

**Patients in Partnership**  
**Thursday 20<sup>th</sup> November 2008**  
**Questions and Answers – all presentations / panel members**

No	Questions	Response
1.	<p><u>Pain Management Talk</u></p> <p>Is the Pain Management Programme (PMP) similar to the Expert Patient Programme (EPP)?</p>	<p>Some patients from the PMP do move to the EPP and vice versa. Some of the patients progress to run the PMP groups, however support is still provided by the Multidisciplinary Team.</p>
2.	<p>How long has the PMP been running?</p>	<p>Since 1999.</p>
3.	<p>How can the PMP help individuals?</p>	<p>Coping strategies from the pain management groups that are held have really helped individuals in changing their attitude and approach. Therapy will not help the pain go away. It is a matter of adapting to the pain. Receiving positive feedback will help the patient's state of mind</p> <p>Sometimes patients may not follow their referral through if suggested to see a psychologist by their G.P due to the concern of this type of assessment (by a Psychologist). However, for some patients they are glad to have another type of treatment offered.</p>
4.	<p>Is the PMP just one part of the psychology services available?</p>	<p>Yes. The psychology service also deals with other care issues e.g. anxiety/panic attacks.</p>
5.	<p>How do you ensure you take a holistic approach, e.g. with patients receiving treatments for several conditions?</p>	<p>The new national IT programme will support sharing of information as it is very important to know the combination of medications etc and to get information from other healthcare professionals such as the G.P. etc.</p>
6.	<p>Why was the service not advertised back in 1999?</p>	<p>Historically there were restrictions in place for referrals and therefore not able to advertise service broadly. Also there have to be systems in place to check nothing else could be done in the first instance for patients experiencing pain. The Pain Management Service was usually viewed as the last resort, but this is not the case anymore. GPs can refer directly now if patients have been seen in the last 2 years by a physiotherapist.</p>
7.	<p><u>FT talk</u></p> <p>How will you be able to meet the requirement for membership with respect to numbers?</p>	<p>We are currently within the target percentage of the local population required for Monitor requirements – currently have 4,500 public members which is well in target according to Monitor's requirements. We will need to have up to 8.500 next year.</p>

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8.	Why have some people not had a response to their request for membership?	Unsure of why this might be. Encouraged to follow up with Communications department.
9.	<u>Age related macular degeneration</u>  Have there been improvements with regard to space within the eye department?	Yes, this has been improved and there is a much nicer environment now with much more space.
10.	Has there been a change to the referral process to be seen in the eye clinic and do you need to go to your GP?	Rapid access/urgent referral – can be direct from optometrists. However there is a management referral system in place now with regard to the eye clinic being able to accept referrals which makes it a longer process for the patient. Sometimes this can take 4-5 weeks but it can be longer. 18 weeks is the target that the Trust has to meet.
11.	Do you need to go to the A&E department if you have an emergency with your sight? Would be better to be seen in the eye clinic as an emergency.	We do not have the capacity to deal with emergency referrals within the eye clinic and therefore patients need to go to A&E departments.
12.	Problems following cataract treatment? To go to GP	Yes and information from opticians – very useful for the consultation.
13.	<u>Bevan Ward</u>  When will patients be moving into Bevan Ward?	Fleming ward (Haematology) will be moving in January 2009.
14.	<u>Releasing Time to Care</u>  Would be good to have a suggestion box for patients as well as staff?	The suggestion box that is in place on the ward is for patients as well as staff.
15.	Why do you not buy a second fax machine to stop staff walking to the one sited in an office?	Due to security reasons the fax machine has to be in a locked cupboard and therefore the current machine will be relocated to a new lockable cupboard in the ward.