



## Bowel screening makes a difference in the South

The National Bowel Screening Programme (NBSP) is making a significant difference to the lives of Southern residents.

As at 31 January this year, 52 people in the Southern DHB region have been diagnosed with bowel cancer as a result of bowel screening, which began here in April last year. In addition, 385 people with non-cancerous polyps have been identified and treated.

“This is an excellent result for Southern residents and their families, whānau and communities,” says Dr Jason Hill, Clinical Lead for the Southern NBSP. “We’re identifying many patients with polyps, which, over time, can turn into bowel cancer. By removing these, we are helping

to lessen the future burden of bowel cancer in our district.”

Free testing kits are provided to residents aged from 60 to 74 years old, supporting early diagnosis and intervention.

According to the Ministry of Health, people diagnosed with early stage bowel cancer and who receive prompt treatment have a 90% chance of long-term survival.

However, if residents notice any potential symptoms – such as a change in their normal bowel habit that continues for several weeks, or blood in a bowel motion – they should see their GP right away, and not wait for their screening test.



## CLIC: helping patients with the highest needs get the support they need

Are you someone with a long-term condition, who needs to see your GP often?

A new programme, Client-Led Integrated Care (CLIC), is being rolled out to general practices across the Southern district. Its aim is to ensure people get the right care, close to home, and are supported to manage their own health.

“CLIC gives doctors and nurses more flexibility and time to spend with patients with long-term conditions, supporting patients to better self manage,” says Wendy Findlay, WellSouth Director of Nursing. Long-term conditions include diabetes, heart disease, respiratory conditions, mental health issues, or any illness with a long-term impact on a person’s life.

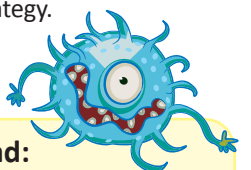
Already more than 40 GP practices – half of all practices in the Southern district – have signed on to CLIC, which has also earned national health sector recognition.

The CLIC programme replaces the previous long-term conditions programme, Care Plus. Under CLIC patients have an hour-long initial assessment with a nurse, which seeks to understand what the key issues and challenges are for each patient and how best to provide care.

“CLIC enables much more personal care and gives nurses and doctors more opportunity to spend time with patients who need their help the most,” Wendy says.

CLIC is part of Southern’s Primary and Community Care Strategy.

## Take care ... there’s flu out there!



Influenza has made an early appearance in the Southern district and residents do what we can to stay well.

“This is much earlier in the year than the usual winter influenza season which is usually in July,” says Southern DHB Medical Officer of Health, Dr Marion Poore. “The influenza vaccine will be available in April and it’s the best protection against the virus. Until the vaccine is available – the best defence against the flu is prevention.”

### Feeling sick?

- Call your GP practice first
- For advice about immunisation visit [www.fightflu.co.nz](http://www.fightflu.co.nz)
- For free health advice, call Healthline on 0800 611 116.

### Stop the spread:

- Thoroughly wash your hands and use hand sanitiser
- Cover your nose and mouth, use tissues to trap germs from coughs and sneezes and promptly bin used tissues
- When influenza vaccine is available in April, get the vaccination
- If you are sick – stay home!

“Influenza can be dangerous – particularly for the very young, older people and people with long-term health conditions,” Dr Poore says.

**“We can all do our part by keeping well and stopping the spread.”**

## FLU SYMPTOMS

**The flu is different than the common cold.** Its onset is often sudden and symptoms much more severe:

- Fever – 38° to 40°, lasting three to four days.
- Headache – can be severe
- Aches and pains – can be severe
- Extreme fatigue and weakness.





Left to right: Sherwyn Parmenter, Registered Nurse; Lucy Noble, Occupational Therapist; Christine Hart, Registered Nurse; and Emma Smith, Registered Nurse

## The Home Team brings care to the patient’s home

A newly launched Home Team service in Invercargill means more patients will be able to be cared for at home rather than in hospital, and those already in hospital who are medically well enough to leave will also be able to go home sooner and continue their recovery there with ongoing support.

Comprised of nurses, physiotherapists, occupational therapists, social workers and rehabilitation assistants – the Home Team provides appropriate and coordinated support. This enables patients to leave hospital sooner – or not be admitted at all – and to recuperate and recover at home.

Southern DHB Executive Director Strategy, Primary and Community Lisa Gestro says the DHB is delighted to launch the new Home Team service in Invercargill following the launch of the service in Dunedin in December.

“It’s a great example of the Primary and Community Care Strategy in action and is a truly patient focused initiative. It values our patient’s time, and supports people to stay at home, if that is the right place for them to be by bringing health care services to where patients live and better integrating services and providers across the health system. These include specialist care, general practice, home care, district nursing, rehabilitation services, pharmacy, needs assessment, ED and inpatient wards.”

Patients under the care of the Home Team will receive all the care and support they need from the team for up to two weeks, and those requiring support and services longer term will be referred to other community services and providers.

“Patients recover quicker when they are in the familiar surroundings of their own home and have a much greater chance

of regaining their independence,” says Southern DHB Nursing Director, Strategy, Primary and Community Sally O’Connor.

**“Home is more comfortable and familiar. At home, patients are likely to get up and be more active than in hospital meaning less loss of mobility, fitness and muscle strength. The calmer environment of home also helps recovery.”**

In Invercargill the service is available five days a week from 0800 – 1800hrs. All referrals will have access to a dedicated 0800 number.

### Patient stories wanted for short videos

Our patients are our best advocates and their stories offer valuable insights into how we can improve the Southern health system experience.

We are inviting members of the public to share their experiences with Southern DHB, and welcome powerful stories that celebrate our patients and staff, and provide an opportunity for learning and quality improvement.

We hope to transform these stories into a tool to further educate and train our staff, as well as communicate the significance of the work undertaken every day in our health system.

If you’re interested in sharing your story or finding out more, please contact: [communications@southerndhb.govt.nz](mailto:communications@southerndhb.govt.nz)

## South welcomes new primary care CEO

The Southern district has welcomed a new health sector leader, as Andrew Swanson-Dobbs takes up the role of CEO, for WellSouth Primary Health Network.

A psychologist by training, Andrew has a strong primary care leadership background, joining WellSouth – the organisation overseeing the provision of primary care services across the Southern district - from Pinnacle Midlands Health network in Hamilton. He was previously the CEO at Nelson Bays Primary Health.

“Mental health is a passion for me and I’ve been involved in successful stop smoking programme,” Andrew explains. “Child health also remains a calling and I was a keen part of the team that developed the National Child Health Information Platform (NCHIP) which helps to coordinate child health services, ensuring no child misses important child health milestone checks.”

Andrew joins WellSouth at an exciting time for primary health care in the

Southern district, as the Health Care Home programme, which better delivers general practices services, is rolled out in Southland and Otago and other key elements of the Primary and Community Care Strategy are introduced.



New WellSouth CEO, Andrew Swanson-Dobbs

## Commissioner Update

Kathy Grant



It is with terrible sadness that my column again must address grief and loss, this time in relation to the horrific attacks carried out in Christchurch to our Muslim communities.

Our thoughts and love are foremost with the victims of the attacks, their families and those who were targeted. Sadly members of our DHB staff are among those directly affected by the events, and we offer them our total support. To our wider Muslim community, please know that the health care system is here for you and all our staff are committed to your care and safety.

And to all the people of the Southern district, we share your disbelief and horror that such an attack could occur in our community. The grief, anger and shock many of us are experiencing is normal and understandable. This is a time when we all need to take care of ourselves, and each other. If you need additional support, please do call or text the free ‘Need to Talk’ service on 1737 to be put through to a counsellor any time of the day or night.

Southern DHB has offered its support to our colleagues in Canterbury and we remain on standby and are willing to assist as needed. We acknowledge and applaud the tremendous efforts of all our emergency and health care colleagues in Christchurch, and wider agencies, as they face another terrible challenge.

Below is some advice our Canterbury DHB colleagues are sharing around supporting children during these sad and confusing times - which I am pleased to pass on.

### Supporting our kids and whānau

- Children take their cues off parents, so if you’re okay, they’ll be okay too. Be mindful how much ‘worry’ you’re displaying
- Limit exposure to media
- Answer their questions pretty matter-of-factly and in very ‘general’ terms. You don’t have to get the answers exactly right here. Ensure you talk too about the police and how they did a really good job of keeping us safe. But keep the reassurance low key too — over-reassuring can make us think we need to be worrying more than we are!
- Let them talk about it, but don’t let it ‘take over’ - use distraction to keep their mind off it
- Stick to your normal routines as much as you can.