Please note: Due to staff holidays there will be no Lancashire LINk newsletter published in September.

**Lancashire LINk NHS Question Time**

If you read the July edition of the Lancashire LINk newsletter you’ll know that we held an NHS Question Time event on the 30th of June in Lancaster. Here you’ll find a more comprehensive review of this lively debate.

**Quality Standard on the management of hip fracture in adults**

As part of the Quality Standard on the management of hip fracture in adults, NICE is currently recruiting patients and carers of the Topic Expert Group for management of hip fracture in adults.

Details of this quality standard can be found here [http://www.nice.org.uk/guidance/qualitystandards/indevelopment/HipFracture.jsp](http://www.nice.org.uk/guidance/qualitystandards/indevelopment/HipFracture.jsp), and details of what membership involves and how to get involved can be found here [http://www.nice.org.uk/getinvolved/joinnwc/LayMemberHipFractureTEG.jsp](http://www.nice.org.uk/getinvolved/joinnwc/LayMemberHipFractureTEG.jsp).

Recruitment for this quality standard is open until **15 August 2011, no later than 12 noon.**
Lancashire LINk launches a recruitment drive

The Lancashire LINk is on a recruitment drive in order to give as many people as possible a voice in how health and social care services are planned and delivered. And, as an incentive, those who sign up to the LINk during August and September will have their names entered in a free prize with the chance to win a £20 voucher.

As many people will be aware, the Lancashire LINk is an independent organisation that champions the views of service users and the public on health and social care issues. Membership is free and anyone receiving health and social care in Lancashire can join.

LINk members receive a newsletter and regular updates on health and social care. They can also take part in consultations and questionnaires.

The LINk is also looking to increase its bank of volunteers – people who can attend events and promote the LINk as ‘LINk ambassadors,’ or visit health and social care premises and comment on services.

LINk chair Walter Park MBE said: “The LINk is very active in identifying concerns people have about health and social care services and highlighting these to managers within the NHS and Lancashire County Council.

“In a time of unprecedented change and cuts within the NHS and social care, it is more important than ever that people can make their views known and be heard.

“By becoming a member of the LINk, people can become involved as much or as little as they want. Some may be happy just to receive the newsletter and updates, but others may want to become more actively involved, as ‘LINk ambassadors.’

“Or they may want to receive training to carry out ‘enter and view visits’ to health and social care premises, or become a LINk Board member.”

Under the Government’s health reforms, the LINk will become a Local HealthWatch organisation. As well as retaining its power to enter and view premises and hold health and social care services to account, it will have new responsibilities, including giving people information on health and care services.

The Lancashire LINk recently produced its annual report containing updates on a number of projects, including people’s experiences of hospital discharge, domiciliary care and mental health services; a report highlighting the need for specialist support for people who are victims of sexual violence; and ongoing projects looking at the specific needs of Gypsy, Roma and Traveller communities, and prisoners and mental health services.

The report is available on the Lancashire LINk website – www.lancashirelink.org.uk

If you are already a member of the LINk, you could pass on details to others who may be interested in joining.

Those wishing to become a member of the LINk can join online at: http://www.surveymonkey.com/s/jointhelink, or they can contact the LINk office on 01772 431195, or e-mail lancashirelink@thebha.org.uk. You can also find a registration form on Page 19.

LINK hosts focus group

Do you receive nursing care at home? If so, the Lancashire LINk would like to hear from you.

The LINk is hosting a focus group discussion to understand people’s experiences of receiving nursing care at home. This will take place in Leyland, in the afternoon of Monday 5th September.

The focus group is part of a wider research project set up by the Queen’s Nursing Institute to find out what patients, carers and family members think about the quality of home nursing. The Queen’s Nursing Institute is a charity dedicated to improving nursing care for patients at home.

Anyone wishing to take part in the focus group will receive travel expenses of up to £10 per person. Comments made during the interview will be treated as confidential. If you are interested in taking part, contact Pat Pye at Lancashire LINk on 01772 431195 or e-mail pat@theBHA.org.uk

Alternatively, you can complete an online survey set up by the Queen’s Nursing Institute. For further information on how to access the survey, visit the QNI’s website on www.qni.org.uk. The deadline for the survey is September 16. For further information, contact the QNI on 020 7549 1400.
Patients happy with care in emergency department

Patients attending the accident and emergency department at the Royal Lancaster Infirmary are highly satisfied with the service they receive.

The Lancashire LINk was approached by senior staff at the hospital to assist with a patient experience audit at the emergency department.

In a questionnaire, 42% of patients who responded rated the care they received as “excellent” and 35% described it as “very good” and 17% as “good”. In response to a question about respect and dignity, 79% said they were treated with dignity “all of the time” during their stay in the department.

Sixty nine per cent of patients said they felt accident and emergency staff explained their medical condition and treatment in a way they could “completely understand” and 81% said they were happy with the levels of privacy they received when being examined or treated.

As well as the questionnaire, patients were invited to fill in comment cards placed in the emergency department. LINk representatives also interviewed patients and their carers and provided vital observational feedback on the emergency department as a whole.

As a result of the audit, a number of improvements have been carried out. These include providing a patient information board to encourage patients to complete comment cards; providing a welcome board that identifies who is who within the department; and providing information on the “triage system,” where staff carry out an initial assessment of a patient’s condition to judge whether treatment should be prioritised.

Following on from the patient audit, a staff survey has been developed and the results of this will be used to carry out further improvements.

Are you diabetic?

The LINk has received feedback from members of the public in West Lancashire about diabetic services, particularly relating to the cancellation of outpatient appointments leading to lengthy delays between reviews.

We would like to hear from anybody who has experience of diabetic services – whether it is a good or not so good experience – so do get in touch by emailing aysha@theBHA.org.uk or telephone her on 01772 431195. Thank you.
Young People have their say about health services

GPs and other health professionals do not always talk to young people in a way that is appropriate to their needs and or listen to their concerns sensitively. These were the main findings of a discussion meeting with young people from a District Youth Council. During the consultation, Lancashire LINk representatives questioned the young people, aged 11-19, about their experiences of healthcare services. The young people felt that health professionals did not always listen to what they had to say and sometimes spoke to them in a patronising way, or directed comments to their parents. They also felt health services were not always equipped to deal with the needs of young people – for example, having to share a hospital ward with older patients could be seen as daunting and intimidating for teenagers.

The findings from the discussion indicate that:

- Young people want to be treated as young adults by health care professionals. They want their medical condition explained to them in simple, yet non-patronising language.
- They want to be treated as patients in their own right, with respect, and with comments directed to them and not to their parents.
- They want to feel listened to and assured their symptoms are being taken seriously, and are not dismissed on the basis that they are ‘too young.’
- They want reassurance that their medical care is being delivered in a seamless way, including follow-up information being provided by their GP after discharge from hospital.
- They value the interpersonal aspects of health care and are concerned at the introduction of touch screens and the potential loss of interaction with receptionists and other health staff.
- They appreciate that health care staff can often be very busy, but they would value more time being given to procedures, such routine dental appointments, rather than feeling rushed.
- They would like Alder Hey Children’s Hospital to be used as a model of good practice when developing protocols in relation to communicating with young people, and in ensuring hospital wards are young people-friendly.

The results from the discussion have been written into a report, *What do young people think about health services? A report of a preliminary discussion meeting with a District Youth Council*, written by the Lancashire LINk. The report will be available on the LINk website – www.lancashirelink.org.uk

The report recommends that GPs and other healthcare professionals receive training on understanding and communicating with young people, in line with the requirements of Government’s ‘You’re Welcome’ initiative, aimed at creating young people friendly health services.
Unless you have been on holiday to the outer reaches of Mongolia for the past six months, the headline hitting national
debate on changes to health and social care will not have failed to reach your notice.

Trying to make sense of a complex and ever changing policy landscape, is like picking through a maze and trying to
separate the undergrowth – the old ways of healthcare organisation – from the new and often prickly shoots that have
been created by the Government’s new Health and Social Care Bill.

Over the coming months, the Lancashire LINk newsletter will be examining the changes and we aim to present the
information in bite-sized, easily digestible chunks.

What are clinical commissioning groups?

In this issue we look at clinical commissioning groups. These have been established in response to the NHS White
Paper, Equity and Excellence: Liberating the NHS, which stated that GPs were in the best position to decide on the
services they wish to buy for their patients. The White Paper put GPs at the heart of commissioning health care and
advocated the development of GP Consortia – groups of GPs working together to plan and buy healthcare services that
are relevant to local need.

However, following concerns raised during the ‘listening pause,’ about the need for other health professionals to be
involved in commissioning, the role of GP Consortia has been expanded to include hospital doctors and nurses, as well
as lay members. So although GPs will still retain responsibility for healthcare budgets and commissioning services, this
will be shared with other professionals. The role of the consortia has been changed to clinical commissioning groups to
reflect their wider membership.

In Lancashire, clinical commissioning groups have been established in each of the three PCT footprints. These have all
been granted Pathfinder Status – a new national NHS initiative that allows GPs and other health professionals to move
forward with commissioning health care services.

In North Lancashire, three groups have been set up: Lancaster, Morecambe and Garstang Practice-Based
Commissioning Consortium, covering the GP practices within this area (this group is a continuation of an existing
practice based commissioning group); Wylde Commissioning Consortium, covering GP practices in Wyre and Fylde
(excluding Fleetwood and Great Eccleston) and Fleetwood Community Commissioning Consortium, covering three
practices in Fleetwood.

In Central Lancashire, clinical commissioning groups have been established in Chorley and South Ribble; West
Lancashire; and Greater Preston.

East Lancashire has five clinical commissioning groups: Ribblesdale, Rossendale, Burnley, Hyndburn and Pendle.

Under the Government health reforms, clinical commissioning groups will take over the functions of Primary Care Trusts
(PCTs), and PCTs will be abolished by April 2013. A new NHS National Commissioning Board will take on the role of
monitoring clinical commissioning groups. This will be established in shadow form in October this year. ‘Clinical senates’
are also being established to support clinical commissioning groups in their commissioning functions.

In the meantime, PCTs will continue to operate as statutory organisations and will retain overall responsibility for
performance and commissioning of services for their populations, and working with provider organisations, until new
arrangements have come into force. A new Pan Lancashire PCT Cluster has been established to support PCTs and
clinical commissioning groups during the transition period. The cluster is made up of representatives from PCTs within
Lancashire, Blackpool and Blackburn with Darwen.

Another role of the Cluster will be to support the development of upcoming Health and Wellbeing Boards. These are
being established within each local authority to promote the health and wellbeing of the local population and to
strengthen links between health and social care services.

Lancashire County Council response to LINK members concerns regarding top up fees for residential care.

The Council accepts that third party top-ups are a sensitive issue, but always aims to be as clear and transparent as
possible with regard to the contractual terms regarding these payments. With regard to the content of the letter, it is
intended to provide some clarification as follows:

It is the home and not Lancashire County Council who introduce third party top-ups. The decision to introduce these is
solely with the individual home, together with deciding the amount payable.

- When a home sets its fees at a level above Lancashire County Council’s rate, then any person moving into a care
  home will have the option of choosing that home providing there is a third party willing and able to enter into a
  supplementary agreement.

- When a person is not prepared to pay a supplementary payment then a home must be chosen which can meet the
  person’s assessed needs without a third party payment.

- The home must declare that a third party charge is payable before any person funded by Lancashire County Council
  moves into the home. It is therefore clear to all parties before moving into a home that a third party charge is payable
  and there is a third party willing to pay this additional amount.
DO YOU CARE FOR SOME ONE WHO HAS MENTAL HEALTH PROBLEMS?

A carer is someone who takes on the responsibility of providing unpaid care on a regular, recurring or fluctuating basis for another individual who needs help. In your case this will be for someone who needs services because of a mental health problem.

If you are a carer, you are entitled to have a carer’s assessment as a means of identifying any needs you may have as a result of being a carer and to ensure you have good health and wellbeing. This is part of Lancashire Care Trust’s carers’ strategy.

Lancashire LINk would like to hear from you about your experience as a carer. Please either fill in these four questions and post them to the Freepost address on the back page, or go online here http://www.surveymonkey.com/s/MentalHealthCarer and fill them in there. It will take you 15 seconds!

Alternatively, feel free to call us to let us know about your experiences as a carer. Contact Elham Kashefi on 01524 387835 or Pat Pye on 01772 431195. We’d love to hear from you.

Thank you.

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<th>Did you know you’re entitled to an assessment of your needs as a carer?</th>
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<th>Have you had a carer’s assessment in the last twelve months by a care co-ordinator?</th>
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<th>Did you find the assessment beneficial to your needs?</th>
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<th>How long have you been a carer?</th>
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<th>How long has the person you care for been a mental health service user?</th>
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**Roccoco Coffee Lounge and Bakery**

41-45 Chapel Brow, Leyland PR25 3NH

**Roccoco**, a new coffee lounge, has opened in Leyland but it is no ordinary coffee lounge! Local residents can also benefit from a unique advice service whilst enjoying a coffee, along with one of the freshly baked cakes or pastries.

This unique venture, which is situated on Chapel Brow, Leyland has been developed by the Brothers of Charity in conjunction with Help Direct Central Lancashire, who will provide advice to customers on a wide range of issues from benefit advice through to housing problems. The enterprise will also provide work experience for the people with learning difficulties supported by the charity in a busy, vibrant but supportive environment. Income from the sales of the coffee lounge and bakery are used to ensure the enterprise has a sustainable and viable long-term future.

Richard Stowe, head of specialised day support at Brothers of Charity comments “We think this a fantastic project and partnership that will not only provide a much needed facility within Leyland town centre but will also provide the people with learning disabilities the opportunity to showcase their skills and talents with our support”.

- Delectable cakes and pastries baked daily
- Freshly made seasonal sandwiches, salads and baguettes
- Daily specials - Home made soups, Quiche and Jacket Potatoes
- A wide range of locally roasted coffees and flavoured teas

Try our take away “tray of treats” for meetings, business lunches or just to say “thank you” to staff for a week of hard work!! Call us for details on 01772 623366
Out and About
With The LINk

On 1st July the East Lancs Team met with our Enter & View volunteers to discuss what they had found out from visiting care homes across the region. There was a really interesting discussion and we decided on some recommendations for improving laundry services in care homes. Keep an eye out for the report on laundry services in care homes for more information. We then had to rush over to the East Lancashire Community Dementia Forum in the afternoon, which was held in the Old Library Building on Colne Road in Burnley. This is a really useful regular meeting to keep up to date with new and existing dementia services in the area. Check out page 18 for details of the next meeting.

On Friday the 1st July the LINk Prison Health Steering Group met at the Probation Offices in Lancaster where the group discussed some of the possible recommendations that might be made by the group based on the prison interviews and discussions with key figures in prisoner reform and health.

Thursday the 7th July, Pat and Paul attended the Lancashire Third Sector Consortium for Mental Health at Farrington Park and Community Centre in Preston where a series of presentations were given on engaging with volunteers (East Lancashire Advocacy), Quality Management (Lancashire MIND) and a Service User referral pathway (Lancashire Centre for Independent Living).

On 7th July the East Lancs team went to Burnley Borough Council’s Question Time Event. Around 80 people came out to ask local councilors, directors and managers of local organisations and student representatives about the issues that affect people in Burnley. Before the event we had a stall and got to speak to many of the passionate local people about LINk.

On 11th July both some of East and Central Lancs teams met with Royal College of Nursing to discuss working more closely. The meeting was really good introduction and the LINk team will be going to an RCN staff meeting to raise awareness of Lancashire LINk soon.

Aysha and Paul attended the West Lancashire Council for Voluntary Services Health Network Event at the Ecumenical Centre on Friday the 15th July and combined public Health and Wellbeing Event in the same venue that afternoon. On Saturday the 16th July Paul and Aysha attended an accompanying Wellbeing event at the Wellbeing Centre, Moorgate, Ormskirk. Across the two events the team spoke to a number of people and some of the primary concerns related to community and public transport and inaccessible GPs.

The LINk Prison Health Steering Group met again on Friday the 22nd July at the Probation Offices in Lancaster to review more information and possible recommendations.

On Wednesday the 27th July, Pat attended the meeting of the Chorley and South Ribble Mental Health Users and Carers at the Chorley and South Ribble CVS offices in Leyland. There was a speaker from the Lancashire Care Trust talking about Stepped Care Mental Health Services, a new model that is being brought in to mental health services in Chorley and South Ribble.

The Preston Mental Health Users and Carers Mental Health Steering Group met again at the Pukar Disability Resource Centre on Thursday the 28th July with Paul in attendance. Attendees shared information on ideas for activities and venues for the week. It was thought that the LINk might consider hosting a half-day event as part of the week but will first await the next meeting to look at gaps in the programming of events. The group had followed up on the LINk’s suggestion to use the Citizenzone and it had been booked for three of the days. The Group needed ideas for funding opportunities. Most events were expected to be low cost but still needed money.

On Tuesday the 2nd August until 1pm, Aysha will be at Farmer Ted’s Family Roadshow, in Downholland, Ormskirk. This is an information day for organisations based in the West Lancashire and Sefton area.

Paul and Aysha will be using the Citizenzone Bus on the Flag Market in Preston City Centre on Wednesday the 10th August. Please drop in and supply us with your views and experiences on health and social care in Central Lancashire.

In August the East Lancs Team will be meeting with East Lancs Hospital Trust and will also be going to a development day for the restructure of older peoples forums across Lancashire.

On 17th August Howard Street Community Garden in Burnley will be holding their annual Flower Show, the theme of this years show is Health by Stealth. If you would like to know more please see page 15, or contact Howard Street Community Garden on 01282 473125.

Paul will be attending the Learning Disability Partnership Forum Chorley and South Ribble at the Newtrees Centre, off Stump Lane, Chorley on Tuesday the 16th August at 10.00 am, the next Preston Mental Health Week Planning meeting on Thursday the 18th August and the Chorley Community Transport Group meeting on Thursday the 25th August on Gillibrand Walks in Chorley. He will also be giving a presentation at the West Lancs Carers Centre on Tuesday the 6th September.

If you would like us to come to speak at your meeting, or will be holding an event where we could have a stall, please let us know.

We hope to see you around in August.
Questions were answered as follows:

**Question from Gwen Atkinson:** David Bennett, Chief Executive of Monitor, has been quoted as saying the NHS could be broken up like a privatised utility company. “We did it in gas, we did it in power, we did it in telecoms, we’ve done it in rail, we’ve done it in water, so there’s actually 20 years of experience in taking monopolistic, monolithic markets and providers and exposing them to economic regulation.” Do the panel think the NHS is like a utility company?

Caroline Collins commented that there is no way the NHS can or should be compared to a utility company. It is a treasured national institution and should remain as such.

Her comments were echoed by David Wrigley who said the NHS should not be treated as a utility in the same way as a company such as Tesco. If a utility company goes bankrupt, it can be replaced. However, you can’t replace the NHS. To rounds of applause, he argued that the Bill is essentially about the privatisation of the NHS.

He felt that the Bill would allow private companies who are ‘desperate to hide behind the NHS badge’ entry into the health service. They will not have the same commitment to patient care as the NHS because they will be motivated by profit.

Bryan Rhodes described the NHS as the ‘most cost-effective health service in the world.’ He questioned the need for an economic regulator for hospitals. He argued that a fundamental part of the NHS lies in its ability to work together co-operatively, with hospitals and services helping each other out. The Bill would change all this, leading to fragmentation of services and competition for contracts, with private companies looking to provide services.

He argued that Monitor’s focus on financial issues, rather than patient health and safety, had contributed to the mid-Staffordshire crisis going unnoticed, and he felt it that its role as a quango should be abolished.

Eric Ollerenshaw said there were huge pressures on the NHS, in terms of meeting the demands of an ageing population and the rising cost of drugs. This meant that it was no longer economically viable to continue running the NHS in the same way, and that changes were necessary to its survival.
He pointed out that, arising from the Government’s ‘listening pause,’ the Health and Social Care Bill had amended the role of Monitor to include responsibility for patient care as well as economic regulation. There was a need to have a regulator in place to deal with the kinds of crises that had occurred under the previous Government.

Mr Ollerenshaw denied that the Bill would lead to privatisation of the NHS. He emphasised that the fundamental principle of the NHS, that it remains ‘free at the point of need,’ would remain. The Bill would allow voluntary sector organisations to tender for contracts as well as independent private providers. This has already been happening within the NHS, to some extent.

Question from John Payne: As most GPs are external contractors to the NHS and not directly employed by the NHS, morally and ethically why should we allow them to commission services, and how can they be regulated to commission on need and not on the interests of others or self?

Bryan Rhodes agreed that the Bill creates conflict between GPs as providers of services but also as commissioners of services and felt commissioning should be carried out centrally, with support from organisations such as the National Institute for Health and Clinical Excellence (NICE). He cited one example in another area where a group of GPs had established a small company to provide an operating theatre. This poses a threat to hospital services, leading to a potential risk of closure.

David Wrigley argued that GP contracts are monitored and each practice receives £45 per patient. Over and above this, there was no profit motive. He felt that GPs were in a strong position to commission services on behalf of their patients, based on their clinical knowledge, rather than relying on consultants who might be non-clinicians.

Caroline Collins said that, under new GP commissioning arrangements, patients would need to feel confident that they had somewhere to go if they had complaints about their service. She felt that annual patient satisfaction surveys did not go far enough in allowing people to express their concerns.

Eric Ollerenshaw commented that GPs are privately employed and he didn’t feel there was a conflict of interest. GPs are already, to some extent, commissioning services as part of their role and the Bill would strengthen this by allowing GPs to see where money is being spent, as well as contributing to a more direct service between clinician and patient.

Question from Allan Thompson: Can someone tell me, what exactly are the benefits of these changes for patients?

Eric Ollerenshaw said that the new Bill will increase patient choice. There will also be a greater emphasis on public health and prevention. Local authorities would be tasked with setting up Health and Wellbeing Boards to look at broader public health issues, and the Bill also requires local authorities to work more closely with health services to create a seamless approach to health and social care.

Bryan Rhodes felt there were so many negative aspects to the Bill, it was difficult to find anything positive to say. His fundamental concern was that private companies would undermine the NHS and services would become fragmented.

He commented that lifting the cap on private practice within hospitals would result in hospitals becoming under increased pressure to boost their revenue by taking on more private patients, and this could create a conflict of interest.

David Wrigley commented that the case for change had not been made. To a round of applause, he described the changes as ‘a dog’s dinner’ and argued that the main people who will benefit are the big companies and the City. He felt there was a real danger that changes could lead to a US-style insurance system, with people being compelled to pay for their health care, and that, rather than reducing bureaucracy, the Bill would increase the bureaucratic burden.

Caroline Collins observed that a lot of rhetoric had been voiced about the changes, but a lot of questions remained unanswered, such as how will nurses, who represent 80% of the NHS workforce, feature in commissioning; how will voluntary, community and faith sector organisations contribute to healthcare; and how will GPs, who are not trained to run business, manage commissioning?
Question from Rick Seymour: If there is going to be competition between different parts of the NHS, and neighbouring hospitals in particular, it may lead to hospitals not wishing to share best practice that might give away their competitive edge. Do the panel believe increasing competition in the NHS will increase or decrease the ‘postcode lottery’ that currently exists?

Bryan Rhodes stated that the current system is based on collaboration, not competition. This would inevitably change under the new system.

Caroline Collins commented that ‘if you have competition you have winners and you have losers.’ She felt that the whole notion of competition was anathema to the values of the NHS.

Eric Ollerenshaw said there was already competition in the NHS, for example in the use of private drug companies. He argued that the Bill emphasises the notion of competition based on quality. The National Commissioning Board would have a key function in monitoring quality.

A member of the audience, Green Party activist, Gina Dowding, commented that the very notion of privatisation will increase health inequalities, with the better off able to access better health care and the poorer being subject to a postcode lottery, with poor quality services. She described the changes as ‘ideologically driven,’ with no thought for patient-centred care.

Question from Ceri Mumford: I’ve had many calls over the last few weeks from members of the public worried about how the cuts in the health service are going to affect their care. Do panel members have any experience of the impact of the cuts happening now?

Bryan Rhodes referred to the fact that NHS is required to make cuts of £20 billion in ‘efficiency savings’ over the next four years. This has already impacted on services, for example cutting beds and ward closure is an easy option when cost cutting.

In some areas, PCTs have decided not to fund certain treatments or procedures. For example, hip replacement surgery, which is proven to be extremely effective as a procedure, has not been funded. This has not happened yet in our area but has already happened in Warwickshire and Sussex and there are fears it could happen elsewhere. Mr Rhodes said this was unethical, creates ‘postcode lottery’ and it is not supported by professional organisations. He also described how, in other areas, GPs have been given financial incentives for reducing their referrals to hospital.

David Wrigley said he recognised there was a need to make savings, but felt that £20 billion was too much. This had led to longer waiting lists and cuts to services.

Eric Ollerenshaw argued that the Government has ring-fenced money for the NHS and is committed to allocating £10.5 billion towards investment. However, there was no way the NHS could continue to run in its present form and this was why internal efficiency savings had to be made. This money would then be re-invested into health care services.

A consultant paediatrician in the audience pointed out that due to the cuts clinicians are now being driven by financial imperatives. They are being encouraged to increase the numbers of new patients on their lists, but told to reduce the number of follow-up appointments.

Question from Cassandra Wilson: There is an increase in the numbers of children and young people needing help with their mental health. How is the NHS going to deal with this increase, especially since it has been identified as preventing further problems in adulthood? And you say you are interested in service user involvement - what will you do to make sure young people’s voices are heard?

David Wrigley agreed there was a shortage of psychological and psychiatry services generally and for young people in particular. As part of their commissioning role, GPs were now engaging directly with Lancashire Care NHS Foundation Trust, as a provider of mental health services, to look at services.

He agreed it was important to make sure people’s voices are heard in relation to health issues and said the LINk had an important function in this respect.

Caroline Collins expressed concern at the numbers of young people with mental health problems who have to use adult in-patient services, due to a shortage of specialist adolescent beds. She pointed to the fact that adolescent distress is increasing and there is little provision within the community to support young people with moderate mental health problems. This situation is being compounded by cuts to universal services, such as the Young People’s service and youth voluntary sector organisations, which are likely to lead to an escalation of behavioural and mental health problems among young people.

Eric Ollerenshaw said that the Government had recognised there was a need to look at mental health services and had launched a Mental Health Strategy, with an extra £400 million allocated to looking at mental health services, including child and adolescent mental health.

He agreed that it was important that children and young people are engaged in health care and pledged to take this back to Government.
LINk vice chair Michael Swarbrick attended an NHS ‘Listening Event’ in Manchester to take part in a discussion on the Government’s health reforms.

This meeting was one of many arranged throughout England to discuss the upcoming Health and Social Care Bill, and was used to inform the NHS Future Forum, the independent think tank established to consult health professionals and the wider public on the Government’s healthcare reforms.

Arising from the consultation, the NHS Future Forum has made a number of recommendations, including access to the NHS remaining based on clinical need and not an individual’s ability to pay, and safeguards being brought in to ensure private providers are not allowed to ‘cherry pick’ patients and services. The Forum also stated that the Secretary of State for Health should also retain overall responsibility for health services.

Here is Michael’s report on the listening exercise:

The exercise was highly structured and the topics for discussion limited to:

1. Choice and Competition
2. Education and Training
3. Improving Patient Care
4. Public Accountability and Patient Involvement

I was allocated to one of the tables charged with the examination of Public Accountability and Patient Involvement.

Main points

The limitations imposed by the structure did not prevent the frequent expression of general opposition to the whole Bill from every table. No political party had indicated, before the election, that the NHS would be subjected to a radical restructuring. Quite the opposite, the Prime Minister had expressed his admiration for the NHS.

On public accountability and patient involvement, doubts were expressed as to how far commissioning of services by groups of private firms could be truly accountable to the public because of the many conflicts of interest. How could the need for transparency be met? As for patient involvement, the proposed “Health Watch” organisations would need to have real powers and not be left to operate on the periphery of the system.

Choice and Competition

The meaning and possible extent of patient choice was unclear. The assumption that competition would increase choice was questioned. How could Foundation Trusts compete with private firms which could “cherry pick” uncomplicated services and procedures while leaving the messy treatments to the public sector? How would Foundation Trusts, burdened with Private Finance Initiative (PFI) debts, be able to compete with capital-rich private corporations?

Education and Training

Deans from the region’s medical schools pointed out that the education and training of doctors and other health professionals depended on the public sector hospitals. They were not convinced that the wider implications of the proposed restructuring had been thought through.

Improving Patient Care

As the population aged and science and technology made new treatments available, the demands placed on the health service would tend to exceed the public funds allocated to it. Patients required an integrated system which provided a “seamless service” from first diagnosis to recovery or provision of long term care. Fears were expressed that the proposed new system would increase health inequalities as GP consortia in wealthy areas commissioned services that were beyond the resources available to GPs serving the more deprived areas of the country.

Comment

It was difficult to find anyone, of any political persuasion, who believed that the government would actually change anything as a result of this exercise.

Recommendations

- Try to ensure that LINks represent the views of patients and the wider public.
- Try to make HealthWatch more than a cipher.
- Make sure that the Health and Wellbeing Boards are effective.
Health chiefs are encouraging people to stay healthy during the Muslim holy month of Ramadan.

The month of fasting starts on Monday 1 August this year and will see all adult Muslims give up food or drink and smoking, from around 4am to 9pm.

NHS Central Lancashire has issued guidelines for those fasting to help them stay healthy and happy during Ramadan.

Food eaten during the break in the fast is important to keep energy and hydration levels up during the fasting hours. Complex carbohydrates are foods that will help release energy slowly during the long hours of fasting. These are found in grains and seeds, like barley, wheat, oats, millet, semolina, beans, lentils, wholemeal flour and basmati rice.

Fibre-rich foods are also digested slowly and include bran, cereals, whole wheat, grains and seeds, potatoes with the skin, vegetables such as green beans and almost all fruit, including apricots, prunes and figs.

Foods to avoid are the heavily processed, fast-burning foods that contain refined carbohydrates in the form of sugar, white flour, etc., as well as, of course, too much fatty food, such as cakes, biscuits, chocolates and sweets, such as Indian Mithai. It may also be worth avoiding the caffeine content in drinks such as tea, coffee and cola - caffeine is a diuretic and stimulates faster water loss through urination.

During pregnancy and in post-child birth care, nutrition and hydration are paramount and, while fasting is permissible, it is medically better for the mother to make the fasts up later, a day for a day.

People with medical conditions are often advised not to fast, including diabetics who need to inject insulin or those with poor control of diabetes, as the potential risk to health, both in the short and long term of not taking insulin is too great.

For people with acute illnesses, fasts can be broken and made up later. For people with chronic conditions - e.g. ophthalmic, dermatological, neurological, fasting may have no impact and can continue as normal.

Clinical investigations such as blood tests would not break the fast as there are only small amounts of blood drawn, although blood donation would not be advised as it may contribute to light-headedness and possibly dehydration.

Ramadan is also a good time to make positive lifestyle changes and stop smoking. The Asian Quitline, a stop-smoking service funded by the British Heart Foundation will have extended opening hours during Ramadan and offers advice in Urdu, Punjabi and Bengali to help smokers quit during Ramadan.

To find out more about how to quit smoking visit: www.bhf.org.uk/smoking

Mary Kiddy, NHS Central Lancashire’s public health consultant nurse, said: “Staying healthy and eating the right sorts of food are important aspects of Ramadan and will help those fasting to keep their energy levels up and maintain a sense of wellbeing.

“Those with medical conditions and health considerations should receive guidance from health professionals before starting the fast, and are able to make up the fast in other ways. Maintaining your optimum health is an important consideration.”
Patient and Carer Panel – Would you like to join us?

Airedale NHS Foundation Trust is seeking enthusiastic volunteers who are keen to provide the Trust with their thoughts and views about hospital services from either a patient or a carer perspective.

To give a flavour of the kind of work undertaken, the following are some of the tasks Panel members have been doing over the last twelve months:

- Undertaken observation exercises on one of the medical wards, specifically looking at improvements that can be made to communication between patients, visitors and staff during a patient’s discharge process.
- Looked at whether or not improvements could be made to the current appointment system, specifically in respect of choose and book.
- Worked with the catering and interpreting teams to undertake a survey concerning patient satisfaction with halal meals.
- Sampled public opinion about the use of a ‘butterfly’ symbol above the beds of those patients with dementia.
- Sampled public opinion about using coloured cards above the beds of those patients in danger of having a fall.
- Reviewed all Trust policy documents from a patient perspective.

The Panel consists of twenty people and is representative of patients and carers who use hospital services, reflecting a range of age groups, gender, ethnic background and disabled and able bodied individuals.

The full Panel meets monthly at the hospital every first Tuesday except August, at 6.30 pm. The Task Groups meet on average once a month.

There are currently vacancies on the Panel. We would particularly like to hear from carers within the Lancashire area who use Airedale’s services, to ensure this patient population is represented. If you are keen, enthusiastic and interested in joining the Panel and have the time and commitment to provide a patient or carer perspective; have had experience in the last two years of the hospital’s service as a patient, carer/friend of a patient, or as a visitor, then please contact Karen Dunwoodie, Patient Experience Lead at Airedale General Hospital, who will send you an application form. Tel: 01535 294027, or e mail karen.dunwoodie@anhst.nhs.uk

What can you do if you are treated unfairly at work because you have a learning difficulty?

Disability Law Service has been working with Apasenth and Greenshoes Arts, running a series of workshops about this.

We worked with a group of young people and they produced a film showing what they learned about employment rights and discrimination.

The project also produced an 'Easy Words and Pictures' guide - 'Your Rights at Work'.

Check out the film, the guide and find out about how we made the film here:

http://www.dls.org.uk/ple/
Researchers at Lancaster University are looking for people with Bipolar Disorder to get involved in an exciting new treatment study for anxiety in bipolar disorder.

The university’s Spectrum Centre for Mental Health Research is the leading research centre into psychosocial aspects of bipolar disorder in the UK. The Spectrum Centre is currently leading a major research project - the PARADES programme - one of the largest ever studies into psychosocial aspects of Bipolar Disorder.

Several linked studies are currently ongoing at various sites across the country that together form this programme, which is funded by the National Institute for Health Research.

The centre would like to invite people with a diagnosis of bipolar disorder to take part in an exciting study that is developing a new, therapeutic intervention treating anxiety in bipolar disorder. Those involved will be placed in one of two groups – one group receiving the new therapy and the other group receiving their treatment as usual. We will compare the outcomes between the two groups. Treatment can be delivered both at home and during evening. All participants will have the opportunity to discuss their mental health in depth with an enthusiastic research team at various stages.

Anyone interested in taking part should contact either of the researchers on the study, Elly McGrath or Kay Hampshire, at the Spectrum Centre for Mental Health Research on 01524 592977, or email e.mcgrath@lancaster.ac.uk or k.hampshire@lancaster.ac.uk who will be happy to answer any questions.
“A Successful Story”

Half a day Conference looking at Disability and Hate Crime.

“Its O.K. to look different and be treated with respect”

Guest Speaker - Simon Weston OBE

- Learning Disabilities and the challenges faced - a professional perspective
- ‘Friend or Foe?’ with Safety Net Project
- Disability and Hate Crime from our own Lancashire Constabulary – a top performing force (CPS Policy Legislation)

Who should attend:
- Schools (YR 9 and above)
- General public with interest in Disability and its challenges
- Professionals
- Faith organisations
- ALL Welcome

Date: 8th September 2011
Venue: Blackburn Cathedral
Time: 9.10 - 12.00 p.m.
Entry fee: £4.00 per person

Blackburn Cathedral has a service at 8.40 a.m. should anyone wish to join in. Otherwise, doors open for the conference at 9.00 am for 9.10 start to conclude at 12.00 p.m. The Cathedral has a fresh food (hot/cold) facility in the Crypt.

If you are an organisation and wish to bring your stand for public awareness please contact Wendy Smith on 07765591463 or wendy.smith@womansvoice.info. To book a place please call Anjum Anwar on 01254 503081/07903731106 or email anjum.anwar@blackburn.cathedral.co.uk
Are you bored? Would you or someone you know like to try new and exciting things in East Lancashire? There’s loads to do!

Help Direct’s Local Area Co-ordinators, Sharon Lees and Craig Pollard work with all adults with a learning disability living in East Lancashire.

Craig and Sharon:

“As your Local Area Co-ordinators, it’s our job to find day & evening opportunities for you in East Lancashire, from abseiling to Zumba. We can help you look for things you would like to do.

We can give you all the information you need to help you decide which things you would like to try. We can tell you where the activity is, how much it costs and when it’s on – it’s then up to you to go and try it out!

We will keep in contact with you along the way to ensure that you are enjoying your chosen activities.”

Please call Sharon on 07875208051 or Craig on 07854534670 to discuss activities and get referred.

You can also e-mail or post in self-referral forms using the details below.

24 Manchester Road
Town Centre
Burnley
BB11 1HH

cpollard@calico.helpdirectlancs.org.uk
slees@calico.helpdirectlancs.org.uk

Are you ready for a new challenge?

Love food and want to learn how to Cook?

Healthy Eating /Cooking
Taster Day
Wednesday 10th August 12.30-4.30pm
Then each Wednesday for 6 weeks
10th August
17th August
24th August
31st August
7th September
14th September

Healthy Eating / Cooking sessions where you get to choose each week, what to make and eat!

What is the commitment?

4 Hours on 6 Wednesday afternoons

You need to sign up for this opportunity, be quick - limited places

Tel LOUISE ON 01282 839323
Louise@thebasementproject.co.uk
Community Dementia Forum

Everyone welcome... Come along!

**Date:** Wednesday, 21st September  
**Time:** 1.00pm-3.00pm  
**Venue:** Colne library  
**Market Square, Colne**

We’ll be celebrating ‘World Alzheimer’s Day’ (21st September)

And also launching the East Lancashire Joint Commissioning Strategy

Organisations joining us will include:
- Lancashire LINK
- GS Social Care
- Age UK
- Crossroads
- Lancashire Carer’s team
- End of Life Care (ELHT)
- Carers Link
- Lancashire Care NHS Foundation Trust

For more information or please contact:  
Samantha.leonard@lancashire.gov.uk  
or  
caroline.otieno@lancashire.gov.uk

East Lancashire Community Dementia Forum includes people with Dementia, carers of people with Dementia and representatives from key organisations who get together, share experiences and knowledge in an informal setting once every 2 months. The meetings take place at venues across East Lancashire.

If you want to have your say or influence the developments of dementia services in your area then come and join us!
LANCASHIRE LOCAL INVOLVEMENT NETWORK
REGISTRATION FORM

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Do you have any special needs in regards to contact? (please detail)

Are you joining as an individual or as a representative of an organisation? (please tick)

- [ ] Organisation
- [ ] Individual

If you ticked organisation, please tell us:

- The name of your organisation: .................................................................
- Your position in the organisation: ..............................................................
- The geographical area your organisation covers: ...........................................
- Purpose of the organisation: .......................................................................  

Where did you hear about the LINk? .............................................................

Special interests (please tick)

- [ ] Ambulance and Transport
- [ ] Hospital and specialist care
- [ ] Long term and continuing care
- [ ] Mental health
- [ ] Community based services
- [ ] Public health
- [ ] Social care
- [ ] Other (please specify) .................................................................

By filling in this form you agree to receive updates and occasionally be contacted by the LINk.

Tick here [ ] if you are interested in taking a more active role and we will contact you to discuss the different ways you can get involved.

Signature ................................................................. Date ..............................

Under the Data Protection Act, we have a legal duty to protect any information we collect from you. We will only use your information for the purpose we have described and we do not pass on your details to any third party or government department unless you give us permission to do so. Where you have contributed an opinion or comment this may be used in reports – but your name will not be published without your prior consent.

Completion of this section is optional

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Please tick any boxes that apply to you:

- I have a disability or long term illness that limits my ability to carry out normal day-to-day activities
- I am Lesbian, Gay or Bisexual
- Transgender
- Heterosexual

Please send your completed form to: FREEPOST RSCB-RHTB-UXKS
Lancashire LINk Support Team, Hamilton House, Leyland Business Park, Centurion Way, Farington, Leyland PR25 3GR
What is Lancashire LINk?

- We are a Local Involvement Network (LINk) of individuals, groups and organisations who want to improve health and social care services
- The LINk is free to join, all our members are volunteers and they decide on the work plan
- The LINk will keep you informed on what is happening in health and social care, locally and nationally
- As part of the NHS changes, LINk will become HealthWatch in 2012. Your local HealthWatch will help to shape health and social care services in your area
- You can tell LINk, in confidence, what you think about health care (hospitals, GPs, dentists, opticians) or social care (care and nursing homes, day care centres, care in the home)
- We can ask the questions you want answers to, and we can demand responses from the people who run the services
- We have the right to go into places where care is provided and find out whether it is good or not
- If you want to be an active member, there are a wide variety of roles you can choose from.

Services improve when people’s views are listened to and acted upon, so:

**Make your views count, join the LINk today**
http://www.surveymonkey.com/s/jointhelink

Contact details

**The Lancashire LINk correspondence address is:**
Lancashire LINk, BHA, Hamilton House, Leyland Business Park, Centurion Way, Farington, Leyland PR25 3GR

We have three office bases, one in each of our localities:
- Our Headquarters and Central Office is in Leyland Business Park. Tel. 01772 431195
- Our East Office is based in Northbridge House in Burnley. Tel. 01282 714384/5
- Our North Office is based in Age Concern's office in Lancaster. Tel. 01524 387835/6

**Our e-mail address is:**
lancashirelink@theBHA.org.uk

**Our website address is:**
www.lancashirelink.org.uk

Alternatively you can write to us, using our FREEPOST address:
FREEPOST RSCB-RHTB-UXKS
Lancashire LINk Support Team
LEYLAND
PR25 3GR

**LINk Support Team staff :**
- Nik Barstow – BHA Engagement and Involvement Director
- Linda Healey – Acting Lancashire LINk Manager
- Tony Hanlon – Information Technology Co-ordinator
- Neil Ainsworth – Support Officer

**Central Locality Community Engagement Officers** – Amanda Capper, Aysha Desai, Paul Higson and Pat Pye

**East Locality Community Engagement Officers** – Karen Derbyshire and Anthony Doggett

**North Locality Community Engagement Officers** – Elham Kashefi, Angela Norris and Emma Cronshaw-Haddock