

**MINUTES OF SWINDON PPIF
MEETING IN PUBLIC
Thursday January 12th 2006
at
Gorse Hill Community Centre
10.45am – 1 pm**

1. Welcome: Mary welcomed those present, and wished everyone a happy new year.

2. Attendance and apologies:

2.1 Forum members present: Mary Wilson (chair), Joyce Bishop, Ramnik Mehta, , Jean Acton, Moya Pinson, Richard Jaggar (said he was late due to non-arrival of paperwork.)

2.2 Wiltshire Mental Health Joint Committee member: Helen Thompson

2.3 Swindon PCT staff: Julie Pett, PPI lead, Michelle Howard, Chair of Swindon Primary Care Trust (arrived later)

2.4 HAP staff present: Sally Wood, Jill Ryan Browne

2.5 Apologies: Heather Mitchell, Phil Beaumont, Maureen Bunn, Val Vaughan.

3. Public Forum on Out of Hours Care

Despite publicity, no members of the public were present.

4. Members' Declarations of Interests:

Ramnik advised members that he is now a Board member of Age Concern Swindon.

Sally informed members that they will shortly be asked by Health Advocacy Partnership to update their declarations of interests. Thereafter, only new member interests will need to be raised at forum meetings.

5. Minutes of Meeting in Public, December 8th 2005:

These were approved with the following amendments:

5.1 Item 3 the sentence fragment 'health, Anne Billingham' was discussed. It probably intended to say 'PALS Mental Health representative Anne Billingham'. Further amendment needed.

5.2 Item 6.9 'Health Mitchell' should read 'Heather Mitchell'.

6. Matters Arising.

6.1 Item 6.4 Research Project

Re the follow up work for the forum on communications, Mary had given John a list of areas to research further on behalf of the forum. Sally understood that

a discussion would take place with HAP re available funding. Mary noted that Shrivenham should be covered in the new research work.

Action: John will carry out this work and report back to the forum. Sally undertook to mention Mary's point about Shrivenham.

6.2 Item 6.12 Future Meetings.

All forum members should now have a list of future meeting dates; some future venues are still to be confirmed.

6.3 Item 6.14 Pulmonary group.

Julie clarified for members that the Keep Active team (who many patients are currently being referred to) are members of staff who run keep fit classes, tailored to meet the needs of people with particular medical conditions.

6.4. Item 6.81 Annual Health Check Commentary

6.41 Digital Hearing Aids.

The term 'bilateral bias', used in the PCT response to the forum health check commentary, was clarified by Julie. She explained that it pertains to digital hearing aids, and means that even if someone only has hearing loss in one ear, they would still be given digital aids in both ears to balance up the sound.

6.42 It was noted that the forum submission will need to be amended, to show that Helen Thompson represents the forum on the PCTs Sexual Health Committee. This will also need to be included in the Annual Report.

6.5 Item 6.83 Health Check Commentary Sub Group

Sally confirmed that the date of the next meeting is January 31st in Room F16 at New College from 10am – 12 noon. All interested members welcome. It was confirmed that the forum's revised comments on the PCTs performance should be submitted by early April. This was agreed by Julie Pett.

6.6 Item 7.3 Expert Patients Programme Report

Action: Sue Pye to give a copy of this to Sally at the next forum meeting to pass on to Mary.

6.7 Item 7.5 HAP Chairs' meeting

Sally apologised to members for the loss of sandwiches at Forum meetings. She had supported members on this issue at the recent Chairs meeting, but to no avail. There was not actually a vote on this at the Chairs' meeting, although many Chairs were happy to forgo these refreshments in the interests of cost savings.

6.7 Item 8 ICAS Quarterly Report

6.71 A member asked whether a PALS quarterly report is due; the next report is due in May.

6.72 A discussion took place about the cost-effectiveness of PALS. Concern was expressed by some forum members about whether this service is doing a good job and about the number of staff doing this work, i.e. is the number of staff justified? It was suggested by a member that the role currently undertaken by PALS could be fulfilled by ICAS, or that perhaps there should be a combined PALS service for more than one trust. Julie pointed out that the functions of PCT and acute trust PALS services can vary widely. She said that PALS has a significant impact on other services, which cannot be costed in terms of the number of staff working for the service. Julie suggested that anyone with concerns should talk to the PALS manager to get the full picture of the effectiveness of its work.

Another member commented that some patients might be happier to go to an outside agency such as ICAS, about problems, rather than to clinical staff, fearing perhaps that perhaps a complaint might jeopardise their relationship with the staff, or the standard of care, particularly with long term conditions.

6.8 Item 9.2 **Local Compact:** Sally said she had one copy of this report with feedback form, which needed to be returned by January 31st. Helen expressed a conflict of interest, as Chair of Voluntary Action.

Action: Ramnik agreed to fill in and return the form.

6.9 Item 10.4 **Publicity Group:** Sally reminded the forum that Richard, Helen and John Archer are on this group, as well as Sue Pye, chair of the Great Western Hospital forum.

Action: Sally to liaise with members to set a date for this meeting

6.10 Item 11.2 **Lymphoedema**

No response so far to the question raised by Mary at the PCT's board meeting before Christmas.

Action: Julie Pett will chase this up.

6.11 Item 11.3 **Radiotherapy waiting times**

No response to date to the forum's letter concerning the difference in waiting times between Bath and Swindon patients. In response to a question, Julie said people are referred to the radiotherapy service through the hospital.

Action: Julie to seek a response to the letter.

6.12 Item 11.4 **Orthopaedics**

The Great Western Hospital PPI forum had been asked to pass on the following question to the acute trust: 'Will the fact that the hospital in Oxford is no longer providing an orthopaedic service affect patients in Swindon?' Sue Pye, Chair, felt that further information would be required if this forum wish them to follow this up with the hospital trust.

Action: Sally to follow this up with Mary.

6.13 Item 11.5 Drug treatment

Re Moya's concern on the issue of the wording of letters sent out to people who don't keep appointments with key workers (by the Mental Health Trust) – she has given Helen copies of the letters.

Action: Moya to forward copies of the same letters/information to other members.

7 Members' Activities

7.1 Helen had been to the Mental Health Forum meeting on smoking. An Avon & Wiltshire Mental Health Partnership NHS Trust paper, Smoke Free Environment Policy, was discussed. There are huge legal difficulties around this subject. One example is the yellow 'no smoking' line around a Bristol hospital, which is apparently illegal. There are problems with sectioned mental health patients, who 'need' their cigarettes. Some members agreed that it would be cruel to deprive these and certain other patients of their cigarettes.

7.2 Diabetic Retinopathy Committee

A report from John Archer was tabled in his absence. It commented on the good things this committee is doing. John has sent a list to Sally detailing all the checks made in Retinopathy procedures. Sally will hold the list in case anyone requires it for reference.

7.3 Patient Environment Action Team (PEAT)

All Trusts are involved in this project. It is a self assessment inspection which is validated by the Department of Health.

Julie Pett informed us that the five dimensions of the patient experience are:

- Access and Waiting
- Safe high quality co-ordinated care
- Better information, more choice
- Build closer relationships with staff
- Clean comfortable friendly environment.

Mary recently attended a training session in Bristol; however, there were few changes to procedures and Mary did not feel that attending the event was a good use of time for those who, like her, had already been trained to take part in PEAT inspections. She will be involved in a PEAT visit organised by the PCT to the Swindon Intermediate Care Centre before the end of January. The evaluation uses a points system. People involved mark what they feel are good and bad points of the particular service; an adjudicator ensures that there is a balance between them and another pair doing a similar job. Mary has some concerns about paid members of staff involved in such evaluations.

She has made her views clear to the newly appointed trust PEAT coordinator, who she felt had taken what she said on board.

7.4 Mary passed on a request from the PCT that someone sits on the Appeal Board Meeting on January 19th at the PCT offices.

Action: Richard agreed to go to this meeting. Sally will make the necessary notifications.

7.5 Action Sally will produce a revised list of all the PCT committees forum members are on, prior to the Annual Report.

7.6 Urgent Care Users and Carers Group.

Joyce attended this meeting. Jean was not present. Julie explained that this group consists of a network of Urgent Care providers, such as the ambulance service, A&E, out of hours care, walk-in centres etc, and has representatives from all of them. The group is working to put together a joint strategy. Joyce expressed her hope that the strategy would cover co-ordinated care for discharged patients, to reduce re-admittances due to a lack of support at home, particularly for the elderly. Julie said that national research was backed up by local findings. It shows how important a holistic approach is to such matters.

7.7 Local Implementation Team.

Jean has distributed a list of the dates of 2006 meetings of the Swindon LIT for mental health to Helen and Mary. Sally also has a copy of this information.

8. GP surgery visits

Sally showed members a copy of the GP Practice Access Facilities Questionnaire, used by Bristol forums on a research project. She offered it as an example of what other forums have done, as a good starting point for this forum's visits.

However Ramnik questioned the usefulness of the planned visits. He said the DDA meant that surgeries would already be addressing access problems, and the forum would be telling them what they already knew.

Mary said that the group would look at the whole environment of the surgery – the arrangement of seats, the attitude of the staff and so forth. They would look at this from the patients' point of view, which is the remit of the forums.

Members voted unanimously for a series of formal, announced visits to be made to three local surgeries before the end of March 2006; the Hawthorne Centre, Moredon and Shrivvenham. Members will not visit their own surgery, as there is a potential conflict. The visits will be made by a minimum of two forum

members on each occasion, with the option of being accompanied by the forum adviser. Sally noted that this is normal practice with other forums.

Action: Moya, Mary, Richard and Joyce to take part in the planned visits.

Action: Sally to notify the PCT, via Julie Pett, PPI lead, of the planned visits. The forum will suggest two possible dates for each visit.

9. Health Check:

Sally had received a document from the Healthcare Commission called 'Engaging Patients and Public – Have Your Say', about involving the public. Feedback is invited before March 9th. (cf item 6.83 re Health Check meeting on January 31st.)

10 HAP Update

10.1 CRB checks

CPPIH head office is now dealing with this process in house. Members who didn't return their forms by Dec 9th have been sent packs by CPPIH with reply envelopes. Agenda will send information on to CPPIH if received from members. HAP have asked on your behalf what will happen to the data Agenda have accumulated – will it be destroyed, kept or sent on to CPPIH ? (NB since the meeting, Sally has received this information)

10.2 ID badges New badges (white with a green band) will be sent out once CRB checks are completed. 2005 ID badges won't be valid from Jan 1st. Trusts will be informed of this change. Mary and Joyce both need new badges.

Action: Sally to check about members badges.

10.3 Community development

Draft document has been received re forums engaging with their communities – comments requested by CPPIH from forum members.

10.4 Request for Speaker

Martin Brien, honorary secretary of the stoma care support group (www.swindon-ia.org.uk), has requested a speaker for Sunday 26th March meeting (approx 35 people), 2pm start, 2.45pm talk, at Lawns Community Centre, about forums. He attended the long term conditions meeting that some forum members attended.

Action: Mary Wilson volunteered to do this talk.

11. Trust report Julie advised that an Infection Control Nurse has been appointed, and starts work in February.

12. Reconfiguration

12.1 Michelle Howard was welcomed to the meeting, to speak about the

the consultation process; this will last until March 22nd. There is a consultation document setting out two options, with their advantages and disadvantages. One option is that a single Strategic Health Authority should cover the entire South West, from Swindon to the Scilly Isles; the second, that there should be two SHAs covering this area. The PCT is seeking the best future for the people of Swindon. The number of Primary Care Trusts will be reduced down from the current twelve to either three or seven. Michelle was clear that the preference of the Swindon PCT is for it to stand alone, rather than become part of a larger Wiltshire or Gloucestershire PCT. Local meetings will be held for staff, partners, the voluntary sector etc to hear about the various options. The SHA is organising events for interested parties such as patients' forums, local councils, MPs, GP groups, dentists etc. Michelle said as much feedback as possible will go into the decision making process. Members shared their views on the reconfiguration: what management changes might result, budgetary considerations, and the potential for affecting patient services. Sally said that, in the event of Swindon becoming part of a larger PCT, she would propose a Swindon sub-group, to ensure that the voices of local people would continue to be heard.

(Michelle Howard left the meeting at this point.)

12.2 Sally reminded the group that there is to be a SHA reconfiguration consultation meeting for Patients Forum members at Jenner House in Chippenham, on Wednesday January 25th.

Action: Mary, Joyce and Richard (possibly) to attend.

12.3 Julie said that on February 2nd there would be a PCT drop-in session for the public on Reconfiguration, at the Swindon Civic Offices from 3 – 6 pm.

Action: Sally to send copies of the Reconfiguration Consultation Document to Jean, John and Val.

Julie advised that the document is available on line at the following address:-

www.agwsha.nhs.uk/nhsreconfiguration

13 Members' Concerns

13.1 Mary brought up the question of the ability of foreign doctors to communicate with their patients. She said she had sought and been given reassurance at the PCT's AGM that any doctors employed by the PCT would have a high level of spoken English. However she had spoken with a patient who, having had to wait three hours for out-of-hours care, had been treated by a German doctor who spoke through an interpreter. The patient could neither understand easily nor make herself easily understood. At the hospital she found a similar situation with different staff. Mary had signposted this patient to PALS, but they had chosen not to take the matter further.

Julie said she would need specific details of the case for it to be followed up. She had herself interviewed three German doctors. The PCT had made a

special effort to ensure they had good communication skills. She said she was personally surprised at Mary's account.

Action: Julie to investigate.

13.2 Ramnik asked how savings can be made if doctors and other staff are brought in from abroad. Julie said that 80% of costs are made up of salaries, so their country of origin was to some extent immaterial.

13.3 Mary had asked the trust for a list of what the hospital considered to be 'non-urgent' operations. From mid December, these were postponed until mid-January. She felt that she hadn't had an adequate response. A copy of the original letter was not available at the time, so it was not possible to address the matter at this meeting.

Action: Julie to follow up. Sally will send her a copy of the original letter to measure against the response.

13.4 A member had been alerted to the fact that a large number of windows at the Great Western Hospital have been screwed shut, thus preventing proper ventilation. Julie said there was no air conditioning because of the risk of spreading infection, so this was not a factor.

Action: Mary asked Sally to raise the question at the GWH private forum meeting next week.

13.5 Jean, previously a member of the Mental Health Forum, was concerned about the situation at Sandalwood Court mental hospital. She said there are concerns about the misprescription of drugs by staff there. Concerns were raised in 2000, she said, and staff do not appear to have learned from that experience. There is also seen to be a failure of basic care. For example, a patient was said to have been given the wrong medication for epilepsy. He had been sent to hospital, and on his return had been given a sandwich and, left unsupervised, had choked to death. An internal investigation is currently under way by the Avon & Wilts Mental Health Partnership NHS Trust. There is also a trial going on at present into a suicide at Sandalwood Court last year. All this shows there are weaknesses there.

Helen said she had spoken to Peter Brabner, the PPI lead for mental health services in Wiltshire.

Mary asked how this forum can give support in this matter. Helen suggested that a letter be written to Sylvia Corrie, the chair of AWP PPIF, asking for this issue to be raised. Although mental health issues are not the primary brief of this forum, it would be good to express members' concern.

Action: Sally to draft a letter.

Finally, Mary thanked Jean Acton and expressed appreciation for all her hard work as a forum member, as she is leaving today. All members heartily endorsed this.

The next private meeting of this forum will be held on Thursday 9th February, from 10am to 12.30pm, at Gorse Hill Community Centre.

**The next public meeting of this forum will be held on Thursday 9th March from 2.45pm to 5pm, to be preceded by a private meeting from 2pm to 2.30pm, at the Link Centre, West Swindon.
PLEASE NOTE CHANGE OF VENUE.**

Papers for the March meeting are due on February 23rd.