



Devon Senior Voice

In Partnership with 



Issue No 29

Spring 2016

Everyone's Tomorrow

The Newsletter of Devon Senior Voice

The organisation keeping older people informed and involved in having a say about services and service delivery in the county

Keep writing to us!



Everyone's Tomorrow is the magazine for members of Devon Senior Voice.

You will read in this edition of our continued efforts to increase the sustainability of the organisation. 25 of us have so far signed up to 2 online organisations—Easyfundraising.org.uk and Easysearch.org.uk (See P. 5) and each time we do an online search or make a secure online purchase we raise money for the Devon Senior Voice. You will find a letter about The 100 Club, an important questionnaire and a Freepost envelope included with your magazine. Please fill in the questionnaire and support The 100 Club if you are able to, and return to me in the Freepost envelope.

The next newsletter is due out in the Summer, so please let me have any news or articles by the 1st June for that edition. Many thanks to all our contributors.

Sally Lougher, Editor

A message from our new Chairman, Carol McCormack



To introduce myself- I am now the Chair of Devon Senior Voice (DSV). At this exciting time we stand on the edge of a new era. Things are changing. The Engagement Contract with Health watch is coming to an end. DSV have been given a transitional payment for 2016/17 which is just 1/3rd of last year's reduced

payment. How to sustain DSV is our main focus at the moment.

What can we do if we value DSV and want to keep doing the work that has proved so helpful to many in Devon over the past 8 years? The Board have considered introducing a membership fee, but this is still not acceptable to many who want the organisation to be open to all older people in Devon. These are the ways **YOU** could help DSV. **Join the 100 Club** - that would financially help us. Please fill in the Questionnaire that comes with the Newsletter, about Ageing Well In Devon . Get in touch with us – let us know if you have found DSV useful in any way. **Why do we need to hear from you?** We have many members who for different reasons cannot be active in (Contd overleaf)

Our Achievements since November 2015

Since November 2015 Devon Senior Voice has :

- Continued Working to Engage People through Memory Cafes and listen to their stories
- Established a Marketing Group to develop a Sustainability Strategy for Devon Senior Voice and signed the organisation up to EasyFundraising.com
- Participated in 9 Healthwatch Gateway requests
- Updated the Memory Cafes in Devon Booklet in December
- Held our AGM on the 4th December with a depressing update about further cuts in services from John Hart (See P. 5)
- Launched the 100 Club (See P. 7)
- Campaigned with other organisations on behalf of the people of Devon to ensure a new Exeter Bus Station fit for purpose for today and the next 50 years (See P. 16)

Senior Voice

Office Open
Monday to Thursday
9 am - 5 pm
Sally Lougher

Exec Administrator
01803 732678

Email:
info@devonseniorvoice.org

Snail mail (post!)
P.O. Box 210
Harberton
Totnes
Devon, TQ9 9DA

Editor's note: The views expressed in these articles and letters in this publication are the opinions of the writers and should in no way be attributed to Devon Senior Voice Board or staff members.



Message from our Chairman....Contd

Branches, but you may have been helped by articles in the Newsletter, a telephone call with Sally our Executive Administrator, or contact with other members in your area. We need evidence of our value to put into the applications for funding .

What is the Board doing ? We are looking at a number of funding options , including the Charity Commission . We are talking to other organisations who may be able to offer support but **WE ALSO NEED YOUR HELP—so please do your bit too.**
Carol McCormack, Chairman

Crediton and Area Branch



The Christmas gathering of the Crediton and Area Devon Senior Voice group was delighted to welcome the new Bishop of Crediton, Dame Sarah Mullally. Bishop Sarah gave an engaging talk about her

background in nursing and her progression through the NHS ranks before deciding to follow her calling, and become an ordained priest. A strong theme throughout her talk, was the need to really listen to individuals, especially

the elderly, in order to provide services that are relevant. She recommended the local NHS director of Nursing was invited to talk to our group at some stage. After being thanked and presented with a bouquet by chair, Carole Towler, she stayed on and joined us all in a cream scone and warm mince pie to the accompaniment of the marvellous, upbeat strains of the Morchard Bishop Ukulele Band. The Crediton Branch also celebrated Christmas



by decorating a tree for the Christmas Tree Festival. In January members were given a fascinating talk by the former editor of The Courier, Sue Read. Sue told us how her career in journalism started after leaving school and taking a course in shorthand. She was involved in setting up The Courier, along with other members of the community. Several DSV members had a trip down memory lane when Sue referred to the various businesses operating in the town in those days. Several old black and white copies of The Courier were handed round and Sue also laid out some large ariel photographs of the town for members to try and find familiar landmarks. Chair, Carole Towler, warmly thanked her for her presentation and she was invited to stay on for refreshments which allowed some members to continue sharing memories with her of the good old days.



A full programme of presenters for 2016 is now available. March's meeting on Wednesday 9th, will feature a talk by Leslie Austin, specialist Solicitor for the Elderly . For more information about the Crediton and Area branch of Devon Senior Voice, please call membership secretary, Pam Healey on 01363 775243 or email: pamuknz@windowslive.com.

Paula Kovacs, Secretary, Photos and Text

Culm Valley Branch

We have not met as a Branch for three years which is the amount of time that Ann McClements has been on the Board of DSV. However, the Branch is still involved in the local community. Five members of the Culm Valley branch run the Memory Cafe once a month in Cullompton Community Centre. This has been very successful and our 2016 programme has been planned and printed leaflets are now available. We are involved in the Patients Group for both College Surgery and Bramblehaise, and continue to liaise with Ruth Tucker who is the Health Facilitator at College Surgery. The exciting news there, is the opening of a Community Hub at the back of the Surgery for

use by local groups.

A member has sat on the committee for the Cullompton Neighbourhood Plan and ensured the voice of older people is heard in the meetings. We also have representatives on CHOICE which is looking after the interests of the public at Tiverton Hospital. We have written a letter of support to "Square Corner" in Uffculme in their bid to improve the Community services there . It would be great to revive interest in having a more active branch. SO – if you are reading this and live in the Culm Valley area , please contact Ann McClements on 01884 34614.

Ann McClements, Chairman



Honiton Branch

We were delighted to host very useful visits both from our outgoing Chair **Ann Mclements** and our hardworking Administrator **Sally Lougher** who both gave us valuable insights into DSV's perilous funding situation. A two thirds cut in the Healthwatch engagement contract means the Board and DSV branches, who could e.g. lose their present insurance, must consider other options.

Our new **Funding Group chaired by Arthur Harman** is proving very useful. We have raised over £200 in two events, a promising start. While discussions proceed on the future of DSV we have a duty to aim to be as self sufficient as possible; dependency is not an option. Having said that if there was no Senior Voice we would probably have to invent it!

Our new **Membership Officer Stephen Treeby** is reviewing our entire membership details and wherever possible we shall email members. Please get in touch to confirm your contact details. We are also using the new recruitment form to sign up at every event and are speaking to local groups including an invitation from St Paul's Mothers Union.

East Devon Chair **Roger Trapani** introduced a useful discussion on the **critical state of secondary health services** in NEW.CCG especially shortage of local community hospital beds. It was agreed we deplore the situation and seek proper engagement with communities, not just token consultation. Next meeting 15 February.

HSV's next OPEN MEETING is at Honiton Methodist Church on **Thursday 25th Feb at 2pm on 'How to tackle scams and cold callers'** by Ros Cummings, Devon and

Somerset Trading Standards Officer.

TOP MEETING (All invited) : We are fortunate to have obtained the new **Chair of Devon Mutual Library Company, Julie Dent** who will speak to our **March 2nd Open Meeting at 10.30am** also at Honiton Methodist Hall. On behalf of concerned members we submitted a paper to DCC Cabinet and a question to Leader John Hart at DSV AGM : 'What assurance do we have that divestment will ensure the longer term future of the library service?' Was anyone clearer after his reply? We raised this and other issues in an interview with BBC Radio Devon but no one seems to have heard the interview broadcast. Since then the new 11 person Board of the 'mutual' has been appointed (by whom? for whom?)

Our proposed hustings for the **Police and Crime Commissioner Elections** has been changed to **April 28 at Honiton Methodist Hall** (subject to candidates agreement). Tony Hogg has announced he will not be standing for re-election. Who can blame him? *Tony Simpson*

Last but not least our veteran and **much loved chair Vic Bowsher CBE** is standing down. We all send a heartfelt thanks and Best Wishes to Vic for leading us in unity and strength to our present position. **New Chair June Brown** can draw on much experience with other bodies and as our successful **Events Organiser**, no mean feat. June modestly said 'Vic will be a hard act to follow but I will do my best to live up to members expectations.' She will indeed. HSV goes forward in confidence.

Contact: Elaine Mumford, Secretary Email: Honitonsenior-voice@outlook.com *Tony Simpson, Publicity Officer*

Ivybridge and Area Branch

Our Local Patients Participation Group (PPG)

The Ivybridge Branch of Devon Senior Voice have become very involved in their local PPG and this is an update on member involvement.

Ivybridge Medical Practice has approx. 11,000 patients and is part of the Beacon Medical Group which consists of the Ivybridge Practice and three in the Plympton area.

The total patient population is 33,000.

There is an active Patient Participation Group which meets monthly without any clinicians or other member of the Practice. GPs and other members of the team only attend the monthly general meeting by invitation, this has included the pharmacist, a GP and the Senior Nurse. The chair of the committee together with one other member meets monthly with the Chief Operating Officer of Beacon Medical and this is the main communication channel.

Beacon Medical have recently become a rapid test site for the new Primary Care Home Model. This is an opportunity for the Practice to work with patients, staff, partners and communities to develop a vibrant and sustainable health and social care system across Plympton, Ivybridge and the South Hams. Our PPG is very involved with this

process.

During the last year, the PPG organised a Health & Lifestyle Fayre with over 25 local organisations attending and over 200 people visited the event which was held at the Watermark in Ivybridge. Also, patient surveys were arranged and there are regular education evenings for patients run by one of the partners.

The PPG has a presence at local CVS events and, objectives for the coming year include:-

- Providing the Practice with feedback from Patients
- Assisting the Practice in Patient Awareness of Health/Local Issues
- Being actively involved in New Initiatives.

Incidentally, the Practice also invite a representative of the PPG to attend their staff operational meetings.

To contact:-

email:- ivyhealth@aol.co.uk

Twitter - @IvyhealthPPG

Facebook - Ivybridge Health Centre - Patient Participation Group

Tony Cannon

Teignmouth Shaldon and Bishopsteignton Branch



Following the launch of the Coastal CCG district (Teignmouth, Dawlish, Shaldon, Bishopsteignton & the surrounding villages) as Dementia Friendly by our local M.P. Anne-Marie Morris, supported by the Mayors of Teignmouth & Dawlish

at our highly successful one day event last autumn, branch committee members together with partners from Purple Angel, Volunteering In Health, the Alice Cross Centre & other members of the event planning group have been engaged throughout the early part of the winter in encouraging & logging the follow up. Purple Angel logos are now appearing in shops, coffee bars restaurants and pubs in Teignmouth & Dawlish, the parish church in Shaldon has opened a memory café, Bishopsteignton parish church has distributed dementia awareness leaflets to its congregation whilst the superintendent Methodist minister in the district has joined the campaign inciting her local churches to become dementia friendly. The original event planning group are now active in stimulating 'Coastal' interest in WRAD ('World Rocks against Dementia' a major family fun day of action at the Riviera International Centre in Torquay. organised by Purple Angel on 19 March). They are also planning a special Coastal Carers Event during Carers' Week June 6 – 12. The branch is continuing its 3rd Friday afternoon in the month public information (Forum) meetings at Teign Heritage Centre, Teignmouth through the spring & summer covering a variety of topics - 'Avoiding the Scams',

'Medication in perspective', 'Caring for your eyes', 'Pensions – the changes' 'Preparing for end of life' - with a range of speakers including the local police community safety officer, a senior pharmacist, a CAB case-worker & a Funeral Director.

We have been heartened by the fact that a recent electronic questionnaire to the 50% of our membership on e-mail and a telephone conversation with a random sample of the others by our new Publicity Officer 'Fred' Vella has revealed almost unanimous and wholehearted support for our work despite the fact that fewer than some 15% of our 170 members have attended any of our meetings in the last 3 years!! Their tacit response, however, confirms concurrence with our Committee's active involvement with the increasing requests now being received from Teignmouth Town, Teignbridge District CCG to take part in a number of consultations and public reviews of their different public services.

To maintain this level of activity, particularly at a time when the limited amount of financial help for administration of branch activities is likely to be curtailed or even withdrawn, is a matter to which our Committee are giving particular attention. We certainly see ourselves going forward in partnership with other organisations in the town concerned with the wellbeing of older people e.g, the Alice Cross Community Centre, Volunteering in Health but we expect effective changes in our present committee structure and the involvement of more volunteers and generation of ideas from our present 'sofa' supportive membership if we are to succeed. Watch this space!!

Jim Corben, Chairman

Seaton Area Branch—Seaton Stroke Group

We continue to support a monthly coffee morning for Stroke Survivors and their Carers. This is now held at "No 1" Harepath Road in Seaton where we are very lucky to have the use of the building without a set cost – just a donation is requested.

The numbers attending have never been large but the main aim is peer support and, with this and information that we obtain and provide, there is always a very rewarding result for one or more of those who come.

For example, a wife of one of the stroke survivors, who is also his carer, was an occupational therapist and knew of something called a "Mirror Box". She felt that this might help Liza, one of our regulars who was terribly affected by her stroke. It works by placing the badly affected arm in the box and exercising the other one. The reflection in the mirror makes the brain think that both arms are doing the

exercise and can actually encourage use of the affected one. We are now trying to arrange for Liza to use one of these boxes through contact with an Occupational Therapist at Seaton Hospital who has attended the Stroke Group in the past. Liza's speech is also very badly affected which is why she needs our help. She is in fact amazing. Her mobility has improved greatly since she first started attending the group which is down to her sheer hard work at exercising.

Attending these meetings is both humbling and rewarding for us.

Briony Falkingham from the Stroke Association came to the February coffee morning and brought a lot of new information. She has also said that she will enter us into a competition which might bring a different kind of reward!

Tina Trapani, Secretary

Devon Air Ambulance Trust

With the Devon Air ambulance starting to operate at night later in the year, branches may be interested to have a talk about the service. These fully illustrated talks last approx. 45 minutes and can be booked by contacting the Devon Air Ambulance on 01392-466666 or by e-mail fundraising@daat.org

Join Easysearch and EasyFundraising and Raise Money for DSV



Almost £100 has been raised by the few people who have already joined Easysearch and Easyfundraising and elected to give their donations to Devon Senior Voice. As long as you use a computer and the internet, you too can raise money for us and it **costs nothing!**

You can collect free donations for Devon Senior Voice every time you buy anything online - from your weekly shop to your annual holiday with easyfundraising.org.uk. Because I've invited you Devon Senior Voice will earn an extra £1 the first time you shop, there are nearly 3,000 retailers on board ready to make a donation, including Amazon, John Lewis, Aviva, thetrainline and Sainsbury's! It's really simple, all you have to do is:

1. **To Join Copy this link into your browser:**

<http://www.easyfundraising.org.uk/invite/2QZ14T/>

Get the donation reminder, it's in the dropdown box

under "Earn Extra Donations", this will sit on your toolbar and remind you when you access a site that supports DSV

2. **Shop**— Every time you shop online, go to [easyfundraising](http://easyfundraising.org.uk) first, pick the retailer you want and start shopping

3. **Raise**— After you've checked out, that retailer will make a donation to your good cause for no extra cost whatsoever!

There are no catches or hidden charges and Devon Senior Voice will be really grateful for your donations.

4. **You can also raise free donations for Devon Senior Voice by setting easysearch as your home page** by copying this link into your browser <http://devonseniorvoice.easysearch.org.uk/>. Every time you use this DSV will receive 1p.

Guest Speakers at the AGM



Addressing the AGM Cllr John Hart, the leader of Devon County Council (DCC), said that not only was this was the seventh – and worst – year of giving talks to community organisations about budget cuts but also that the Chancellor

had warned of a further four years of restricted budgets. The costs of increasing the national minimum wage were being passed to local government, and even with the allowed 2 per cent increase to £6.6m, this would only help to cover a proportion of the costs. The council had made initial savings through staff cuts and improved efficiency, but it would have to reorganise again, make further redundancies and always be on the lookout for savings. There was less money for transport, roads and support services, but if the Government would allow a basic charge of £30 for bus passes, as there was for rail passes, then £1.7m could be raised.

Cllr Hart answered a wide range of questions: he told Peter Coates that he didn't know whether the Devon Success Regime would improve delivery of integrated health and social-care services as he wasn't directly involved in the process but he felt there must be better ways of working together. He would look further into the issue and come back with an answer. Cllr Hart added that Integrated Care in Exeter (ICE) was working successfully in the city, but that training was essential for domiciliary carers and health assistants before any integration could be implemented. In reply to Jim Corben the council leader thought that the Community Survey was value for money as it found out people's views on the effects of cuts in services. There had been no library closures, he told Tony Simpson, and the service was secure in its new mutual / trust status, under which community volunteers run libraries with the support of qualified librarians. Answering David Snelling, Cllr Hart said he would love to be able to ring fence the income from a £30 bus pass to help reduce rural isolation but that would be a Government decision. When Ken Crawford pointed out that there was no evidence of DCC support for DSV's work with memory cafes and its campaign for Admiral Nurses – par-

ticularly the cost savings offered by both – Cllr Hart said that he was not aware that support had been unforthcoming. There were different rules in different areas of Devon regarding the establishment of memory cafes, and he asked council officer Roland Pyle to follow up on the issue of Admiral Nurses. When Roger Trapani asked whether there was any scope for a reduction in the numbers of county councillors and their expenses, the leader replied that councillors had not had a pay rise in six years. They were doing more and attending County Hall less, the electorate they represented had increased and there were always good and less good councillors, and there was no indication that fewer than 60 councillors would work.

In the afternoon Gary Patch – deputy assistant director of community health and social care at Northern Devon Healthcare NHS Trust (NDHT) – and Tina Naldrett, assistant director of nursing for community hospitals at NDHT, spoke of the challenges of offering high-quality, safe and effective health and social-care services to an ageing population in a climate of reduced finances. Mr Patch said there were already significant developments in technology and research that would result in better genetic profiling and therapeutic targeting. The Francis Report had led the NHS to examine the causes of failure and to put in place reliable systems, effective practice and safe staffing. Prevention was the new buzz word, and there would be greater focus on children and early interventions. The NHS Five Year Forward View was about patients, doctors and nurses becoming partners in care, and managers, nurses, therapists and social services would work together in clusters around GP practices.

Ms Naldrett went on to explain that the shortage of nurses was down to insufficient training places and the withdrawal of bursary funding. In Devon overseas nurses had been recruited but there were language difficulties and few wanted to work in community hospitals. There had also been a proactive approach to targeting the previous year's graduate nurses. Agency nurses were used as a last resort and the NHS tried to fill vacant posts using its own bank staff. Statistics showed that excessive use of casual staff led to poor handovers and a loss of continuity. Ms Naldrett said there was hope in the development and use of trained health care assistants in the localities.

Exeter Branch



Jean Daley had been Treasurer and a stalwart of the Exeter branch for many years, devoting much time and energy to ensuring its continued success. She passed away peacefully in January and will be much missed, and several of us attended her funeral. The Branch Executive met and decided on Tuesday 9 February that the Secretary and Treasurer's offices will be combined and our name will become "EXETER SENIOR VOICE – Devon Senior Voice Limited". We have also agreed the changes in the Branch Constitution for submission to the Board, which we will vote on at the next general meeting (extraordinary) at 2.30pm on Wednesday 13 April at WHIPTON COMMUNITY HALL (the old Church in the burial ground) in Pinhoe Road. There will also be entertainment and various talks until 4.30pm.

We also expect shortly to decide on the format and wording of the Questionnaire that we offered to devise and send out jointly with AGE UK Exeter. It will go out with the next meeting notice to some 280 members by Doc-mail, which I recommend as cost effective (if anyone wants details, please contact me on 01392 466589 or 07817 509 876 or email tony@langmead-property.co.uk). AGE UK Exeter will also send out the Questionnaire. .

Ann Crawford (Okehampton branch) attended our executive meeting, and we will fully support the Older People's Day event on Cathedral Green on 1 October 2016. The date of the next executive meeting is Tuesday 29 March.

Seaton Area Branch—Wakley Health and Care Forums

Elli Pang, lay member of the Eastern Locality of the North, East & West Devon Clinical Commissioning Group (CCG), was asked to resurrect the Health and Care Forums or Teams that had existed in the 5 towns making up the Wakley area, Axminster, Honiton, Ottery St Mary, Seaton and Sidmouth.

She asked me to set up the Seaton Forum where, in fact, there had not been one previously. I think Elli asking me to do this was largely because of the connections brought about by the work for Devon Senior Voice in Seaton Area. I agreed to do this and have now about 24 "members", including medical professionals, Town and Parish Councilors and others from a variety of organisations.

At the first meeting last year I was asked to be Chair, at least until we were fully established. We had our 3rd meeting on the 18th February and we have already made huge

strides with a number of issues, medicines optimisation and telecare being two examples.

The Chairs of the 5 Forums meet with Drs Kerr and Slot as the Wakley Locality Health and Care Forum (Dr. Kerr is currently chair of the sub-locality CCG) and it was very encouraging at the first meeting to be so supported and encouraged in the issues we brought forward. The intention is that by the 5 Forum Chairs meeting with these Drs that concerns/ideas coming from the grass roots are fed to the CCG instead of the entirely top-down engagement that exists at present. It will be essential that each of the Forums really reach the people in their communities if this is to succeed.

Tina Trapani, Secretary Seaton

To make you smile....

A single glass at night could mean a peaceful, uninterrupted night's sleep.

NEW Wine for Seniors , I kid you not.....

Clare Valley vintners in South Australia, which primarily produce

Pinot Blanc, Pinot Noir, and Pinot Grigio wines,

have developed a new hybrid grape that acts as an anti-diuretic.

It is expected to reduce the number of trips older people have to make to the bathroom during the night.



The new wine will be

marketed as 



PINO MORE

I HEARD IT THROUGH THE GRAPEVINE!!

I just could not help it!



Join DSV's 100 Club

Many of you will already be aware that Devon Senior Voice faces an uncertain future due to the reduction in our funding, which may disappear entirely after April 2017. The Board is working very hard to find alternative sources of funding but in the current climate we can no longer rely on grants and hand-outs but must look to other ways of becoming self-sufficient. The Board has considered the possibility of introducing a membership fee and this has also been discussed at AGMs and Assemblies in the past. Whilst some members favour this idea, others are against it. Our influence is highly dependent on having a wide membership representing all older people and the Board is concerned that a membership fee could put off some people from joining us. As an alternative a 100 club was introduced at the AGM in November. We hoped that a significant number of members would sign up, which would bring in some basic revenue for DSV. The idea is that 50% of the income from the 100 club would be distributed in prizes and the balance would go to DSV. If all our 2000+ members signed up and bought 2 numbers in the draw, this would produce a monthly income for DSV of £1000, with £1000 to be distributed in prize money.

We understand that there are some members who disapprove of this concept, as a form of gambling. However a lot of organisations do this and of course, prize money can be donated back

to DSV (or another charitable cause) or alternatively, you can opt out of the draw and simply pay the subscription (please make this clear on the application form). At the present time the response has been very disappointing and insufficient people have signed up to allow the scheme to start. **PLEASE**, if you value the work that DSV does, consider whether you are able to help by signing up for at least one number at a cost of £12/year.

If DSV is forced to close, this will be one less organisation speaking up for older people - we believe we are unique in being a volunteer-led organisation of older people speaking up for older people.

A note to those who have already signed up to pay by standing order, please be assured that you will not lose out. You will be notified when the draw starts and be asked to change the date for your next payment accordingly - for everyone who signs up they are guaranteed entry into 12 months' worth of draws. If we do not have sufficient people signing up (we need at least 100 numbers to be sold) to start the draws at all, all monies paid will be returned. Draws may be held quarterly if there is not enough money for a monthly draw.

Please return your entry forms in the FREEPOST envelope provided as soon as possible so that we can start running the draws..

Jose Kimber, Director

Ivybridge and Area Branch



At the February meeting of Devon Senior Voice in Ivybridge, Peter Hughes from Home Instead Senior Care made a presentation on the Protection

of Seniors from Frauds and Scams and provided a toolkit for all to use. Home Instead Senior Care is a new care company in the area, dedicated to helping older people live safely and comfortably in their own homes. Devon Senior Voice has worked with the East Devon Branch of Home Instead and has always been impressed with the level of care they offer to older people.

In introducing the talk, Peter gave an outline of Home Instead and highlighted some of the fundamental differences that has made Home Instead Senior Care the Laing and Buisson No 1 Care Provider in the UK for the 11th consecutive time. 'Our whole approach to the way in which we provide care is different' said Peter who set up the business following personal family experiences of what can go wrong in care.

Visits to clients are a minimum of an hour and very often 2-3 hrs at a time. The logic behind this is that it is simply impossible to provide good care to people in 15 or 30 minute slots. It takes time to understand a client's needs and there is no enjoyment for an elderly person if they are simply rushed through a series of tasks. Home Instead's CAREGivers are very carefully selected for both their skills and their empathy with clients. CAREGivers

are well trained, adhering to best practices and standards far higher than the legal minimum. In many cases, CAREGivers have cared for members of their own families. Consequently, staff are well-motivated and belong to a team with a vision to 'make a difference in the community'. Importantly, clients and CAREGivers are carefully matched from the outset and the same CAREGivers return to the clients each time. The bond between client and those supporting them is critically important. The matching process and long visits allows both to get to know each other. With that knowledge of the client's likes and dislikes, Home Instead is able to tailor the support to exactly what is wanted by the client – and when it is needed. It is therefore possible to anticipate the needs of the people Home Instead cares for and provide the quality of care that can only be achieved by close attention to detail.

Home Instead Senior Care's services range from companionship and home help, all the way through to personal care. The continuity of CAREGivers and the training provided makes us ideal to care for people with dementia; reminding and helping with medication; providing respite and convalescence care. Covering the whole of Torbay, Newton Abbot, Totnes, Dartmouth and surrounding area, Home Instead is continuing to grow rapidly and welcomes enquiries from both clients and good hearted people interested in some part-time work. 'At Home Instead we're determined to make a difference. Our mission is to "become the most admired care company in the UK, through changing the face of aging" and we're well on our way in south Devon' said Peter. 'This campaign of talks on Fraud and Scam Protection is part of our community responsibility and we would be delighted to give these talks to other groups in the area'. More information can be found at www.homeinstead.co.uk/southdevon or call 01803 611630.

Hospital Car-Parking Charges are 'Taxing The Sick'



The Royal Devon & Exeter Hospital (RD&E) is one of many hospitals in England that have been accused of taxing sick people after it was revealed to have made more than £1.6 million in 2014/15 by charging patients and visitors for parking.

The Royal Devon and Exeter NHS Foundation Trust was one of 90 trusts in England that responded to a Freedom of Information request from the Press Association.

But a spokesperson for the trust said that many patients and carers actually got free parking.

'The income generated by car parking at the RD&E is reinvested directly into patient care and goes towards supporting the provision of frontline services,' she said.

'In addition, it also helps to subsidise other transport initiatives such as the hospital's Park and Ride service for patients, visitors and staff.

'The trust does provide free parking for disabled Bluebadge holders and patients attending the hospital's Wonford and Heavitree sites for regular treatment at certain departments such as cancer services or the neonatal unit.

'It also has discretion to offer free parking to carers and next of kin for patients staying in hospital for a long period.'

However, the news that hospitals were coining it in from their car parks drew condemnation from Katherine Murphy, chief executive of the Patients Association.

'We are concerned that hospitals in England still charge patients for car parking,' she said. 'Why is it that patients in Wales and Scotland do not have to pay to park? It is a postcode lottery and a tax on sick people who sometimes

struggle to pay.

'The money is never reinvested in frontline services. Hospital car parks are often managed by private contractors who take a huge percentage of the profits.

'This is morally wrong – and charging disabled people is a disgrace.'

The investigation found that some hospitals were built under PFI contracts, with all money from parking going to private companies under the terms of the scheme.

It also found that year on year, hospitals across England are raising increasing amounts of money from staff, patients and visitors, including those who are disabled.

Almost half of all trusts also charged disabled people for parking in some or all of their disabled spaces.

Many trusts defended their revenues, saying some or all of the money was put back into patient care or was spent on maintaining car parks or grounds.

Others claimed their sheer size and the fact that they serve busy neighbourhoods meant they took more in revenue.

A Department of Health spokesperson said: 'We expect all NHS organisations to follow our guidelines on car parking, including offering discounts to disabled people.

'Patients and families shouldn't have to deal with the added stress of unfair parking charges and our guidance rightly helps the public hold the NHS to account for any unfair charges or practices.'

RAC research has shown that nearly 90 per cent of motorists think that parking in hospitals should be free – this view is even more prevalent among those aged 65 or older (93 per cent).

Farewell to the Wag from Widecombe



Tony Beard, one of the most colourful and best-loved characters in Devon, and a great supporter of Devon Senior Voice, died on 30 January at the age

of 79. Born and bred in Widecombe-in-the-Moor, where his family could trace its roots back to the 1800s, he lived in the Dartmoor parish all his life, spending many happy years as a farmer after leaving school. An accomplished entertainer and storyteller, as well as a passionate and knowledgeable lover of Dartmoor and Devon life and culture, he was known 'round these yer parts' as the Wag from Widecombe.

With a voice as Devonian as clotted cream it was only natural that he should develop a second career as a presenter on BBC Radio Devon, where his Sunday request show won a loyal following. For 30 years Tony shared stories and music with his audience, broadcasting to the county about people's birthdays or wedding anniversaries, charity coffee mornings or special occa-

sions.

Fellow-broadcaster Judi Spiers said Tony had a personal touch and was loved by listeners. She added: 'He was local radio, he knew Devon, cared about it and that's why so many people loved him, particularly older people, those who can't get out of their homes. They are the beating heart of local radio which keep it going – he spoke to them and they recognised the places and things he talked about.'

Tony wore so many hats that he must have had difficulty sometimes in remembering which one he was wearing, but he happily accepted invitations to be a guest speaker at several Devon Senior Voice events. He was deadly serious about the importance of older people being listened to but typically he was never solemn about how he expressed that view. He regaled us all on one occasion with a story illustrating the difficulties of public transport in rural areas. Anyone proposing to use the bus from Newton Abbot to visit friends in Widecombe was warned that they should be prepared to stay for a week if they wanted more than a few minutes with their friends, because the bus would only stop for a short time in Widecombe before returning to Newton. The next bus was a week later.

Tony will certainly be missed by many people.

Devon County Council Charging for Care Consultation



Devon County Council is carrying out a consultation about how they charge for adult social care services people receive in their own home. If you receive social care services from the council you may have received a letter about this at the start of February. The council would like to reassure people that they are not changing anything at the moment and no decisions have been made. The letter is just inviting you to complete a questionnaire so that you can make your views known. The council will then look at all responses received and use this to help them decide what

changes should be made. To complete a questionnaire online go to <http://www.healthwatchdevon.co.uk/adultsocialcareservices>.

To request a paper copy, or if you have any questions about the consultation or require help to complete a questionnaire please contact Care Direct on 0345 155 1012 or e-mail csc.caredirect@devon.gov.uk

Who Cares? - the Revenue Do

'Almost 50,000 home care staff have won a better deal after an investigation by HMRC. An article in *Everyone's Tomorrow* 25 - Who Cares? by Tony Simpson reported many staff were not receiving the statutory minimum wage including overtime resulting from travel between clients. The latest tax probe found £8 million underpayments by over 500 private home care providers, including six of the biggest social care firms. 46,000 staff will receive back payments of up to £2,500'

Council Tax Rises by 4%

Council tax in Devon will rise by almost 4% to help pay for adult social care. But alongside the raise cutbacks are being proposed - among the possible targets are school's



lollipop services. A decision which has attracted heavy criticism.

The amount the increase will raise this year is £6.5m

The 4% rise could take the average council taxpayer's bill

for county council services to £1,207.62.

The rise will help to pay for the Government's increase in the minimum wage, which would cost the council over £7 million more in care costs.

The extra money will go on a range of services though, including adult social care and flooding resilience.

It was confirmed this week that Devon would get an extra

£8.4 million in rural support and other grants for 2016/17 from the Government. It makes Devon County Council the fourth highest beneficiary in the country.

PROPOSED SPENDING

5 million to be spent on social care for elderly and vulnerable people

1.5 million to fund the county's response to severe storms

1 million to be spent on highways drainage, safety defects and hedging

1 million to fund efficient working using new technology

40K to support the Citizens' Advice Bureau

Devon is now set to spend over £443 million on services in the new financial year.

With councillors deciding last month to accept the Government's offer to increase council tax by 2% to help pay for adult social care, now Devon residents could have an extra 4% added to their council tax in the near future too.

Worrying Results of Derriford Hospital's Staff Survey

Plymouth's Derriford Hospital is among the worst in the country when it comes to delivering care for patients - according to its own staff.

The results of a survey released on 23rd February paint a damning picture of care at the hospital with less than two thirds of staff saying they would recommend it to their nearest and dearest as a place to be treated.

Plymouth Hospital's chief executive Ann James said improvements had been made on last year, but accepted more needed to be done - adding that inspectors last year rated care at Derriford as "outstanding."

According to the survey, just over half of staff at the hospital, which is the region's biggest and its main trauma centre, would recommend it as a place of work.

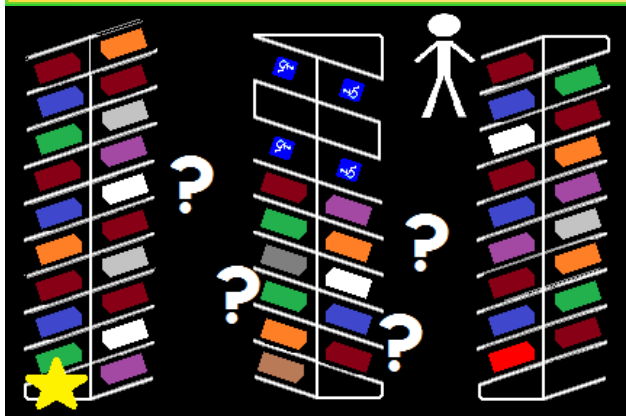
Still more worrying for Derriford bosses is that only 71% of staff believe that care of patients of their organisation's top priority - lower than the national average, Overall, the people who work at Derriford have put it in the lowest 20% of acute hospitals in the country as it scores well below average on many key indicators. The NHS staff survey is a massive annual exercise designed to compare similar types of health trusts and reveal whether employees are engaged with their work, their team and the health trust which employs them. It examines a range of areas, including numbers suffering from work-related stress, whether staff felt supported by senior managers, and overall job satisfaction.



Classified Advertisements

If you are
interested in
advertising in the
Senior Voice magazine, please contact Sally on
01803 732678
or email
info@devonseniorvoice.org

To make you smile....again



Several days ago as I left a meeting I desperately gave myself a personal search. I was looking for my keys. They were not in my pockets. A quick search in the meeting room revealed nothing. Suddenly I realized I must have left them in the car. Frantically, I headed for the car park. My husband has scolded me many times for leaving the

keys in the ignition.

My theory is the ignition is the best place not to lose them. His theory is that the car will be stolen. As I scanned the car park I came to a terrifying conclusion! His theory was right. The car park was empty. I immediately called the police. I gave them my location, confessed that I had left my keys in the car, and that it had been stolen.

Then I made the most difficult call of all. "Hello My Love", I stammered; I always call him "My Love" in times like these. "I left my keys in the car, and it has been stolen."

There was a period of silence. I thought the call had disconnected, but then I heard his voice. He barked, "I dropped you off!"

Now it was my time to be silent. Embarrassed, I said, "Well, come and get me."

He retorted, "I will, as soon as I convince this policeman I have not stolen your stupid car."

This is what they call, "the Golden Years!"

Devolution to the West Country

Council leaders across Devon and Somerset have called for more devolved powers from Westminster.

The two county councils, Plymouth City Council, Torbay Council and the 13 district councils have all submitted a Statement of Intent to the Government.

They have been joined by Dartmoor and Exmoor National Parks and the Heart of the South West Local Enterprise Partnership which represents local businesses and councils in Devon, Somerset, Plymouth and Torbay.

Their Statement of Intent is in response to the Government's offer to devolve power and budgets from Westminster to local authorities which work together.

The key themes are economic growth, health, social care and wellbeing and infrastructure and local resilience. The document sets the scene for discussions with Government about what powers could be devolved and will be followed up with more detailed proposals.

In total 20 local partners are involved in the submission, reflecting the Heart of the South West LEP boundaries.

Devon County Council leader Cllr John Hart said: 'It is really important that we present a united front to the Government and we have achieved a high level of agreement on the key issues affecting the South West.

'I have always said that we can do things more effectively and more efficiently locally than being told what to do by London. We are saying to Government: "You devolve and we'll deliver".'

'These are very early stages but we are ambitious and we believe that devolution would help us create jobs, build the right infrastructure and make progress on key issues like health and social care integration.

'We have shared goals with our partners and will be working very closely with them in the coming weeks and months to move things forward.'

The Statement of Intent is now available on the council's website: <https://new.devon.gov.uk/democracy/how-the-council-works/devolution/>



Scams – Are You Talking about them Enough?

Devon and Somerset Trading Standards receives hundreds of complaints each year via the Citizens Advice Consumer Service about mass marketing scams ranging from fraudulent prize draws to phoney psychic letters. It is estimated that UK consumers lose up to £3.5 billion per year to a variety of scams that exploit low-cost, mass-

marketing techniques to target recipients. These include bogus lotteries, premium-rate prize promotions, psychic mailings and miracle health cures.

We also receive complaints from consumers who are cold called by unscrupulous traders offering their services on the doorstep. The work is often badly done and overpriced. The sums lost by individuals from these scams and rogue traders range from small amounts to tens of thousands of pounds. There are strong indications that the actual number of people affected by scams is far greater than the reported figures.

If you receive a letter, phone call, home visit or email and you are concerned it might be a scam, consider the questions below. If you can answer yes to any of these questions then there is a good chance that someone is trying to scam you.

- Was the offer unsolicited?
 - Do I have to respond or agree straight away?
 - Do I have to make a purchase to win a prize draw I didn't enter?
 - Do I have to ring a premium rate telephone number?
 - Do I have to give my bank or credit card details or passwords?
 - Is the business reluctant to give their address or contact details?
 - Am I being asked to keep it confidential?
 - Does it look too good to be true?**
- Use your common sense, but if any of the above are true, think twice before handing

SCAMS

the thing **EVERYONE** should be talking about...



You get a letter telling you that you have **WON!**
STOP! Why do you have to pay a fee?

A Doorstep Trader offers the deal of a **LIFETIME!**
STOP! Why are they in such a rush?



REMEMBER:
If it sounds too good to be true it probably is

The only way to beat the rogues & avoid the scammers is to stop giving them money. If someone you know might be at risk from scams, it's time to talk about it...

For free impartial advice, or to report a trader, call 03454 040506

Looking for a business you can trust?
Look no further than Buy With Confidence



www.devonsomersettradingstandards.gov.uk

Devon & Somerset
Trading Standards
- a joint service commissioned by
Devon & Somerset County Councils



over any money or giving your personal details.

Because scam operators often work from abroad, regularly changing their addresses and conducting business under false names, it can be extremely difficult for authorities to tackle them by conventional enforcement. By far our best weapon against the scammers is to educate, warn and publicise about the prevalence of scams, encouraging all residents to remember the motto – **If it seems too good to be true, it probably is...**

Scammers play on our hope, promise us the realisation of our financial dreams, and rely on us not talking to one another about it...

In order to raise awareness of scams and stop lining the pockets of unscrupulous scam operators – **we need to start talking about it.**

If you know of someone in your community who is perhaps a little isolated, or you have relatives or friends who are likely to be targeted by or respond to mass marketing scams, take the time to talk to them. Make sure they are aware of scams and how scam operators work.

If you are concerned about yourself or someone else, you can call the Citizens Advice Consumer Service for free help and practical advice (the details of your complaint will be passed to us) on 03454 040506, as well as the police on 101.

If you are concerned someone is at immediate risk of serious harm always call 999.



A couple of years ago, Healthwatch England published research which showed that half of the public who had a problem with a health or social care service did nothing to report it - mainly because they did not have any confidence that their complaints would actually be dealt with.

Around the same time, a study by Ann Clwyd MP found that "People ... fear that their, or their relative's, care might get worse if they were to complain. They also felt intimidated by the power of professionals or institutions".

It can sometimes feel as though the NHS is a huge, impersonal organisation, and that feedback from patients can easily be ignored. But a new initiative in Exeter shows that comments from the public do get acted on.

Last year, Healthwatch Devon asked people about their experiences of being discharged from hospital. Over 300 people got in touch, and the good news was that two out of three were happy with the way their discharge from hospital had been handled.

Unfortunately, 1 in 3 were "not very happy" or "not at all happy". A particular bugbear was delays in care assessments either before or after discharge, and delays in setting up follow-on care at home. When asked what could improve the experience of leaving hospital, the biggest single suggestion was "co-ordination of care between hospital and home".

We are delighted to see that your feedback has helped to influence a new project called "Discharge to Assess" that is

being launched in Exeter.

Discharge to Assess (D2A for short) aims to cut the time it takes social services and other agencies to work out what support a person might need when they come home from hospital. The idea is that planning for follow-on care can take place much better in the familiar surroundings of someone's own home, with family, friends and carers around. And it should mean fewer people having to wait in hospital, even after the doctor has said they can go home. D2A shows that people's feedback does get heard. Health service managers can learn from patient experiences, so it's worth letting them know what works, and what doesn't, from your point of view. Keep the feedback coming, and we'll keep getting your messages across.



**Freephone
0800 520 0640**

Reductions in Ear, Nose and Throat Services at NDDH

What a great shame that Northern Devon Healthcare NHS Trust has announced that ear, nose and throat (ENT) services at North Devon District Hospital (NDDH) are to be greatly reduced. Some patients will have to travel nearly 100 extra miles for treatment at the Royal Devon & Exeter (RD&E) Hospital. This will be very difficult for the frail elderly and children who are poorly. Even for people with their own transport, the round trip could take best part of a day. For those of us who use public transport it will be a long and worrying journey.

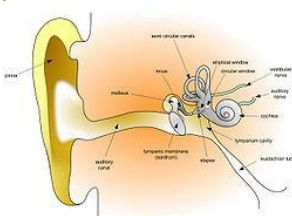
Dr Alison Diamond, the trust's chief executive, stated that the reason for the changes was the retirement of a consultant at NDDH. However, she added that a further

retirement at the RD&E might mean that some ENT services would have to be delivered even further away. She said that this was the only way to ensure that our ENT treatments were safe and

of high quality, if they could not be delivered locally. From now on there will be no inpatient facilities at North Devon for ENT cases, and on-call emergency services will be transferred to the RD&E, as will operations on the head and neck. The ENT services that will continue at NDDH are some day-surgery cases, routine follow-up appointments, hearing tests, hearing-aid support, screening services, micro-suction and outpatient appointments. ENT radiology for cancer patients will also be available.

We at Devon Senior Voice, and the people of North Devon, regret that our services are being fragmented and moved 50 miles away. We deserve better, and strongly request that Northern Devon Healthcare NHS Trust finds a way to restore this service as soon as is possible.

Carol McCormack, Chairman



Health and Social Care in Devon: Why Radical Change is Needed



Health and social care services in many parts of Devon are likely to be £442m in deficit by 2021 if nothing changes, according to a new report published recently by NEWDevon CCG. Saving so much money is going to require some radical and potentially controversial changes, and over the next six months residents of north, east and west Devon are to be asked for their views on how best to tackle the issue.

Since last year the Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) has been working with other health and care organisations in a Devon Success Regime to develop clinically and financially sustainable health and care services. Now the CCG has published the Case for Change report, which outlines the challenges of serving an ageing population, with complex needs, and increasingly scarce financial resources.

A spokesman for the CCG said: 'We have suffered with financial problems and not being able to meet national targets in some key areas for a number of years. We are running out of money: by 2020, NEW Devon will be overspending by £1.2 million a day to meet the health care needs of the population, based on the current model. It is tempting to think that an injection of more cash would solve this. But the scale of the problem is too large and even good services now will not be sustainable without radical change and redesign.

'The governing body of NEW Devon CCG believes that the Success Regime can help us tackle the many challenges that we alone cannot address, involving our staff in driving change not just in one organisation, but right across the health and care system in our area. Over the coming months, we will be working to develop specific options for change. Building on work already underway, we are now turning our focus into developing possible solutions to meet these challenges. We are committed to working together to enable people to live as healthily and independently as possible and when they do need care, they should be able to access the best services which can respond to their needs as effectively, efficiently and fairly as possible.'

The Case for Change report lists the following challenges:

- **Health inequalities across north, east and west Devon**, particularly between Plymouth and the rest of Devon.

- **Less money spent overall** on health and social care in the most deprived areas across north, east and west Devon.
- **Care needs to be more person-centred** and co-ordinated, especially for people with more than one long-term condition. People do not get enough support to be independent and are going into hospital when this could be prevented. There will be a predicted 37,000 more emergency admissions to local hospitals over the next five years, an increase of more than 30%, if nothing changes. Many of these admissions are preventable.
- **Around 95,000 people with a long-term condition** also have a mental illness – these people consume a large proportion of the health and social care budget but still achieve poor outcomes.
- **There are too many people in hospital beds** who don't need to be there. Every day, over 500 people are in local hospitals when they could be elsewhere; most of them are old and many have dementia. The main reasons for delay are people waiting for health or social care in the community.
- **Local people are waiting too long** to access some cancer services.
- **Local hospitals are finding it difficult to deliver services** for some of the most seriously ill people. This is because many services are small, and senior staff and specialist tests and equipment are not available 24 hours a day.
- **Services could be run more efficiently across north, east and west Devon.** Over £30m was being spent on temporary staff in hospitals in 2014/15, who are more expensive than permanent staff and can reduce the quality of care
- **There are difficulties with recruiting and retaining staff** at all levels making it hard to provide comprehensive and high-quality services

The Case for Change report can be found on <http://www.newdevonccg.nhs.uk/case-for-change-documents/101857>

Older People Urged to get Shingles Jab

Public Health England (PHE) is reminding eligible older people to get the shingles vaccine to help prevent the painful infection. New figures have shown a drop in vaccine coverage.

From 1 September 2015, the shingles vaccine has been offered to people aged 70 years on 1 September 2015. People aged 78 years on 1 September 2015 can also get vaccinated.

Data for the September 2015 to November 2015 quarter shows a 2% drop in coverage for 70 year olds compared to the same period the previous year (37.8% down from 39.8%) and 0.4% drop for the catch-up cohort (78 year olds) (38.2% down from 38.6%).



shutterstock - 254547313

Strengthening Patient And Public Engagement



The duty of the Clinical Commissioning Group (CCG) is to commission (plan, buy and monitor) services and promote the involvement of patients across the spectrum of prevention or diagnosis, care planning, treatment and care management. There is also a requirement to ensure public involvement and consultation in commissioning processes and decisions. At this stage we are reminded of the NHS England statement “Commissioners who involve the public and patients make better decisions and better use of public money”.

Devon has two Clinical Commissioning Groups (CCG). There are two CCG’s, South Devon and Torbay Clinical Commissioning Group and NEW Devon Clinical Commissioning Group. The latter comprising of Northern, Eastern and Western Localities that is further divided into sub Localities for the Eastern Locality.

These sub localities are identified as WEB (Woodbury, Exmouth and Budleigh), Mid Devon (Okehampton, Crediton, Moretonhamstead, Tiverton, Cullompton, and Hatherleigh) Exeter and Wakley (Seaton, Sidmouth, Ottery St Mary, Axminster and Honiton). The SD&T CCG comprises the sub Localities of Coastal, Moor to Sea, Newton Abbot, Torquay and Paignton and Brixham. NB It is only intended to provide a brief introduction for the Eastern Locality structure.

The Governing Body of the NEW Devon CCG (hereafter referred to as the CCG) undertook a review in 2015 of the existing engagement process, as part of a wider examination of the governance structure. This process resulted in more than 30 conversations (individuals, organisations and representatives) relating to how patients/public engage with the CCG. In seeking these views, the CCG was focussed on the duty for patients and the public to be involved in the commissioning processes and the interaction between these parties.

Whilst there was much to be commended, it was felt that there was no consistency between the sub Localities, different selection of the representatives/members, variation of engagement due to the lack of guidance from the CCG, inadequate and variable links between the CCG and locality systems, inadequate and unsatisfactory communication with the stakeholders, jargonistic language in news releases, etc. To redress the numerous deficiencies, and build upon the many strengths (knowledge of the representatives/members, commitment, enthusiasm, role as a critical friend, etc), the outcome was to create three levels of governance, with the third tier functioning as an assurance body.

The defined analysis will enable the sub Localities to provide an engagement arrangement that suits them best,

according to the needs/wishes of the communities they represent. The current Lay Members/Representative are being asked if they wish to continue as the **Community Representative** on an interim basis. Where there is a vacancy (Mid Devon), or if a Lay Member doesn’t wish to become a Community Representative, those vacancies will be advertised later in February with a closing date of the 1st March. This will be followed by an interview and selection process by a CCG panel.

Should you be interested then e-mail to D-CCG.easternlocality@nhs.net, or ring Jemma Moore, Business and Governance Manager on 01392 356094.

Community Representatives will become the standing members of the Eastern Locality Reference Group whose Terms of Reference are still to be determined by this Group, but whose function will be the formal engagement group for the Eastern Locality. The exact composition of this group will be the subject of further discussion at a future date.

There is one further layer of governance and that relates to the Patient and Public Engagement Committee (**PPEC**), which is an assurance committee whose purpose is to provide assurance over the effectiveness of patient and public engagement taking place within the CCG. This committee is primarily concerned with the strategic direction of the CCG and its potential and real impact upon the patients/public resulting from the proposed decisions to be taken, or already in place. The four (4) representatives will be selected from the Community Representatives following an interview before a CCG panel with both the Community Representative(s) and **Patient Representatives** being announced on the 17th March 2016.

This abridged version should indicate the drive from the CCG to ensure the engagement and standardisation of representatives, so as to counter the shortfalls identified in the consultative process. It is hoped that the sub Localities will still maintain their uniqueness, whilst ensuring that their voices are heard in raising issues and receiving feedback. This transparency of process should reassure both patients and public alike that their concerns are being addressed and that the widest relevant engagement is in place. There is a need to remember that whilst we may “want” something, the NHS is concerned with meeting our “needs” and ensuring we receive the best experience possible.

Should you wish to read the unabridged versions of the above, do go to the NEW Devon CCG website, Eastern Locality January Board meeting pages 143 to 179 (inclusive), www.newdevonccg.nhs.uk.

*James Bradley, Director DSV,
Lay Patient Representative,
DSV Director.*

Sepsis



In the wake of widespread media coverage surround sepsis over the past few months and especially after the death of a Cornish baby, this magazine looks at what sepsis is, it's signs symptoms and treatments.

This article is reproduced with the kind permission of Leatside Surgery

Totnes which produced the article at the instigation of its Patient Participation Group during their last meeting in December.

Sepsis is a common and potentially life-threatening condition triggered by an infection. In sepsis, the body's immune system goes into overdrive, setting off a series of reactions including widespread inflammation, swelling and blood clotting. This can lead to a significant decrease in blood pressure, which can mean the blood supply to vital organs such as the brain, heart and kidneys is reduced. If not treated quickly, sepsis can eventually lead to multiple organ failure and death.

Each year in the UK, it is estimated that more than 100,000 people are admitted to hospital with sepsis and around 37,000 people will die as a result of the condition.

Signs and symptoms of sepsis

Early symptoms of sepsis usually develop quickly and can include:

- a high temperature (fever)
- chills and shivering
- a fast heartbeat
- fast breathing
-

In some cases, symptoms of more severe sepsis or septic shock (when your blood pressure drops to a dangerously low level) develop soon after. These can include:

- feeling dizzy or faint
- confusion or disorientation
- nausea and vomiting
- diarrhoea
- cold, clammy and pale or mottled skin

When to seek medical advice

See your GP immediately if you have recently had an infection or injury and you have possible early signs of sepsis. Severe sepsis and septic shock are medical emergencies. If you think that you or someone in your care has one of these conditions, call 999 and ask for an ambulance.

Who's at risk?

Anyone can develop sepsis after an injury or minor infection, although some people are more vulnerable. People most at risk of sepsis include those:

- with a medical condition or receiving medical treatment that weakens their immune system
- who are already in hospital with a serious illness
- who are very young or very old
- who have just had surgery or who have wounds or injuries as a result of an accident

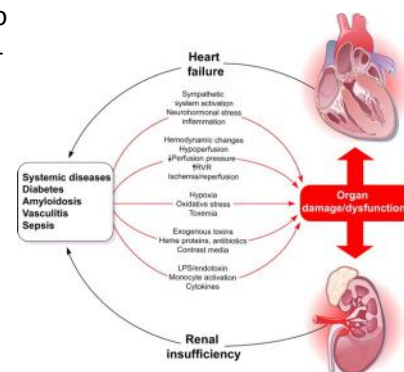
How sepsis is treated

If sepsis is detected early and has not yet affected vital organs, it may be possible to treat the infection at home with antibiotics. Most people who have sepsis detected at this stage will make a full recovery.

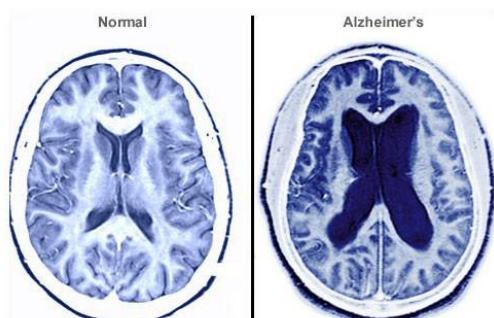
Some people with severe sepsis and most people with septic shock require admission to an intensive care unit (ICU), where the body's organs can be supported while the infection is treated.

As a result of problems with vital organs, people with severe sepsis are likely to be very ill and the condition can be fatal.

However, if identified and treated quickly, sepsis is treatable and in most cases leads to full recovery with no lasting problems.



'Slow down' dementia drug trialled on patients



A drug to slow down the progression of Alzheimer's disease is being trialled on patients in the early stages of the disease.

American-based pharmaceutical company Eli Lilly is testing the drug Solanezumab, which aims to cut the rate of the dementia's progression by about a third.

Preliminary results are expected to be published in December and trials involve several patients from Devon.

New Service from Stagecoach South West



We are pleased to report that Stagecoach SW are launching a new service named the Falcon: From Plymouth to Bristol & back again 24/7.

The South West Falcon is a brand new coach service from Stagecoach South West connecting Plymouth, Exeter, Taunton, Bristol Airport and Bristol City Centre. Starting from 14 February the Falcon will fly up the A38 and M5 24 hours a day, 7 days a week.

Get your ticket for just £1!

To celebrate the launch of Falcon any journey will cost just £1 between 14 and 27 February

Travel in style with Falcon...

All Falcon coaches have free Wi-Fi, USB charging points, power sockets and air conditioning so you can work, rest or play whilst on the move.

Coaches have a dedicated wheelchair space however this must be pre-booked at least a week before the date of travel.

When can I fly the Falcon?

There will be 19 journeys, 7 days a week. Coaches will run hourly across the day and into the evening with a reduced frequency overnight.

introductory offer
any journey
14-27 Feb 2016

launches
14 Feb
the South West
falcon

Bristol
Bristol Airport
Taunton
Cullompton
Exeter
Plymouth

Proposed Redevelopment of Exeter Bus Station Update

The re-development of the Exeter Bus Station site moved forward on the 20th January when Exeter City Council (ECC) in full session, passed the outline planning application. The decision was not unanimous and DSV had the opportunity to speak against the proposal. DSV's view was that passengers are people and people have needs and these should not be forgotten or ignored.

The small group of community organisations DSV has been working with in Exeter has also moved forward. A new organisation called the Exeter and District Bus Users Group has been formed. DSV has a role within this new organisation and so will continue to be actively involved as the re-development gathers pace. DSV's concerns will

also have a greater opportunity of being heard. One of the first actions of the group was to have a meeting with the Deputy Chief Executive of ECC which included a wide ranging discussion on the immediate and longer term issues. It is hoped this group will also shortly be recognised formally and supported by ECC.

Through the DSV Transport Group we will keep you up to date as the re-development progresses. It is fair to say though that once demolition begins there will be many months of disruption until the revamped area emerges.

*Roma Patten, Vice Chairman, DSV Transport Group
22nd February 2016*

New Railway Station Opens at Cranbrook



A £5m railway station opened in December at the emerging new town of Cranbrook, east of Exeter. The single platform, funded by Devon County Council and Cranbrook New Community Partners, will serve the nearly 3,000 residents who already live in

some of the 6,300 new homes that are planned over the next 15 years.

Hourly trains will run on the existing Exeter to London Waterloo line, providing new links to Exeter, Salisbury and Basingstoke. The station has been provided by Network Rail and services will be operated by South West Trains.

Cllr Paul Diviani, the leader of East Devon District Council (EDCC), said: 'There are now a wide range of sustainable travel options for Cranbrook residents and the opening of the rail station means another very welcome green travel option is available.'

Graham Rogers, of DSV's Housing Group, contributed to EDCC's Cranbrook Development Plan, emphasising that the ageing of the population should be taken into account in planning, and that 'houses fit for purpose' should be provided alongside policies of social wellbeing.

Readers' Contributions—'Pension pot – what pension pot?'



'Cash is king for the over 55's using pension freedoms' said a news headline announcing that most of the nearly 180,000 people who suddenly found they could 'raid' their pension pot had done so under changes brought in by Chancellor Osborne (i, Jan 8). A whopping 120,000 older people (87%) have already cashed in their retirement annuities. This was not supposed to happen though it is hardly surprising. Returns from many annuities have proved abysmal; those with savings in deposit accounts have suffered losses. The timing coincides with government breaking its election promise to raise the asset cap for care home costs from £23,250 to £72,000. The cap will remain at £23k for another five years.

Spending a pension pot or putting the money elsewhere may seem a good idea but not without risk. The Chancellor was warned of the dangers of people using their retirement cash

without knowing the tax and other implications. He was persuaded to set up Pension Wise guidance but fewer than one in five have made use of it; critics claim this should have been mandatory. The National Debtline has warned that retirees could 'run out of income and face debt in later life'. Household debt is rising sharply and is the highest it has been since the general election. It is said nation addicted to debt. Some seniors may have just decided that rather than risking their savings, or handing them over, they would enjoy it while they can. Can we blame them?



we are becoming a
Some seniors may
rather than risking
them over, they
can. Can we blame
them?

Tony Simpson, Honiton

Happiness is being 90...

It's official: Forget any aches and pains, limited mobility, memory loss, visits to the doctor, medications, home care visits, etc. Seniors are happier than any other age group according to the Office for National Statistics. And those aged 90 are the happiest of all especially compared with those in middle age. Professor Steptoe (where have we heard that name before?) offered this gem of wisdom: 'If as we suspect happiness is beneficial for health it follows that the oldest age group will have a greater proportion of happier people'. Really, I'll have to think about that one? On second thoughts it makes you chuckle doesn't it?

IT'S OFFICIAL – We're on a crime spree. Really?

Hyped media stories suggested older people are the fastest growing part of the 'criminal class'. Headlines announced that over 4,000 of us are serving time - and it's getting worse. As proof 'the most audacious heist in history' - that of the Hatton Garden Safe Depository - was carried out by 'old age pensioners'. Well, not quite but all four men were old enough to be members of Devon Senior Voice! It later emerged these guys were not your average Senior Voice members; all four jewel thieves had 'form' two having been involved in the Brinks Matt bullion robbery in their younger days. We should always look behind the headlines.

It is of course shocking that thousands of older men, usually living alone, end up in prison (less than a hundred older women are serving time). I first witnessed this over 50 years ago when I 'served' two weeks at Wakefield high security prison - I hasten to add as a young student studying criminology. But while over 4,000 are in prison the fact is that jails have a record number of 90,000 inmates - if anything seniors are actually under-represented. Also, more people are being sent to prison and the prison population is ageing.

Not all pensioner prisoners are hardened criminals. An ITV documentary showed pensioners serving short sentences for so

called 'misdemeanours' and 'nuisance' rather than criminal behaviour. They included disabled 66 year old John Wilkinson, alias 'birdman of Morecambe', found guilty of illegally feeding pigeons who served six weeks inside. A 72 year old Pembroke artist served six months for growing and using cannabis to treat the crippling rheumatoid arthritis. 80 year old chicken farmer Dick Dawes was sentenced to four years of ASBOS for alarming his neighbours, waving a stick etc while a 73 year old peace campaigner who refused to pay his taxes was imprisoned for 4 weeks at a cost of £5,000 (see my own 'confession' below on this).

The law is a blunt instrument and some experts believe prisons are over-full of people who should not be there, especially older people for which it serves little purpose other than to label them 'law breakers' and remove their right to the state pension. Perhaps the question the press should be asking is - should these and other older men be imprisoned, costing more than a luxury care home? Isn't there a better, cheaper and more effective solution? And why, once again, do the headlines stigmatise older people?

Tony Simpson

Confession Time - My Day With The 'Bow Street Runners'

I once spent 12 hours as the 'guest' of the famous Bow Street runners (the Met.) In 1961 I blocked the pavement of the Ministry of Defence with Earl Bertrand Russell and others as a protest against Polaris nuclear weapons, an earlier version of Trident. I then blocked Whitehall and was charged (quite reasonably) with 'wilfully obstructing' the Metropolitan Police Commissioner Joseph Simpson - no relation. I was bundled into a paddy wagon

and put in an overnight cell at Bow Street Magistrates Court where I saw Vanessa Redgrave, Arnold Wesker and other celebs of the day. Released after 12 hours I still felt aggrieved. I told the magistrate 'nuclear weapons breach the peace'. I pleaded not guilty and refused to pay a £1 fine. Hitch hiking back to Coleg Harlech I discovered I was without my watch. Had it been used to pay my fine?



A Nice Little Mattress To Put Your Money Under (If You Have Any)



A funny thing happened on my way to Havana, which I loved but where one

one purpose which they variously describe as wealth management, tax planning and best of all 'tax neutrality'. British Crown Colonies like Cayman seem to have only one serious purpose which is to offer tax rackets which costs our economy £billions. Mr Cameron, Mr Osborne and friends know all about this as does Google who have just paid the equivalent of 3% tax in a sweetheart deal with HMRC. Cayman banks would regard millions of British tax payers as foolish because they have their incomes reduced automatically by 22% through Pay as You Earn (PAYE). They will smile knowingly at the thousands of taxpayers who are now being hammered and heavily fined for not sending in tax forms by 31st or not paying their full whack of tax. Any government which gets serious about ending tax evasion in Crown colonies and other offshore tax havens will get my vote.

can only pay in Cuban pesos and banks are few and far between. I got off a ship briefly at Georgetown, Grand Cayman Islands and went for a walkabout. Cayman is a 'British overseas territory and Crown Colony'. And what do our Crown subjects do? I discovered there are more finance related companies than there are people - the population is 29,000 of whom 55% are involved with finance. No wonder this place has so many big mansions with electric gates. I learned there are 100,000 registered companies in the three small Cayman islands. They do not boast of their presence and many just have rooms in a nondescript tower block with box office numbers. In Georgetown alone there are 600 banks most of whom hardly ever see a customer. But they do have familiar names such as Barclays, HSBC, Schroder, Merrill Lynch, Royal Bank of Canada, etc. They all have

Tony Simpson, Honiton



Age UK – Charity or Business?

'Britain's biggest charity for the elderly is making £Tens of millions from partnerships promoting commercial enterprises...' Age UK made about £40m from business it recommends to pensioners; energy, insurance, hearing aids, beds, mobility scooters, mobile phones, etc A deal with Handicare Accessibility Ltd aimed to 'raise a minimum of £1 million via the promotion and sale of inde-

pendent living products' (stairlifts and chairs) - according to the charity's website...a deal with E.On had resulted in elderly people being placed on tariffs that were more expensive than the energy suppliers cheapest rate'. Are you an Age UK 'customer,' How do you feel about this? Please let us know?

It's enough to turn you to drink!



The Chief Medical Officer has turned his attention from smokers to drinkers warning that men and women should consume no more than 14 units of alcohol a week due to an alleged increased risk of strokes, heart and liver disease and cancers. For those majority of drinkers who have no idea what 14 units is it amounts to a limit of 5 pints of beer/lager, 6 glasses of wine, 14 small whiskies. That is one of

these groups over one week (presumably 7 days) not, as one senior read it, all of the above (he still walked home). Critics have queried why the limit for men and women is now the same? Why has it been drastically reduced (33%) from the previous maximum for men of 21 units? What does 'spread drinking over three days' actually mean? And what happened to recent advice that suggested alcohol could have beneficial qualities?

The latest advice needs to be a lot clearer on several reality issues - from the differing strength of beers and wines, the size of glasses to whether one consumes a meal or does exercise after drinking. It also seems out of touch with some important lifestyle issues. How to break the habit of social drinking which can often involve the companionship and community of the local pub. Is this a factor among seniors who are said to be increasingly turning to drink especially some living alone and those who simply don't join clubs? They can be found in the 'local' chatting, joking and sharing news and stories but are usually well behaved. In some communities in Wales and Cornwall the pub or club is part of the local history and community; there may be a cultural factor such as drinkers who share this sense of community or language. There are also convivial drinkers who treat their beer with great respect including imbibers of real ale who study form like a race goer. But then I suspect the betting fraternity are next on the list.

Tony Simpson, Honiton

A Day Out at North Devon District Hospital



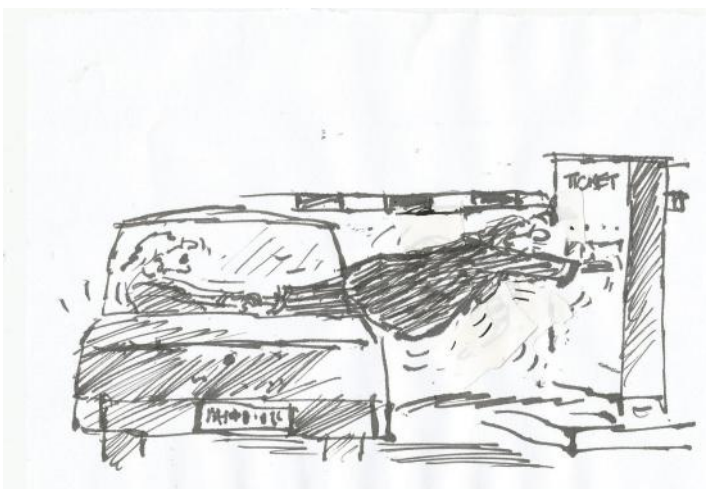
Recently I had to take my elderly wife to North Devon District Hospital for a appointment in the Auditory Department. After a pleasant drive through flooded country lanes in a hurricane wind we arrived safely to be confronted with our first obstacle - the parking barrier! Unfortunately as not the best driver in the world I had positioned myself rather badly, which meant I had to climb out through the car window to reach for the ticket. Luckily my wife was on hand - nothing like having a wife in emergencies - to hold the ankles while I made a grab for the ticket. I clambered back through the window just in time to see the barrier rise majestically and the search began for a place to park. It must be easier to get a place on the Space Shuttle than to find a space to park at the hospital. After completing three full circuits (luckily we had filled the tank before leaving) I had just enough fuel to drop my wife at the front entrance. I left the hospital and cruised around until I eventually found a parking space just a mile away in Pilton Street.

I listened to the wireless for an hour before returning to try my luck again at the barrier. This time I remembered to get near enough to reach for the ticket, without my wife holding my ankles. I could not believe my luck when I found a place on the Space Shuttle (an empty blue ticket space). After hobbling (I have a problem walking any distance) to the entrance foyer I was directed to Auditory, which was a mile away (or so it seemed) at the end of a long corridor. A friendly face at the desk, marked Auditory, directed me back along the corridors Auditory were using a number of rooms in the area marked 'Cardiac'. I thought there must be some mistake (not being the brightest of buttons) so returned along the mile of corridor to the original friendly face who said I should return once more along the now very familiar mile corridor, ignoring the 'Cardiac' sign and ask the

friendly face at the desk if she knew the whereabouts of my wife. In fact she was more than helpful and thought that she remembered that my wife had passed this way and was probably still in the system, but in one of the rooms marked 'Cardiac', which was really Auditory.... At last with a possible reunion in sight, and helped by the friendly face, I was able to welcome her back to my confused world. We left along the now even more familiar mile of corridor, which had become an important part of my life for the last five hours. I hasten to add that once inside the hospital and away from the nightmare of parking, we received nothing but kindness and help from all the friendly faces.

The lack of parking for the disabled at NDDC is a disgrace and must be the cause of a great many serious problems for all disabled patients, especially the elderly.

Philip Darling, Aged 92, Barnstaple



Editor's Comment: I dread to think what Philip's experience would be today when presumably his wife could not get treatment at NDDH but would have to travel to the RD & E (See P 12

Use your Pharmacist!

On Christmas Eve I knocked my leg. I have suffered from inflammation of my leg since having a knee replacement so when it started to swell I wasn't surprised. However, on Christmas Day it was sore, swollen and hot to touch. I was too busy, and had Christmas dinners to cook for my family, so I put up with it.

By Boxing Day my leg had swollen and cracked and a very small weepy place had appeared. I needed to get a sterile dressing and to have an expert inspect it. That was Saturday, and it was not until Tuesday that I could visit my Doctor. What should I do...perhaps go to a pharmacy to buy a sterile dressing?

So I went into Sainsbury's pharmacy and asked to speak to the pharmacist. He invited me into the consulting room and quietly asked my problem. He put on his rubber gloves and took off my temporary dressing. He wiped the

wound and went off to find a dressing. He cut out a square of honey-soaked dressing and treated my leg with confidence and care.

The pharmacist is called John. He told me that customers in Sainsbury's are happy to ask advice, happy to be signposted to medication and sometimes he would recommend that they seek further advice from acute medical services. He said that he was glad to dress my leg, and was qualified and confident to do so.

This service should be praised. It prevented me from having to wait three days to see my GP or from having to use the overcrowded A&E department. Thank you, John, and all the other pharmacists who provide this very useful service.

Carol McCormack, Chairman



Websites for 50s+

www.healthwatchdevon.org

www.life-over-50.com

www.silversurfers.net

www.saga.co.uk

www.moneysavingexpert.com

www.tasstavistock.org.uk

www.ageuk.org.uk

www.u3a.org.uk

Devon Community Directory :

www.directory.devon.gov.uk

The Devonshire Association (notably Folklore & Dialect) - www.devonassoc.org.uk

The Association of Retired Professional and Business Personnel www.ukprobus.org

Care Direct www.devon.gov.uk/caredirect.html

Age Concern Exmouth

www.ageconcernexmouth.co.uk

www.growingbolder.com

Don't forget to have a look at our website at home or in the library

www.devonseniorvoice.org

Board Meetings 2016
every 3rd Friday of the month at
Devon Communities Together
Offices, Marsh Barton

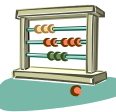
Health and Social Care Meeting 21st March,
Lyndridge Care, Okehampton

Transport Group Meeting
25th May 2016
at 1.30 pm at Exeter CVS, Wat Tyler House

Branch Chairmen's Meeting
(Venue Devon Communities Together as above)
1st April 2016

Assembly Isca Centre, Exeter
on June 14th 2016 10.30am

And finally - Use it or lose it!



A) All digits between 1-9 are used once in this grid. Can you work out where so that the sums work? (BODMAS does not apply).

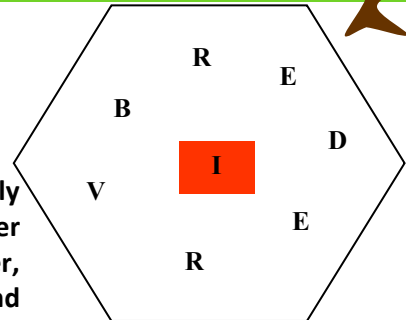
	x	7	÷		14
÷		+		x	
1	x		x		40
+		x		+	
	+		x		54
8		60		78	

TERN





BIRD

B)

Using the letters in the hexagon only once make as many 4 or more letter words always using the central letter, within 10 minutes. See if you can find the 8-letter anagram.



The Last Laugh ...

What do we want? 	Better memory! 
When do we want it? 	Want what? 

Handcrafted by kjbover for iFunnny :)

© iFunnny.mobi

A) (From top left to right) 6, 3, 8, 5, 2, 4, 9 B) (Score more than 28—Excellent!) RIVERBED bid, bier, bird, birt, beedi, bride, bried, birder, brier, dire, dive, devi, derive, diver, drier, drive, driver, eider, rebid, reive, reiver, ride, rider, rive, river, rived, vbe, vide C) TEEN, FEED, TEND, BEND, BIND