



Referrals from the Priorities Panel

The Group is asked to consider recommendations for action from the LINK's Priorities Panel in respect of issues which have been brought to the attention of the LINK.

Also attached to this report is an extract from the LINK's Governance Framework, which was updated at the LINK's Annual Meeting in May 2009, together with an explanation of the decision making model currently used by the Panel in helping it to arrive at its decisions on whether the LINK should take action.

ID 036 Request from NHS West Kent for Feedback on Cervical Cancer Screening

Scores: 27, 22, 23. Average score = 24 (36*) * Denotes maximum score possible

Recommendation to Governors' Group:

It was felt that work on this subject would be worthwhile however the Panel felt that the project needed to be better defined, so the recommendations were two fold:

1. Develop the methodology for the project further.
2. Once this has been established, review the project to establish whether LINK has capacity to undertake the work and if LINK's involvement could add value before giving it approval.

ID 037 Disabled Parking at William Harvey Hospital

Scores: 13, 11, 19. Average score = 14 (36*)

Recommendation to Governors' Group:

Whilst the Panel appreciated the points of the issue which had been raised, they felt that it did not apply only to William Harvey Hospital and was common of many acute hospitals. It was not recommended that the LINK take any action.

The Panel was informed that an independent consultant had been brought in by East Kent Hospitals University Trust to look at parking at the hospitals and how the situation could be improved for all users of the hospital. It was not thought that the issue of blue badge holders having to pay to park in a standard space if the disabled spaces were all full was being addressed by this work but the Panel recommended maintaining a watching brief on the outcomes.

Extract from LINK Governance Framework

“The Priorities Panel has a duty to report to the LINK Governors’ Group, where:

- 1.1. An issue is considered to have implications for the governance of the LINK.
 - 1.2. Where LINK resources are to be used on a proposed project.
 - 1.3. Where a referral is to be made to convey LINK participants’ views to :
 - a. NHS Trusts (including Primary Care Trusts)
 - b. Kent County Council
 - c. Health Overview and Scrutiny Committee of the Kent County Council or other such scrutiny or regulatory bodies.
1. In deciding on a proposal from the Priorities Panel where resources are required (such as funding for a LINK project), the Governors’ Group can refuse such a request with regard to the availability of LINK funds or where the Governors’ Group believe that the proposal may bring the LINK into disrepute or where a governance issue is involved. The Governors cannot usually refuse a proposal in respect of the merits or demerits of that proposal.
 2. The Priorities Panel members could be invited to take part in the Governors’ discussion on their proposal. The Priorities Panel members would not be entitled to vote.
 3. Once a proposal / LINK project is approved by the Governors then the Governors’ Group would be responsible for ensuring that a process for project management is put in place, to monitor its operation and to intervene if it is felt that it is not proceeding to their satisfaction or where the LINK’s integrity is threatened. The Priorities Panel would have no further role in the matter.
 4. In relation to a LINK project the Governors’ Group could commission an external organisation, including supporting a local community and voluntary sector group, to carry out such a project on the LINK’s behalf or, after discussing with the Host, arrange for it to be carried out in-house.....”

Note on Priorities Panel decision making model

It may assist the Group to be aware of the process which the Priorities Panel is required to use when considering an issue which has been brought to the LINK. This decision making framework is set out in the LINK's Governance Framework. This decision making model has also been the subject of consultation with LINK participants.

The following elements are considered when making decisions:

- a. Structured evidence – information that has some research base, can be verifiable and as far as possible is free from bias - **Weighting 3**
- b. Unstructured evidence – softer information, some of which may be anecdotal but may also be from a range of sources - **Weighting 2**
- c. Can the LINK make an impact in the time available - **Weighting 1**
- d. Is the issue being dealt with by somebody else - **Weighting 1**
- e. To what extent will the community be affected by the issue - **Weighting 2**
- f. Can the LINK make a difference to the current situation - **Weighting 1**
- g. What is the impact on inequalities in health and social care - **Weighting 2**

Each Panel member can award an initial score of nought to three against each of the above elements. For example, an issue that is presented to the LINK which has been well researched may attract an initial score of, say, 2 (the second highest possible) – the weighting for structured evidence is 3, so, $2 \times 3 = 6$. The only converse score is that which relates to whether the issue is being dealt with by somebody else. In this case a low score would indicate that some other organisation was already doing something on the issue. The maximum score for any one issue under the above system would be 36 points.

It has to be remembered that this is only a tool to assist with decision making and to assist in determining relative priorities between issues when resource are finite.

Graham Hills
Operational Director, the Kent LINK

February 2010

22/02/10

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To the LINKs PRIORITIES PANEL (initial request 3/2/10)

REQUEST: FEEDBACK ON BREAST & CERVICAL SCREENING SERVICES IN WEST KENT

As part of our commitment to improve performance and involve users NHS West Kent would like to ask users of West Kent Cervical & Breast screening services about any barriers encountered in the uptake of this service and what suggestions they have to remedy this.

Impact: Cancer is a devastating illness and unfortunately still accounts for a lot of deaths in West Kent.

Cervical & breast cancer affects mainly women who constitute about half the population but this has implication for those left behind (men, women and children) after a death or those who have to care for a woman ill with cancer so the whole community is potentially affected.

The sad part is that if detected early, the chances of a longer survival and even cure has improved greatly over the years.

One of the means of early detection and prevention is screening. A recent review of our screening uptake revealed that for

Cervical screening: About 18% to 30% did not attend for their appointments in some areas especially **in Maidstone, Dartford and Gravesham areas**.

1. Most of those who did not attend are aged 25 – 29yrs old.
2. We also know from work elsewhere that women of Ethnic Minority origin are less likely to attend screening.
3. We know that 60% of cancers in general occur in those over 65yrs.

On account of this we would like to hear particularly from these 3 categories of women especially in the areas highlighted.

Breast cancer: accounts for the largest number of deaths from cancer in women. In West Kent that is about 123/100,000 women.

Inequality: If not addressed this issue could widen the inequality gap within areas and age bands in West Kent.

Time: There is no time scale on this but the earlier this is done the earlier an important health issue could be tackled to produce better outcomes for women

Bose Johnson

Issue for consideration of Priorities Panel

For official use only:

Issue ID Number: ID 037

Date received by Operational Director
01/06/10

Date to Priorities Panel
09/06/10

Office use:

Name:
(JJ, RA, KT, All)

Date completed and initials:

Date of referral to LINK	18/5/2010
Date issue arose	January 2010
Title (Headline/short title of issue)	Disabled Parking at William Harvey Hospital
Nature of interest/standing of person in relation to issue:	
Recipient of service <input checked="" type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Advocate/Campaigner <input type="checkbox"/> Other <input type="checkbox"/>	
If other, please state what their standing is in relation to the issue:	
Is the person raising the issue a:	
LINK participant?	<input checked="" type="checkbox"/>
Member of the public?	<input type="checkbox"/>
Priorities Panel Member?	<input type="checkbox"/>
Governor Group Member	<input type="checkbox"/>
LINK Development Worker	<input type="checkbox"/>
Part of an organisation	<input type="checkbox"/>

<p>If raising issue on behalf of an organisation, state name and brief details of what they do</p>	
<p>Summarise issue (no more than 100 words). If necessary, a more detailed account may be submitted on page three with additional pages attached if necessary</p>	<p>Disabled people attending William Harvey Hospital (WHH) are required to pay to park in standard parking bays if no disabled parking spaces are available. This issue has been raised with the Trust by the referrer and he felt their response does not acknowledge the hospital's statutory responsibility for the disability and equality rights of people visiting the hospital under the Disability Discrimination Act (DDA).</p>
<p>Please use this space to give a detailed account of the issue to be raised with the Priorities Panel. (N.B: Form will expand to accommodate additional text – other documentation can be appended, as necessary)</p> <p>The referrer would like to raise the issue that by obligating people who have a blue badge to pay if they have to park in a standard bay the Trust is breaching the disability equality duty which was introduced into legislation in the Disability Discrimination Act (amended 2005) which states that public bodies must have 'due regard' to the need to:</p> <ul style="list-style-type: none"> • promote equality of opportunity between disabled persons and other persons • eliminate discrimination that is unlawful under the Act • eliminate harassment of disabled persons that is related to their disabilities • promote positive attitudes towards disabled persons • encourage participation by disabled persons in public life; and • take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons – "positive action" <p>East Kent Hospitals University Foundation Trust (EKHUFT) have confirmed that they do not have a parking management policy in place. Signage is displayed in car parks to explain the rules visitors using the car parks must abide by, including regulations for disabled visitors with blue badges using the car park.</p> <p>If the disabled bays are all occupied then a blue badge holder can park in a standard bay, however they are still required to pay for a ticket even if they display a blue badge. The referrer feels that this does not constitute the Trust making a reasonable adjustment to accommodate the needs of disabled visitors under the disability equality duty outlined above, which states that public bodies must demonstrate "positive action" towards disabled people. In this instance disabled people are being put at a disadvantage to able-bodied people who may</p>	

park outside the hospital and walk in to avoid being charged for parking. Disabled people are unable to make this choice as they must park in the car park even if the blue badge bays are full, in order to be able to easily access the hospital, thus incurring a charge. The referrer also feels that the hospital is failing in its duty of care to disabled patients attending the hospital, particularly if they are forced to miss an appointment through being unable to park.

On visiting the WHH the referrer experienced a lack of understanding and knowledge by staff on disability and equality rights which meant they were unable to support or discuss the issue of parking with him. This also raised a concern about the training of staff in the equality rights of the people they are employed to serve and care for.

Is the issue currently under investigation, via a complaint or inquiry or being dealt with by somebody else (this includes being part of a wider campaign on the issue)?

Yes

No

If yes, give details of actions already taken including contact details of others dealing with the issue:

On making contact with EKHUFT the referrer was initially told that in order to make a formal complaint he would need to do so in writing, which is further discriminatory against him and others who may not be able to write due to disability. This contradicts the information available on the Trust's website, which advises "A complaint may be made by a patient or with their consent by someone acting on their behalf. You can make your complaint by telephone or email using the information above or, if you prefer, you can send a letter."

To date, the most recent correspondence from the Trust has advised that no further action will be taken to address this issue as its provision of disabled parking onsite is sufficient in order to meet its requirements to make reasonable adjustments for disabled people under the disability equality duty.

Is there a timescale/deadline/circumstance affecting this issue which may mean the LINK will have to act quickly, e.g. closure of a unit, change of service, a particular urgency?

Yes

No

If yes, what is that circumstance and what is the timescale by which action has to be taken?

What expectation does the person raising the issue have of the LINK, i.e. what does that person want the LINK to do/what action does it want it to take?

- To raise the concern with EKHUFT and address whether parking regulations for blue badge holders could be revised to ensure that they are

- To find out what training and ongoing support is available to staff to ensure they are aware and up to date with equality rights of everyone who visits and uses their services and facilities.

What would be a good outcome from the perspective of the person raising the issue?

A change in EKHUFT's parking regulations to ensure disabled people are able to park at their hospitals without charge whether there are disabled parking bays available or not.

What evidence does the person raising the issue have to support the case they are putting for the LINK to take action? List or attach evidence and sources, if available.

The referrer has personal experience of not being able to access the WHH to attend an appointment because he hasn't been able to park in a disabled space and has been expected to pay to park.

The EKHUFT website for William Harvey Hospital states "There are disabled bays near the main entrances of the hospital where parking for disabled badge holders is free for up to three hours. Current charges apply if parking in a standard pay and display bay."

How widely does this issue affect other people?

This affects all disabled blue badge holders visiting EKHUFT hospitals.

In what ways are other people affected by this issue.

This actively discriminates against disabled people with blue badges because they have to use hospital car parks as they are not able to park elsewhere and use alternative means to access the hospital. They are then charged to do so. Also, as disabled people are often on benefits and may not be able to afford to pay to park especially if they have regular appointments at the hospital.

Signed.....

Date.....

**Recommendations Proforma
ID 037**

No	Recommended action	Please tick	If additional information required, please specify	Additional comments, if any
1.	No further action			
2.	Watching brief			
3.	Letter to Trust/Social Care calling for comment before taking any further			
4.	Urgent action as issue concerns patient/client safety			
5.	Further information required, please specify			
6.	Consult/ survey participants to check level of interest/concern before proceeding to any other action			
7.	Start discussion on LINK web site/through LINK Bulletin			
8.	Question to Citizen Jury			
9.	Topic for local meeting			
10.	Urgent unscheduled visit –specify purpose of visit in comments column			
11	Refer to regulator, e.g. Care Quality Commission, Ofsted, Health and Safety Executive, Royal Colleges, etc –please specify			
12	Potential to develop as possible LINK project			
13	Any other recommended actions			