WellInformed
October 2017

From the Chief Executive, Ian Macara
Healthy Families NZ

Healthy Families NZ is a large-scale initiative that plays a key part in helping New Zealanders live healthy and active lives.

There are 10 Healthy Families NZ locations around the country - Invercargill is one of two in the South Island and the only one in our Southern District. Together, they have the potential to impact the lives of over a million New Zealanders. The initiative aims to improve people's health where they live, learn, work and play by creating health promoting environments across communities that enable people to:

- make good food choices
- be physically active
- be smoke free
- be free from alcohol-related harm

This initiative is uniting local leadership and supporting communities to think differently about the underlying causes of poor health and to make changes in the early childhood education settings, schools, workplaces, food outlets, sports clubs, marae, businesses, places of worship, local governments, and more, to create healthier environments for all.

In 2015, the Ministry of Health contracted Massey University to evaluate Healthy Families NZ to Massey University and follow the progress of it's **innovative dynamic systems approach to preventing chronic disease.** This Healthy Families NZ Interim Evaluation report shows that the initiative has been established with integrity to its intention and purpose and is a promising approach to the prevention of chronic disease. The report also identifies enabling and supporting Māori leadership as an integral part of the Healthy Families NZ approach, and one of eight emerging themes and lessons that are addressed in the report. The infographic shows the Healthy Families NZ Evaluation design.

General Election

Coalition (or not): As we await the outcome of deliberations following the general election, fyi (without prejudice) here is a link to New Zealand First's Health Policy.

Contents

Clinical Updates

Clinical Update by Dr Stephen Graham

I hope this month finds the General Practice workforce and other parts of primary care well.

1. It has been communicated to me that there is concern about ambulance diversion, which I mentioned last month. In some other parts of the country where this occurs there have been issues. My opinion is that this needs to be conservative. Any delay to definitive place of treatment can lead to worse patient outcomes. A stop off at the practice prior to onward referral to ED is not the plan, so diversions need to be for patients who can be managed in General Practice and for which the practice has capacity, preferably this being confirmed before the patient arrives. Low acuity COPD patients are the group best identified as fitting these criteria. I believe that good clinical practice should be the primary aim of ambulance diversion.
2. Screening for bowel cancer will be rolled out in the Southern District mid next year, probably the beginning of April 2018. The programme has been successfully trialled in Waitemata and is now rolling out nationwide. General Practice is involved to promote it, and to see (by consultation) and refer people, with attached fee for service, who test positive. The SDHB is working to increase its colonoscopy capacity and allow the programme to function. I am sure we all agree bowel screening is worthwhile. The disagreement may be around the target group. The 60-74 target is the highest risk group identified and will be the target population. There will be education on the topic throughout the region, something WellSouth intends to help with.
3. Information Technology remains topical. The approach of WellSouth is support for existing Patients Management Systems (PMS) and promotion of enhanced IT for the PHO, the practices and the system in general. This, and an open mind to other options appears to be advantageous to our practices and patients.
4. Congratulations to all practices that have achieved the health targets. The PHO intends to make this easier for practices to maintain in the future so that practice effort and resources can be directed to other areas.
5. I appreciate all feedback and will continue to raise any issues brought to my attention within the PHO organisation.

Dr Stephen Graham
Medical Director, Wellsouth PHO

Primary and Community Care Strategy Sessions

Southern DHB and WellSouth Primary Health Network are currently developing a Primary and Community Care Strategy and Action Plan to shape how health care services will be provided into the future. And we want to hear what you think.

We have been talking with health providers and local community representatives, and now want to share with you our initial ideas for providing high quality health services for you into the future.

We will be presenting our ideas and then seeking your input at the following sessions

Dunedin	10 October – 1–2.30pm	Barclay Theatre, Otago Museum, 419 Great King Street, Dunedin
Invercargill	11 October – 1-2.30pm	Ascot Park Hotel, Mararoa/Whitestone Room, Corner Tay Street and Racecourse Road, Invercargill
Central Otago	12 October – 1–2.30pm	Cromwell Memorial Hall, Melmore Terrace, Cromwell

Please email Kim Chalmers, SDHB, if you would like to find out more about this. Thank you for taking the time to read about this important piece of work, we look forward to your valuable participation in this process.

Chris Fleming
Chief Executive Officer
Southern DHB

Ian Macara
Chief Executive
WellSouth PHN

Southern DHB's Strategy, Primary and Community Executive Director takes up new role

Lisa Gestro has taken up her position as Executive Director, Strategy, Primary and Community with the Southern DHB and has hit the ground running. Just days into her new role, Lisa is already working closely with WellSouth, primary care providers in the district and other key stakeholders to help establish a primary and community strategy and action plan. This work will help to establish a road map of health services for the district through to 2030, including how integration across primary and secondary will be delivered.

"This is a really important time for primary and community care providers in the Southern District and a very exciting time as well, as there will be many new opportunities and areas where real impact can be made," Lisa says. "The Southern DHB and WellSouth's roadshows and public forums over the coming weeks will be integral to the development of our strategy and action plan and ultimately in helping map out models of care for the next generation and beyond."


Lisa Gestro - Strategy, Primary and Community Executive Director

The Strategy, Primary and Community Directorate and the Executive Director's role were created during the reshaping of the Southern DHB's leadership team to help provide greater focus on primary and community-based healthcare.

Lisa has extensive experience in the health sector, both in New Zealand and overseas. Until recently, she was ACC's National Design and Delivery Lead for the Health of Older Persons Integration Programme, prior to which she was the General Manager – Primary and Integrated Care at Counties Manukau District Health Board, Planning and Funding Manager at Auckland District Health Board, and worked as Change Manager Service Planning and Development in Ireland.

Lisa has previously worked for Southland District Health Board and the Health Funding Authority in the Southern region. Lisa's roles at Southland included Policy Analyst, Planning and Funding Manager, and General Manager, Planning and Funding.

"We have heard very clearly from the people of Otago and Southland that they want a more integrated health system," says Chris Fleming, Chief Executive, Southern DHB. "Our primary and community strategy and action plans will help give these areas the focus they require and Lisa has the skills and experience to facilitate their creation and implementation."

Southern DHB/WellSouth Primary and Community Care Strategy Forums
Have your say in the shaping how healthcare will be provide in the future:
Dunedin
10 October – 1pm-2.30pm
Barclay Theatre, Otago Museum,
419 Great King Street, Dunedin

Invercargill
11 October – 1-2.30pm
Ascot Park, Mararoa/Whitestone Room, Corner Tay Street and Racecourse Road, Invercargill

Central Otago
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Smoking Cessation

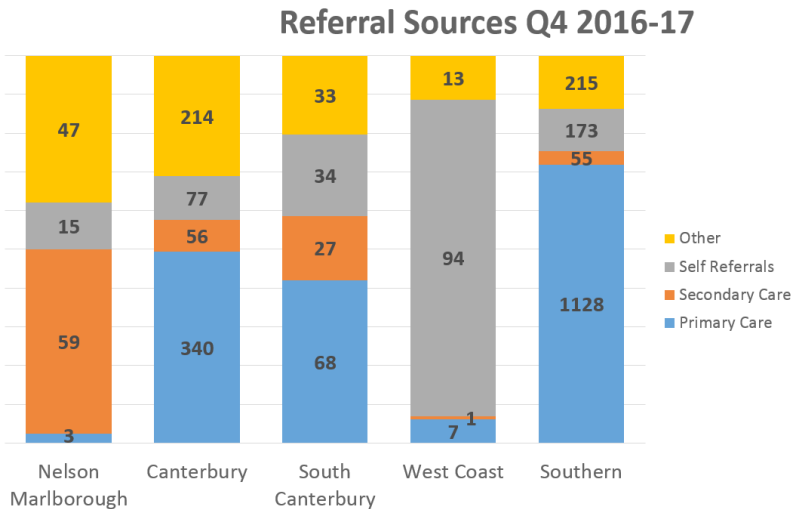
Stop Smoking Services

Since 2016, the Ministry of Health has contracted a single provider in each district health board area to provide smoking cessation services. In the Southern District, this provider is Nga Kete Matauranga Pounamu Charitable Trust, which operates the Southern Stop Smoking Service.

The Ministry recently shared some information with this service and the SDHB that demonstrates how effective they have been since starting the contract. From WellSouth's perspective, we believe that cooperation across the various parts of our system is key to successfully improving the health of our people. It is important that the excellent work done in general practice is followed up by the other key players to ensure success. All this data refers to the April-June 2016 quarter.

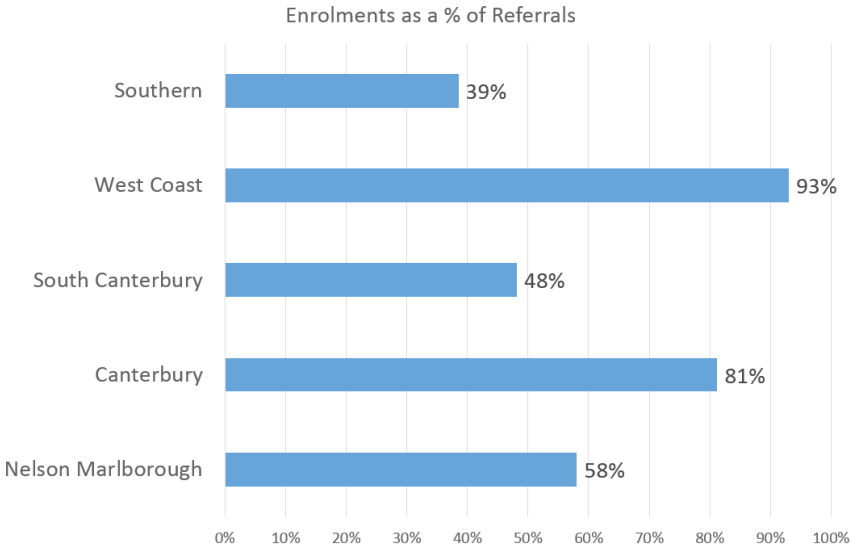
Source of Referrals

During Q4, the Southern Stop Smoking Service received 1,571 referrals, more than any other South Island Providers, and second only to the service operating in the Capital and Coast, Hutt and Wairarapa DHBs. 72% of those referrals came from primary care, by far the best proportion across the country.



Enrolments

Of those 1,571 referrals, 605 (39%) enrolled on the programme. Other districts performed better than this, though it is not clear why this may be. What seems key is that we improve the quality of referrals to the service, rather than look at the number of referrals. Of the 605 who agreed to join the programme, 99 were Māori (6%) and 12 were Pacific people (1%).

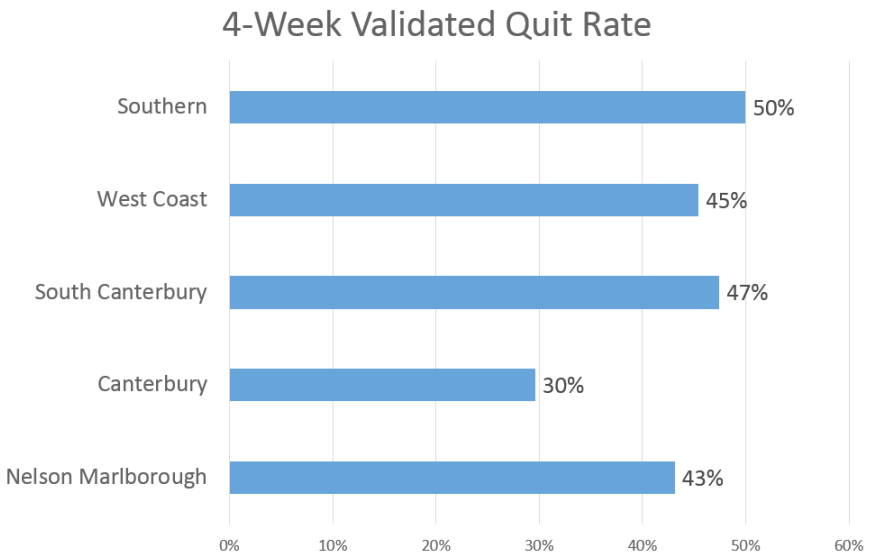


Quit Dates

A key milestone for people on the Stop Smoking Programme is to set a quit date and commit to keeping it. Of the 605 people enrolled on the programme during the quarter, 58% had set a quit date. 48% of which were Māori and 67% of Pacific people had done the same.

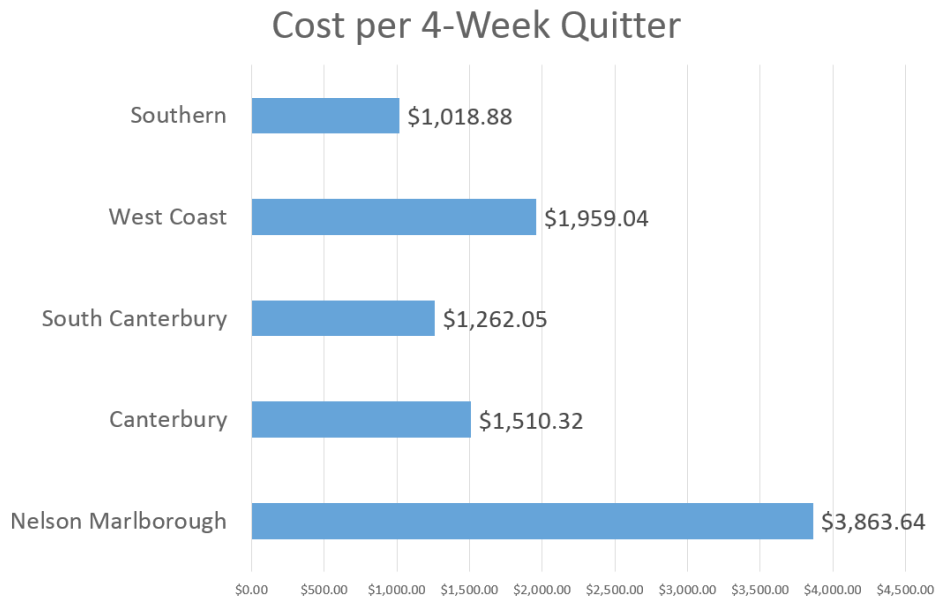
Validated Quits

Of the South Island DHBs, Southern had the best four week validated quit rate amongst people who had set a quit date. 50% of people who had set a quit date were validated as smoke-free at 4 weeks. A validated quit means that the client's breath CO level is less than 10ppm and represents not on puff over that 4 week period. This does not represent a permanent quit, but it does represent an excellent outcome. Across the country, the Southern District ranks 6th out of the 16 Stop Smoking Services.

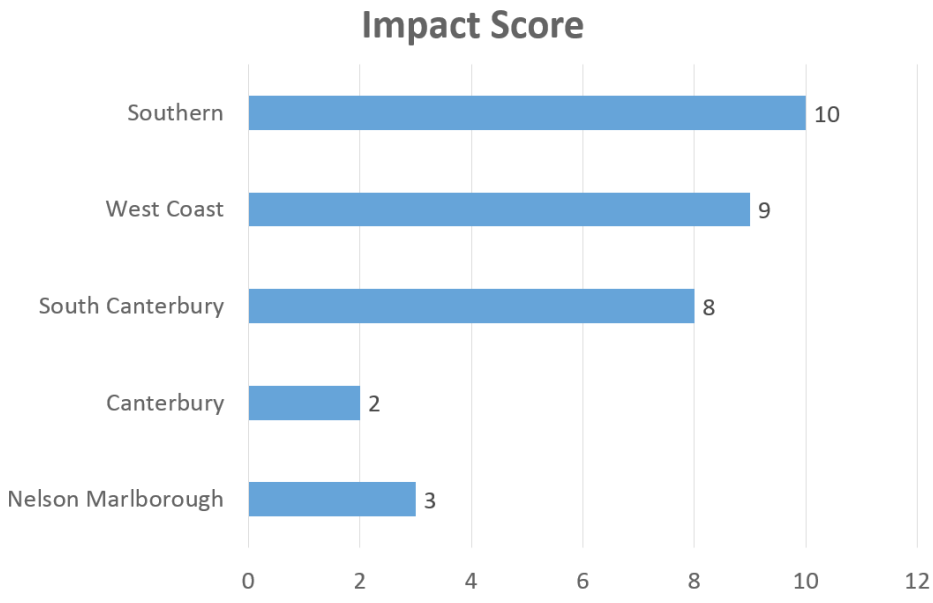


Service Effectiveness

The Ministry uses two measures to determine the effectiveness of the services that it contracts with. The cost per quitter takes the number of validated quits and divides by the funding for the quarter. The Impact Score is calculated by taking the number of quit attempts made per 1,000 smokers, multiplying this by 4 week validated quit rate less 25%. It is an attempt to measure effectiveness beyond just cost. An impact factor of 10 is considered to be the benchmark. Southern Stop Smoking Service is the only South Island service to reach this benchmark and the cost per 4 week quitter in Southern District is lower than any other district except Taranaki.



The work of the Southern Stop Smoking Service measures up strongly against all service providers across the country. WellSouth continues to support the service as a key player in helping the Southern District achieve the 2025 Smokefree goal. Stop Smoking Services are not the only weapon we have in reducing the incidence of smoking in our community. It goes hand in hand with pricing, plain packaging and health promotion. We are very grateful for the work that practices put in across the District to help patients, and acknowledge the fact that we are all working together to the same goal.



Long Term Conditions

Free Comprehensive Health Checks and Intervention for the Pacific Island Community

General Practitioners can refer patients for this service. Lou Oldham holds clinics at WellSouth's Dunedin office on Mondays/Tuesdays 9am–2.30pm, or she is available for home visits.

The vision for this service is to work alongside general practice teams to help in assisting Dunedin's Pacific Island community.

The service includes chronic disease/long term conditions support and education, cervical smears, lifestyle planning and support, smoking cessation, general screening, family support including advocacy, and interagency liaison.

Lou Oldham
Pacific Island Community Nurse
021 405 232

Food and Mood by Emily Flett and Helen Gibbs

Mental Health Awareness Week starts on 9 October 2017 with the theme "Nature is Key".

Food is a key part of everyone's life and without good nutrition people may struggle to find enjoyment.

The role of food in physical wellbeing is well recognised. Unfortunately, within the medical model it is easy to lose sight of the role food plays in Spiritual (taha wairua), Mental (taha hinengaro) and Family Health (taha whānau). The foods we eat and share in our community are central to our wellbeing, and how we relate to food is affected by our previous experiences as well as current circumstances. It can be easy to believe poor food choices stem from a lack of knowledge. However, this is seldom the case. In many circumstances people are fully aware of what they should be doing but are unable to sustain change because of low mood, anxiety or using food to soothe emotional distress. Alternatively, it is possible that the symptoms the patient is experiencing is not dietary-related and an overly-restrictive diet may be contributing to their stress. This is illustrated in Case 1.

Case 1: Possible IBS

Ms PJ age 32 years was referred to the dietitian for advice on IBS. The referral stated she had tried a low FODMAP diet without benefit and was suggesting an exclusion diet. During history-taking, the dietitian identified that Ms PJ led a demanding life and had very high expectations of herself. Her most recent exacerbation had been during a week where she was submitting two assignments for her post-graduate qualification, which she was completing outside of working hours.

When asked about her diet in these busier times, Ms PJ admitted it caused her stress to follow such a strict diet. She was also suffering poor sleep during these times. When asked what her symptoms were like when she was on holiday, Ms PJ acknowledged that her gut was better when she was not pushing herself as hard.

Firstly, Ms PJ was given basic advice on appropriate eating, increasing physical activity and was signposted to several options for mindfulness-based stress reduction, including Books on Prescription.

After eight weeks, Ms PJ had a follow-up telephone call. She said the biggest change had been in her thinking, ie; not asking "what have I eaten" any time her gut was upset. Instead she asked "What could I do differently to feel less stress?" She had used her work Employee's Assistance Programme (EAP) to have a few counselling sessions on some of her work-related concerns and had decided to limit her study to one post-graduate paper each semester. She had also found yoga sessions running in the middle of the day, twice a week, which proved very useful alongside the books and apps on mindfulness. When asked about how often she was getting troublesome symptoms, she said "It is a work in progress, sometimes two-three times per fortnight, but they do not cause me the same distress. I am liking my food again and have found useful methods to manage my symptoms."

More recently, there has been research looking specifically into the effect of diet on mental illness. It appears a complicated relationship between diet, immunity, gene expression, gut microflora and brain development. For a summary of some of the ongoing work in this area, we recommend looking into this article by the Food and Mood Centre in Australia. The general recommendations reflect those in the Eating and Activity Guidelines for New Zealand Adults. The emphasis of food for good mental health is to eat nutrient-rich foods, such as vegetables, fruits, wholegrains and oily fish, to nourish the brain as well as the body.

As dietitians, we take time to look further than the effect of food on physical health. We can spend considerable time exploring how mental health is affecting food choices and is expressed as physical symptoms. Often we can give first-line advice, signpost to other services to help manage poor mental health or ask the GP/other practitioners for further input. Case 2 illustrates how simple changes to a poor quality diet can make a significant improvement to mental wellbeing.

Case 2: Weight, Mood and Wellbeing

Mr TW, a 47 year old man, had asked for a dietitian referral. In the last 12 months, he had been an acute inpatient in the mental health unit on two occasions. He presented as very anxious because of weight gain and raised cholesterol. He had multiple questions about different nutritional interventions, both evidence based and alternative, that he started asking after initial introductions. The dietitian explained that the process needed to start with looking at his current eating behaviours and lifestyle factors, so she could determine his nutrition diagnosis – the reasons why Mr TW had gained weight and the evidence to support them.

Mr TW was using caffeine in the form of energy drinks to give him energy to start the day. By lunchtime, he would be desperately hungry and making food choices that were high in refined carbohydrates, sugar and saturated fat, because these were quick and easy. At home, he often could not be bothered cooking and would rely on takeaway food. As the discussion continued it was also clear that he was using alcohol to unwind at the end of the day and aid sleep.

Further discussion highlighted that he was speaking often to other people, who were suggesting he needed to eat organic food and avoid certain food components, ie gluten and dairy, as well as visit an alternative practitioner to obtain nutritional supplements. He felt guilty that his diet was poor, but he could not work out how to sustain the changes being suggested, and every time he failed, often daily, he felt worse.

Mr TW was advised that he start reducing his reliance on energy drinks and choose nutrient-rich, inexpensive foods. Although he struggled with the changes, he attended over three appointments and made positive changes to reduce his caffeine intake and increase his consumption of vegetables, fruit and wholegrain carbohydrate foods. Giving ideas of quick, balanced options to cook when he was tired was key to his success. Although he was resistant to the idea, he needed to limit his alcohol intake because of its likely interaction with medication, he agreed to consider it at the third appointment.

At his follow up, he reported he was feeling well enough to continue on his own. He had halved his alcohol intake and was managing three alcohol free days, reporting that he seldom resorted to energy drinks. He had lost 4kg and was no longer thinking he needed to obtain nutritional supplements.

We welcome the opportunity to discuss cases before you refer, as we may be able to suggest ways you can help your patients before or alongside seeing a dietitian.

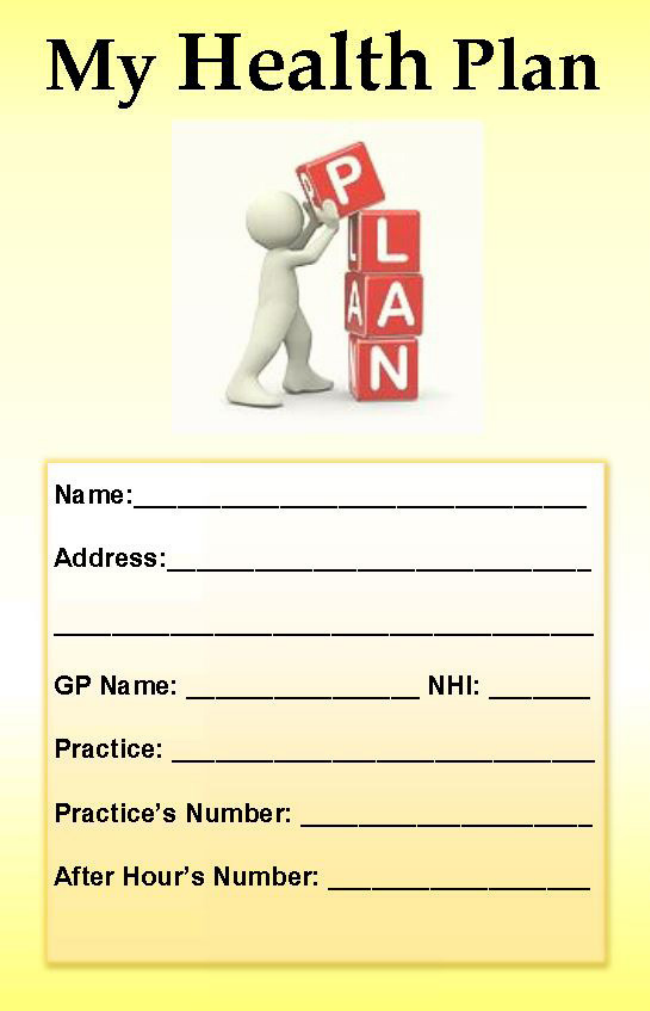
Books on Prescription have a series of factsheet resources - Kia ora cards

Emily Flett
Helen Gibbs

Practice Network Updates

Careplus

Careplus booklets are now available again.
Order them through Lisa Johnston.



Practice Nurse Vacancy Musselburgh Medical Centre

Musselburgh Medical Centre now has a vacancy for an experienced Practice Nurse to join its committed and friendly team dedicated to providing quality health services to our community.

This is a permanent part-time position, Monday to Friday during open hours of 8.30am-6pm.

Duties include triage assessment of acute patients and patient education through nurse appointments, performing ECGs, as well as being reactive to patient needs and providing usual practice nurse services eg vaccination and smear taking. Experience with Medtech32 would be an advantage but not essential as training would be provided. Must have current APC.

This position is permanent part-time (14-18 hours/week - negotiable). This position involves the successful applicant to cover leave as able. Applicants for this position should have NZ residency or a valid NZ work visa.

Please forward a cover letter and a copy of your CV to Megan Harrison, Operations Manager.
Email: megan@mbml.co.nz
Phone: 03 455 4085 or 021 177 7963

Applications close Friday 6 October 2017 at 5pm

Health Pathways

HealthPathways that went live in September are as follows:

Acute Ophthalmology Assessment
Blepharitis
Fine Needle Aspiration (FNA)
Foreign Body in Eye
Iritis
Non-acute Ophthalmology Assessment
Ophthalmology Advice
Pterygium
Red Eye
Weight Management in Children

Most frequently viewed pathways for September are:

1. Zoledronic Acid Infusion
2. Acute Otitis Media
3. Bowel Cancer Screening
4. Hyperlipidaemia
5. Atrial Fibrillation (AF)
6. Constipation in Children
7. Deep Vein Thrombosis (DVT)
8. Otitis Media with Effusion (Glue ear)
9. Bariatric Surgery
10. Renal Colic

Ngā Kupu o te Mārama

Words of the Month

Ikura Roro/Rehu Ohotata: Stroke
Mate ūtaetae: Breast cancer
Mauri: Life force (in both inanimate and animate objects)

WellSouth is including Māori Words of the Month that are related to relevant health topics covered in WellInformed

Tikanga - Best Practice Guidelines

These guidelines describe ways to incorporate Māori principles, beliefs and values into the delivery of primary health care services to ensure they are responsive to Māori. It aims to uphold the wairua (spiritual), hinengaro (psychological) and tinana (physical) well-being of patients and whānau.

While the guideline reflects Māori concepts, Tikanga Best Practice includes best practice standards of care for everyone, regardless of ethnicity.

Outreach and Former Refugees

Outreach Services

WellSouth closely monitors the Outreach Services' activity and outcomes. Over the past nine months, 688 referrals have been received for priority group individuals who are not well engaged with their practice and are overdue for key screening events.

Outreach Nurses act as your agent and can make up to six attempts to make contact, deliver the service, eg CVDRA, smear and re-connect the patient with the practice.

The 688 referrals are:

389 - cardiovascular screening
252 - smears
57 - diabetes management follow up

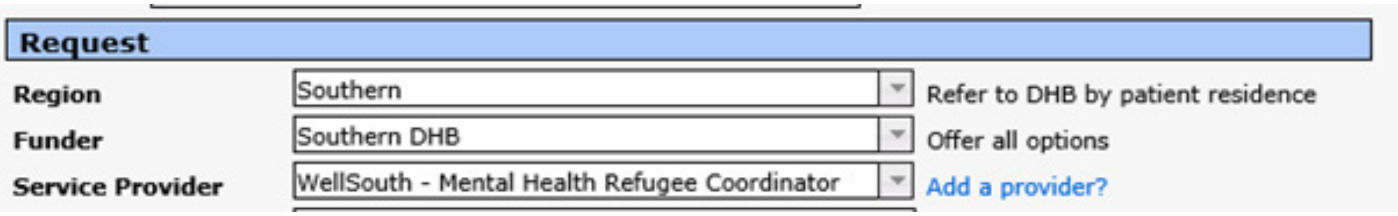
Monitoring the effectiveness of the Outreach approach is providing a consistent picture. From January-September 2017, the Outreach Nurses have screened 54% of referrals and 15% of patients have declined a service. We have not been able to make contact with 29% of patients because of inaccurate contact details – many have moved without a forwarding address and others have moved within or out of the country.

Outreach Service referrals can be made through ERMS for those priority group patients you are struggling to engage. There are many reasons they cannot access your practice. Please contact Liz McColl for further information.

Former Refugees - Mental Health Services

All non-crisis Mental Health referrals for both child and adult former refugees should be directed to Rebecca Hennephof, WellSouth's Clinical Coordinator for Former Refugee Mental Health. This is now the entry point to mental health services for these clients. All referrals must be made by a GP. An ERMS template is now available. These referrals will be triaged by Rebecca and then directed to the appropriate service. It is important that the mental health issues are clearly identified and described, as this will assist the triage process. Specific entry criteria to the different services remains unchanged.

When submitting the referral on ERMS, please identify the Form as Mental Health and then as follows:



Rebecca is happy to be contacted if you have any queries or require advice regarding a referral Rebecca.Hennephof@wellsouth.org.nz or phone 021 410 152.

Mental Health

Mental Health Matters Experiencing Anxiety (Part One)

The term 'panic attack' seems in quite common usage these days. The term can be overused and misunderstood. Those of us who have had first-hand experience of panic attacks know that they are more than just getting stressed and overwhelmed. Panic attacks can be very debilitating for people and can prevent them from going out in public and avoiding social connection. The most extreme forms are in conditions like Generalised Anxiety Disorder (GAD) and Panic Disorder where the person can experience daily panic attacks that prevent them living normal, healthy and contributing lives.

GAD, Panic Disorder and the experience of panic attacks are on the extreme end of a continuum that begins with being stressed, getting worried and nervous and then experiencing anxiety states. Anxiety states are times of being overwhelmed that are sustained by ongoing stressors in our lives. They are often confused with panic attacks but are not as prolonged and not as extreme. All of us experience stress in our lives and this is normal. We need stress in our bodies to get us going in the morning and to achieve. Prolonged high stress through a demanding, unrelenting workload, complicated personal life and family events as well as other poor physical health has consequences, including tiredness, fatigue and lack of sleep, can all contribute to us experiencing anxiety where we are overwhelmed and begin to experience uncomfortable symptoms.

Most of us get nervous to a greater or lesser degree, before performance based events (eg interviews, giving a speech, presenting), our hearts pound louder and quicker, we might feel nauseous and even dizzy and generally we feel uncomfortable and even irritated, experiencing a low tolerance towards others. We can also sweat and want to use the toilet more. For some people, they also experience tingling in their extremities.

Biologically speaking our bodies are being triggered into the 'flight-fight-freeze' response. Because of stress, our bodies overproduce adrenalin, triggered by other chemicals in our brain. Our bodies are trying to defend us and prepare us for one of three reactions:

- Facing what is coming - fight
- Building up enough energy to run away - flight
- Putting our bodies into a non-responsive mode to protect us from harm - freezing

Our heart is a very selfish organ and wants to keep us alive. It will ensure that it has plenty of oxygen and that is why we can feel light headed and have tingling in our extremities, when anxious.

Anxiety states can cause us to literally be unresponsive and we cannot get our words out (freeze), we need to escape an anxiety provoking situation (flight) or we react by raising our voice and even getting angry (fight). When we are caught in this cycle of biological events, our senses are more enlivened - sounds are louder and things generally seem more intense.

We can all experience this extent of anxiety in our lives and for most of us they come and go. Some people have a very stoic way of dealing with them and bottle these feelings up inside. These people convince themselves they are somehow strong if they do this. Showing and admitting these feelings can be seen as a sign of weakness, that somehow we 'haven't got it all together.' Anxiety states can make us feel out of control and that is perhaps where the myth of seeing these as a weakness comes from. None of us like to feel out of control. Denying these feelings, however, and trying to push them down, can have catastrophic health effects both physically and mentally. In turn, they can also affect our social and relational lives. Some may bury the uncomfortable feelings of anxiety through overeating, alcohol and other drugs including smoking and too much caffeine. All these behaviours are taking us towards unhealthy patterns which have serious consequences in our lives.

So how do we cope and manage these times of high stress and anxiety?

The first step is to admit them to yourself and others, bring them into the open and be real about what you are going through. Often just identifying and naming your feelings is a first step in managing them better.

In the November Mental Health Matters, we shall be looking at more specific ways to manage these anxiety symptoms when they hit us.

Paul Reet

Registered Primary Mental Health Nurse and Registered Counsellor

Family Mental Health Service, Mosgiel

Mental Health Brief Intervention Coordinator, Chatham Islands

Mental Health Awareness Week 9-15 October 2017

Mental Health Awareness Week (MHAW) always coincides with World Mental Health Day on 10 October. This year the theme is "Nature is Key". MHAW is endorsed by the World Federation for Mental Health and marked in over 150 countries at different times of the year. The Mental Health Foundation has organised MHAW in New Zealand since 1993.

Why nature?

Because it is great for everyone! We are encouraging Kiwis from all walks of life to stop thinking of nature as something locked away in national parks and forests but as the daisies in the berm, the tree outside the window and the vast, beautiful sky above. Spending time with nature:

- makes us feel happier and more optimistic
- restores us when we are feeling run-down
- reduces stress
- improves life satisfaction
- and much more!

What can you do?

- Promote the colouring competition at work. $50 Prezzy Card for the winner of each age group.
- Encourage clients and patients to take part in the photo-a-day challenge - great prizes available.
- Sign your workplace up to the Nature Lockout on 10 October - win prizes and be a good role model!

What is happening in Otago and Southland?

There are many exciting events happening during Mental Health Awareness Week.

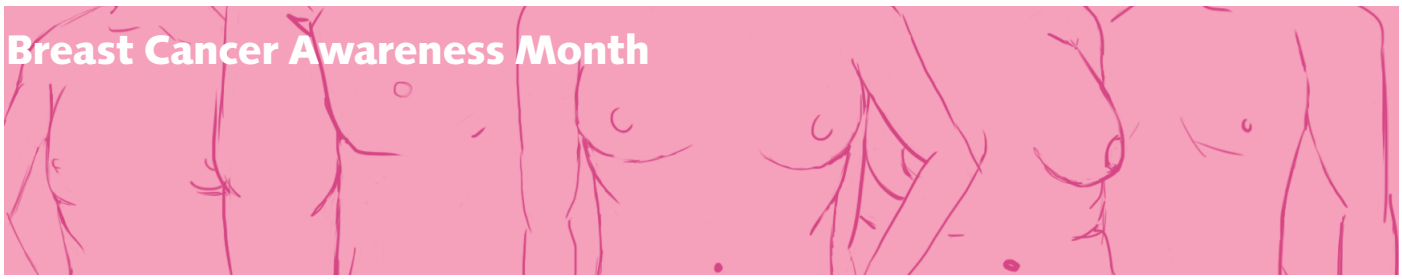
Sunday 8 October	**Ranfurly** Community Walk or Bike Ranfurly to Waipiata
Monday 9 October	**Dunedin** MHAW Launch Guest speaker, panel discussion, information and refreshments - 6pm, Toitū Museum **Alexandra** A walk and morning tea hosted by ABLE
Tuesday 10 October	**Cromwell** - community lake walk **Frankton** - a shared lunch by the lake
Thursday 12 October	**Queenstown** - Lake Hayes walk **Ranfurly** - a Nibble and a Natter 7-8pm, Maniototo Café

Register now or visit the MHAW website to keep up-to-date on their activities, competitions and resources.

For more information contact

Dunedin	Brittani Beavis	03 477 1163
Invercargill	Bridget Rodgers	03 214 6436
Central Otago	Jo O'Connor	027 210 4716

Breast Cancer Awareness Month



October is Breast Cancer Awareness Month and is endorsed by the NZ Breast Cancer Foundation. Each year, 3,000 women and 20 men are diagnosed with breast cancer. This month is to raise awareness about the detection and treatment of breast cancer.

On 13-14 October there will be volunteers out and about for the Pink Ribbon Street Appeal. Your donation will go towards research, education and awareness, support for women with breast cancer, and project reserves.

What can you do to support Breast Cancer Awareness?

- Go Pink for a Day – turn waiting rooms and offices pink
- Donate to the Pink Ribbon Street Appeal (13-14th Oct)
- Host a Pink Ribbon Breakfast

Support for Health Professionals

The Breast Cancer Foundation is providing an online learning tool for GPs, Practice Nurses and Medical Professionals to update your skills on: managing breast signs and symptoms, and familial breast cancer in the primary care setting.

Green Prescription

Active Families = Happier, Healthier Families

Quality over quantity is the biggest lesson the Meikle family has taken from their time with the Active Families Programme.

Eating more quality, whole foods has been a big shift in diet for the family, but it means they are also eating less and staying fuller for longer. They are happier, healthier and have more energy than ever.

Melinda Meikle is a single mother to Cade, 10 and Macey, 6. Her children have always been reasonably active, encouraged to try different sports until they found the one they enjoyed the most.

When Cade developed health concerns, the family's GP referred them to Active Families and Melinda was willing to give it a go. They started attending the practical weekly sessions delivered by Sport Southland, which focussed on both physical activity and nutrition, and soon found they were loving each and every week. "I was scared at the start, but it was fun. I loved all of the sessions," Cade said.

The inclusive programme means at least one parent must attend each session and all children in the family are able to take part, so Macey joined in too, also reaping the benefits.

While there has not been noticeable weight loss as yet, what information the family has gained has been invaluable. The focus has moved from weight to being healthier and being more active. "We've all got a much healthier attitude towards food. It is about what your body needs, not what you think it wants," Melinda said. "We do not feel so tired, we do not get those lows in the day that we used to get and we do not always want to eat bad food."

How to Make a Peferral

Sport Otago

For children and their families who live within the Dunedin City boundary: refer through ERMS, click here to make an online referral or to access further information about the service. Alternatively, telephone 0800 ACTIVE (228 483) or 03 474 6350.

Sport Southland

For children and their families who live within the Southland boundary and including the Wakatipu Basin: refer through ERMS, click here to make an online referral or to access further information about the service. Alternatively, contact telephone 0800 ACTIVE (228 483) or 03 211 2253.

Please note: Green Prescription and Active Families are run slightly differently in each region (Otago and Southland) and further information can be found at either: www.sportsouthland.co.nz or www.sportotago.co.nz

Green Prescription
ACTIVE FAMILIES
Rongoā Kākāriki, whānau kori, whānau ora

Practice Spotlight

Donna West, Practice Manager, Riverton Medical Centre, has set up a "Spotlight on Sugar" display in the practice's waiting room.

The purpose is to highlight added sugars in some common foods that people eat. "I have set up a visual display with some common foods, weighed out the amount of sugar in the packet, tin or bottle, written the amount on a snap lock bag containing the amount of sugar and attached it to the food item," Donna said. This has encouraged a lot of interesting discussion with patients. It has "highlighted the fact that people didn't realise there was so much in some products and to have it visually in front of them has been eye-opening for some people." Some patients have even requested the selection of food displayed be expanded to include more savoury options. The World Health Organisation recommends that the daily Adult intake of six teaspoons are displayed next to the average Kiwi intake of 37 teaspoons, and up to 80 teaspoons for children.

Inspired by the documentary That Sugar Film, Donna "felt this is an important issue" and hopes to encourage people to read labels and be aware of what is in their food. "Not many people take notice of the numbers," she said. With a visual representation like this, people can actually see what is going into their food, rather than an abstract number on the back of the packet.

WellSouth's Nutritional Development Advisor, Helen Gibbs, commented, "What a great display! It is a useful visual reminder to our patients that we need to think about what is in the foods we eat and drink. The Eating and Activity Guidelines for New Zealand Adults has two relevant pieces of guidance that reinforce this display.

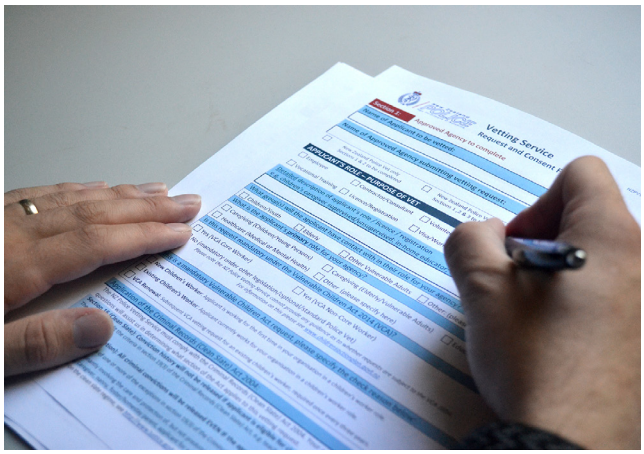
Choose and/or prepare foods and drinks
- With little or no added sugar.
- That are mostly 'whole' and less processed.

With fruit, the most important thing to remember is that although fruit contains sugar, our digestive system has to work to break down the cell walls of the fruit to access the sugar, so 2-3 portions of fruit spread across the day is OK. Once fruit has been made into juice or blitzed as a smoothie, the sugar is no different from added sugar. Honey while tasty acts like any other sugar in the body."

For more information contact Donna West on 03 234 8290

Notices

Police Vetting



Vulnerable Children's Act 2014

From 1 July 2015: **new core workers** must be safety checked before they start work

From 1 July 2016: **new non-core workers** must be safety checked before they start work

By 1 July 2018: **existing children's core workers** (ie those currently employed or engaged as a contractor) must have been safety checked

By 1 July 2019: all **existing non-core workers** must have been safety checked.

Definitions

Child – a person who is under the age of 14 years

Young Person – a person who is aged between 14-17 years

Children's Workers –people providing a regulated service and whose work may involve regular or overnight contact with children, taking place without a parent or guardian present.

Core Workers – a children's worker whose work requires or allows them to be the only children's worker present, or has the primary responsibility for or authority over, children (section 23 of the VCA)

Non-Core Workers – those who are not registered medical professionals, eg courtesy van drivers, receptionists, office workers, foster carers

Although there is a national rollout period, WellSouth would like all practices to start completing the new police vetting as per the Vulnerable Children's Act 2014 before these dates and preferably this year.

Please send police vetting forms via email, fax or post to Laura Starling.

Tel: 03 477 1163
Fax: 03 477 1168
Post: WellSouth, PO Box 218, Dunedin 9054

For further information about the Vulnerable Children's Act and police vetting, please see: health.govt.nz/our-work/health-workforce/childrens-action-plan-childrens-worker-safety-checking-and-child-protection-policies

News Tips

Laura Starling is our in-house communications co-ordinator and roving reporter.

If you have any news items or are starting a new initiative that you would like to see in WellInformed, please contact Laura on 03 477 1163.

Workforce Development Upcoming Education - October 2017

Please note that these dates can change, so please check http://training.wellsouth.org.nz/upcoming-events

ALL registrations for events are via the website.

Cardiac Education for Community Nurses
Tuesday 3 October - 9am-4pm - Invercargill
Saturday 14 October - 9am-4pm - Cromwell

CPR Level 2-4
Wednesday 4 October - 5.30-7.30pm - Invercargill
Tuesday 10 October - 12-1pm - Invercargill
Wednesday 8 November - 5.30-6.30pm - Invercargill

Diabetes - The Next Level
Wednesday 1 November - 9am-4pm - Dunedin

Dealing with Irate/Frustrated Client Training
Tuesday 24 October - 5.30-8.30pm - Dunedin
Wednesday 25 October - 12-3pm - Cromwell
Wednesday 1 November - 5.30-8.30pm - Invercargill

First Line Diet and Nutrition Refresh/Malnutrition
Saturday 28 October - 8am-4pm - Dunedin
Saturday 11 November - 9am-3.30pm - Central Otago

Maternity Quality and Safety Programme - Guidelines and Resources for General Practices to Support Best Practice in Early Pregnancy Care
Thursday 9 November - 12-1.30pm - Gore
Thursday 9 November - 6.30-8pm - Invercargill
Friday 10 November - 12-1.30pm - Queenstown

Mobile Health GP CME
Thursday 2 November - 6.30-9pm - Invercargill

PONZ Conference - Kaledioscope of Care
Thursday 2 November - Saturday 4 November
- Rydges Latimer Christchurch

Respiratory Workshop
Monday 6 November - 8.30am-4pm - Dunedin Hospital

South Island Stroke Study Day
Thursday 2 November - 9am-4pm - Christchurch Hospital

The Treaty of Waitangi and Cultural Competency
Wednesday 4 October - 9am-4pm - Frankton
Thursday 5 October - 9am-4pm - Dunstan
Register with maorimentalhealthadmin@southerndhb.govt.nz

Cultural Competency and Working with Interpreters Working with Refugee Patients
Wednesday 8 November - Dunedin sessions offered AM/PM
Friday 24 November - Dunedin - sessions offered AM/PM
Register with Shaz Clark

For further training and information for the rest of the year please check WellSouth's website.

IT Helpdesk

Where possible, all IT jobs must be logged through the WellSouth portal. Doing so automatically logs your query on our ticketing system and supplies you a ticket number to query us on.

WellSouth portal:	Accessible from your PMS or directly - https://support.hss.net.nz/support/tickets/new
Email:	support@hss.net.nz
Ticketing system:	support.hss.net.nz - allows you to check on the progress of your ticket and send replies to any queries.
Free phone:	0800 935 575, option 1

Please include as much information as possible about the issue/request, including any screenshots and attachments that may assist with the job. Remember to remove/cover/blur any patient identifiable data when corresponding with us.

NOTE: Please do not email IT staff directly as then your job will not be tracked on our ticketing system.

WellSouth
Primary Health Network
Hauora Matua Ki Te Tonga

Practice Manager's Forum

Agenda

- Foundation Standards / Cornerstone, RCGPS
- Barry Simpson, South Island Primary Health Emergency Planning Coordinator
- Do the Right Thing, Katrina Braxton
- New Development of Falls and Fragility Fracture Service, Eileen Richardson
- Outreach Update and Refugees, Liz McColl
- HealthCloud Reporter / IT Update
- Feedback—What do you want to see from WellSouth

RSVP

By Tuesday 7th November

REGISTER HERE or Email lisa.johnston@wellsouth.org.nz or Fax 0800 823 002

Name: _____

Practice: _____

Email: _____ **Dietary Requirements:** _____

NB: Check our Professional Development Calendar for future training events at www.wellsouth.org.nz/calendar.

How Kiwis make babies

Fertility Week
1–7 November 2017
www.fertilityweek.org.nz

Are you planning a family in the future, experiencing infertility or looking at new options to build your family?

Fertility Week has events and resources for all New Zealanders.

Making babies DIY

Making babies with help

Making babies with donors and surrogates

See you there!

DUNEDIN
WEDNESDAY 1 NOVEMBER
7pm – 8.30pm

FREE event!

How Kiwis make babies
Information and self-care

A night of information and support for people experiencing infertility and/or undergoing fertility treatment.

Presentations will be given by fertility specialist Dr Kate van Harselaar and Counsellor Joi Ellis.

Bring your questions!

Register today at www.eventbrite.co.nz. Spaces are limited.

Fertility Week is organised by Fertility New Zealand, a registered Charity dedicated to providing information, support and advocacy to New Zealanders experiencing fertility issues.

fertility NEW ZEALAND

Fertility New Zealand www.**fertilitynz**.org.nz 0800 333 306