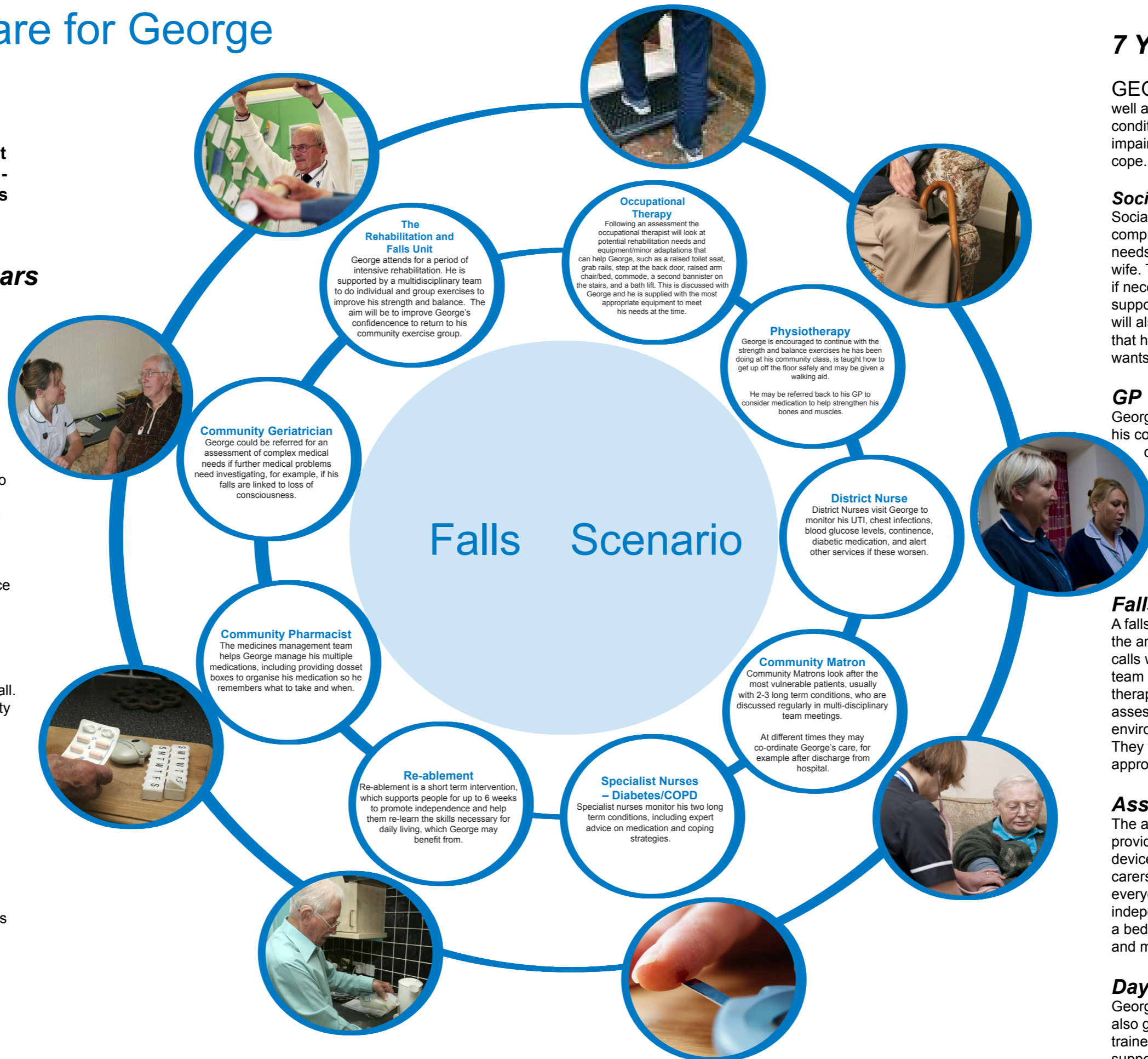
GEORGE is 80 years old, married, and lives in his own home. He has two long term conditions: type 2 diabetes and chronic obstructive pulmonary disease (COPD), as well as osteo-arthritis in his hip.

He has a fall at home, is able to get up again, does not sustain an injury and so doesn't need to call an ambulance. His wife persuades him to get in touch with his GP, who assesses him for underlying reasons for falls and refers him to an evidence based, community exercise group, for strength and balance exercises to reduce the risk of further falls.

George improves for a while, but gradually deteriorates, becoming more unsteady on his feet and has another fall. The exercise instructor at his community class refers him to the community rehabilitation team who carry out a comprehensive multidisciplinary assessment of his needs. This assessment will identify appropriate interventions to help prevent George falling again.

Trust staff use an electronic patient record database called SystmOne, which means they are able to see who else has been involved in George's care and share information and send task messages directly to other healthcare professionals. George can also self-refer.

Appropriate interventions may include several components of the falls prevention service.



Falls Scenario



Occupational Therapy
Following an assessment the occupational therapist will look at potential rehabilitation needs and equipment/minor adaptations that can help George, such as a raised toilet seat, grab rails, step at the back door, raised arm chair/bed, commode, a second bannister on the stairs, and a bath lift. This is discussed with George and he is supplied with the most appropriate equipment to meet his needs at the time.



Physiotherapy
George is encouraged to continue with the strength and balance exercises he has been doing at his community class, is taught how to get up off the floor safely and may be given a walking aid.
He may be referred back to his GP to consider medication to help strengthen his bones and muscles.



District Nurse
District Nurses visit George to monitor his UTI, chest infections, blood glucose levels, continence, diabetic medication, and alert other services if these worsen.



Community Matron
Community Matrons look after the most vulnerable patients, usually with 2-3 long term conditions, who are discussed regularly in multi-disciplinary team meetings.
At different times they may co-ordinate George's care, for example after discharge from hospital.

Specialist Nurses - Diabetes/COPD
Specialist nurses monitor his two long term conditions, including expert advice on medication and coping strategies.



Re-ablement
Re-ablement is a short term intervention, which supports people for up to 6 weeks to promote independence and help them re-learn the skills necessary for daily living, which George may benefit from.



Community Pharmacist
The medicines management team helps George manage his multiple medications, including providing dosset boxes to organise his medication so he remembers what to take and when.



Community Geriatrician
George could be referred for an assessment of complex medical needs if further medical problems need investigating, for example, if his falls are linked to loss of consciousness.



The Rehabilitation and Falls Unit
George attends for a period of intensive rehabilitation. He is supported by a multidisciplinary team to do individual and group exercises to improve his strength and balance. The aim will be to improve George's confidence to return to his community exercise group.



7 Years later

GEORGE is now 87 years old. As well as his deteriorating long term conditions, he also has some cognitive impairment and his wife is struggling to cope. He continues to fall over.

Social care

Social workers carry out a comprehensive assessment of George's needs and a carer's assessment for his wife. They will then arrange care support if necessary and offer respite to support his wife in the caring role. They will also offer George direct payments so that he can arrange his own support if he wants to.

GP

George is referred to his GP to review his cognitive issues. He has mild dementia, which is making him forgetful. He could be referred to community mental health services if his condition deteriorates.

Falls vehicle

A falls partnership between the Trust and the ambulance service responds to 999 calls where the patient has fallen. The team (an emergency practitioner and therapist) provides a complete assessment, including functionality, environment, and medical condition. They will refer onto other services if appropriate.

Assistive technology

The assistive technology service provides a range of technological devices to support people and their carers to address challenges to everyday living and enhance their independence. George is provided with a bed/chair leaving alarm, fall detector and movement sensors.

Day centre

George attends a day centre, which also gives his wife respite. There are trained people there who can continue to support him with the same strength and balance exercises.

Working together to bring Donna home

15 July 2010 is a day that Brian Pearson will never forget.

It's the day he received a telephone call to tell him that his wife, Donna, had been rushed to hospital from their home in Southoe, Cambridgeshire, with a suspected brain aneurysm. She was just 45 years old.

A scan confirmed the worst, but the surgeon told Brian they were unable to operate until the swelling in Donna's brain reduced. A few days later Donna underwent a 14 hour operation in an attempt to repair the rupture. She survived the operation but was in intensive care for the next two months in a coma.

Brian said: "The doctors weren't sure that Donna would survive and if she hadn't have been so young



I'm not sure they would have operated, but the surgeon told me he would do everything he could to give her a fighting chance."

Happily she pulled through and was transferred to a general ward, but the long term prognosis was unclear. After a gradual improvement in her condition, she began to deteriorate and was unable to lift her right arm.

A second scan revealed further bleeding and on Boxing Day 2010 doctors were forced to carry out a second, extremely rare operation, to repair the new damage. She again survived, but was left unable to walk or talk, and her family feared that at best she may have to spend the rest of her life in a nursing home.

Carol Clapham is one of these community matrons. She said: "Life can be tough enough when someone has a long term condition, but if they have several health problems life can become very difficult.

"I visit people at home to assess their health and review the support that may be needed. This can often involve liaising with hospital consultants, GPs, nursing staff, pharmacists, physiotherapists, occupational therapists and social workers to ensure people get the support and help they need. I also often work with the voluntary sector, housing departments and the Benefits Agency to support people's wider needs.

Community matrons will support patients to develop a personalised healthcare plan aiming to improve their quality of life and enhance understanding of their health. Carol has a caseload of around 60 people locally and can see them anywhere from daily, if they're particularly unwell, to monthly check-ups.

She added: "Being a community matron allows me 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".

She was later transferred to a neuro-rehabilitation centre in Hertfordshire, where she spent the next 18 months, before returning home to Southoe in May 2012 – nearly two years after she was first operated on in hospital.

Brian says that it was at first difficult to get the care that Donna needed to live at home. He explained: "I was determined that Donna would return home and that we would do everything we could to aid her to recover as much as possible.

"She was mainly confined to a wheelchair as she was still unable to walk any distance, and although her speech had returned to an extent, she still had serious problems communicating. She was unable to eat solid food and so had a drip, known as an enteral feed, direct into her stomach and was fitted with a catheter.

"She had also had a tracheotomy in hospital to aid her breathing, partly because she was unable to clear mucous from her airways after her brain injury, which put her at increased risk of lung infections."

In July 2012 Donna was referred to community matron Carol Clapham, who works for the Trust.

Community matrons are highly experienced, senior nurses who mainly focus on helping older people who have two or more complex conditions, and are at risk of emergency hospital admission. They receive additional education in clinical assessment, medicines management and prescribing, and they have or are studying for a master's degree.

Carol's first task was to carry out a comprehensive assessment to determine the help that Donna needed and then to liaise with the different health professionals involved in her care.

Since discharge the Trust's speech and language therapists, physiotherapists and continence advisers have been supporting Donna with a comprehensive rehabilitation programme.

Carers have been arranged to visit three times a day to help Donna with daily tasks like getting in and out of bed and washing. She also has a live in 24 hour carer, supported by the Trust's continuing health care team.

Carol explained: "I have met with the Trust's speech and language therapy team who have shown her swallowing exercises to build up her muscle tone and improve her swallowing reflexes which in turn will help to prevent her choking and so reduce the risk of chest infections like pneumonia. They have also given her family a series of daily exercises to help practice her speech, which has been significantly affected by the aneurysm.

She has also been assessed by our physiotherapy team and although she still spends a lot of her time in a wheelchair, she can now walk with the aid of a frame and get to the toilet.

It can be bit up and down, I was poorly in January, but I'm feeling better now.

"Our continence team have been involved in her care and the good news is that with improved bladder control she has been managing without a catheter."

Carol will visit Donna two or three times a week if she is unwell, but can reduce her visits to fortnightly

Donna said: "I don't remember much about hospital or the operations. Over nearly three years I've slowly got better and it's all about gradual steps. It can be a bit up and down, I was poorly in January, but I'm feeling better now. The worst thing is not being able to eat and drink!

"The best thing to happen has been Carol though. She has co-ordinated my care and she regularly visits. She helps me to manage my medication and she spots chest infections early so we can nip them in the bud to stop them becoming more serious."

The Trust's rehabilitation team is now investigating specialist day care for people who've suffered a brain injury. This will enable Donna to get out of the house and meet others who've experienced similar problems, as well as give Brian and her family invaluable respite. Carol is also setting up an appointment with a consultant urologist to review Donna's progress and what the next steps might be.

What is an aneurysm?

An aneurysm is a bulge in a blood vessel that's caused by a weakness in the blood vessel wall. As the blood passes through the weakened blood vessel, the blood pressure causes it to bulge outwards like a balloon.

This triggers an extremely serious condition known as a subarachnoid haemorrhage, where the bleeding caused by the ruptured aneurysm can result in extensive brain damage. Around 1 in 12,500 people will have a ruptured brain aneurysm each year in England.

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.

They will also account for many emergency hospital admissions. So caring for people in the community with problems like heart disease, asthma and diabetes is a major part of the NHS's work in the 21st century.

One way the Trust is tackling the issue in Huntingdonshire is with a team of highly experienced, senior nurses called community matrons who focus on helping vulnerable older people who have two or more complex conditions and who are vulnerable to emergency hospital admission.

The matrons co-ordinate people's health and social care support and help them self-manage their conditions. By identifying problems early people are able to get the right care and medication quickly, which if left unchecked can result in an admission to hospital.

Working together to help people with chronic neurological conditions

The Trust's specialist palliative care team based at Arthur Rank House hospice is part of a chronic neurological conditions initiative in Cambridgeshire.

The aim is to improve access to community specialist palliative care, which may be at diagnosis or towards the end of life, depending on the condition or the needs of the patient.

In the year since the initiative was started there has been greater joint working between professionals, with more patients being referred to Arthur Rank House hospice. A three monthly forum chaired by Lorraine Petersen, a consultant in palliative medicine at the hospice, was set up to support the scheme.

Lorraine said: "Lots of different professionals will be involved in the care of someone living with a chronic neurological condition, but there is a danger that we work in silos. The aim of the forum is to share best practice, find solutions to problems our patients encounter, provide support and education for professionals, and ultimately to improve patient experience."



Anyone who has an interest in, or works with people living with these or other progressive neurological conditions is welcome to attend.

Lorraine also works closely with the motor neurone diseases centre team in Addenbrookes hospital, so that anyone diagnosed with motor neurone disease can now be referred from diagnosis to Arthur Rank House hospice for a holistic assessment.

She added: "Sadly, MND is incurable, so rather than discharge patients once their specialist needs have been met by us, if they wish, they will remain under our care for the remainder of their lives. The level of input from our team may be minimal when the condition is stable, such as regular telephone advice, with more input provided as the disease progresses, which may include symptom management or hands-on care".

The team has also built improved links with specialist heart failure and respiratory nurses and the service is open to patients living with life-limiting conditions not just cancer.

Integrated Discharge Team

The integrated discharge planning team in Luton brings together Trust nurses, Luton Borough Council social workers and Luton and Dunstable Hospital discharge officers.

Based at Luton & Dunstable Hospital, the integrated team handle all the complex discharges from the hospital and over the last year has standardised patient pathways, improving communication and reducing duplication.

The team has also contributed to a report for the Local Authority Overview and Scrutiny Board which has enabled the partners in the integrated team to identify strengths and weaknesses, with specific areas for improvement, further resulting in improved discharges from hospital.

Exercise class in Active Luton partnership

People in Luton with chronic obstructive pulmonary disease – COPD – are benefitting from specially tailored fitness classes thanks to a partnership between the Trust's community respiratory team and Active Luton.

Helen Redwood, a fitness instructor with Active Luton, which runs a number of sports and leisure facilities on behalf of Luton Borough Council, recently passed the British Lung Foundation's supported instructors course after being encouraged to take the test by the team.

As a result she now runs 15 fitness sessions a week for the team's COPD patients. Helen has also been invited to speak at the British Lung Foundation's networking day about how to run a successful class.

Other leisure opportunities provided by the team indoor bowls, swimming and snooker.

Caroline White, nursing manager at the Trust, said: "Exercise has proven benefits for people with COPD including improved physical capacity, reduced anxiety about breathlessness, greater independence in daily activities, less fatigue and improved quality of life. The partnership with Active Luton is key in enabling us to run exercise classes across the town."

Luton Integrated community nursing team

The Trust has implemented its integrated community nursing team in Luton.

The Trust has merged its teams of district nurses, community matrons, cancer and palliative care and specialist nurses, and its acute care in the community team, to make it easier to identify which service is most appropriate for patients and improve engagement with GPs. Its proposed single point of access will also improve access, simplify referrals and improve rapid access for urgent cases.

This new multi-disciplinary team is supported by specialist nursing teams and an administrative hub.

Linda Sharkey, community manager, said: "We want to reduce hospital admissions, support the management of the increasing pressure on urgent care and keep patients safe, where they want to be treated. This will be delivered by working in partnership with primary and social care and using up-to-date technology to reduce waste in the system."

Benefits of the new Luton integrated nursing team include:

- Improved patient experience
- Improved capacity management, ensuring patients are reviewed by the multi-disciplinary team and discharged appropriately from the community matron service, so that new patients can be taken quickly onto the caseload
- A single point of access for patients and GPs
- Introduction of a dedicated team to respond to the increased demands from unplanned care
- Improved management of long term conditions
- More effective use of resources
- GPs continue to have a named community matron, district nurse and Macmillan nurse with increased integration of these teams, based around the practice and patient.



MDT care co-ordinators to start

The Trust is setting up a dedicated team of multi-disciplinary care co-ordinators in Cambridgeshire, following an investment of more than £900,000.

The new 18-strong team will work with GPs, district nurses, community matrons, social workers, mental health professionals and others to improve the co-ordination of care for frail elderly people – particularly those at risk of being admitted to hospital.

The recruitment builds on a project where nurses from the Trust attended regular meetings with GPs and other healthcare professionals to review patients with complex needs to ensure they received the help they needed.

Matthew Winn, Chief Executive, said: "The aim is to ensure that frail elderly people get the right care, at the right time, in the right place in a seamless way, regardless of which professional or NHS Trust is providing that care. By having a dedicated resource it is hoped we can work together to better co-ordinate the way in which that care is provided."

The MDT care co-ordinators are expected to join the Trust from September.

Children's Rapid Response Team launched

A children's rapid response team has been launched by the Trust in Luton to provide an integrated service between acute and the community services, offering support to acutely unwell children closer to home.

Children's community nurse practitioners, Lynn Fanning and

Katie Daly have set up the service, aimed at reducing the level of A&E attendance / re-attendance, reducing the inappropriate use of in-patient beds, and supporting early discharge from inpatient wards.

The service also aims to reduce anxiety about hospitalisation for children and their families, facilitate health education and empower parents and carers.

Lynn explained: "The service is part of the urgent care pathway and we are able to provide care to acutely ill

children, usually up to three days, which is providing valuable support to the acute services in Luton.

"We are working closely with colleagues in the paediatric assessment unit and A&E at Luton & Dunstable Hospital and we have also started taking referrals from the GP urgent care clinic at Luton & Dunstable Hospital. We will be reviewing the service after three months, when we will look to accept direct referrals from GPs".

Arrival of 'state of the art' 3D Pain Distraction Unit at the Children's Unit in Huntingdon

A very special piece of equipment has been delivered to the Trust's children's unit, based at Hinchingbrooke Hospital, which will revolutionise the experience of children undergoing treatment on Holly Ward and Children's Outpatients.



Jodi Graves, Health Care Assistant and Lauren May, aged 4½, using the pain distraction unit on Holly Ward.

Huntingdon's children's charity 'dreamdrops' set up an appeal for the system just over a year ago and thanks to the tremendous generosity of local businesses, community organisations and individuals, the appeal has reached its target far sooner than expected.

The 3D Interactive Pain and Anxiety Distraction Unit, through a series of specially designed computer packages, takes young patients into the magical world of 3D sensory programmes which are designed to distract them during painful treatments.

Chris Luckham, ward manager for Holly Ward said: "We are privileged to have such an amazing piece of equipment that will provide distraction for both the child and parent during any stressful procedures.

"We have all been to the cinema and watched 3D movies, but this unit is truly spectacular. The children are absolutely fascinated by it. I would like to thank the 'dreamdrops' charity for making the children's journey through hospital a far better experience."

Anne-Marie Hamilton, Chairman of the 'dreamdrops' fundraising committee, said: "The generosity of many local people and organisations has meant that we now have 'state of the art' technology which will make a significant difference to children in hospital whilst they are undergoing medical treatment."

'dreamdrops', raises funds for Huntingdonshire's children's health services in order to provide the 'extras' that are not supplied by the NHS.

Buckden Surgery Patients Association raises £4000 for district nurses

Villagers in Buckden and Little Paxton are to benefit from the latest technology after a generous donation.

Buckden Surgery Patients Association has raised more than £4000 to buy two syringe drivers for district nurses caring for patients in the two villages.

A syringe driver is a portable, battery-powered machine that delivers medication through a needle, placed just under the skin. They are to be used by the nurses to administer medication for palliative care and long term therapy, which are easier to use and measure the correct dosage, as well as incorporating a host of safety features.

Fund raising activities carried out by the patients association include running a 200 Club where members pay an annual fee to be entered in monthly prize draws and a regular book stall held at the surgeries.

Richard West, Chairman of Buckden Surgery Patients Association, said: "We're very lucky to have such a good GP practice in the two villages, so it's important that local people do everything they can to support it. We asked the doctors and nurses how the money raised could be best spent and they said the syringe drivers would make a big difference."

Alison Smith, Huntingdonshire Community Unit Manager, for the Trust, said: "We're delighted to accept the donation which will help the district nurses to provide an improved service. It's an excellent example of working in partnership with the local community to look after its most poorly residents."



Richard West, Chairman of Buckden Surgery Patients Association, presents a syringe driver to Alison Smith, Huntingdonshire Community Unit Manager, Cambridgeshire Community Services NHS Trust, watched by other members of the patient's association.

Local boy donates birthday money to the Special Care Baby Unit

Dylan Ward, aged 7, has donated his birthday money to the Trust's Special Care Baby Unit, based at Hinchingbrooke Hospital, Huntingdon.

Dylan's mum Wanda said: "Dylan had been watching Red Nose Day on TV and wanted to know why people were raising money. He originally asked if he could give toys to the babies but I explained that poorly babies tend to sleep a lot and that they didn't really play with toys. So he asked if he could have money for his birthday instead. Family and friends 'gifts' totalled £300.

"Dylan received treatment on the unit when born prematurely. The care he received was amazing. It was a real roller coaster ride but the staff were brilliant and really supported the whole family through this traumatic time.

"Dylan is now fit and healthy and he wanted to give something back to the unit for all their help and support. We are really proud of him!"

Dylan, who lives with his family in Papworth Everard, was born at 25 weeks and 5 days and weighed a tiny 1.8lbs at birth. His mother was admitted to Hinchingbrooke Hospital at 24 weeks and was transferred to the Luton & Dunstable Hospital, where Dylan was born and stayed in an incubator for four weeks. Dylan was then transferred to the Special Care Baby Unit where he spent a further two months on the unit, before being allowed home.

Kate Rivett, Neonatal Manager, at the unit said: "All the staff on the unit think Dylan is a very special boy, and would like to thank him again for his generosity and thoughtfulness. The money raised will go towards play equipment for some of the older, longer term babies on the unit to make their days in hospital a little nicer."

The Special Care Baby Unit is a ten cot unit and delivers a mixture of intensive care (short term), high dependency care and special care. The unit is staffed by doctors and nurses with specialist skills and experience in looking after premature and sick babies.



Kate Rivett, Neonatal Manager, accepting a cheque for £300 from Dylan Ward.

District nurses join forces with paramedics

District nurses in Peterborough have struck up an innovative partnership with ambulance paramedics, aimed at reducing A&E admissions.

Medics responding to a 999 call can contact the district nursing team 24/7 if a patient needs further help, but doesn't need to be taken to hospital.

Ingrid Randall, team manager, explained: "People do sometimes call 999 inappropriately as this is for medical emergencies only, but this scheme enables medics to contact the district nurses once they've patched up the patient and checked there are no life threatening injuries.

"We'll then follow it up with a visit to ensure they are getting the care they need."

This means an unnecessary trip to hospital can be avoided and that, with the right help in the community, stays at hospital can be avoided in the future.

"The scheme has been running since December 2012 and we review cases every two months to ensure that referrals to the team are appropriate."

The East of England Ambulance Service NHS Trust has also agreed to manoeuvre terminally ill patients onto a hospital bed or appropriate mattress if necessary when they are too ill to move themselves. This then helps prevent pressure ulcers and aids patient comfort.

Trust is 11th in Stonewall's healthcare equality index

Cambridgeshire Community Services NHS Trust is the 11th best performing NHS Trust for gay, lesbian and bisexual-friendly health services, according to Stonewall, the sexual orientation charity.

Recently released figures show that the Trust features highly in Stonewall's Healthcare Equality Index, which measures how well NHS organisations value and promote the principles of equality and diversity.

The Trust successfully applied to Stonewall last year to become a Health Champion, receiving free support to improve local health services for lesbian, gay and bisexual



people, funded by the Department of Health.

Stonewall 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 Health Champions Programme offers member organisations practical advice to help them achieve real improvements in the care they provide to local gay people and their families.

Anti-Coagulation Service reduces missed clinics by texting



The anti-coagulant service in Luton has been texting appointment reminders to its patients on a trial basis in a bid to reduce missed clinics.

Do not attend rates have since reduced from 15 per cent two years ago, to 11 per cent now.

Catch a bus for respiratory advice

People with respiratory problems in Luton were recently encouraged to catch a bus to learn more about the condition.

It is thought that up to 2000 people in the town could be unaware that they have chronic obstructive pulmonary disease – COPD – because they don't recognise the symptoms.

Specialist respiratory nurses staffed the screening bus at venues across Luton to raise awareness and test those who may be suffering in silence and to advise those already living with the disease.

The main symptoms to look out for are shortness of breath and a cough that you can't get rid of.



Cambridgeshire Community Services **NHS**
NHS Trust

Invitation 2013 Annual General Meeting

incorporating our annual
Staff Innovation and Excellence Awards
and Long Service Awards

on Tuesday 24 September 2013, 3pm
Cromwell Suite, Huntingdon Racecourse, Brampton PE28 4NL

Refreshments will be available prior to the meeting

Come and find out about our innovative work in the community

Please confirm your attendance by Friday 30 August 2013
Tel: 01480 308259 or via email: ccscommunications@ccs.nhs.uk