Health and Sport Committee

NHS Governance – Corporate Governance

Submission from Ms R J Pengelly, ScotSectorLink

Thank you for the opportunity to respond to questions, as I consider that NHS boards seriously fail in their relations with stakeholders. ‘Self-help’ is a crucial element of at least containing emergency call on public services, and need for hospital and care residential care home places. And yet at least one board, Highland, states that self-help is the responsibility of ‘education services’, with no assistance given to establishing self-help foundation modules within the portfolios of Education Scotland or Scotland’s colleges and universities. Self-help applies to any adult: young people require ‘self-help’ skills when starting out in adulthood especially if they have special needs, while older people can stay safely home-based and independent for longer when their own self-help skills can address their increasing needs.

Please see the article below which calls for better promotion of services, from community pharmacists to planning processes, so to delay call on the services of the NHS primary care and hospitals and of social care. Trying to relay such a call by patient participation groups is currently a lost cause because of the NHS’s dire lack of attention to its stakeholders. Thank you.

Yours faithfully,

Ms R J Pengelly,
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How may patient participation groups and others ensure best use of community pharmacies?

An area’s patient participation group strives for better links between its local residents and the managers of publicly-funded care services for its area. Volunteers join groups so to meet professionals to discuss items of local interest or concern, and sometimes also to hear invited presentations. Meetings inform while underlining the need to enable ‘self-help’ so that local people, their friends and families, may best avoid mishap and exploitation. In this way, self-help stems increasing demand on social care, health and other public budgets, while complementing ‘self-management’, where patients monitor diagnosed medical conditions, often helped by digital facilities.

Responsibility for enabling people may rest with ‘education services’, but presentations by community pharmacies clearly illustrate that face-to-face conversations remain a key enabling technique. People can often stem growing fear of mishap or exploitation by offered sale of goods and aids including walking sticks, but also by resolving medical-related queries raised by an adult of any age, or by a friend or family member fairly acting on that person’s part. This is even after questioners have sifted through the mass of online data in sites provided by health boards and others. Questions range widely, from how to stem potential minor
infections, through how to resolve where medication has inadvertently gone awry or is causing confusion, to confirming how to recognise where someone’s condition has deteriorated so much that outside help is now necessary.

Answers and purchased items, along with offered public health and other services, all enable people to extend their time living as independently as possible in their own homes. This calms people, and so delays their call on primary care, emergency services and unscheduled admission to hospital or residential care home.

However, patient participation groups of volunteers can be unaware of the latest wide range of services offered by community pharmacies, and usually lack the capacity to help ensure good local promotion of that range. The groups also usually lack the capacity to encourage better joined-up thinking on health issues. For example, local people may prolong their time being safely home-based by engaging care workers or buying-in other services. But there is commonly an inadequate local supply of one-bedroom places to buy or let, that are within the budget of an unsubsidised person on wages or state pension. Without such places in which to live, potential workers commonly having no option other than to turn down offers of paid work. Without available such small places, many older citizens fail in their choice to down-size or to live within their reducing means. Many adults will continue to be left unwillingly to lives of growing loneliness, vulnerability and inability to self-help, while local housing needs assessments fail to pick up on this, and while local planning processes fail to be immunised from any fear of court challenge by builders with narrow interest in constructing premium grade places with two or more bedrooms.

Please ease constructive progress by sharing views on the above with colleagues, while also sharing any comment or queries with the article’s author: Ro Pengelly on enquiry@scotsectorlink.org.uk. She was resident in Highland for years, and is now an unpaid community researcher co-working on the university-led ‘A Good Life in Later Years’ enabling project which is funded by the Life Changes Trust. This article gives views collated by the author and makes no representation of the views of any one organisation or sector.