

THE PATIENT'S COUNCIL ROYAL EDINBURGH HOSPITAL

MEET

FUJIAN PROVINCE HEALTH PROFESSIONALS FROM CHINA

(Chinese Proverb)

**The man who moved a mountain is the one who started taking away
the small stones**

(Scottish Gaelic Proverb)

Men will meet, but the hills will not
Tachraidh na daoine, ach cha tachair na cnuic

Introduction

On Tuesday, 13 May 2008 the Patients Council were pleased to welcome delegates from Fujian Province in China. David Budd our newly appointed Collective Advocacy Support and Development Worker and Maggie McIvor our Admin Worker facilitated members of the Patients Council Management Committee, Lesley McDade (Chair), David Davies and Albert Nicolson, Committee Members to meet Huang Junzhang, Director of Office of Fujian Provincial Health Board; Mingang Ying, Professor Chief Surgeon of Fujian Provincial Tumor Hospital; Zhu Chen, Superintendent of The Affiliated No 2 People's Hospital of Fujian College of Traditional Chinese Medicine; Bao Zhangyan, Director of the Foreign Affairs Department of Fujian Provincial Health Bureau and Chen Meingfei, President Vice Professor of Fujian College of Medical Occupation and Technology and a Chinese interpreter, Bao Xiao Cheng, facilitated the meeting.

Royal Edinburgh and Advocacy Services

The Royal Edinburgh have had a Patient's Council since 1989 and this enables a patient's voice within the NHS Lothian area in relation to mental health. We were informed that Fujian Province do not have such a concept within their hospital structure. We therefore informed how the Committee Members and our Collective Advocacy Support and Development Worker are regularly invited to participate in committees and conferences to discuss the patient issues and our door is always open to patients to drop-in to discuss any concerns or problems in their care and treatment. We also hold a specific

meeting for patients to participate in the work of the Patients Council as well as engaging with patients on their wards. As such we are known as a Collective Advocacy organisation as we deal with issues collectively at any level in the hospital including Board level. We believe our engagement is valued within the hospital and if a patient has an individual issue we refer them to Circles Network who also operate advocacy services within the hospital and assist patients at Tribunals. The delegates appeared surprised but pleased to hear this and requested more information.

Legislation and the Tribunal Court System and Complaints and Monitoring systems

We informed that the practices of mental health hospitals in Scotland are regulated by statutory regulation as contained in the Mental Health (Care and Treatment) Act 2003. This legislation is wide ranging in scope and enables “treatment” as well as “care” to a given standard of professionalism and ethical behaviour. This legislation is scoped to cover a Mental Health Tribunal court service which is run within the hospital; a Mental Welfare Commission governing the treatment and care of the hospital and patients and this also oversees the Tribunal system. Patients can appeal against their detention and enable an “independent” psychiatric opinion via the Commission, as well as refer issues of irregularity of a Tribunal to them. This legislation also provides for a right of appeal to a Sheriff Court in Scotland and appealed further within the hierarchy of the courts even possibly accessing the European Courts. We informed, however, there is little or no jurisprudence available in the mental health sector at this time and that it does not also follow that the Tribunal system is satisfactory. We informed that it was also possible for a patient to raise issues concerning irregularities in the Tribunal / court system with a patient’s Member of the Scottish Parliament (MSP) and through them with the Justice Minister. The delegates appeared surprised with this information and we also informed that the NHS Lothian had an internal complaints procedure as well and patients could complain about professional and ethical behaviour of professionals, nurses and staff if they wished to. There was also an Ombudsman covering the complaints process. There is therefore a high degree of transparency within the hospital to ensure that patients are not detained for longer than is necessary and that if detained they receive the appropriate level of care and treatment.

Kaizen and Star Wards and the Service User Network

We informed the delegates that the hospital had recently undergone a “Kaizen week” of improvements for the betterment of the staff and patients admitted to hospital. Kaizen is a Japanese marketing tool and the experience was very beneficial to the patients. As an organisation engaging with the hospital at the “patient” level we also informed that we were also known as “service users” and that we networked within a worldwide service user network of organisations. We informed that the Kaizen week had included an initiative by a service user in England who had set up the “Star Wards” movement. The Royal Edinburgh Hospital had taken on board 66 of the 75 suggested improvements and we were very pleased with this outcome.

Care in the Community and Recovery Policies and Peer Support

We also informed that the emphasis of the hospital was now changed towards “Care in the Community” and patients will be cared for within their own homes if they can, rather than being admitted to hospital and there are two teams working in the community to facilitate this. We recognise that as a consequence of this community care facilities need to be maintained or enhanced and there is a committee dealing with a review of services ongoing at the moment. We informed that the ethos in Scotland concerning the mental health sector was one of “Recovery”. We are in the process of adopting an American/New Zealand initiative of paid “Peer Support Workers” who are patients who are paid to assist people to recover from mental health issues. The delegates appeared particularly surprised by this initiative as it is unheard of in Fujian Province.

Committee – Safety Privacy and Dignity

We also informed that we have a Safety, Privacy and Dignity committee and that we had recently created a “Welcome” leaflet informing what was expected of people concerning conduct of themselves and behaviour towards others. We regularly use this committee to raise collective issues within the hospital to raise standards and to ensure standards are maintained.

Carer Services

We also informed that there are organisations in care services which specifically assist people who are “Carers” of people with mental disability and we regularly communicate via networking opportunities.

ICP – Integrated Care Pathway

We also informed about a developing process currently occurring across Scotland known as the “ICP – Integrated Care Pathway”. These already exist but it is envisaged that they will be more uniformly applied concerning the standard of care and treatment a patient can expect from admission to discharge. There is currently being developed a “generic” care pathway and five “condition specific” care pathways covering Bipolar; Depression; Personality Disorder; Schizophrenia and Dementia as these five areas have more involved concerns over someone who only needs care under the generic care pathway. The five condition specific care pathways are over and above the inclusive generic care pathway, but may address treatment issues such as side effects relevant to weight gain and increased cardiovascular risk. The Depression care pathway is also inclusive of ensuring that people are not on long-term anti-depressants and the emphasis in Scotland is to prescribe only that which is necessary for a period of time rather than that you will always need anti-depressants. Again the emphasis is that patients do recover, even to a degree.

Technology

We asked about Technology in Fujian Province hospitals and we were informed that Fujian Province is particularly involved in technology especially as they had many more people to cater for (approx 35 million people) than we have in Scotland (approx 5 million people). We informed technology in the NHS Lothian for mental health services was pretty basic/inadequate – we get by, and we are largely paper based.

Stigma and Discrimination

We informed that mental health patients experience stigma and discrimination as a group. We informed that the Government were trying to address employability policy across a core jobless range of categories of people which included the mentally disabled. There is one piece of legislation which specifically can assist service users : the Disability Discrimination Act 2005 and a patient/ex-patient has a right to request a “reasonable adjustment” to assist employability. There is also a “SEE ME” campaign group which lobbies and raises concerns about stigma.

Employability

We also informed about Maggie and David’s employment. They are employed by an English charitable organisation which oversees the Advocacy Service in the hospital but their funding comes from NHS Lothian. We also informed that Committee members were volunteers who are patients or ex-patients of the Royal Edinburgh Hospital as well as service users in their communities. As volunteers we do not get paid. We also informed that Committee members may or may not have academic qualifications. The delegates appeared to be surprised that patients can operate in the hospital as volunteers for no pay. We informed Maggie has been employed with the Patients Council for 12 years.

Homeopathic Medicine

We asked about Homeopathy in Chinese Medicine as we do not have homeopathic medicines available to us through an NHS hospital. We are very much treated on a clinical medical model. That is not because there is not a homeopathic body in Scotland. We do have aromatherapy and relaxation choices available, but not medicine.

Cancer

The issue of cancer and mental health came up. We informed that the Western General Hospital in Edinburgh is where Cancer is treated and the support network is via several support organisations/charities such as McMillian, Marie Curie, Cancer Research as well as the “Maggie’s Centre”. If a patient has cancer and a mental illness this can be disruptive as the medicines may counter balance each other. However, it is accepted practice that if recovering from cancer, and a mental disability arises, a referral may be made to the Royal Edinburgh Hospital. Mingang Ying informed that Fujian

Province sources medical knowledge and know-how from Thailand as it is advanced in the world on health issues.

Wards in the hospital

We also informed that the hospital set up was acute wards, rehabilitation wards and forensic services and we have committees covering all of these.

Ageing Population

We were asked the Age of the Scottish people, we thought it was different for areas of Scotland, some are more affluent than others and some have been exposed to industrialisation. The average age in the Fujian Province average age is 72. We informed there has recently been government published research on an “Ageing Population” and it informs “in 1900, the average Scottish life expectancy was 40. In 2004 it was just over 74 for males and just over 79 for females”.

Albert and David gave the delegates a tour around the hospital grounds.

Thank you

We would like to thank the delegates from Fujian Province for coming to visit us and we hope that meeting us and the gift of knowledge is useful to them. We would like to also recognise and thank the warmth the Chinese Interpreter, Bao Xiao Cheng, engendered throughout the meeting.

Proverbs that may be empathetic to the empowerment of service users

(Chinese Proverb)

Fall down seven times, get up eight

(Scottish Gaelic Proverb)

The little fire that warms is better than the big fire that burns

Is fhearr teine beag a gharas na teine mor a loisgeas

**Lesley D McDade (Miss)
Chair of the Patients Council**

Information Resource Material

Ageing Population	http://www.scotland.gov.uk/Publications/2007/03/08125028/0 http://www.scotland.gov.uk/Publications/2007/03/08143924/0 http://www.scotland.gov.uk/Publications/2007/03/14163202/0
Collective Advocacy	http://www.highland.gov.uk/socialwork/advocacyservices
Disability Discrimination Act 2005	http://www.opsi.gov.uk/acts/acts2005/ukpga_20050013_en_1
Edinburgh Carer's Council	http://www.edinburghcarerscouncil.co.uk
Homeopathy in Scotland	http://www.homoeopathy-scotland.co.uk
Independent Advocacy	http://www.siaa.org.uk http://www.circlesnetwork.org.uk
Integrated Care Pathway	http://www.nhshealthquality.org/nhsqis/controller?pText=ICP+Mental+Health&Go=Go&p_service=Front.search&pSearchBy=content-all&pType=Pages&pStatus=PUBLISHED&p_applic=CC&pGetSummaryLength=500
Issues discussed but no website material available	<ul style="list-style-type: none"> • Jurisprudence and ethics in mental health legal system • Care in the Community programmes • Safety, Privacy and Dignity
Judicial System in Scotland	http://www.scottishlaw.org.uk/scotlaw/courts.html
Kaizen	http://en.wikipedia.org/wiki/Kaizen
Maggie's Centres – Cancer	http://www.maggiescentres.org/maggies/maggiescentres/home/centres/edinburgh/introduction.html
Mental Health Information Resource websites	http://www.wellscotland.info/index.html http://www.edspace.org.uk
Mental Health Tribunal	http://www.tsh.scot.nhs.uk/carers/documents/Mental%20Health%20Act%20Publications/MHA%20-%20an%20introduction%20to%20the%20Tribunal.pdf

	http://www.opsi.gov.uk/legislation/scotland/acts2003/asp_20030013_en_1
Mental Welfare Commission for Scotland	http://www.mwscot.org.uk
NHS Complaints	http://www.nhslthian.scot.nhs.uk/your_rights/english_SCREEN.pdf
Peer Support	http://www.scotland.gov.uk/Publications/2007/03/08102427/0
Royal Edinburgh Hospital	http://www.nhslthian.scot.nhs.uk/hospitals/reh/default.asp
Scottish Recovery Network	http://www.scottishrecovery.net/content
SeeMe Scotland (Stigma and Discrimination)	http://www.seemescotland.org.uk
Service User websites	http://www.patientscouncilreh.co.uk http://www.edinburghusersforum.org http://www.voxscotland.org.uk
Star Wards	http://www.brightplace.org.uk/starwards.html