

National Spinal Injuries Centre

Service Users Committee Meeting

Wednesday 10th October '07

Attending: Jackie Bailey
Maria Freeman
Mike Mackenzie
John Miller
Liz Puszyk
Tim Rushby-Smith
Paul Smith
Dan Turnbull

Dr. Ali Jamous (guest)

1. Apologies: Moray Cook

2. Minutes of the meeting held on 23rd July '07 – these were approved as a true record.

3. Matters arising:-

3.1 - DT and JB reported that they had met with Nick Hulme, Deputy Chief executive/ Chief Operating Officer, on the 24th September and discussed the issues raised with Malcolm Newton the year before when he was the Director of Services.

- NH agreed to look into the issue of a replacement SCI Consultant
- He stated that unless Julia Mee, Head of Therapy, could come up with a very good reason why the Spinal Therapies should not come under the control of the NSIC he envisaged this happening very quickly.
- The replacement of the Sports Therapy Hall within the Redevelopment Phase 2 of SMH was discussed. NH listened to our concerns about new injuries using the public facilities at the Guttmann Stadium and agreed that a resolution needed to be sought. He agreed to take this matter to John Summers to see what progress could be made. (The Service Users committee later agreed to write to Anne Eden, Chief Exec, and John Summers, Director of Facilities and Estates, offering their services to help with the plans for the Redevelopment Phase 2 with a view to making sure full accessibility is achieved and to discuss how the matter of a replacement Sports Therapy area can be resolved)
- NH felt there was a need to maximise the full potential of the NSIC by using the 'Brand' name and felt that certain areas could be developed more, suggesting a possible Sports Injuries Rehab programme. This could be developed using the skills and knowledge acquired at the centre over its 60yr history, which

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included the start of the International Games which has now evolved into the Paralympic Games. The committee felt that Nick Hulme's idea of developing a Sports Injury Rehab programme could be very beneficial to the NSIC financially as long as it didn't detract from the main purpose of rehabilitating spinal cord injured patients. The committee agreed to support this idea and promote it in conjunction with the Therapies department.

JB agreed to write to NH to invite him to the next service Users meeting to discuss how the issues raised are now progressing.

3.2 Adolescent /Transitional Ward – JB was unable to report any progress on this matter as there hadn't been an SDC meeting since May, due to management changes.

3.3. Expansion of St. Andrews – JB reported that monitors for 20 beds were now in place (an increase of 2) but that appropriate staffing levels still had to be achieved.

3.4 Rehab Programme Lead – JB reported that Claire Guy was due to commence the new post on 1st November and would be overseeing the 5 Case Managers, Spinal therapies and the rehab programme.

3.5 IMS Maxims – JB reported that she was unaware of how far this had progressed but knew that it was an integral part of the Redevelopment of the Rehab Services taking place within the NSIC. PS said he was very keen to see it implemented at the NSIC as it was already being used at the Middlesborough Spinal Injuries Centre.

3.6 Cystoscopy Suite – JB reported that the Cystoscopy Suite was now in use some of the time but was aware that there had been a delay in seeing patients referred for Urodynamics as she believed staffing still had to be resolved.

3.7 Nominations for Service Users Committee – JB reported that she had written to the 5 new nominees inviting them to join the committee in January '08. DT stated that due to time constraints he may also have to stand down from the committee but PS & MM both said that they would remain on the committee if it was felt that more established members of the committee were required until such time as the new management structure within the NSIC had settled down. JB agreed to write to the nominees inviting them to attend the next meeting in January.

3.8 Bath Transfers – JB reported that OT had confirmed that bath transfers were still being taught if requested as necessary skill identified through the patients goal-planning sessions.

4. Discussion with Dr. Ali Jamous, Head of Spinal Division –

- AJ said that he felt it was important for the Service Users Committee to have a strong presence within the NSIC and not just be seen as an over-seeing committee. He suggested that the committee look at how else they could be involved within the centre, promoting their presence and offering their services to both the Trust as a User Group and the patients as a support service. T R-S outlined the possibility of promoting contact between the Service Users committee and the patients by holding

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regular drop-in sessions and JB suggested that the committee review the Patient Information folder that is given to all new injuries to the centre.

The problem of getting back into the NSIC as a readmission patient was raised with AJ who explained that the NSIC cannot retrieve patients from General Hospitals, they can only accept referrals. He suggested that this be promoted to all patients through the SCI News, stating that if they find themselves in their General Hospital that they persist in asking their treating Consultant to refer them to the specialist centre (NSIC) where all of their care needs are understood. However, it was agreed that whilst links with General Hospitals should be developed, patients should be warned that there may not always be a bed available within the centre.

- The problem of appropriate numbers of beds available in specialist centres was raised by PS and AJ acknowledged that many low-level SCI's are now being rehabbed at DGH's and it's predominantly high level Tetra's that are being referred through to specialist centres. AJ felt that this was an issue that both the Spinal Injuries Association and the Service Users Committee could highlight, as well as the fact that the NSIC carries out spinal surgery as many hospitals seemed unaware of this facility.
- MM raised the issue of a replacement Consultant as Mr. Newton's on a yearly contract. AJ said that he wanted to make sure that there was good specialist cover that complimented those already working within the centre. He outlined his vision of a 'Spinal Centre' which would include all areas to do with the spine, adding too the Spinal Cord Injury specialist service not detracting from it in any way. He felt that this should also incorporate access to renal dialysis etc. working with the Trust to provide a holistic approach to anyone with a lifelong spinal cord injury.
- AJ confirmed that greater access to plastics, urology and upper limb reconstruction were being sought with various specialists.
- He suggested that rehab could be delivered in different ways for patients dependent on their needs, e.g. to do initial rehab, go home for 4 weeks, come back for another period of rehab. He saw no point in keeping patients in the centre if they weren't engaging in their rehab programme psychologically and appreciated that every patient would be different.
- AJ saw the Service Users Committee complimenting the NSIC and welcomed their input with the Trust Board.

5.. Any other business :-

5.1 Yellow/Red Card Audit - JB agreed to raise the matter of the Audit at the Divisional Board meeting to find out how this was progressing.

5.2 Smoking on Site – Committee members asked how this was being policed as people were still being witnessed smoking directly

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in front of the NSIC. JB reported that it was a problem for the Trust as staff were reluctant to challenge anyone & PS confirmed that it was the same in all Spinal Cord Injury Centres.

5.3 Security- The committee felt a better relationship with the local Police should be sought and were happy to be involved with this. JB agreed to feed this back.

JB

Date of Next Meeting: 3pm Wednesday 9th January '07