

the rural link  
Winter 2011



News

wishing you a merry christmas  
and a happy new year

*From all at the IRH*

**We are moving!**  
as from December 19th 2011  
our new address will be...

Institute of Rural Health  
St David's House  
New Road  
Newtown  
Powys SY16 1RB  
Tel: 01686 650800  
[www.irh.ac.uk](http://www.irh.ac.uk)

Patron: His Grace the Duke of Westminster KG OBE TD DL  
Registered Office: Newtown, Powys SY16 1RB  
Company Registered in England and Wales No. 3296626  
Registered Charity No. 1061426

St David's House is purpose built and although the IRH offices will be on the second floor it has a lift (no-one will miss the stairs at Gregynog!); the suite of offices have been redecorated and we will have a very professional and smart working environment to go to. There is car parking available across the road and a long stay car park a short walk away. A map is available on the web site.



Having had fairly recent photos of our other staff in previous newsletters we thought it time to feature our IRH Chief Executive, Jane Randall-Smith.

Jane has recently addressed the All Party Parliamentary Group of Rural MPs and Lords in the House of Commons about the impact of reconfiguring health services. She took the opportunity to speak about service drift and the impact on rural health care, focusing on the need to rural-proof hospital reconfiguration policies before they are implemented.

"We all know that money is tight, but that requires services to be delivered in different ways and we must always put the patient at the centre," she said. "We need to locate more diagnostic services and ongoing patient management locally and that must be in place before hospital services are centralised. Health service policymakers need to be very careful and ensure that they rural- proof any changes."

## **Research**

### **Rural Friendships**

PAVO (Powys Association of Voluntary Organisations) has been successful in being awarded £960,000 from the Big Lottery Fund under the AdvantAGE programme for the 'Rural Friendships' befriending scheme.

PAVO will be working with Powys' 12 community support/volunteer bureaux and local charity Healthy Friendships, recruiting volunteers to support people who are 50+ so they can lead active lives in their communities. PAVO is particularly pleased to have IRH as a project partner. The role of IRH will be crucial in ensuring that the project is fully evaluated, but also in helping it gather the evidence necessary to create a sustainable befriending service that lasts beyond the life of the project.

During the 5-year life of the project 400 volunteers will be recruited to befriend 400 clients to increase their independence. "This is excellent news for the people and communities of Powys. Too often people are admitted to hospitals and residential homes and are unable to return home from hospital simply because there is no one there to offer a helping hand" said Carl Cooper, PAVO's Chief Executive.

"This new project enables us to help many more people. It will also demonstrate that prevention is better than cure, it is cheaper as well! Admitting people to residential care or having to provide professional support is very expensive, therefore, not only will our work enhance people's well being it will also save money for the Local Health Board and the County Council.

Caroline Bull from the Ystradgynlais Volunteer Centre, which helps senior citizens, said befriending for older people made a huge difference. She said "We visited a local lady who was 88, visually impaired and had a broken arm after a nasty fall. Our volunteer noticed that there were letters for medical appointments that she couldn't read, so we helped her make the appointments, made arrangements for her to have a cataract operation and accompanied her there. If we hadn't been there, she would have been totally isolated. The client described her helper as "an absolute angel, she came to my rescue, my neighbour used to help me but then passed away and then I had my accident, so I couldn't do anything myself, it is a life saving service, I don't know what I would do without it".

Rachael Beech is the Project Coordinator and will be responsible for overseeing the project, monitoring and supporting the 13 delivery partners. For more information contact: Rachael on [rachael.beech@pavo.org.uk](mailto:rachael.beech@pavo.org.uk) 01597 822191

## **Care Farming**

The IRH 'Taking Care Farming Forward in Wales' scoping study final report has now been submitted to the Welsh Government and we hope that we will be given approval to circulate the report within the next week. Funded under the Wales Rural Health Plan Innovation Fund, the study engaged with existing and potential care farmers, interested and potential commissioners and other stakeholders, including Local Authority representatives, organisations with a green care remit, third sector representatives, and relevant policy-makers.

The report outlines the development needs of care farming in Wales from the perspectives of provider and commissioner. The IRH is grateful to the Project Advisory Group which supported and guided us over the course of the project and also to the care farming practitioners who were actively involved, in particular to the Amelia Trust Care Farm, Clynfyw Community Interest Company, and the Pink Cow Project.

The project process incorporated: an overview of the nature, activity and extent of care farming in Wales; a 'where next?' workshop at the first All-Wales Care Farming Conference (organised by the Amelia Trust and University of Wales Institute Cardiff, UWIC); a survey of potential, relevant commissioners in Wales; and a commissioners' meeting.

Whilst it is recognised that there are a number of issues to be addressed, not least those related to funding, there is now a real opportunity for Wales to take the care farming agenda forward and we are doing all that we can to secure funding for a coordinator to facilitate a network, to develop a Wales website and information portal, and to enable the ongoing development of care farms in Wales. We will of course keep you posted on developments. Please contact Fiona for further information on [fionaw@irh.ac.uk](mailto:fionaw@irh.ac.uk) or 01686 650800.

## **TOPS**

The dot.rural TOPS project (Technology to support Older Adult Personal and Social Interaction) has now entered its 2nd year. TOPS is a multi-disciplinary, collaborative project involving researchers from the dot.rural and SiDE RCUK-funded Digital Economy Hubs, IRH and the Centre for Rural Health in Inverness. TOPS focuses specifically upon older adults with chronic pain.

TOPS has just received outline approval from NHS ethics, which means that we will soon begin conducting observational fieldwork and semi-structured interviews in NHS Highland in Scotland, and in Powys LHB. A large-scale survey of older adults with chronic pain is also in development, as is a strategy for focus group research to explore views and opinions on a variety of potential older adult technologies.

A paper on TOPS was presented at the recent Digital Engagement 11 conference in Newcastle (see <http://de2011.computing.dundee.ac.uk/> for the full paper). A workshop on TOPS was also conducted at the same event, involving social researchers, computing scientists and healthcare researchers – thank you to all who participated.

## **Coproduction of health and social care services in a rural context**

In October, Fiona Williams (IRH) and Stephanie Best (POWIS Scholar) attended a workshop in Edinburgh, entitled "The benefits and challenges of the coproduction of health and social care services in a rural context". Co-organised by SAC Rural Policy Centre and the Scottish Government Joint Improvement Team, the workshop followed on from the Rural Scotland in Focus Roundtable Debate on "The Future Role of Civil Society in Promoting and Sustaining Health and Wellbeing in Scotland's Rural Communities" which was held in November last year.

Two presentations were given at the start of the workshop to introduce the topic and set the scene. Gerry Power, from the Joint Improvement Team, summarised the context for coproduction in Scotland. Kay Barclay, Senior Researcher with the Scottish Government, gave a researcher's perspective on the importance of robust research for evidence based policy-making. Group discussions then focused on: 1) the state of the evidence on the coproduction of health and social care services and, 2) where do we go from here in terms of improving the evidence base, why do we need to do this and who should take responsibility for improving it?

Participants at the workshop included a diverse range of stakeholders. In addition to representatives of the Joint Improvement Team and SAC, there was representation from health boards, third sector organisations, community development organisations and research institutes. The full policy briefing from the event can be found at: <http://www.sac.ac.uk/mainrep/pdfs/coproduction.pdf>

## **Development of ten case studies that reflect the challenges faced by GPs in dealing with employment related issues**

Isobel MacPherson undertook this research on behalf of the Institute of Rural Health, commissioned by Public Health Wales to provide ten teaching cases on the issues surrounding sickness absence certification in Wales. IRH advised that the case studies needed to be anchored in the day-to-day realities of GP work in Wales, and what was known from previous research about the challenges facing GPs, thus broadening the scope of the study to provide a more robust basis.

This was done in three ways by accessing ONS data on sickness absence patterns in Wales, a review of the literature on the challenges of sickness absence certification, and a survey of Welsh GPs to establish the context and key issues for them in relation to sickness absence certification.

The ONS data has shown the regional and occupational variation in sick days taken by those in employment in Wales, and the GPs have highlighted their concerns in certification, both clinical, social and procedural. Many of these reflect the findings of other research studies but also reflect the socio-economic circumstances of the practices and their patients. The cases reflect both the complexity of the work of Welsh GPs in sickness absence certification, the realities behind their decision-making and the issues they feel are important to share and discuss. The case studies are being used in GP training.

The full report is available on the IRH website <http://www.irh.ac.uk/publications/research-publications.php>

## Policy

### Rural Support Wales

Recent developments under the Rural Support Wales initiative have focussed upon three areas:

Outreach Events - Partnership working in Powys has delivered two outreach events at Welshpool Livestock Marketing Centre. Powys LHB, Rowlands the Chemist, the Methodist Church (Rural & Agricultural Chaplain) and Welshpool Livestock Market supported by Rural Support Wales (Institute of Rural Health) worked together to provide health checks for farmers. The checks consisted of blood pressure and pulse checks, advice from a respiratory nurse specialist, and weight and diabetic screening, together with supporting information/leaflets providing the wider context of physical and mental health.

Over 60 farmers have participated and a significant number were advised to attend their GP for further investigation. Determining how many of these cases actually follow the advice and visit their GP and consequently require treatment is difficult. However, the clinical nurse specialist is exploring the feasibility of a telephone follow-up, (with the individuals' consent) which will provide more robust outcome information. It is anticipated that this initiative will prove an effective approach for reaching farmers.

Partnership Working Through Existing Networks - Using existing national networks is cost-effective. Working through the YFC network has exceeded expectations in delivering the message to a target group. YFC and Mind Cymru were brought together through the Rural Support Wales Network with the aim of spreading a positive message to young people about the things they can do to look after their mental health and wellbeing.

It has been a positive learning experience for the partners involved, and confirmed that working through people who were not overtly involved in mental health brings benefits. Mind Cymru recognised the huge range of opportunities which the YFC network provides to engage members and perhaps most importantly the social contact and sense of community and belonging. Whilst not overtly focussing upon benefiting the mental health of young people they are creating an environment in which young people can be comfortable, confident and open, and thereby better equipped to recognise and deal with potential mental health problems early.

In July 2011 the partnership (YFC, Mind and Rural Support Wales) took the opportunity to work together at the Royal Welsh Show, including the selection of the winner of the YFC national team challenge to design a poster, aimed at young people, with a theme of 'it's good to talk'. Over 300 people voted in the competition and selected Ceredigion YFC the clear winner.

Empowering Key Workers through Training and Education - This is a new strand of work which aims to empower individuals working in rural areas and equip them with the knowledge to recognise the signs and symptoms of stress and enable them to signpost people to the most appropriate source of help and support.

With this in mind Rural Support Wales has brought together the Bishop's Advisor on Church and Society, the National Lead on Rural Affairs, Church in Wales and Mind Cymru, with the aim of developing a programme of educational and awareness-raising events. This is work in progress but already shows potential for future development.

### Rural Health Week 18th – 24<sup>th</sup> September 2011

Messages of support from eminent individuals from across the UK were received and included Simon Burns Health Minister for England, Lesley Griffiths Minister for Health and Social Services in Wales, Peter Kendall NFU President and Gaynor Orton Executive Officer Care Farming UK.

A wide and diverse variety of events were held throughout the UK to celebrate the week, some examples included:

- Hundreds of Ceredigion patients, who use oxygen treatment for long-term health conditions, have benefited from a new rural service during the past year
- Open Day and information day, focusing on the benefits of care farming at Woodside Rural Care Farm in Cambridgeshire.
- The Wales Outdoor Health forum (WOHF) managed by the Countryside Council for Wales held a meeting to discuss the National Forum focusing on Health which will act as a connective gateway for health, wellbeing and environment.
- The Mid and West Wales Fire Service carried out safety checks on electric blankets at 16 locations across Powys. The service began in Rural Health Week on 23rd September in Presteigne Memorial Hall.
- Jig So Ceredigion, Pembrokeshire and Carmarthenshire held 3 events for children and families including walks and information sessions on health, wellbeing and support services.
- We have recorded over 20 walks held in the UK which were held to commemorate the week.

Rural Health Week enabled engagement with the wider rural health community and subsequently IRH has become aware of press releases across the UK relating to Rural Health Week activity.

### **Sharing the learning**

The brief for the Sharing the Learning project was to:

- support the development of networks and other communication,
- help identify and share good practice both within and outside of Wales
- provide the administration, co-ordination and support for a conference/learning event in the Autumn 2011.

These aims were implemented through further development of the Database of Good Practice and Innovation in Rural Health and Wellbeing and via Rural Health Week in September, which included the Sharing the Learning conference.

The Database of Rural Health Good Practice was developed originally by the IRH in 2004, as an easily searchable information resource for organisations looking to improve service delivery and access to care for people living in rural communities. The database provides examples of good practice and innovation from across the UK and can be used to encourage networking and development of links between different organisations involved in healthcare from the statutory and the voluntary sector. There needs to be a critical mass of examples on the Database to provide as wide an appeal as possible and this part of the project focussed on expanding the Database.

The very nature of rural areas means that co-operation and joint working is even more important if services are to be delivered effectively, safely and at the right time. Rural Health Week, run by the IRH, has a different theme each year. The theme decided upon for 2011 was "Achieving rural health and wellbeing - responding to a changing world". This was chosen to reflect the first phase of the implementation of the Rural Health Plan, to promote the innovative examples of good practice that are taking place in rural areas across the UK, and to generate further new examples of good practice for the Database.

A successful conference was held in September at Gregynog to exchange good practice and learning from the 15 Innovation Fund projects and the two Development Sites.

Presentations followed by workshops gave delegates the opportunity to discuss what had been learnt and to explore how the learning might be most appropriately taken forward.



Dr John Wynn Jones, Helen Howson, Jane Randall–Smith, Lord Elystan-Morgan, Prof. Marc Clements, Dr Fiona Williams and Stephanie Best at the Sharing the Learning conference.

A poster display, with a poster from each of the projects focussing on the objectives and outcomes of each, was set up in the main hall in the main hall. The poster walk enabled attendees to learn of activity and the progress made by the individual projects and, importantly, to ask questions of colleagues involved in the projects.

A report has been produced from the conference and will be available on the IRH website, and the final report from the project has been submitted. The learning from the development sites and the innovation projects needs to be acted upon, and enthusiasts and champions are needed to take the initiatives forward. Wales should congratulate itself on its recognition of and emphasis on rural health care, and the Rural Health Plan and the challenge now is to fully implement it.

## **Education & Training**

### **Reporting back**

Autumn has seen a busy series of conferences, including the Sharing the Learning conference above, the MMS Primary Care Conference, the Rural Health Solutions conference in Shrewsbury, and the Rural Practitioner Masterclass in Builth Wells.

### **MMS Primary Care Conference**

The Annual Primary Care Conference (formerly the Rural Doctors Conference), held during Rural Health Week, brings rural healthcare professionals together in a friendly learning environment from across the UK. The Montgomeryshire Medical Society (MMS), together with IRH, organised a successful 22<sup>nd</sup> annual conference at Gregynog from September 21-23.

More than 100 delegates attended the conference, some from as far away as Cumbria, to hear speakers on subjects ranging from reducing medicines wastage in GP practices and managing the aging population, to lung cancer and sleep disorders. Following the event, one attendee reported that the conference is a lifeline for his postgraduate update and appraisal.

Seven trainee doctors attended the conference this year from various DGHs in Wales including Withybush in Pembrokeshire and University Hospital Wales in Cardiff. This was welcomed by Dr Green who is keen to attract more young health care professionals to the event.

Managing the aging population, prevention of falls in older people, funny turns, visual impairment and psycho-geriatrics were the topics to open the conference on the Wednesday, and Alan Jefferies of White Crane Tai Chi ended the morning with delegates learning about the benefits of Tai Chi exercises in the prevention of falls, and having the opportunity to try some exercises themselves. Falls are the leading cause of death from injury among people over 75 in the UK. It is estimated that the overall direct healthcare cost to the NHS is £15 million every year.

'Hot topics in primary care' was the topic on Thursday, when Dr Peter Holden, a Matlock GP and General Practitioner Committee negotiator, addressed delegates with his regular and popular 'Holden's Soapbox'. He discussed the likely impact of the Health Bill in England, which would give GPs a greater role in commissioning services.

Reducing medicines wastage in GP practices, lung cancer, bariatric surgery, treatment of hip and knee conditions and sleep disorders were other topics discussed on Thursday. Friday was a day of clinical skills in primary care, including minor surgery, the collapsed patient, the ECG workbook, rural dermatology, minor injury medicine, joint injections and foot and ankle treatment.

A change of name this year from the Rural Doctors Conference reflected the teamwork that is now involved in running rural medical practices. General Practitioners were joined by their nurses and managers to learn together. Dr Martin Green, chairman of MMS, said "We are now so used to teamwork and the needs of the aging population are such that we need partnership to get through the workload."

Dr Joe Vibhishanan from Welshpool, Dr James Wrench from Hay-on-Wye, Dr Deanna Pariat-Gill from Aberystwyth and Dr Adrian Penney from Bishops Castle.



Next year's conference is set for September 25-28, 2012

## **Rural Health Solutions Conference**

This was held in Shrewsbury on 11<sup>th</sup> October to consider new ways of tackling the provision of rural health care. The day aimed to identify and exchange good practice, and in particular to enhance multi-disciplinary teamwork within and between agencies, as essential to tackle the particular demands of rural health care provision in a time of reducing resources. There was a strong emphasis on the potential for telemedicine to tackle some of these demands, with inspiring presentations by Dr Rob Williams and Professor Roger Strasser (the latter by video link) about the innovative work in Canada.

This was put in the local context of the Marches by speakers from IRH and commissioners and providers in Shropshire and Herefordshire, with a further example of the potential of TM in Improving Stroke Services In Cumbria and Lancashire. Workshops enabled more focussed discussion and a useful innovation was a 'post-it' board offering the chance for delegates to make specific points. All of this has been collected in a report which will shortly be available on the IRH website.

## **Rural Practitioner Masterclass**

The aim of the day in Builth Wells was to support the development and implementation of the concept in Powys, by gathering the views of key people working in rural health settings and exchanging learning between them.

In defining the role of the Rural Practitioner and developing a model of care the emphasis was strongly upon the breakdown of barriers both within and between health and social care organisations. Much work has already been done in Powys but there is great scope for collaboration, including with the third sector, and a need for education and training that builds confidence, extends competencies, and blurs boundaries between professions.

Bringing care closer to home while maintaining quality requires an imaginative use of resources and the masterclass heard of some innovative work in Swansea, Birmingham and Denbighshire. A report is being produced which will include delegates '10 Points for Action'

Other successful autumn events included an evening Diabetes Update, a day course on Out-of-Hours, and four PLT events in Powys (two clinical and two non-clinical).

## **Coming up**

### **Our new training room**

The education team at IRH is looking forward to 2012 with an air of anticipation. For the first time IRH will have its own small training room in its new premises at St David's House, Newtown.

The first events to be held will be the series of workshops for Practice Managers and senior administrative staff beginning on 26<sup>th</sup> January 2012 – Recruiting the Right Person, followed by Working without the Default Retirement Age on 9<sup>th</sup> February and ending on 8<sup>th</sup> March with Performance Management. The training will be provided by Thornfields Limited, who are experienced primary care training specialists.

### **COPD training**

COPD is the overall term used to describe a variety of illnesses, including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have permanently damaged lungs and find it difficult to breathe most of the time. COPD is the sixth most common cause of death in England and Wales, causing over 30,000 deaths a year, but it is

estimated that by 2020 it will be the third biggest killer in the world – it's the only major cause of death that has increased significantly in recent years.

Approximately 900,000 people in the UK have been diagnosed with COPD but more recent research suggests that COPD may be hugely under-diagnosed - based on reported symptoms, over 3.2 million people may have the condition (that's as many as one in 10 people over 40). It is closely linked with smoking in many cases and the changes in smoking habits several decades ago mean that although COPD is more common among men, cases are rising three times as fast among women.

The education and training team will be running an event in Llandrindod Wells in Mid Powys on 31<sup>st</sup> January on Essentials of COPD for Practice Staff, looking at diagnosis, assessment and treatment. The programme will be delivered by Education for Health, a specialist provider of education and training courses for practice staff, particularly Practice Nurses.

### **Other upcoming courses**

In February, IRH are holding two protected learning time events and a Health Careers College Day, following the format of our successful schools careers event in November. In March there will be a two-day Palliative Care event organised in conjunction with Shropdoc, Severn Hospice and Cardiff University, and 15 Year One medical students will be coming for their weekend at Gregynog from Cardiff University.

### **Dental**

The September evening meeting on 'Medical Emergencies in the Dental Practice' was a success, as always, with Harry Stevens making his last ever trip to Gregynog. The dental regulars presented Harry with a 'Golden Woolly' in recognition of his services to dental CPD.



Jigar Patel, who provided October's 'Orthodontic Update', also received rave reviews from the attendees, bringing them up to date with treatments in orthodontic surgery. On October 14<sup>th</sup> a small but select group of GDPs enjoyed Jansie Van Rensburg's 'Fibredontics: Minimally Invasive Dentistry Part II' hands-on day. Phil Wander, cosmetic dentist to the stars, also visited Gregynog to give an evening talk on dental photography entitled 'Improve Your Image'. His lecture, and his celebrity contacts, left the delegates duly impressed!

The Woollies are now in pre-match preparation for the annual videoconference showdown with the Cardiff University final-year Dentistry students on December 14<sup>th</sup>, weather permitting. After Christmas, the programme continues with the January 11<sup>th</sup> evening meeting on 'Managing Complaints in Dental Practice' with Ann Williams, Powys THB's Complaints Manager, while Thomas Norlin (The Dental Spa, Shrewsbury) will give the February 8<sup>th</sup> evening talk on restorative dentistry.

## **Invited articles**

### **Woodland therapy sessions with Coed Lleol improve patients' health**

Visits to local woodlands are being "prescribed" as part of the National Exercise Referral Scheme (NERS) to provide opportunities for exercise through woodland activities in order to combat depression and treat heart problems. The Actif Woods Wales project, run by the Coed Lleol Partnership, is funded by Forestry Commission Wales and is based on woodlands' ability to improve health and wellbeing by reducing stress and providing opportunities for exercise.

A total of 14.3 per cent of Wales is covered by woodlands and of this, 38% (126,000 hectares/311,000 acres) is owned by the Welsh Government, managed on its behalf by Forestry Commission Wales. Coed Lleol is a partnership project hosted by the Smallwoods Association with a steering group of representatives from Forestry Commission Wales, Countryside Council for Wales, the Woodland Trust, the Wildlife Trusts, Tir Coed, the Health Service in Wales and representatives of community woodland groups and self employed foresters.

This project involves woods in Aberystwyth, Ceredigion, and Treherbert in Rhondda Cynon Taf. People with physical and mental health conditions have been referred through the NERS scheme and mental health groups, such as MIND in Aberystwyth, for a variety of woodland-based activities under the scheme. In addition to the Welsh Government-funded National Exercise Referral Scheme, people with conditions such as ME and depression can also refer themselves for the woodland therapy.

Woodland activity experts, with the help of local volunteers, have just launched a 16-week winter programme in local woodlands, building on the success of spring and summer courses which saw more than 80 people seek the natural path to a healthier life. The free sessions are specially tailored for people with a variety of chronic health conditions such as depression, osteoarthritis, diabetes and heart problems.

They include activities such as Nordic walking, green woodworking skills, bushcraft skills, plant and animal identification, fire-lighting and making tea over an open fire – or simply walking in and enjoying the woodlands. In Treherbert there are groups based on using the natural environment for exercise, and a conservation group run in partnership with BTCV. The conservation group's activities include clearing spaces, and helping to make equipment such as wooden weights for the exercise group.

Forestry Commission Wales Education Officer Leigh Denyer, who helped to supervise some of the activities, said, "The aim is to link support organisations and health professionals with our woodlands by encouraging people with a range of chronic health issues to use woodlands in new and interesting ways to improve their health and well being. By connecting people with their local woodlands in this way, we hope they will continue to be active in the outdoors after the end of the project, resulting in long-term health benefits."

Mair Jones, from Aberystwyth, who has ME, which is also known as chronic fatigue syndrome, said woodland walking was now a regular part of her life. "It has now become part of my weekly routine and doesn't depend on the weather, as sheltering in the woods on a rainy day with company is all part of the fun."

The approach of the programme is to work closely with a range of local organisations involved in the health sector, community development, and outdoor activities, to enable the sustainability of the activity programmes in the longer term, with woodland activities hopefully becoming part of their core services. Both CCW and FCW are now enabling these activities to continue for another six months and in the future the project aims to enable NERS coordinators in other areas of Wales to engage with this approach.

Zena Wilmot, Coed Lleol Partnership Co-ordinator, says "We all know that exercise is good for us, but going to the gym to get fit isn't for everyone. This project has shown that walking or being active in woodlands really can improve health and reduce stress at the same time as building interests, developing skills and having lots of fun."

For more details on the activities running contact Zena Wilmot from Coed Lleol on 01654 700061 or [zenawilmot@smallwoods.org.uk](mailto:zenawilmot@smallwoods.org.uk)  
[www.coedlleol.org.uk](http://www.coedlleol.org.uk)

## **Health Trainers**

What is an SLCVS Health Trainer? A trainer and tracksuit clad personal trainer? No! An individual providing motivational support and encouragement to enable individuals to reach their health related goals? Yes!

The South Lincolnshire Community and Voluntary Service (SLCVS) Health Trainer service, funded by NHS Lincolnshire is a free, informal and confidential programme aiming to accompany individuals on their pathway to better health. The Health Trainers work within priority areas, although the service is open to everyone, to encourage individuals to lead healthier lifestyles and, where appropriate, engage with other health services.

Anyone who wishes to cut down or give up smoking, change their eating habits, reduce their alcohol intake or engage in exercise is encourage to contact the Health Trainers. Referrals can be from other health professionals such as GPs or practice nurses, and from other organisations, as well as self-referrals.

We use the phrase 'small changes can make a big difference' because we believe that by setting realistic and achievable goals clients will see the big difference this can have on their overall health. By listening, supporting, providing information and encouragement our qualified Health Trainers can assist individuals to set goals and make plans towards achieving a healthier lifestyle.

We appreciate how difficult the process can be so we offer ways of overcoming obstacles as well as signposting to other useful services and introducing the clients to local activities such as health walks, swimming, salsa classes or gardening projects.

Working in Boston, Grantham and throughout South Holland clients have access to 6 sessions with their personal Health Trainer. The frequency will depend on how much support is needed but usually starts with one session a week and moves to monthly sessions thereafter.

Follow-on support is offered at 6-monthly intervals to help the client maintain their achievements and, if necessary receive a further 6 sessions to support them through another health-related personal health plan.

Three of our 10 health trainers began their pathway to work by signing-up to the service themselves to improve their own health. They were so pleased with the results they became Volunteer Health Champions themselves. This included working towards a RIPH Level 2 qualification so that they could engage with clients and carry out an Initial Assessment before signposting them to a fully qualified Health Trainer. They also took part in awareness-raising events to promote the service to the local community and have since become Trainee Health Trainers employed by SLCVS and are now working towards gaining their level 3 qualification. They will be fully qualified Health Trainers by January 2012 enabling them to work on a 1-1 with clients to develop realistic Personal Health Plans.



Trainee Health Trainer Lynne Robson with a member of the public.



Trainee Health Trainers Lynne Robson, Siobhan Mitchell and Kathryn Sperring.

## Foodbanks in Wales

The Trussell Trust is a charity that manages a network of 134 foodbanks across the UK which last year fed over 60,000 people in crisis. Foodbanks collect tinned and dried food from members of the public, charities, churches and schools, to make up food parcels which are given to local people in crisis.

Front line care workers such as health visitors, benefit officers, charity staff and social workers hold emergency food vouchers which they release to those who have no means of purchasing food. Recipients are low-income working families who are hit by a crisis, people who have been made redundant or people experiencing benefit delays. Foodbanks operate in many rural communities as well as urban areas. Some foodbanks operate a rural distribution service where food parcels are delivered to those with no means of reaching a local foodbank centre.

The first foodbank in the UK was launched in Salisbury in 1999, starting from humble beginnings in a garden shed. The Salisbury foodbank now feeds 4,000 people from the city and surrounding rural communities each year. The charity has developed an operating manual that has helped a further 133 foodbanks develop through local churches, using a proven, sustainable model.

Wales' first foodbank, in Ebbw Vale, Blaenau Gwent, opened in 2008 and the Welsh network has since grown to 16 projects. Foodbanks are opening at an unprecedented rate to meet the high demand for emergency food aid; in 2011 the Trussell Trust has launched a new foodbank every week.



Wales Regional Development Manager, Adrian Curtis, says "crisis can affect people from all communities. With rising fuel and food prices and lower incomes, it can sometimes only take for an unexpected bill such as a broken boiler to force families to choose between paying a bill and eating – this is the harsh reality affecting many families across Wales.

“It’s sad to see there is such a need in our communities in 2011 but it’s amazing to see so many generous people from Welsh communities regularly donating food and giving their time. We are seeing local churches across Wales practically supporting those in crisis.”

Foodbanks currently operate in Cardiff, Gorseinon, Neath, Ebbw Vale (Blaenau Gwent), Blackwood, Rhondda, Bridgend, Pontyclun, Pontypridd, Risca, Carmathen, Llanelli, Cardigan, Merthyr and Cynon, Vale of Glamorgan and Flintshire. They are also expected to develop in Abergavenny, Ammanford, Bonymaen, Wrexham, Rhyl, Prestatyn, Colwyn Bay, Bala, Bangor and Holyhead.

The charity expects the number of foodbanks in Wales to exceed 40 during the next three years, feeding over 40,000 people in crisis.

Further information is available from: <http://www.trusselltrust.org/foodbank-projects>

Adrian Curtis: [adrian.curtis@trusselltrust.org](mailto:adrian.curtis@trusselltrust.org)  
0845 600 77 80

## **EURIPA**

**The WONCA Europe Conference** took place 8<sup>th</sup> – 11<sup>th</sup> September in Warsaw, Poland, with the theme: Family Medicine - Practice, Science and Art. The following is an extract from the report from John Wynn-Jones, President of EURIPA:

“Some conferences are entirely academic/scientific events but others such as WONCA Europe provide an opportunity for like-minded individuals and groups to meet and network... I found the choice of keynotes interesting and thought provoking. One of the stars was the economist from the World Bank who implored us not to make the same mistakes with the design of health care that the economists had done with the world economy!

Among the high points was the work of Vasco de Gama which has changed WONCA Europe forever. It’s even more exciting to see 3 VdG members representing their countries on the Council. It gives me confidence for the future! We are seeing more young doctors at our rural meetings.

I also note a change in the attitude of WONCA Europe to countries in trouble. Many of the countries of south east Europe are struggling to provide comprehensive care due to poor support and investment from their governments. WONCA Europe sees itself as support for these countries.”

The latest EURIPA newsletter can be found at <http://www.euripa.org/pdfs/GrapevineWinter11.pdf> with full reports of events, contributions from members across Europe and some good Christmas recipes!

## **Publications**

**Development of ten case studies that reflect the challenges faced by GPs in dealing with employment related issues**

See above under Research

<http://www.irh.ac.uk/publications/research-publications.php#fitnotes>

## **Together for Health**

A new five year vision for the NHS in Wales, based around community services and placing prevention, quality and transparency at the heart of healthcare has been published by

Health Minister, Lesley Griffiths. It outlines the challenges facing the health service, including a rising elderly population, health inequalities, more people with chronic conditions, medical staffing pressures and some specialist services being spread too thinly.

The document sets out how the NHS will look in five years time, based around primary and community services playing a major role in delivery, a focus on preventing ill health, to address public health challenges such as obesity and smoking rates, and the use of new technology.

<http://wales.gov.uk/docs/dhss/publications/111101togetheren.pdf>

### **From Illness to Wellness**

The lack of integrated services to improve health and wellbeing across the NHS and local government is a missed opportunity to create long-term savings and make a real impact on patients and local communities. As demands on the NHS increase and reforms get underway, the service will need to embrace wellbeing to improve health and drive savings.

That is the message from a joint report produced by the NHS Confederation and the Faculty of Public Health on wellness services and the way they are integrated across health and social care. It has been published with the aim of sharing learning among health and local government commissioners and providers and encouraging new ways of shifting organisational approaches towards wellness rather than just focusing on illness.

Wellness services take a whole-person and community approach to improving physical and mental health to improve people's overall health and wellbeing. They include services like weight management, smoking cessation and support in accessing physical activity services. <http://www.govtoday.co.uk/index.php/Public-Health/lack-of-joined-up-thinking-to-improve-health-and-well-being-is-a-missed-opportunity-to-drive-savings.html#>

### **'Your Health Matters'**

#### **Chief Medical Officer for Northern Ireland Annual Report 2010**

While the general health of the population shows signs of improvement, as measured by life expectancy, too many people still die too young or live with conditions that could have been prevented. Of concern also is the gap in health status between the most and least advantaged in our society. Where you live should not determine how long you live.

The 10-year public health strategy for Northern Ireland, Investing for Health, and the various lifestyle strategies which it embraces have made a significant contribution to improvements in health, however addressing many of the causes of ill health are outside the scope of the health service and require an all government approach so that health is in all government policy.

<http://www.dhsspsni.gov.uk/cmo-annual-report-2010.pdf>

#### **Chief Medical Officer for Wales Annual Report 2010**

Life expectancy in Wales continues to increase but lifestyle choices such as drinking to excess and smoking are impacting on the quality of life of many, Wales' top doctor said. In his 2010 annual report, the Chief Medical Officer for Wales notes that overall health in Wales is good and continues to improve. There has been a reduction in rates of premature (under-65) deaths from cancer and circulatory diseases.

The report says that despite the trajectories for life expectancy improving, there are concerns that Wales may be slipping compared to other parts of the UK with gaps growing wider between the healthy and the unhealthy. There are also areas of deterioration such as an increase in deaths from chronic liver disease and cirrhosis.

<http://wales.gov.uk/topics/health/ocmo/publications/annual/report2010/?lang=en>

## **Delivering Rural Health Care Services and Rural Health Telemedicine**

Two working papers have been produced by the Rural Health Implementation Group in support of the Welsh Rural Health Plan. These are available from the Welsh Government [www.cymru.gov.uk](http://www.cymru.gov.uk)

## **Rural Track GPST Programme**

The Scottish Rural Track GPST programme allows trainees interested in a rural career to get the specialist training that will equip them for a fascinating and varied future

It will be a four year programme based in one rural area and constructed as follows

Years 1 and 2: A rotation of four six-month GPST-relevant hospital posts, with a focus where possible on Rural General Hospital or equivalent experience. Most options will include one attachment distant to the rural base of six or twelve months to gain relevant experience (e.g. paediatrics)

Year 3: Six months in GP in the rural area and six months 'built-in' Out-of-Programme Experience, rurally-relevant and focussed on your interests

Year 4: One year in GP in the rural area.

It is specifically designed for those with a rural-interest. Do not apply if you do not wish to train in a rural area!

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/careers-and-recruitment/scottish-general-practice-training/gp-programmes/rural-track-gpst-programme.aspx>

## **Consultations**

### **Consultation on the future of the Commission for Rural Communities**

Defra have launched a consultation exercise on the new rural policy functions within Government, and the proposed abolition of the Commission for Rural Communities.

**End of consultation:** 30/01/2012

<http://www.defra.gov.uk/crc/consultation-on-the-future-of-the-crc/>

### **Proposals for Legislation on organ and tissue donation: A Welsh Government White Paper**

This White Paper consultation seeks responses on the Welsh Government's proposals for legislation on organ and tissue donation.

The objective is to introduce a soft opt-out system in Wales which aims to increase the number of organ and tissue donors in Wales, allowing more lives to be saved and to improve the quality of life of others.

**End of consultation:** 31/01/2012

<http://wales.gov.uk/consultations/healthsocialcare/organ/?lang=en>

## **Associates**

The network of Associates continues to grow. If you have colleagues who you think would benefit from being part of the network, please pass on a newsflash or newsletter and tell them to get in touch.

Trustee meetings

16<sup>th</sup> Dec, 28<sup>th</sup> Feb

IRH has a new Trustee, Jo Mussen, Vice-Chair of Powys Teaching Health Board.

## Diary Dates for Spring 2012

11 <sup>th</sup> Jan	Complaints Management, Dental Evening, Gregynog Hall
26 <sup>th</sup> Jan	Recruiting the Right Person, Thornfields Training, St David's House
31 <sup>st</sup> Jan	COPD: Education for Health MRC Llandrindod Wells
8 <sup>th</sup> Feb	Restorative Dentistry, Dental Evening, Gregynog Hall
9 <sup>th</sup> Feb	Working Without the Default Retirement Age, Thornfields Training, St David's House
21 <sup>st</sup> Feb	South Powys PLT      Caer Beris, Builth Wells
23 <sup>rd</sup> Feb	North Powys PLT      Latham Park, Newtown
28 <sup>th</sup> Feb	Trustee Meeting, St David's House
29 <sup>th</sup> Feb	Inspiring Tomorrow's Practitioner      Coleg Powys, Newtown
8 <sup>th</sup> March	Performance Management      St David's House
14 <sup>th</sup> March	Endodontic Update, Dental Evening, Gregynog Hall
23 <sup>rd</sup> -25 <sup>th</sup> March	Year 1 Students Weekend, Gregynog Hall
27 <sup>th</sup> -28 <sup>th</sup> March	Palliative Care      Severn Hospice, Shrewsbury
11 <sup>th</sup> April	Cancer of the Head & Neck, Dental Evening, Gregynog Hall
24 <sup>th</sup> April	South Powys PLT      venue tbc
26 <sup>th</sup> April	North Powys PLT      venue tbc

The next issue of the rural link will come out at the beginning of April. Contributions are welcome, to [helenp@irh.ac.uk](mailto:helenp@irh.ac.uk) by 16<sup>th</sup> March

Institute of Rural Health, St David's House, New Road, Newtown, Powys SY16 1RB  
Tel: 01686 650800 Fax: 01686 650300 [www.irh.ac.uk](http://www.irh.ac.uk) Registered Office: Newtown, Powys,  
Company Registered in England & Wales No. 329926, Registered Charity No. 1061438  
Patron: His Grace the Duke of Westminster OBE TD DL