I attended the above event at St. James Hospital – Leeds. For me the event fitted well into my role as a Dignity Champion. The Hospital was festooned with union jack flags and red, white and blue bunting as it was Jubilee weekend.

I would like to comment on four speakers’ presentations which I believe will be of the greatest interest. Ruth Holt Chief Nurse, Eileen Burns, Consultant in Older People’s Medicine, Sue Collins (WRVS for the North & Yorks. & Humber) and Betty Smithson Leeds LINks.

Ruth Holt spoke on the Quality and Assurance measures to ensure Leeds Centre for Older People becomes better than the best. One aim is to improve the experience of patient discharge.

Firstly the word geriatrics has gone and the Unit/Department is called Older People’s Services. You will recall that Dr. Oliver Corrado consulted with the older people on Future Years database about a ‘new’ name for the Unit.

NHS community services. The Hospitals were taking their time in developing these joint services, despite a little criticism from CQC about the time being taken before being fully operational. Services will not be fully integrated and operating until April 2013. Eileen Burns talked in detail about plans to merge Health and Social Care in the community and set out very clearly what the aims of the Hospitals are to merge social care.

Speaking afterwards I suggested there had been one omission in the steps needed to ensure early and safe discharge of older people on the basis that I frequently listen to concerns from carers that when a carer visits a patient who has had surgery for a broken hip etc. that once out of bed they are put in the day room and left sitting/immobile all day. Some physiotherapy is needed for patients to do exercises. This would aid balance and help to give greater confidence to patients on discharge. My point was fully acknowledged.

One of the older people who is a member of LINks gave an excellent presentation on how they work with the Leeds hospitals, visiting and talking to patients and bringing comments back to senior staff.

Sue Collins, who is a member of the Isolation and Loneliness Task Group Yorks. & Humber gave a presentation on the work of the WRVS in the Hospitals now and a vision for future work on the wards. Many people only think of the WRVS as offering refreshments to patients and their visitors, and as a provider of meals on wheels in the community.

The WRVS are in talks with Leeds Hospitals to provide volunteers to work with carers on the wards to ensure that there is greater awareness of patients’ support needs whilst in hospital.
Sue described the pilot project being developed in Sheffield Northern Hospital. WRVS volunteers are working with carers on the ward to support patients with dementia so that their stay in hospital is not as confusing and upsetting for the patients’ recovery.

From my experience as a non executive director for some years, complaints were often raised in the past by CHCs (Community Health Councils) particularly on behalf of disabled patients, some of whom could not express their views. There has been a need for sometime for nurses to listen more carefully to carers. Not listening to some has meant a longer recovery time spent in hospital or even the death of a patient.

The WRVS has a pilot scheme running at the Sheffield Northern Hospital where WRVS volunteers are working with carers of patients with dementia on wards enabling them to be assured that they are safe and well cared for to aid recovery - which in turn means earlier discharge and less confusion for dementia patients.

I have accepted an invitation to visit the Sheffield Northern Hospital in September. To see the scheme in operation.

Shelagh Marshall
Chair, Future Years, Y & H Forum on Ageing.

Copies of Sue Collins and Ruth Holts presentations are on our website.