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*House of Commons Enquiry on Disability Living Allowance reform*

### *DLA House of Commons Enquiry Comes to South Wales*

The huge concerns of many people across the South Wales area was forcibly reflected at a very special meeting held at the Aberavaon Hotel at Port Talbot on Tuesday 22<sup>nd</sup> November.

The meeting venue had to be changed from a rugby club in Swansea (which apparently had only 1 loo) to a substantially larger room, which still had trouble fitting in the many people who wanted to have their say in front of MPs from Westminster.

People with a range of disabilities, carers and representatives from voluntary sector organisations, spoke about the retrograde action proposed in the reform of Disability Living Allowance and the introduction of the Personal Independence Payment (PIP) benefit.

Broadly, the voices there reflected concerns about the assessment of people with:

1. Visible disabilities, where assessors were felt to be likely to dismiss the substantial issues of their disability's impact on everyday normal domestic and

work life, even if people were able to 'get around' eg. wheelchair users and people with visual impairment. (The assessment is likely to measure the ability to be mobile, with the proposed removal of the requirement to be able to walk a certain distance). It was felt that the Government appears to believe that technological innovation has now developed to the extent that it completely compensates for the loss of limbs.

2. Invisible disabilities, which include those affected by mental health problems, autistic spectrum disorders and hearing impairment where people's behaviour may be erratic, their condition may fluctuate or where society discriminates to an extent that normal life opportunities are not a reality.

3. People with serious life threatening diseases and conditions, where there have been proposals that the qualifying period be extended.

It was felt to be wholly inappropriate to introduce an assessment that is anticipated be largely computer based and possibly administered by people with little or no specific medical training and where health care professionals, who have built up substantial knowledge and relationships with people, will be excluded.

It was also noted that DLA is the only benefit that recognises disability, as well as their ability - with restriction to engage in the sort of normal life the rest of us can enjoy.

The Government were accused of adapting a corrupted interpretation of the 'social model' of disability, based on a destructive (and ultimately more expensive) priority of cutting the support society has provided to the most disadvantaged and excluded citizens.

It is estimated that 50,000 people in Wales may be excluded from any enhanced benefit to support their demands of conditions and keep them from the poverty associated with disability.

The second draft of the assessment criteria has just been published, See the DWP website

or <http://www.dwp.gov.uk/docs/pip-second-draft-assessment-regulations.pdf>

The Aneurin Bevan Stakeholder Reference Group

Have produced a newsletter detailing how it is being used as a reference group advising and commenting on the business of the health board in the area.

[http://www.wales.nhs.uk/sitesplus/documents/866/Stakeholder Reference Group](http://www.wales.nhs.uk/sitesplus/documents/866/Stakeholder+Reference+Group+Newsletter+Issue1+June2011.pdf)

[Newsletter Issue1 June2011.pdf](http://www.wales.nhs.uk/sitesplus/documents/866/Stakeholder+Reference+Group+Newsletter+Issue1+June2011.pdf)



#### Complex Care Forum

The Forum, which now has around 400 members from across the Welsh services who contribute to the care of people with multiple and complex condition, met during November to listen and learn from case studies where service users needed support from packages from the NHS and Social Services.

They also heard about several legal decisions, heard in the Court of Appeal, which will have implications for the way in which statutory services address supporting the needs of many of its complex (and expensive service users) where deprivation of liberty issues arise. Generally, these recent decisions direct that the restraint or deprivation of liberties needs to be considered in the context of each individual service user and what is normal for them, keeping in mind the objective intention of the placement. Good intentions are not objective and fact based, and decisions must be based on demonstrable outcomes.

There was also information on the decisions made against several councils over funding cuts. All changes to the delivery of services must comply with Government guidance and evidence consultation, with all stakeholder groups, as well as impact assessments. Such guidance applies to the NHS as well.

If you want to know more about these cases go to <http://www.complexcarewales.org/Content.aspx?SitePageContentID=940&SitePageID=285>

Matt Wyatt of NLIAH, who is Innovation and Improvement Lead and working on the Continuing NHS Healthcare National Programme has developed a website to support multidisciplinary teams, from both statutory and third sector organisations, working with people with complex needs. It has toolkits and masses of background and best practice information.

[www.complexcarewales.org](http://www.complexcarewales.org)

### *Organ Donation in Wales Consultation*

We have come one step closer to Wales being the first country in the UK to bring in legislation to increase the number of organs and other tissues available to save the lives of the 3 people who are estimated to die in the UK every day waiting for life saving transplants. It is significant that 90% of us would accept a life saving transplant if we needed one, fewer people would be prepared to give, and even fewer families give consent when the time comes!

A team, including the Medical Director of NHS Wales, Dr Chris Jones held a public meeting last week, at Green Meadow Golf Club in Cwmbran, to explain the implication of the Welsh Government's white paper.

The principle is straightforward: if you **do not** want your organs to be used after your death you should register, or 'opt-out'. This is an important issue for you, and particularly for your family and should open up the discussion of what people want for themselves after death, in every family in Wales. The Welsh Government are promising that before any organ is taken your family will be asked to give permission. This is exactly the same as the current situation.

This is a very emotive subject, not least because the majority of people have never asked their parents exactly what they want. Very few of us want to think

about if and how our bodies are treated, putting it bluntly, when they aren't of any more use to us.

The situation, at present, is that Wales is not a big country and we are unlikely to ever have many centres of excellent with the specialism and skills to perform a wide range transplants. At the moment just the Heath Hospital in Cardiff carries out kidney and pancreas transplants. The chances are if your life were to be saved by someone else's donation it would have to happen in an English hospital, and because England is bigger and has a slightly higher donation rate, it would be from an English donor. People who die and live in Wales (it has to be both) are the ones who will be affected by the proposed change in the law. Organs removed here, from Welsh residents, will be used by patients who are a suitable match and who have the most clinical need. (In the unlikely event that there is no one waiting in England or the Wales, they can be used in Scotland or Ireland, or as a last option in another EU country). Private patients are given equality as access to donated organs based on medical need.

Exceptions to the assumed consent, are people who may not have Mental Capacity to understand the issues to give informed consent. These would include people with profound learning disability. A member of the Green Meadow meeting reminded the NHS that in this group there is a high incidence of absent families. She was assured that if families could not be contacted then no organs would be taken. People with dementia could be treated differently because if they had previously wanted to donate organs when they had capacity, that preference would be considered to be their final wish.

In our area, Royal Gwent Hospital staff already approach bereaved relatives about donation and the situation at Nevill Hall Hospital is the same.

The suitability of organs by the age of the donors is something we all have a vested interest in. There are limitations for hearts and liver, which are never taken from people over 75 years old. However, some tissues have no restrictions if they have been healthy – the oldest cornea donation used was from someone aged 104.

There is not only the option of withdrawing consent on the register. You are able to specify what you want to donate and the purposes to which they are put, such as research.

Consultations with the leaders of all the major religions has reflected that **none** have scriptures forbidding it.

This decision is a difficult one because currently families are approached at the very worst time and if it is a heart that is needed, there are just 4 hours to take action. It is common sense to have that discussion with your parents and next of kin now. Your children really must have the talk with you now too.

<http://wales.gov.uk/docs/dhss/consultation/111107orgdonwpen.pdf>

Consultation on the proposals outlined in the white paper above and closes on 31 January 2012.

*Newport Carers Forum AGM*

5<sup>th</sup> December at Belle Vue Park Pavillion at 10.00-12.30.

With 'festive refreshment'

Please book by contacting (for the numbers for food)

**Janet on 07999 816773**

**Jackie on 07561 551733**

**newportcarersforum@gmail.com**

*Stop Smoking Wales is pleased to offer a **free**, one-day brief intervention training course.*

Brief intervention is a method of discussing smoking and quitting in a positive, non-confrontational way to encourage smokers to think about giving up and enable them to access specialist support when they are ready.

This training is suitable for all health and community workers who come into contact with smokers on a regular basis. It covers smoking-related issues and concerns, prevalence, recent changes to the law, the health risks of smoking and the benefits of quitting. Also, understanding why people smoke and why it can be difficult to quit, recognizing when a person may be ready to quit. You will be developing practical skills to make effective brief interventions and how to refer to Stop Smoking Wales and what the service offers.

The training has been developed by Stop Smoking Wales practitioners and is accredited through the Royal College of Nursing and Agored Cymru (formerly Open College Network Cymru). The course will be delivered through the medium of English.

The course is free. Cancellation must be made no later than 48 hours prior to the start of the course or a non-attendance fee of £75 may be charged.

Course dates and locations for October – March 2012 and runs from 9.30am until 4pm.

If you would like further information please contact Stop Smoking Wales on 0800 085 2219.



### Working with Outcomes

The Sustainable Funding Cymru organisation has been established to train and support voluntary sector groups to access and submit funding bids. The Big Lottery particularly, has introduced more difficult and complicated criteria.

Their training is excellent and will help you to unpick the definitions and criteria and bring in the funding that will support your new projects.

Have a look at the Wales Third Sector Funding Portal

<http://www.sustainablefundingcymru.org.uk/welcome/why-is-it-needed>

Gwent wide Carer Research Project is hoping to recruit carers to take part by giving up an hour of their time to be interviewed about their experience of caring in Newport. Ideally they will be carers who are on Continuing Health Care packages.

Please contact Kate on 01633 241572

### Cholesterol Crisis?

Fewer women than men have taken a test for cholesterol, a significant factor in increasing the risk of heart disease, has been revealed in a survey for Flora, the spread manufacturer. It shows 72% of women have never had a cholesterol test compared with 60% of men, despite more women having raised levels of the soft, wax-like substance. The substance is found in every cell in the body, but it becomes a problem when levels in the blood are too high.

Despite the risk of heart disease a significant proportion of the public are unaware of the ways in which they can reduce their cholesterol levels, like improving their diet and increasing activity levels.

According to the study, over a third (36%) have no idea what illnesses or conditions run in their families and 17% wrongly think that having high cholesterol causes weight gain when it may not cause any noticeable symptoms. 42% of people did not know that raised cholesterol can lead to a deterioration in

cardiovascular health and only 64% of those aged over 45 have had a cholesterol test, despite levels increasing rapidly at that age.

Almost a fifth (18%) of over-45s - those most at risk of high cholesterol - say they never take any exercise and more than one in five people (22%) spend at least 10 hours of the waking day sitting down.

The steps to take to reduce cholesterol levels can be very simple. Find out what your level is through a simple test with your GP or from some local pharmacists.

New five-year vision for NHS published

A new five year vision for the NHS, based around community services and placing prevention, quality and transparency at the heart of healthcare has been published by Health Minister, Lesley Griffiths.

### *Fibromyalgia Support Group for Torfaen & Newport opens to other long-term conditions*

Bev Pope invites ANYONE suffering from a long term illness such as, FM, CFS, Myofacial, Arthritis, Stroke, accident, Panic Attacks, Cancer or any other illness to meetings on the last Wednesday of each month at the Oasis Club, Edlogan Way, Cwmbran, between 10am - 12pm. This is an informal and friendly drop-in group.

Bev says “I have recently been on the Expert Patient Programme which is run by GAVO (in Torfaen). Through the course, it became apparent that there are many people, not just those suffering from Fibromyalgia, who feel alone, isolated, depressed and with no one to talk to who understands what it is like to live with a Long Term Condition. I have therefore decided to open up the group to ANYONE suffering from a long term. We will have an information table and will be adding leaflets and brochures to cover as many illnesses that we can. The new name for this group is 'Friendly Faces' which I think will encourage people to come along”.

“Myself and Emma (my right hand person) have decided to also meet every week for a social event, as some people do not go out or meet others from one week to another. We will be at the Ashbridge Pub, Avondale Road, Cwmbran on Wednesday mornings between 10am - 12pm. If you would like to come along for a chat and a cuppa or a light bite, then please join us”.

“I hope that we can spread the word of this group to friends, family and colleagues. Giving people who are suffering a chance to put some fun back into THEIR LIVES and to make new friends! I hope to meet some of my regular group member soon and hopefully meet many newcomers”.

### *New five-year vision for NHS published*

A new five year vision for the NHS, based around community services and placing prevention, quality and transparency at the heart of healthcare has been published by Health Minister, Lesley Griffiths.

*Together for Health* outlines the challenges facing the health service and the actions necessary to ensure it is capable of world-class performance.

It lists the factors driving the need for reform, 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.

The main commitments in *Together for Health* include:

- primary and community care services – such as GPs, community nurses and pharmacists – will play a leading role in transforming the way care is provided closer to people’s homes;
- a focus on preventing ill health, to address public health challenges such as obesity and smoking rates;
- all district general hospitals will retain an essential role, although some of the services they currently provide will change as new technology and treatments mean less people need to be admitted to hospital;
- a number of centres of excellence – such as for cancer or stroke care – will ensure the very best skills and equipment are on hand round-the-clock for the most complex, life threatening conditions;
- clinical networks comprising primary and community service staff will support local hospitals in providing care closer to home after patients’ discharge from specialist centres, and a greater use of telemedicine to increase 24/7 access to services in rural areas;
- to drive up quality, information on NHS performance in terms of health outcomes and patient satisfaction will be published, including annual reports on each major service area; and
- a compact with the public – an agreement between the NHS and its patients – will be drawn up, to ensure people have the information they need to take responsibility for their own health.

Speaking on this, the Minister said,

“The right local hospital and community services will be put in place to enable patients to continue their recovery closer to home. This document is not just our vision – there is growing acceptance of the need for change and *Together for Health* has been developed with clinicians and health unions. And as new opportunities for service improvements are identified, the NHS will explain the background and engage fully with local communities.”

Find *Together for Health* at:

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



### *Most Men Don't Show Enough Concern About Their Weight*

According to Men's Health Forum chief executive Peter Baker too many men are failing to acknowledge the health risks of being overweight and by not tackling the problem, the NHS is making "a rod for its own back".

Women come under pressure to be slim, though this is not generally due to health concerns, it does mean that many women often have a good understanding of the factors that affect their weight.

On the other hand, the majority of men appear not to be as bothered about their weight, and it may appear that neither are health services when a significantly greater proportion of men are overweight or obese (66% of men compared with 57% of women).

Too many men still die too young - 22%, over 1 in 5 in England and Wales die before they reach 64 compared to 13% of women. Overweight and obesity are a major factor in this excess burden of male death.

Overweight men tend to be "apple-shaped", whilst overweight women are more often "pear-shaped". For complex physiological and biological reasons, this extra fat around the middle causes much greater harm.

Many men see weight as a "women's issue" and don't appear to see the connection between excess weight and poorer health. Being overweight increases the risks of the biggest killers of men - heart disease and stroke and is also an important risk factor for several cancers.

Men are 70% more likely than women to die from cancers common to both sexes and 60% more likely to get these types of cancer.

For men, physical activity can have a big impact. Active men have a 20-30% reduced risk of early death and up to 50% reduced risk of developing major diseases and even though they are more likely than women to take some exercise, their exercise levels drop off very quickly as they get into their 30s.

Many start to feel they can't keep up like used to or become more worried about injuries instead of adapting how they play football or rugby, they stop all altogether.

Society's and men's own attitude to their weight is that services do not really cater well for men and those that there are, are often not particularly "man friendly". As soon as possible male-friendly approaches capable of engaging with men are needed, particularly in primary care and health promotion, to improve men's physical activity levels, whether through sports or building exercise into

routine. Overweight men will be more likely to need expensive treatment for serious conditions later in their lives, they will be taking more time off work and their illness will cause distress throughout their families.



### *New Book on Self Harm*

The Tender Cut: Inside the Hidden World of Self-Injury by Patti Adler

Over the years Professor Adler and her husband began to notice increasing frequency of self harm among their students and realized how many older people were still doing it - a more hidden population. "I think it's more stigmatizing for older people to be doing it because it's not as common as with teenagers."

Over 10 years, the Adlers conducted interviews with 135 people who self-injured, and trawled through thousands of posts on internet forums dedicated to self-harmers. When Adler started, most studies of self-harm focused on people with severe mental illness, such as schizophrenia – with the result that it had been categorized as a mental disorder – but she found a huge number of people who "never wound up in hospital, were not necessarily psychiatric cases but they had some toughness in their life... although it didn't have to be that severe". A large proportion traced their self-injury back to childhood trauma or abuse, or some devastating event in their life, such as rape.

However, there always were also a huge number of people who started in response to fairly typical teenage stresses. "[It affects] people who have some kind of emotional distress," Adler says. "People who are either overwhelmed by it and want to quiet it, or are dead from it and want to express it. It does both – it releases emotions and stills them. Some people feel a lack of control and they want to at least have control of when and how they inflict pain."

Adler views self-harm as a kind of "self-help", rather than a near-suicidal expression. Self injury, she writes, "tends to lead to the lessening of tension, euphoria, improved sexual feelings, diminution of anger, satisfaction of self-punishment urges, security, uniqueness, manipulation of others, and relief from feelings of depression, loneliness, loss, and alienation".

The most common method of self-injury is cutting, although Adler interviewed people who used a wide range of methods from scratching themselves to breaking bones.

As sociologists, the Adlers were fascinated when, in the mid-1990s, self-harm became what Adler describes as "faddish". Adler cites the both the media and musicians such as Nine Inch Nails' Trent Reznor and Marilyn Manson, "who started cutting themselves on stage and talking about it. Celebrities came out, including Princess Diana, Johnny Depp, Fiona Apple and Angelina Jolie, and there were movies, such as *Girl Interrupted*, which featured it. It started to be discussed in health classes."

With the explosion of the internet, a community was created. "People had been isolated and thought they were crazy, because that's what people were being told. A couple of people who I talked to had mentioned it to a school counsellor who called their parents, and they would put their child in to the mental hospital. So to find other people who said 'I do this too, you're not alone, you're not crazy' was such a huge relief."

Around 85% of the people Adler interviewed were women. "It's part of women's gender socialization to turn inwards and self-destruct when they are upset," she says. "Men, when they are upset, tend to get angry; they externalize." Women tend to make small, hidden cuts, she says, whereas men tend to cut themselves more visibly.

So how worried should people be by self-harm? Adler is sanguine: "A lot of people quit when they get out of the situation that's triggering it, but not everybody does."

Some of the people Adler interviewed stopped with the help of therapy or antidepressants; others continued into their 40s and 50s, occasionally worsening, but, she says, "there tends to be a natural turning point where people drop off. As you get older, there are fewer people who self-harm. Teenagers who started in their early teens still constitute more than 50% of the total. The next biggest group is people in their 20s, and then there's a decline. There seems to be another group of people who self-harm to fit in with a social group – another curious part of her research – or see it as a passing fashionable rebellion falling off earlier. Adler thinks that it will peak as a fad eventually, and then settle down.

For more information or help dealing with self-harm, visit: [mind.org.uk](http://mind.org.uk); [samaritans.org](http://samaritans.org); [nhs.uk/conditions/Self-injury](http://nhs.uk/conditions/Self-injury)

### *Review of advocacy arrangements for older people resident in care homes in Wales*

The Commissioner for Older People has written about her intention to review advocacy arrangements for older people resident in care homes in Wales.

Preliminary research, which she commissioned, shows that advocacy can be of crucial importance to older people at all stages of decision-making regarding care homes. Many of the cases brought to her attention by older people concerned their experiences of care homes relate to situations where access to an independent advocate would have been beneficial and may have led to different outcomes.

She will be using her powers and functions under the Commissioner for Older People (Wales) Act 2006 to review arrangements for advocacy, or the failure to make arrangements, to assess whether and to what extent the arrangements are effective in safeguarding and promoting the interests of older people in Wales.

The review is gathering evidence from a wide range of sources and will visit a number of care homes across Wales to speak to older people about their experiences of accessing advocacy services.

If you have any information that you think will support the Review, please email <mailto:ask@olderpeoplewales.com> or telephone 08442 640 670.

A report at the end of the Review will highlight examples of good practice and make practical recommendations to address any concerns.

Further information about the Review, including Terms of Reference, is available at <http://www.olderpeoplewales.com/>

***Warm Home Discount Scheme* – please get this information out to your families, clients and colleagues ... NOW!**

Social tariffs are energy rates which suppliers offer at discounted rates to low income and vulnerable groups. The amount of discount and eligibility criteria is completely up to the energy supplier and thus varies between suppliers. This year the government has intervened in an effort to give more protection to these groups, under a new scheme called the **Warm Home Discount**. Under this scheme, social tariffs will gradually be phased out and instead, two separate, clearly identified groups will be offered a credit of £120 each year, for the next four years, to help with winter electricity costs. There will be a transition period between the social tariffs and movement onto this new scheme with some help for people who are no longer eligible.

All of the big six energy suppliers British Gas, Eon, N.Power, Scottish Power, Southern Energy, EDF (and some of the smaller ones), are part of this scheme. The scheme makes it compulsory for these energy companies to offer the rebate to a core group of pensioners, (those who get the guarantee credit of Pension Credit). The definition of the second, broader group of customers, have been left to the energy companies to define. This group is supposed to include ‘fuel poor’ consumers, or those in a group at risk of fuel poverty. The criteria varies between each supplier with some more generous than others, but they basically cover households which have a low income **and** those with a disability, or long term illness, or child under 5, or a child with a disability.

You will qualify for the rebate automatically if you are in the core group of pensioners. The second group of customers will have to apply for this credit and alarmingly, five out of the six energy companies recently admitted that they had a limited amount of money for this scheme and therefore, even if you are eligible, you may not get the rebate if you don't apply quickly. British Gas is the only supplier not limiting the amount of claimants and have guaranteed that all of those eligible, who claim before January 2012, will receive the rebate, after this time there is no guarantee. There is government pressure for the rest to follow.

If you think you or anyone you know may be eligible, check with your supplier **NOW** and ask for their eligibility criteria for this scheme and you could be £120 better off this winter... there's no time to waste!

Rebates paid under the Warm Home Discount Scheme will not affect any Cold Weather Payment or Winter Fuel Payment you may receive.

### **Further help**

For further information about the scheme call the Warm Home Discount Scheme Helpline on 0845 603 9439. Lines are open from 8.00am - 6.00pm, Monday to Friday.



The Welsh Health Survey provides unique information about the health and health-related lifestyles of people living in Wales. It covers a range of health-related issues, including health status, lifestyle and health behaviours, and health service use. The 2010 annual report was published on September 13th 2011, along with a local authority bulletin and additional online tables and charts. In the current economic climate the Welsh Government want move away from the production of hard copy and want to hear your opinions on how you use the survey and what you think about the publication. You also have the opportunity for suggesting other topics for ad-hoc reports. Ends 6<sup>th</sup> December.

<http://wales.gov.uk/consultations/statistics/healthsurvey10/?lang=en>

The latest report is at this link

<http://wales.gov.uk/docs/statistics/2011/110913sdr1632011en.pdf>



### *Singing Surgeons?*

A survey published this weekend showed 90% of surgeons in the UK put music on the theatre's sound system during operations, with half of respondents favouring up-tempo rock, 17% pop music and 11% classical. Plastic surgeons play the most music, and on average ear, nose and throat specialists play the least. Most said music contributed to creating a "harmonious and calm atmosphere"; slightly alarmingly a third, added that it helped stop them getting bored.

The links between music and medicine are many and ancient. The Greek god of healing, Apollo, was often portrayed with a lyre. Many distinguished doctors have also been accomplished musicians and both professions share a need for similar skills. But even non-music-making surgeons seem to benefit from listening to music in theatre. There has been a good deal of academic research on the topic, most of which suggests music helps medics. The exception being novice surgeons, who when carrying out a tricky virtual operation for the first time performed less well when listening to music.

It's well known that listening to music can help patients. Several studies suggest patients who listen to soothing music through headphones while being put to sleep and during surgery require less anaesthetic – up to 50% less in some instances. They also appeared to recover more quickly afterwards. One groundbreaking 2008 study found that melodic music actually decreased the activity of individual neurons in the brain.

Anaesthetists and the rest of the operating team also tend to like music to work to however it is the surgeon who almost invariably gets to choose the soundtrack. A study at Glasgow's Western Infirmary theatre staff found most generally enjoyed it but 26% said they thought music, especially music they didn't know and like, could at times "reduce vigilance and impair communication".

One female surgeon said she prefers to ask her scrub nurse what music she would like to listen to – "But that's probably a female thing. I try very hard not to be someone who insists on anything, and asking her to choose is giving a choice to someone who's really important." In operations using local anaesthetic, she says, she often asks her patients if they have a preference.

There has even been research, albeit not very conclusive, into the best kind of music for surgeons to listen to. A study from 1976 found that rock was pretty good. But a Surgical Endoscopy paper last year suggested that all things being equal, calming classical music was probably better than hard rock or heavy metal but hip-hop, reggae and other more energising genres can have a beneficial impact too.

Ultimately, the results probably have more to do with the personal preferences. Most surgeons reportedly accept, though, that they have to be sensible about volume: at the first sign of discord in the team, or a potential problem with the surgery, the music gets turned off. And there's a short list of songs that no one would ever dream of playing during an operation: Queen's Another One Bites the Dust; The Stones' Let It Bleed; Don't Fear the Reaper by the Blue Oyster Cult; Take My Breath Away from Top Gun.



#### *Millions of Malnourished 'go unnoticed'*

Katherine Murphy of the Patients Association has called for more action to help the millions in the UK whose malnutrition is "unnoticed, unheard and unsupported". It is unbelievable that in the UK today there are more than 3m people either malnourished or at risk of malnutrition.

What is alarming is that it is our most vulnerable members of society who are most at risk and 93% of these patients are not in hospital but are living in the community. It includes the elderly, those who are housebound or who have limited mobility and do not have a social support network in place to assist with tasks such as food shopping and cooking. Patients are discharged from hospital and can be left isolated with no social care support. They "fall through the gaps" and miss out on key support services, such as home help and meals on wheels.

People suffering from malnutrition are more vulnerable to infection, take longer for their wounds to heal or to recover from illness, have weaker muscles and may become depressed. The malnourished also visit their GP twice as often and are three times more likely to be admitted to hospital where their length of stay is increased by three days. Because of this use of healthcare resources, malnutrition costs the UK in excess of £13bn a year.

With the NHS asked to save £20bn by 2014, tackling malnutrition would not only benefit individual patients but would go a long way to helping the NHS achieve these financial savings. However, a year after the national government announced its plans to reform the NHS, we are no clearer as to how these

reforms will tackle the issue of malnutrition.

The Patient's Panel survey of over 5,000 adults painted a depressing picture of malnutrition in the community where not enough is being done to screen for malnutrition.

Unintentional weight loss is one of the key physical signs of malnutrition. Weight monitoring is an easy, inexpensive way for patients and carers to keep a proper record to check if they are at risk of malnutrition. By promoting the simple message that weight monitoring helps identify those at risk of malnutrition, local authorities, who will take on local responsibility for health and public health in England, could help the public identify those at risk.

Patients - particularly the elderly - rely on their GP for providing information and support, but very few had managed to obtain information on local services and were unsure of the help available for those suffering from malnutrition. Half of carers wanted to know who to go to for help if they had concerns with a third interested in community support services. Less than a third of patients with concerns about malnutrition will have had contact with a dietitian.

The Patients Panel want to make sure the new Clinical Commissioning Groups (CCGs), which are to replace primary care trusts in England, provide information on local malnutrition services from diagnosis to treatment, follow up and monitoring in the community. They also call for local authorities to ring-fence funding for community-based dietetics services and ensure that patients who need to see a dietitian are able to do so. They say statutory organizations need education on the financial cost of malnutrition and emphasize why prevention, with effective community services and patient information is so much cheaper than cure.

Action is needed on this important issue.

### *At the End !!*

Radio Four recently highlighted the rather permanent measure taken by one British woman who is determined people are aware of her final wishes. She has had 'DO NOT RESUSCITATE' tattooed on her front. It was also reported that on her back is another saying 'PLEASE TURN OVER'.

**Please contact me if you would like this  
newsletter in another format or for further  
information – Kate 01633 241572**