

**PATIENT & PUBLIC INVOLVEMENT IN HEALTH FORUM -
HEREFORDSHIRE PRIMARY CARE TRUST**

WORK PROGRAMME, INTERIM REPORT – 2004/05

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1. CHAIRMAN'S COMMENTS

In the nine months since the original seven Members came together we have done very well and are now thirteen strong.

A cursory reading of this report may appear to show that we have done very little for nine months work. But, gestation time for a PPIH Forum is unknown, and seems to be variable!

We are one of the longer ones, but when the baby finally arrives, I can assure you it will have an effective and penetrating voice, helping to achieve better decision making and better health care for all in Herefordshire.

Each Member has been encouraged to choose an area from our Work Programme that interests or concerns them. Then, using their skills and experience they find out what is happening and how the Forum can contribute to ensuring better decisions are made about that area.

The subjects in our Work Programme were included because of the issues members of the public asked us to investigate. These are the areas causing greatest concern to the largest proportion of Herefordshire residents and their families.

Ann Stoakes

**Chairman, Herefordshire PCT PPI Forum
January 2005**

2. EXECUTIVE SUMMARY

Background

In April 2004 the Herefordshire PCT PPI Forum ratified its Work Programme for the year 2004/05 (see appendix 1). This document lists the core activities, which the Forum is currently undertaking.

It was agreed that Forum Members would write a half-year progress report which would be issued to stakeholders and made available to the public.

Findings

As with all new organisations much of this year has been spent trying to establish credibility with statutory bodies, such as the Herefordshire PCT and Herefordshire Council. It has also been a huge task to raise the profile of the Forum in the public arena.

Some areas of work, which the Forum elected to cover, have been unable to commence due to problems encountered with the Regional Office of the CPPIH. For example, the issue of CRB checks has meant that monitoring visits have not yet begun.

Conclusion

The Forum will continue to widen its networks and build on its relationship with existing stakeholders. To achieve its maximum potential the Forum must promote itself more widely and take every opportunity to attend events, conferences and seminars, which are relevant to its function.

The Forum must continue to apply pressure on any external bodies, which are, unreasonably, preventing its moving forward with the Work Programme.

3. BACKGROUND

The Commission for Patient and Public Involvement in Health was set up in January 2003. It is an independent, non-departmental public body, sponsored by the Department of Health. Its remit is to ensure that the public is involved in decision making about health and health services.

The CPPIH is responsible for the country's Patient & Public Involvement in Health Fora, and there is one for each NHS and Primary Care Trust in England. These Fora replaced the Community Health Councils, which were disbanded in December 2003.

There are three Fora in the County, mirroring the health Trusts. There are currently 13 Members on the Herefordshire PCT Forum, 9 Members on the Hospitals Trust Forum and 10 sitting on the Ambulance Trust Forum.

As well as direct involvement with the local Trusts, members may be asked to inspect hospital wards, GP or dentists' surgeries. They may be asked to write and report on recommendations for improvements in consultation with health providers and other health related partnerships. Members might also be advocates for those unable to represent themselves but are users of one or more parts of the health service.

In April 2004 the Herefordshire PCT PPI Forum ratified its Work Programme for the year 2004/05 (see appendix 1). This document lists the core activities, which the Forum is currently undertaking.

4. PROGRESS REPORT

A Lead Member, one responsible for collating the information, is overseeing each topic within the Work Programme, though all Members have some involvement with each part of the Programme.

This Interim Report aims to give readers an insight into the work of the Forum, its successes and any difficulties encountered.

4.1 Access to Services – Ann Stoakes & Paddy Clarke

This is a huge area of work and impacts on all other areas of the Work Programme. Members divided the topic into the following areas:

Access to Health Care on fixed care sites, such as GP Practices, Dental surgeries, opticians, pharmacies and community hospitals and care centres.

Access for marginalized groups, particularly sparsely populated rural areas, low income families and itinerant workers.

With such a large area to explore, it was essential to work on one project at a time.

Transportation issues within the County

There is a wealth of transport available to transport patients to and from places of health care. Not only are there the statutory services of ambulance (land and air), but also a public transport system providing rail and bus transport. Many of the public also rely on private transport.

However, all this transport is working independently of each other, with the statutory and public transport providers working with their own criteria of eligibility for use based on income, user mobility and availability of the organisation to provide for the User at the appropriate time.

Proposal

- To explore the feasibility of the service providers working in partnership, to provide an integrated service to patients in Herefordshire.
- To set up a County wide one-stop shop of transport information, eventually leading to a co-ordinated transport system with a central booking service.

Access to Buildings

With the Disability Discrimination Act becoming mandatory in October 2004, the Forum will encourage the public to notify them when they feel fixed and mobile sites do not comply with this Act.

4.2 Access to NHS Dentistry – Venetia Franglen & Richard Stroud

It is recognised that Herefordshire is in the bottom 20% of counties in England for patients being able to access NHS dental care.

The strategy being undertaken by the team working on this project is:

To gather information;
To explore needs;
To work with the PCT

Information update –

All but one practice in Herefordshire currently have NHS registrations, but many only accept new NHS patients on an intermittent and ad hoc basis.

There are seven Dental Access Centres. The main one is in the Gail Street Clinic in Hereford open daily to 8.30pm. The other DACs are open five days a week, 9.00am – 5pm. These are at: South Wye, Leominster, Ross on Wye, Ledbury, Kington and Ewas Harold. (Ewas Harold is a stand alone facility – the others are a PCT facility) There is also a mobile unit for two days a week, one at Luston and the other day at Bodenham.

Sessions are advertised in GP surgeries, at Minor Injuries and A & E departments.

There are two patient routes to delivery:

- 1) The patient can call for an emergency slot for pain relief at any site. Once the available slots are filled patients are asked to attend the evening session at Gail Street.
- 2) Patients are offered an examination and a single course of treatment via a waiting list at all sites. Waiting list is currently between 6 – 11 months. Once the course is completed patients can choose to re-join the waiting list for a second course of treatment.

The Mobile Unit offers only booked appointments.

Proposal

- To continue to work with the PCT, which puts expanding dental services as a priority. This may be by increasing the DACs and/or mobile units, or by expanding existing NHS general access or by creating new NHS general access clinics. Discussions are on-going and it is hoped an announcement will be made in November 2004. The present DACs are fully staffed so there is no room for expansion at the existing sites.
 - To become involved in any future consultation about changes to NHS dental provision in Herefordshire.
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4.3 Monitoring Visits – Jim Wilkinson

No progress on visits. While a protocol for visits has been approved by both the Forum and the PCT, the absence of action on CRB checks has meant visits cannot be made.

4.4 Delayed Admissions and Delayed Discharges – Adrian Pudsey & Basil Baldwin

In March this year, Herefordshire had been identified by the West Midlands Strategic Health Authority as the worst performing County in its area. However, since that date things have improved within the County hospital and the number of Acute beds now delayed in discharge is around three, putting Hereford County Hospital as the best performing Hospital.

But, while the fining system for delayed discharge is benefiting the County Hospital it is creating a challenge for the community hospitals where, across the County, there are currently 58 beds which are waiting discharge.

Information Update

Difficulties were experienced by Forum Members in obtaining the figures on delayed admissions and discharge. However, in September this was overcome and an

agreement has been reached with the PCT that Adrian Pudsey will be sent the monthly reporting figures.

4.5 Publicity & PR – Audrey Brown & Paddy Clarke

The Forum's publicity leaflets have now been distributed to 90% of doctor's surgeries in Hereford and generally the Practice Manger's responses were favourable. No refusals to put out leaflets or hang posters was received.

Work is still on-going to build the database of Reference Groups for consultation and Members are continuing to network.

During the past nine months Members have promoted the Forum at a number of events.

- A presentation was given to Dilwyn Parish Council's Health Committee and to the Belmont Ladies Club.
- Stands were taken at the Young Farmers Rally in May and at the PCT Open Day in September.
- The Chairman spoke at the WI Spring Conference.
- Speakers gave presentations about the Forum's work at the Local Areas Forum meetings, organised by Herefordshire Council.
- A series of Road Shows was undertaken in July, promoting the Forum in the County's market towns.
- A launch event took place to raise the profile of the Forum with stakeholders and a cross-Forum seminar in Bromyard gave Forum members across the County the opportunity to talk with the Chief Executives of the three NHS Trusts and the Manager for Social Care for Older People.

News releases have been sent to the press but as yet the media have been unwilling to cover the Forum.

4.6 Consultation with the Forum – All Forum Members

The PCT has consulted with the Forum over two issues:

- The choices facing the ENT department of Hereford County Hospital.
- The proposal for a new pharmacy near the forth-coming ASDA development.

The Forum has requested that the PCT puts the Forum on its list of consultees. It has also asked that it be consulted over any changes to criteria over patient transportation to and from hospitals.

5. FINDINGS

- As with all new organisations much of this year has been spent trying to establish credibility with statutory bodies, such as the Herefordshire PCT and Herefordshire Council. It has also been a huge task to raise the profile of the Forum in the public arena.
- Some areas of work which the Forum elected to cover have been unable to commence due to problems encountered with the Regional Office of the CPPIH. For example, the issue of CRB checks has meant that monitoring visits have not yet begun.

6. RECOMMENDATIONS

It is recommended that the Forum will:

- Continue to promote its work and raise its profile;
- Fulfil the Forum's commitment to engaging the public by creating a database of Reference Groups with whom it can consult on issues as they arise;
- Continue to build its relationships with the statutory bodies;
- Continue to put pressure on the CPPIH to undertake CRB checks on behalf of Forum Members;
- Identify positive news stories and continue working with the media to publish news releases;
- Seek to be consulted on any issues which it feels affects the health and wellbeing of people within the Herefordshire PCT area; and
- Continue to progress the work outlined in its Work Programme.