

Members' Viewpoints – John McGhee

This we hope will be a regular section in the Newsletter for members to express their views about healthcare-related matters in Forth Valley. Members are invited to send in short articles on subjects of interest to others, ideas or issues of concern. Treat it like "Letters to the Editor". Articles will normally be attributed to the sender, but may be published "Anon." by request to the Editor (Terence).

Participation in Research Study – Margo Biggs

A study on how systematic the collaboration between healthcare professionals and patients and the public is contributing to improvement is taking place. It is undertaken by the National Institute for Health Research. The opportunity to take part was offered by Health Improvement Scotland but in my interview I was able to contribute the value of our work in our geographical Board area as members of the Patient Public Panel and our PPF.

Specific examples were provided such as the Bereavement Support Group but also reference made to Our Diaries of Involvement as demonstrating the breadth of our collaboration. Also our role in Integration and the will of Scottish Government to involve patients and public in many areas were touched upon.

In our 13 years of our existence as a PPP we have achieved a great deal and with the contribution of our existing members and future members hope to achieve even more to constantly improve patient experience.

Self Management and Reablement – Margo Biggs

Earlier in the year I attended a Workshop run by Professor Gore about ADL Smartcare and what they have to offer to improve independent living and reduce any acceleration in decline. He presented again on what they could offer in their APPS for staff patients and carers.

In the current emphasis on care at home the promotion of active ageing will hopefully reduce the need for frequent hospital admissions or transfer to care homes. Premature Care can be harmful as well as costly interventions can be reduced by promoting appropriate exercise programmes and providing the right kind of care.

Carers can be given training by physiotherapists to help people remain mobile in their own homes. Purchase of simple aids like Thera bands can help also. Schemes can be developed by shopping centres to enable people still to shop there and more social activities organised. ADL have an expert panel of patients and carers helping shape ways of assisting in improving independence.

A large part of the philosophy of ADL is the Lifecurve illustrates how taking control of age related decline and can decrease the need for full time care. Whether it is exercise programmes as simple as standing on one leg holding on to a chair for support , social activities or finding approved equipment to assist mobility ADL seem to provide support in ageing positively.

ADL SMARTCARE

JACK DISCOVERS THE OPTIMAL ADL LIFECURVE™

Based on activities, support needs and the resources, technology available for ageing

Activities: Shopping, Dressing, Walking, Bathing, Personal Hygiene, Getting In and Out of Bed, Getting In and Out of Chair, Getting In and Out of Car, Getting In and Out of Toilet, Getting In and Out of Bed, Getting In and Out of Bath, Getting In and Out of Shower, Getting In and Out of Car, Getting In and Out of Toilet, Getting In and Out of Bed, Getting In and Out of Bath, Getting In and Out of Shower

JACK DISCOVERS THE OPTIMAL ADL LIFECURVE™ AND STARTS TO TAKE CONTROL OF HIS AGE-RELATED DECLINE

As he was struggling to do his own shopping, we directed him to self-help with the ADL Platform (even though it was out of hours). As a result, he maintained his level of independence for a further 4.5 years.

About 2 years later, steps and walking distances began to be a problem. Using the ADL LifeCurve™ Jack and his family were given specific advice relating to his needs. He was also directed to local falls prevention support and rehabilitation that allowed him to maintain his optimal ageing process.

This was sufficient to keep him stable for about another year when he developed difficulty with housework. So on advice from self-help expert apps, he was able to purchase simple aids to assist, and he organised a cleaner to visit. He said that the advice on the site about preventing falls was helpful.

UP TO THIS POINT JACK WAS IN CONTROL OF HIS INDEPENDENCE AND SAFETY, BY USING THE CURVE AND SELF-HELP. NO FACE TO FACE SERVICES FROM ADULT SOCIAL CARE WERE REQUIRED.

7.5 years after discovering the ADL LifeCurve™ Jack was beginning to find it difficult to maintain his personal hygiene. He was fast tracked to a clinic assessment and was loaned bathing equipment. This compensated for his difficulties and kept him independent at home.

Jack was clearly declining faster and the ADL LifeCurve™ indicated the need for a home visit to keep him at home, which resulted in home care being provided. This was maintained for the final 6 months of Jack's life.

BETTER FOR JACK

SAVING MONEY

PLEASE TURN OVER FOR

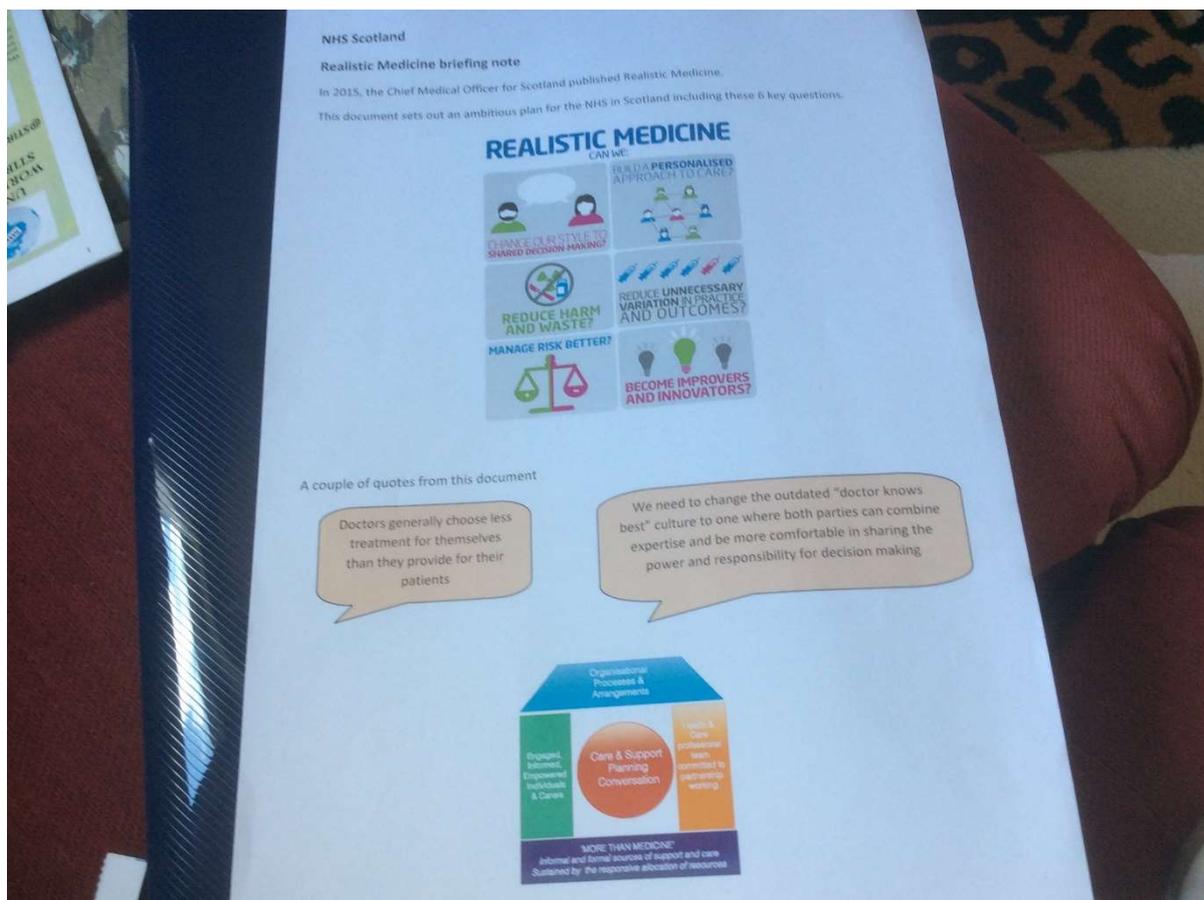
Realising Realistic Medicine – Margo Biggs

Feedback to Scottish Government on the Chief Medical Officers Reports. This was organised by the Scottish Health Council and for Forth Valley by Derek Blues. It included representatives from the PPP as well as wider representation from the public and looked at 6 key questions based on recommendations within the documents.

The session I attended was at Forth Valley Royal on 11th August. From the PPP were Eileen Wallace, Sheila McGhee, John McGhee and myself. We were joined by a young member of the Youth Parliament who brought the much needed perspective of youth and a former nurse who along with Sheila brought their experience of condition specific issues. The questions were around what patients and carers felt were important skills and qualities in doctors and nurses treating them and possible barriers in the Medical Model. There was strong feeling that Shared Decision Making might be a better title.

Website PPP Pages: www.nhsforthvalley.com/get-involved/public-involvement-groups/patient-public-panel/

PPP News email: pppnews001@gmail.com



Investing in Volunteers: IT'S GOOD TO FEEL NEEDED – Helena Buckley

Volunteers across NHS Forth Valley have been speaking about the satisfaction and personal development opportunities they receive through working with patients and staff. Their comments are contained in a report which has been assessed and received approval for Investing in Volunteers Quality Standard, the national standard for all organisations involving volunteers.

A survey revealed that the volunteers are enthusiastic about the way their contributions are recognised through events, awards, celebrations, visits by Board members, inclusion in team events and the implementation of suggestions. They contribute feedback through various formal mechanisms including the Patient Public Panel, Public Partnership Forum, Clinical Governance Committee, the Fair for All project and the Volunteering Steering Group. Comments are also relayed informally through staff.

NHS Forth Valley is supported by 67 directly-managed volunteers in eight volunteer roles which include arts and wellbeing, chaplaincy, oncology, equality and diversity and mental health. Comments include 'it's good to feel needed' and 'volunteering has helped me turn a negative experience into a positive one.'

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PPP News email: pppnews001@gmail.com

The report also makes several suggestions for the future including more support for volunteers in potentially stressful roles and more contact with other volunteers across the organisation.

Thanks to all of you who participated in the interviews for the assessment for Investing in Volunteers in June and if you would like a full copy of the report please contact me.

Transport Short Life Working Group – John McGhee

At the July Steering Group meeting an issue regarding transport for patients to Community Hospital appointments was discussed. The matter had been aired at a previous meeting around the relocation of Forth Valley Ophthalmic services to Falkirk Community Hospital and the availability of direct public transport from further out areas. Steering Group members agreed to the setting up of a short life working group to further explore the issues of available transport for patients to hospitals, with Helen Macguire, John McGhee, Sheila McGhee and Helena Buckley agreeing to take part.

The Group's first meeting was on Monday 21 August and this was attended also by Mark Craske, NHS FV travel Manager and Dianne Hagart, Clinical Nurse Manager, Ophthalmology & Pain Management.

The group agreed to a tight initial scope; principally transport issues affecting patients attending Falkirk CH for Ophthalmic appointments. Also agreed was that the first step should be an assessment of un-met needs in respect of transport to Ophthalmic appointments and that this would be carried out through a short series of questionnaire-led interviews with patients attending ophthalmic appointments.

Person Centred Health and Care – Margo Biggs

A Development Session was held on 24th August on the Person Centred Health and Care Strategy 2015-2017 document.

It was run by Ann Benton and introduced by Professor Wallace. Pauline Maryland set the scene for our review of the document. The room was set out in tables each with a facilitator from NHS Forth Valley and each table discussed 2 Strategic Elements.

Thoughts were written down and put up on the walls and at the end we moved around the room to look at each tables output. Our table looked at 3.4 Fundamental Care and Standards for Patients (incorporating Care of Older People in Hospitals) An interesting morning and a diverse attendance with some thought provoking discussion It was attended by myself, Mary Miller and Evelyn Crosbie