



REPORT
Launch Of The Health Participation Network
13th March 2007 Ramada Jarvis Bankfield Hotel Bingley

A Joint Event Held By
The Health Improvement Committee &
Bradford Alliance on Community Care (BACC)

Introduction & some jargon explained!

The meeting was opened and chaired by Councillor Michael Kelly, Deputy Chair of the **Health Improvement Committee (HIC)** the “watchdog” committee of local councillors. The (HIC) is looking at local health services and how they are provided in the Bradford District.

Each year health NHS Trusts make a self-assessment on what they do and how well they did that work (**performance standards**) set by **Healthcare Commission (HC)** the national “health watchdog”

That self-assessment is examined by **HIC** meetings along with information on service and policy developed by these meetings of HIC over the previous year.

Patient & Public Involvement in Health Forums (PPI), these are committees of individuals who are volunteers and contribute a view of communities to this process. The meeting noted that PPI Forums are to be abolished by legislation going through parliament currently and replaced by **Local Involvement Networks (LINKs)**, the anticipated date for changeover to begin is April 2008.

Health Participation Network is used to describe **a process** of looking at ways and methods by which community groups can work with HIC to assist HC in its job as health “watchdog” rather than an organisation. The primary role of this network is to encourage “participation” by community activists and community groups in assisting service providers to improve health service in the district.

Bradford HeathNet is a formal network established to provide representation on the health partnerships in the district and so improve communication between the interested parties. An example of their work is the recently published Health & Self-Care Directory available from Bradford CVS www.bradfordcvs.org.uk phone 01274 772722

Opening Remarks Councillor Mike Kelly



A welcome was made to those at the meeting and thanks to those attending along with a brief introduction of what the HIC does and how it undertakes that work through regular meetings including setting an annual work plan each June. Councillor Kelly stressed the importance of resolving problems of health issues by working with individuals and providers to find solutions.

Healthcare Commission Lorraine Denoris



Lorraine Denoris, Healthcare Commission National Officer, is responsible for the ways in which **HC** engages with different communities. Lorraine set out with great passion examples of how the **HC** use evidence from communities to push through 'needed' policy changes giving as an example work around learning disability services in the South West of England.

Bradford HealthNET Olivia Butterworth , Development Manager Keighley Voluntary Services & Chair of Bradford HealthNet

Olivia spoke with enthusiasm noting the creativity of communities and the need to work in partnership at different levels with elected representatives, community organisations and us as individuals. She added that treatment in health and information in healthcare are effective only as partnerships.

Olivia described the work underway to establish a community Health Network that is known as Bradford HealthNet of which BACC is a member organisation along with over 200 other local community organisations in the district and drew a distinction between that structure and the involvement work of this meeting.



Having Your Say, Voices From The Floor



The general discussion was held as a single large group as the event was significantly oversubscribed and the hotel had no additional space available for our use on the day.

The discussion notes are an appendix to this report. The principal discussion areas were:

1. Access to service & information

- Alternatives to text for those with poor reading skills
- In other translations where English is not a first language
- Information on this provision rather than as a request
- Clarity of information for people with visual impairments
- Access to British Sign Language (BSL) services at different points of patient experience
- Physical access to services noting difference in terms of disability

2. Complaints & Patient Advice & Liaison Services (PALS)

- Time delay in acceptance of a complaint & report to complainant
- Role of PALS service & how it relates to Participation Network

3. Communication

- Processes should be reviewed regularly & principles of fair and equal access used in those reviews
- A diagram giving an example is in the discussion notes

APPENDIX 1

Discussion Notes: Issues from the floor

Problems with hospitals – mainly St Luke’s and BRI

- Complaints procedures too slow.
- St Luke’s consultant worked very well with person who has disabilities, treating with respect, meeting needs.
- Members of staff treating patients with dignity and respect e.g. speaking to them and not their carers.

First language is not English

- Difficulty over finding out what to do when English is not ones first language (needing interpreter). An example given of this where hospital is using staff to interpret European Languages rather than actual job.
- Other people have had similar problems with this service.
- More people need interpreters to communicate and have an understanding of what information is available within hospitals.

Information not reaching the patient

- People are not told when their appointments are cancelled which results in one thinking they still have their appointment but when they reach the hospital, a member of staff turns them away.
- What has been done to check on information available to everyone and how accessible this is?

Support

- Visually Impaired People need assistance in finding where to go.
- Visually Impaired People cannot make choices of food when staying in hospitals.
- Many people cannot read and miss appointments made by **letter**.

Access

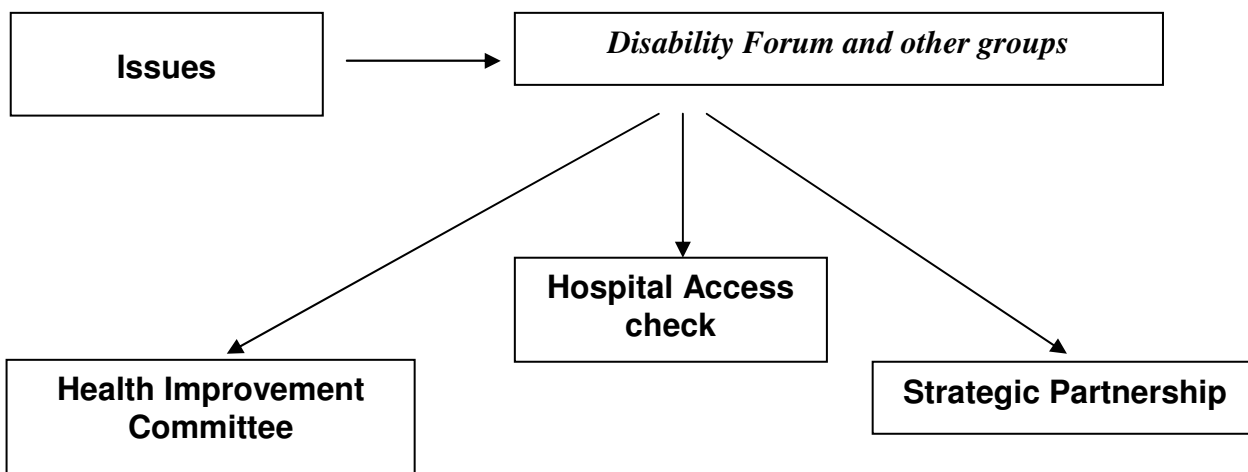
- Physical access difficulties- e.g. wheelchair users finding doors heavy and the ramps being too steep.
- Difficulty in finding accessible toilets.
- Not enough room to move the wheelchair about.
- Access needs to include attention to barriers and difficulties experienced by people with hidden disabilities as well.
- Appointments needed in accessible buildings for people with access needs.
- No properly accessible toilet in Airedale General Hospital.

APPENDIX 2

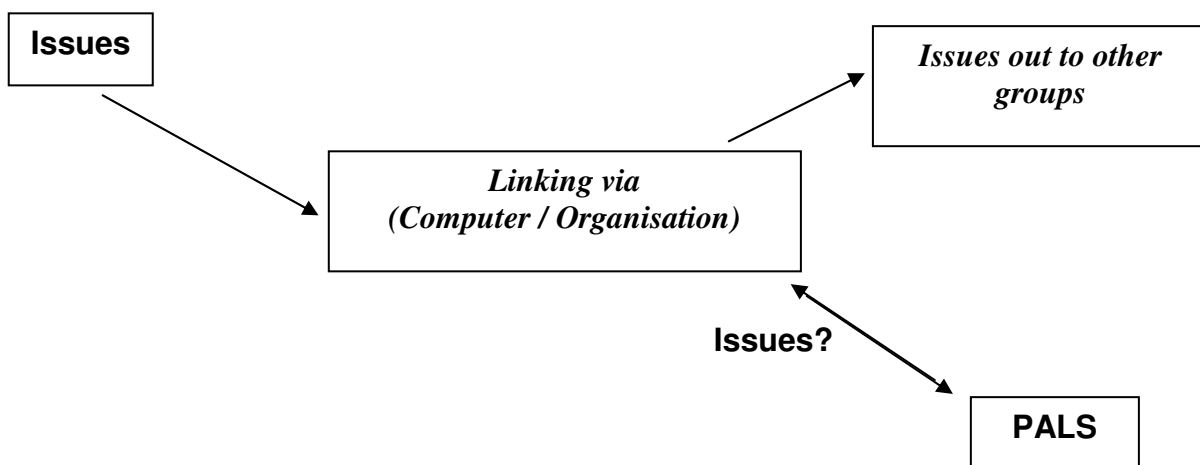
Increasing Public participation & improving health provision, suggestions from the floor.

Flip chart record of “process” issues for participation

- Who else has had this problem? Is it a shared issue, if so how do we find out?
- How can we connect with people and organisations that can feed the issues into management and other routes.



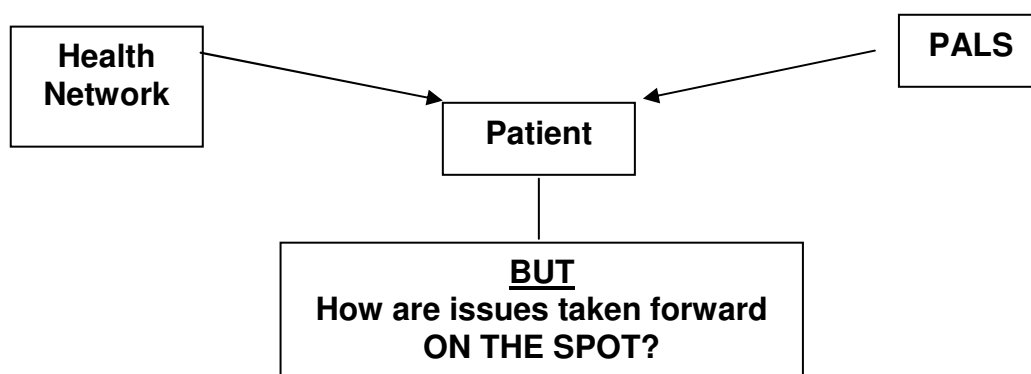
***PROBLEM** – resources needed for groups



***To find out if other people have the same problems**

- We need to build on what works.
- Find good ways of making changes that can happen **straight away**.
- Identify what is already being done?
- Give feedback. Consultations need following up - What has happened as a result? And What still needs to be done?

Joining up what is going on e.g. consultations



How do organisations learn from what goes wrong?
E.g. —————> TRAINING

How to help people feel able to make complaints

- Some organisations (services - independent and private) don't have PALS or an adequate complaints system. What do people do in such cases?
- Services need to be clear as to what expectations are realistic and therefore the levels that can be expected.
- Checking against standards.
- PALS very effective.
- Bradford PPIF Health check **could** include points raised today **but** NEED TO GIVE EVIDENCE.

Giving Evidence

- Explain exact details of the experience..
- Minutes / notes of meeting.
- Find out if other people have had the same problem – when and how?
- Need to make sure everyone can get their views in.
- Complaints and Feedback forms need to be improved with space to note any actions taken.
- Make sure all Forums / Network members are told of issues.
- Good collection of issues.
- Lots of different ways to capture information
 - Need gathering.
- Complaints procedures need to be quick, user-friendly.
 - Do these need **improvement?**
- Importance of training of receptionists – improvements needed
- Need to also capture **satisfaction.**
- - Encourage filling in of forms.

