

The Newsletter
of the friends of
the Manx
Diabetes Centre.
We are the
support Group of
the IOM Diabetic

The Diabetic

All monies
collected are
spent on the Isle
of Man.
No monies are
sent
off Island

The Best and most Informative Diabetic Newsletter on the Isle of Man

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LEADING FROM THE FRONT

Caaryjn Laare Chingys-Shugyr Vannin

A Charity registered in the Isle of Man. Charity number 894.

All monies collected from whatever source will be used exclusively on the Isle of Man for the benefit of diabetics and their medical carers.

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**73 children two of them five and a half years old
are being used as carers on the Isle of Man.**

**£2,072 to have a 9 year old child's hearing restored by going private at Nobles,
as the waiting list was 18 months.**

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Thought for the quarter

73 Children, two of them five and a half years old are being used as Carers on the Isle of Man.

Following the meeting as reported below, the Chairman asked Mr Watterson if he would put a question in the House to the Minister of Health and Social Security on a matter that had been brought to our attention, to the effect that:

“There were 73 children on the Isle of Man acting as carers for some member of their family, and that two of them were 5 and a half years old, consequently if this was the case, what was the Government doing to remedy this intolerable situation?”

The Chairman informed Mr Watterson that he had taken this opportunity to bring this up at the end of the meeting, because in the 21st Century, he strongly felt, and was sure many people in the Isle of Man agreed with him, was a disgrace and an indictment on the Isle of Man Government and the DHSS.

Mr Watterson explained that unfortunately he was unable to ask the question in the House as protocol made it impossible for him to do so, as he was the member with Responsibility for the Department of Social Services.

The Diabetic was under the impression that MHK's had been elected by their constituents to

**Feegans
Deli**

Food to eat in

Food to take away

Food for thought

**Are all available at
Feegan's Internet Lounge
8 Victoria Street, Douglas**

look after their interests, and their first responsibility was to them.

Mr Watterson asked the Chairman for the paper he was quoting from, but the Chairman refused to hand it over, saying that as he could not ask the question Mr John Houghton MHK would ask the question of the Minister in the House in his stead.

Mr Watterson requested for this not to happen, and that he would bring the matter up in committee, and would report back to the Friends of the Manx Diabetes Centre on the outcome.

It was not the object of the exercise to put him in an invidious position so his request was acquiesced to with certain provisos, and we await his resolution to this problem.

The Chairman insisted that these children were paying with, and loosing their childhood years, having to undertake the onerous work that they had to do on a daily basis looking after a member of their family

The Diabetic understands that one of our leading charities the Siroptimist very kindly bought 73 Easter Eggs from their funds to brighten up the Easter day of these exemplary and magnificent children.

It is a good job that we still have people on the Island who are compassionate and who care.

By the way if the DHSS had to send in 24 hour carers to replace these wonderful children, as the Health Act stipulates that they must, it would cost them £3,581,088. per annum, (three million five hundred and eight one thousand and eighty eight pounds), at the minimum wage of £5.60 per hour.

So what do you think is going to happen?

Will the DHSS do anything about it, will they pay to send in the appropriate people as they are mandated to do under the Act, or will the DHSS continue to use these children as their cheap labour?

Sorry but no prizes for guessing.

Is our Government going to save the plight of our children?

We shall keep you posted as to the next instalment of this deplorable saga. We are in the 21st Century not the 18th or 19th Century using child labour.

Write in and let us know your thoughts.

**Unfortunately, if you don't know
where you are going you shall end
up somewhere else**

Editors Note

This issue is mainly dedicated to the activities of the Friends of the Manx Diabetes Centre during the past three months

Our efforts over this period shows your Group's commitment to the Diabetic and Disabled patients of the Isle of Man.

Why we are the leading Diabetic Group on the Island, leading from the front on your behalf, and why you should join us and become a member. Please ring (01624) 613702.

Our Mandate is that all monies raised are spent on the Isle of Man for the benefit of our Manx diabetic patients and their carers, nothing is sent abroad.

We would like to take this opportunity to inform you that we have had a change of residence and all correspondence should be addressed to: -

Henry J Ramagge
Chairman

Friends of the Manx Diabetes Centre
17 Farmhill Park
Douglas
IM2 2EE.

Our telephone number remains the same, (01624) 613702.

All our e-mails also remain as before.

**Ambitious?
Remember if you manage to get
yourself to the top of the mountain
there is only sky above you.**

The eight year old girl with hearing problems.

You may recollect that in our last issue we highlighted the problem of a little girl who had hearing difficulties, and in July last year the parents were told there was a waiting list of

between six and eighteen months for her to be seen by the specialist.

As after six months she had not received an appointment and because the problem was getting worse, her grandparents decided that enough was enough and she had to be sorted out.

They were told that the only way to do this was to go privately and she was seen very quickly.

Once the magic word “private” was mentioned she immediately jumped the waiting list.

This of course means that the more people that go privately, the more people on the waiting lists that are pushed further back for an appointment

Anyway the little girl had tests and it transpired that her hearing was diagnosed as 30% down.

Because of this the family was told she required special needs in school

Something the authorities hadn't bothered with whilst she was on the waiting list.

The Consultation fee cost them £144.00.

They were informed by the Consultant that the child had to be operated, and Grommets put into both her ears.

She is now fine and hears perfectly.

The bill for the hospital theatre facilities, stay in hospital etc was £1,100 pounds, the Anaesthetist came to £264, and the consultant for the operation £564 pounds.

A grand total of £2,072 (Two thousand and seventy two pounds).

Again *The Diabetic* believes the DHSS should consult the Health Act which says “**The Services provided under this Act shall be free of Charge**”

It is a good job that the grandparents were able to pay for it, as otherwise the child would still be waiting for an appointment.

So much for our hospital of excellence and the facilities provided by the DHSS.

By the way the little girl went into hospital on a Friday morning, had her 20 minute operation on both ears, was back home in the afternoon and back at school the next Monday morning.

Incidentally when she went back to school on the Monday, the teachers told the children at assembly that there was now no need to shout at

her, they should whisper as she could now hear them properly.

As the little girl poignantly said to her Nana “I didn't know that my computer bleeped at me when I shut it down”.

Wonderful, but no thanks to the DHSS who should be providing all these facilities quickly, free, gratis and for nothing, especially for our children.

It is another disgrace, it is an inadequate service, so what about it Mr Killip?

The Diabetic asks again and again, where are the millions that Tynwald gave the DHSS to bring down waiting lists? What has it been spent on?

The Chief Minister in his press release on the Service Development Plans for the Island says, we repeat, “*to providing effective services for the benefit of the people of the Island*”.

Given the above, it does sound somewhat hollow.

Promises promises, hope we are not rapidly getting like the other Brown.

Dear Lord

**So far today, 1 am doing all right.
I have not lost my temper, or been nasty,
I have not whined, complained, or cursed.
or even argued with the DHSS
BUT, I WILL BE GETTING OUT OF
BED IN A MINUTE, AND I THINK
THAT I WILL REALLY NEED
YOUR HELP THEN.**

We have to wait six months to see if the Condition is Permanent.

The Statement of the year that will go in the annals of the history of Isle of Man folklore legends.

Following copious correspondence between all and sundry, including the Chief Minister, matters were brought to a head with a meeting at Markwell House which the Chief Minister at the instigation of Mr John Houghton arranged,

The meeting took place on the 14th March between The Friends of the Manx Diabetes Centre, represented by the Chairman, the Deputy

Chairman and one of our Trustees Mr John Houghton MHK on the one side, and on the other Mr Juan Watterson the Member with Responsibility for the Department of Social Security and his DHSS advisors.

The representatives of the Manx Diabetes Centre presented forceful arguments as to why amputees should be given the Attendance Allowance on leaving hospital and not six months later to see if their condition was permanent.

Mr Watterson and his advisors were adamant as had been the Chief Minister that this was an impossibility as the DHSS had to abide by the agreement they had with the United Kingdom and could not under any circumstances deviate from it.

This he said, was a conscious decision that had been taken by Government.

Many suggestions and arguments were presented in an endeavour to circumvent the impasse.

The Friends of the Manx Diabetes Centre were of the opinion that though understanding the predicament the Government was in with the restrictive agreement they have with the United Kingdom, common sense dictated that the present situation regarding the waiting time for Attendance Allowance to Isle of Man amputees could not be sustained.

The Chairman enumerated the expenses that he had incurred due to his second amputation which came to £1,777 for actual necessities, and a further £14,889 which had been expenditure of his personal choice, but which he needed as a direct result of his losing his second leg.

The Chairman insisted that the DHSS was obligated under the National Health Act 2001 that stipulated that the DHSS had to make arrangements for the Care and After Care of persons suffering from illness, and the **aftercare of such persons**.

The act he said, also makes provision under article 24 for making arrangements for providing domestic help for households where such help is required, owing to the presence of any person who is 24(b): **DISABLED**.

The discussion was quite informative and most productive with everyone having a most constructive contribution to make.

The Chairman then presented Mr Watterson with a letter which had been approved by the Committee and Mr Houghton, which amongst other things said:

That 24 hour care under the Act, working in shifts to look after a disabled person at £5.60 per hour, being the minimum wage, would cost the DHSS £49,056 per patient per annum.

This compares with £3,484 paid at the top rate for Attendance Allowance as from April 2008 of £67 per week or approximately **£0.40p** per hour.

In his letter the Chairman wondered what would happen if he were to set up a company and employ a carer on a 24 hour basis, and pay them £0.40p an hour, (apart from there being no one who would want to work for 40p an hour), how the Department of Trade and Industry and Industrial Relations would react to this eventuality. The Isle of Man carers were he said, the cheap labour of the DHSS.

He explained that The Friends of the Manx Diabetes Centre and their advisors were of the firm opinion that the first six months is when the amputee incurs most expenses to deal with the many expensive problems they will encounter, to adapt to their surroundings and new conditions, both physically and materially.

To get round the agreement with the UK the Chairman suggested in his letter that the Government gave amputees who had lost a limb a special Isle of Man Grant on leaving hospital towards their initial expenses.

This would not interfere with any agreement that the Government may have with the United Kingdom, as it would be a special Grant from the Isle of Man Government to their Manx Disabled.

After all he pointed out the DHSS tops up pensions which the UK does not, with no apparent problems.

The letter made the following recommendations.

“a) A one off special Isle of Man grant in the sum of **£1,000** be paid to amputees on the loss of a limb on leaving hospital towards their initial expenses.

After six months the DHSS can proceed along the lines of the agreement that the Manx Government has with the United Kingdom Government in respect of Attendance Allowance.

b) We also recommend that the DHSS must use the phrase **‘Attendance Allowance is payable six months from the date of notification’** and not **‘You have to wait six months to see if the condition is permanent’**.

c) We further recommend that the new UK questionnaire be brought into force and not a visit from a doctor at the end of the six months to see if the stumps are still there, as this is degrading.”

The letter also pointed out that we all have GP’s who can be consulted, and who, in any event by signing part of the questionnaire, actually vouch that an amputation has taken place.

He was also of the opinion that there is always the fallback of the Hospital Surgeon and Hospital records.

The Chairman in his letter emphasised that “this is the sensible thing to do by a caring and compassionate Government”.

Mr Watterson on receiving the letter, copies of which had also been handed to all those present, promised to consider its contents and everything that had been raised at the meeting, and report back to the Friends of the Manx Diabetes Centre.

The meeting which lasted approximately an hour then terminated.

Copies of the letter and its recommendations were sent to the Chief Minister, The Minister for Health and Social Security, Mr Phil Braidwood, Chairperson of the Chronically Sick and Disabled Persons Committee, Mr Bill Henderson MHK and six other persons who had been in the loop since the beginning.

The Chairman would like to thank Mr John Houghton MHK one of our Trustees for attending the meeting, for his invaluable contributions at the meeting, and for his advice prior to the meeting.

On the 30th April we received a letter from Mr Watterson to the effect that as a result of our meeting a “cross-Department group is meeting on 6th May covering Health Occupational Therapy, Social Security and Social Services, I appreciate that this has taken a while, but it has proved difficult to get together officers of the appropriate seniority any sooner.

It is intended that the group will look at the wide range of concerns that you highlighted

during our meeting. From this, Mr Ken Crellin, Director of Social Security will feed back to me via the Social Security Directorate meeting on progress”.

At the time of going to print on 30th May, we had not been informed of the outcome of their meeting of 6th May.

When we know what has transpired, you will also be informed in subsequent Newsletters.

Quote of the Quarter

“When I had the cardiac failure on the operating table, I was rushed into intensive care, where unfortunately for the DHSS they brought me back to life”.

Chairman to Mr Watterson at meeting.

Where your Rates Go.

When some friends wanted to get rid of a three piece suite because they were moving and it would not go in the new house, they rang up Douglas Borough Corporation and the conversation went like this.

“Ring Ring, Ring Ring”

“Hello Douglas Town Hall, how may I help you”

“Good morning, I want to dispose of a three piece suite please, how do I go about it?”

“Just a minute sir, and I shall put you through to the appropriate department”.

“Thank you”

Music Music Music Music

“Hello, Cleansing Department how may I help you”

“Oh good morning, I would like to dispose of a three piece suite, how do I go about it?”

“Right, first can I have your name, address and telephone number please”.

This was given, and the operator then asked,

“Do you know the procedure?”

Now there was a procedure, how exciting, so we even have a procedure these days to get rid of a three piece suite.

“No I am sorry I don’t. We don’t do this sort of thing every day, that is why I am ringing”

“Our Manager will ring you to make an appointment to see the three piece suite. When he gets there and has seen the three piece suite, he will agree a price with you for its disposal”.

“OK thank you”.

“When our manager has seen the three piece suite and you have agreed the price for its removal and disposal. If you agree with the price, he will give you a ticket.

You then have to come to the Town Hall and pay the amount that you have agreed with him.

Please bring the ticket that you have been given by our manager for verification.

On payment of the agreed amount you will be given a receipt that has a number”.

(We are getting somewhere now, ooh the receipt has a number)

“When you return home, you then ring us back and inform us that you have paid, and of the receipt number.

We shall then inform the Manager that you have paid and of your receipt number.

He will then ring you back and make an appointment to take away the three piece suite.

Then at the appointed day and time they will come to your house with a lorry and take it away”.

Bureaucracy gone rampantly mad!!!!

This system only encourages fly tipping.

No wonder people don't want to stand for election or go to the polling booths.

The Diabetic would like to respectfully make the following suggestions for the Councillors who don't know that;

A three piece suit is a three piece suite.

A cupboard is a cupboard.

A double bed is a double bed

A single bed is a single bed

A dining room table and six chairs is a dining room table and six chairs etc.

So why don't they just have a set rate for all these pieces. There is no need to see them, they are what they are.

Then when you ring the cleansing department, they employ the following “procedure”.

1) You tell them your name, address, and telephone number.

2) You then tell them what you want disposed of.

3) They consult their little rate card and tell you how much it is going to cost you.

4) You agree

5) They then tell you when they will collect.

6) When they collect you give the driver a cheque made out to the Borough of Douglas.
And

Hey bingo no problems, everything is sorted out in one phone call. Is this too much to ask?

The Douglas Corporation then saves monies on petrol, visits, telephones, postage, a trail of paper work, time wasting, manpower etc.

If people ran their businesses as the Corpi is doing at present they would become bankrupt, but the Corpi have no problems they just up the your rates.

Common senses appears not to be all that common, pity.

In the meantime we are paying exorbitant rates just to keep bureaucratic system rampantly mad.

The Diabetic has an alternate system that will do away with all this nonsense, and there would be no need for fly tipping, if the Borough of Douglas would care to communicate with us.

What about it Mr Christian?

**There is always a choice of
whether one does it last week, this
week, or next week
John Major Prime Minister**

The Prosthetic and Orthotic Clinics.

Once again the Friends of the Manx Diabetes Centre were on the move when they paid another visit to Markwell House for another meeting.

This time between Mr David Killip, the Chief Executive of the Department of Health and Social Security and Mrs Barbara Scott the Hospital Manager, and the Chairman who uses the Prosthetic clinic, Mr Terry Marston a prominent member of the Group, who uses the Orthotic clinic and Mr John Houghton MHK our Trustee.

The meeting took place on 14th April at 10.30 in the morning and this time dealt with the insistence of the Group that we should have the Prosthetic and Orthotic Clinics on the Island on a weekly basis with drop in facilities, and not once every three weeks as at present.

This is something that we have been fighting for, for over four years.

Mr Houghton opened the meeting by thanking Mr Killip for chairing the meeting that had once again been arranged by the Chief Minister, and Mr Teare at the insistence of Mr Houghton.

The Chairman then enumerated in detail the problems that existed and why we should have clinics on a weekly basis.

In 2005 Mr Killip had told us that he had passed the matter to the then Hospital Management.

In a letter to the Chronically Sick and Disabled Persons Committee dated 26th January 2006 he had told them to refer their request to the Director of Health Strategy and Performance.

And on 11th February 2008 he told us to communicate in future with Mr Edwards.

And again at the meeting he asked us to write with our problems to Mrs Barbara Scott the Hospital Manager.

He was commended on a wonderful system of pass the parcel

In an official letter to Mrs Scott, which encapsulated the arguments put forward during the meeting by the Friends of the Manx Diabetes Centre, the Chairman pointed out that, he had suggested that the DHSS employ their own Prosthetist, Orthotist and Technician because he knew as a fact that this option was cheaper than asking the present Service Provider to provide an extra weekly service.

All that would happen was that the Service Provider would naturally bump up their price, whereas with the present budget this could be achieved locally.

He was of the opinion that in his letter of 30th January 2008 Mr Killip had claimed as an excuse, that this could not be done locally as it was cheaper to have the Service Provider provide the service as at present.

The Chairman explained to him in much detail that the Service Provider included all the monies Mr Killip did not want to pay locally into his quote, including an element of profits, as they did not work for fun.

He pointed out to Mr Killip that his letter to the Chronically Sick and Disabled Persons Committee of 17th August 2005 contained

anomalies and contradictions that have as yet not seen the light of day.

The Chairman emphasised that this letter was just a catalogue of pie in the sky and achieved its desired objectives as far as the Chronically Sick and Disabled Persons Committee were concerned.

He demolished the paragraphs of his letter seriatim and told Mr Killip that what he had quoted as doing and what he actually promised had not materialised after three years. The situation was just not good enough.

As regards his letter of 30th January 2008 in which he had said that they did not have "*access to contractors stock of materials and supplies necessary for the production of Orthotic and Prosthetic equipment*" the Chairman debunked his arguments, as all materials as he demonstrated with actual equipment on the table, were available on the open market from many sources, in catalogue form from as far a field as Iceland, Germany and all over the United Kingdom.

The Chairman and his advisors comprehensibly presented a hard and fast case for weekly Prosthetic and Orthotic Clinics on the Isle of Man, telling Mr Killip that his assumptions were fundamentally flawed, devoid of substance and knowledge of the reality of running a weekly Prosthetic and Orthotic clinic and its costing, or for that matter the problems of the Manx Disabled.

The Chairman then enumerated in the letter the Presentation that the Friends of The Manx Diabetes Centre sent after the meeting to Mrs Scott, at his request that.

1) The problem that exists between the Manx Diabetes Centre and the Prosthetic and Orthotic departments, is that the Consultant Physician, Doctors, Diabetic Nurses, Podiatrists and Physiotherapists, have no access to these two departments on a daily basis, and they themselves also have to wait for consultations at three weekly intervals if they are lucky, to the detriment of the Patient. **NOT GOOD ENOUGH.**

2) Increasing waiting times for a resolution of the Amputee's problems. **NOT GOOD ENOUGH.**

3) Inadequate use of highly trained medical carers. **NOT GOOD ENOUGH.**

4) Inadequate use of the excellent medical facilities now provided at Westmoreland Road, thanks to Mr John Houghton in the House. As their department once again had done nothing. **NOT GOOD ENOUGH.**

5) Not to mention the unnecessary levels of pain stress and distress caused to the amputee patients, who had enough to contend with having lost a limb, without the conditions being aggravated by the DHSS. **NOT GOOD ENOUGH.**

6) At present any problems; the Prosthetist sends the patient to their GP, who in turn sends them to the consultant. **NOT GOOD ENOUGH** because of the delays this could result in further amputations.

We need the Prosthetist and Orthotist to send the patient direct to the consultant, **who must see them within days** otherwise they could lose the rest of their stump.

7) We are being held to ransom by the Airlines who through no fault of their own on 19th February the plane from Newcastle did not take off due to inclement weather.

This meant that some amputees had to wait a further three weeks to be accommodated. **NOT GOOD ENOUGH.**

8) This archaic system is certainly not in use across the water and most certainly not in the interest of the Manx Amputee, **NOT GOOD ENOUGH**

9) The personnel at the hospital cannot in any way help you out during the period that the Prosthetist and Orthotist are off the Island.

In fact they are not even allowed to touch any equipment belonging to the Service Provider even if they were able to resolve the problems. **NOT GOOD ENOUGH.**

10) In 2005 Mr Killip claimed that *“the Department is therefore working towards providing a Prosthetic and Orthotic Service two weeks out of every three”*

If this was not a ruse to satisfy and get the Chronically Sick and Disabled Persons Committee of the DHSS back, why is it that after 3 years we are still on three weekly visits. **NOT GOOD ENOUGH.**

11) Still with Mr Killip’s letter of 17th August 2005, he claimed that *“if this can be achieved the department will be able to provide a service to the same standard as that in England”*.

An extraordinary statement.

The DHSS in fact admits that the service they are providing the disabled people of the Isle of Man is not good enough.

We therefore asked, ‘When is the DHSS going to resolve this problem and give us a similar service to that in the United Kingdom’?

Three years have elapsed following this historic statement by the DHSS of admission that the Services are not good enough.

We want the weekly service with drop in facilities like they have in England, to, as Mr Killip claimed bring us up to their standards.

12) In Mr Killip’s letter to the Chronically Sick and Disabled Persons Committee of 9th June 2005 he told them. *“at present the waiting list for non urgent functional assessment is 22 weeks-----It was 18 weeks in May this year (2005) and 14 weeks in October 2004”*

In September 2007 the Community Occupational Therapy Service were still quoting a waiting list of 18 weeks. The same quote as three years ago, in May 2005.

Again nothing has been done.

But he also said in his letter that *“additional resources to support the service are available”*

Even if they had these resources available they have done nothing. **NOT GOOD ENOUGH.**

13) The UK User Standards of Delivery of Prostheses and Orthoses stipulates that: “For Stopping of Pain or Repairs, if a user is in employment or education, then they should be seen on the **SAME DAY** or the **FOLLOWING DAY OF REQUEST.**

Is the DHSS doing this here? No we have to go into a wheelchair and wait for a minimum of three weeks to be seen. **NOT GOOD ENOUGH.**

14) It does not matter how many legs the DHSS provides a patient with, they can provide them with twenty, the fact remains that if they have a problem with their stump, the legs are no good as the legs have to be adjusted to fit. With no one here, it cannot be done. **NOT GOOD ENOUGH.**

15) To add insult to injury we had an Audit done from 34 patients who were the only ones that bothered to return the questionnaire that did not even appertain to the Isle of Man. **NOT GOOD ENOUGH**

The Chairman claimed the Audit was ridiculous and pathetic in the extreme as no questions were asked about the frequency of clinics.

He explained that their interpretation of the audit's contents did not appear to coincide with what people had been saying about its contents, as even the Chronically sick and Disabled Persons Committee had asked for another Audit with specialist personnel from across the water.

In conclusion the Chairman was adamant that to avoid any more pain and suffering, this matter had to be addressed and resolved with the utmost expediency.

Three years had elapsed full of promises with as usual no action.

It was about time that the DHSS shouldered its responsibilities and stood to the plate.

The Chairman then brought to their notice that it was their mandate as part of the Health Act to look after the Isle of Man people, properly and efficiently.

We wanted a Prosthetist an Orthotist and a Technician on the Island full time to conform with the above statement.

The Chairman promised them, that until they had weekly clinics, The Friends of the Manx Diabetes Centre would vigorously pursue the matter, through the House and Tynwald, with our friends there, with questions and resolutions.

Through the Chronically Sick and Disabled Persons Committee and directly with the Chief Minister.

The Chairman ended his letter by drawing their attention to the Chief Minister's Press Release on the occasion of the publication of the Service Delivery Plans made public by the Isle of Man Government in which he said

"The Point of all this is to ensure a co-ordinated and focused approach by Government to providing effective services for the benefit of the people of the Island".

It was explained that to *"to providing effective services for the benefit of the people of the Island"* meant that the DHSS had to give us

Prosthetic and Orthotic clinics with drop in facilities on a weekly basis.

It was also pointed out in the letter that The DHSS in the same plan pledges to *"to provide quality service to the public"*. Whilst Mr Killip in his opening address to the Code Practice for the Delivery of Services to Customers claims that *"The Department of Health and Social Security is committed to providing quality service to the public"*.

The questions that arise from all these three statements is, are all these statements once again, like all their other statements, of no value whatsoever and made just to appease the Manx Public?

We felt that the music had stopped and that Mr Killip was the last one left holding the parcel.

No more gobbledegook we want action now.

Incidentally it was admitted during the meeting by Mrs Barbara Scott the Hospital Manager, that there was now an increased demand for the present Prosthetic and Orthotic clinics.

We wanted to know why if this was the case, the facilities had not increased to meet the demand, which was what The Friends of the Manx Diabetes Centre were arguing about.

The letter as usual was agreed to by the Committee and Mr Houghton, who we once again thank for his advice prior to and his interventions during the meeting.

The letter was also copied to those as at the letter to Mr Watterson above.

We have already received a letter from Mrs Scott the Hospital Manager to the effect that: -

"I am pleased to confirm our agreements: -

- 1) A Full service review will be undertaken by Noble's.
- 2) A survey will be conducted to establish if the current contract matches the needs of the service users.
- 3) Review the role and functions of the Multi-disciplinary team.
- 4) Review the role and function of our Island staff in supporting the service in between visits from the Specialist, and
- 5) Examine the feasibility of increasing the service provision"

The Friends of the Manx Diabetes Centre are most grateful to Mrs Scott for her prompt action

and we hope that this does not get bogged down in interminable meetings, “Strategy”, “Pathways” and whatever other terms the DHSS will want to dish up, and hopefully audits done by qualified people from across the water, as we want this to be done properly and resolved quickly. Patients are having problems and they cannot afford to wait.

As usual the Friends of the Manx Diabetes Centre and their advisors, are the ones Leading from the Front in the fight on behalf of all diabetics and disabled people in the Isle of Man.

We shall keep you posted of any further developments.

An extraordinary affair, I gave them their orders and they wanted to stay and discuss them.

Duke of Wellington describing his first Cabinet meeting as Prime Minister.

Annabel

Annabel arrived on 2nd April 2008 weighing in at 7lbs 12 oz.

The proud mother is Alison Cockshoot our wonderful Prosthetist at the Prosthetic Centre at Westmorland Road, Douglas.

She has told *The Diabetic* that she is enjoying being a mum, learning very quickly and though Annabel is keeping her busy, so far she is feeding and sleeping well.



Alison and little Annabel

The Friends of the Manx Diabetes Centre would like to take this opportunity to thank her, for her excellent caring work on behalf of all disabled people on the Isle of Man who use the Prosthetic Centre, and wish Alison, Adnan and

Annabel, health, happiness, long life, and all the best for the future.

We all look forward to seeing Alison back at Westmoreland Road in the Autumn,

Hearing that chlamydia was on the rise, President Bush is alleged to have enthused: “Sounds like a good investment to me”

Bereavement payments for carers on the Isle of Man.

The DHSS has announced that they shall be introducing a carer’s bereavement payment.

The Minister for Health and Social Security has sought approval from Tynwald for a one off £1,000 payment to full time carers on the loss of a severely disabled person for whom they have cared.

Mr Teare explained that this was to give them a bit of a cushion to reorganise their lives at a traumatic time for them.

The Diabetic would like to know how the DHSS expects them to live and make ends meet when all their allowances are stopped and they have been out of the work place for years and years, and now unemployable.

To qualify for a Carers Bereavement Payment, Mr Teare said, a person must have been caring for a disabled person and receiving a care allowance from the Department of Health and Social Security throughout the 12 months immediately prior to the disabled person’s death.

The Diabetic believes that these wonderful people are expert carers and that the DHSS should find them employment within the service, which will only enhance the facilities that the DHSS claim to provide.

For after all, through the many years that they have cared for the member of their family they have been the cheap labour of the DHSS.

The DHSS owes them reasonable employment at adequate wages for all the time they have worked for the DHSS, saved the DHSS massive amount of monies, and been taking the DHSS chestnuts out of the fire.

It is now that they should be looked after properly by their previous employers and not unceremoniously cast out

They don't want charity, they want adequate work for adequate remuneration.

If you are a carer please give us your thoughts.

The Questions in the House, Bereavement payments is not all that it seems.

In the May Tynwald Mr John Houghton MHK had six question down for answer which dealt with Bereavement Payments and Care Allowances.

As all these were written answers we thought we would bring them to the light of day as Bereavement Payments are not as straight forward as they appear to be..

In his first question which was in three parts he wanted to know of the Minister for Health and Social Security, the number of persons in receipt of Care Allowance, to which the Minister replied that as of 30th April 2008 there were 200.

In the second part Mr Houghton wanted to know how much these carers received as a weekly rate, this he was informed was £50.55p per week.

The third part of the question was what were the number of carers in receipt of the State Retirement Pension and not currently qualifying for Care Allowance?

The Minister explained that this was not possible to state as the vast majority of pensioners who receive a State Pension would not qualify for a Carer's Allowance due to the provisions of the Social Security (overlapping) Regulations 1979, so they do not claim it.

In his next question Mr Houghton asked the Chief Minister as to whether he supported the Department of Health and Social Security's policy of denying carers the ability to claim State Retirement Pension and Carer's Allowance together, and the inability of carers who receive State Retirement Pension to qualify for a Carer's Bereavement Payment under the 2008 Scheme?

The Chief Minister replied that in answer to the first part, it was his understanding that the Department was, in fact, acting under legislation approved by Tynwald

The effect of these regulations he said, was not to prevent carers claiming State Retirement

Pension and Carer's Allowance at the same time, but was broadly speaking to prevent the payment of two earnings replacement benefits to a person at the same time.

In answer to the second part of the question the Chief Minister explained that as is normal The Council of Ministers fully considered the comments made by some Members in Tynwald at the last sitting when the Bereavement Payment Scheme was approved.

The Minister had been requested to consider the points raised by some Members and they were waiting the Departments consideration on this issue.

Mr Houghton then asked the Attorney General as to whether he would provide Members with a precise legal determination in respect of a persons right and entitlement to a state retirement pension and the Department of Health and Social Security Determination that such entitlement may be compromised when a claimant is in receipt of Care's Allowance reaches retirement age.

The Attorney General explained to the House that essentially, the theory was that if someone had to give up work to look after a relative that is severely disabled, that person should be compensated by the state.

It follows that if the carer reaches retirement pension age he could, in theory, become entitled to two benefits, and the policy of the legislation does not allow that to happen.

The Attorney General then circulated correspondence to Members of the House which he hoped would clarify the matter.

In a second question to the Attorney General, Mr Houghton wanted to know; What was his legal opinion in respect of the Department of Health and Social Security's decision not to award a carer's Bereavement Payment to a carer who is in receipt of State Retirement Pension?

The Attorney General said that this followed from his answer to the previous question that there cannot be a duplication of payments where two benefits overlap and the Department would be acting entirely properly in reducing, or perhaps stopping altogether the payment of a carer's allowance to a person who became entitled to a retirement pension which was the

same as, or exceeded the level of the carer's allowance.

Mr Houghton then asked the Minister for Health and Social Security, if he would circulate to Members a copy of the paper submitted to the Treasury seeking concurrence of the Carer's Bereavement Payment Scheme 2008?

The Minister replied that he did not consider it appropriate to circulate confidential correspondence between his Department and the Treasury to Members, however he was prepared to circulate copies of a memorandum to them which fully replicated the information which was provided to the Treasury.

Mr Houghton returned to his theme of questioning when he again asked the Minister, Was it your intention to deny these carers who are in receipt of State Retirement Pension the ability to claim a Carer's Bereavement Payment when you brought the scheme to Tynwald in April, and if not will you amend the scheme accordingly?

The Minister replied: I can confirm that it has been the Department's intention from the outset that persons in receipt of State Retirement Pension should not be eligible for the Carer's Bereavement Payment.

As regards the second part of the question the Minister stated that he was currently reviewing the option at the request of some Members and the Council of Ministers.

So now we know what the DHSS real intention was in implementing the Bereavement Payment.

Now you see it, now you don't.

Well done Mr Houghton.

**The most terrifying sentence in
the English language is
"I'm from the Government and I
am here to help"**

Initial meeting of the Diabetes Integrated Pathways Committee

The Diabetic Audit has now been completed and suggestions to the draft report were made by the Group that have been taken on board.

The main suggestion in our report that it should not be "Care in the Community" but "Shared Care in the Community" with the Diabetic Centre as its pivotal point, was adopted as the main theme of the Diabetic Audit.

The DHSS on 22nd April invited representatives, that had given evidence at the time to discuss the outcome and implementation of the report.

There were 20 representatives of the DHSS and Groups present, including the Chairman of The Friends of the Manx Diabetes Centre, when Mr McGregor Edwards the Director of Health Strategy and Performance launched the Diabetes Intergraded Care Pathways Committee first meeting.

Mr Edwards said that the success of the ICP would depend on the approach and the work undertaken and it should be remembered that the purpose was to improve the patient experience, in this respect and that all evidence would have to be considered and judged accordingly.

An ICP would seek to ensure that the appropriate patients were seen at the appropriate time by the appropriate person, it was not necessarily a cheaper option but did reduce appropriate pressure, so releasing time and capacity to develop new services.

In concluding Mr Edwards emphasised that the group was for patients and Health Services as a whole and suggested that the role of the "expert patients" should be included in the development of the ICP.

Mrs Marie Berry, the Primary Care Clinical Government Facilitator who was in the chair, asked all members to introduce themselves and describe their role.

Mrs Berry queried whether everyone agreed with the draft terms of Reference of the Group to which everyone agreed.

Mr Ramagge however pointed out that it was important that decisions were made and implemented quickly and were not allowed to run for months with no result, there should, he emphasised be less strategy and more performance.

Dr Blackman point out that it could be advisable to form sub-groups as the main group was very large.

Mrs Berry though agreeing felt that the first action would be for the main group to identify the priorities and then sub-groups would be responsible for their development.

As can be appreciated with so many present, the discussions were vibrant and lucid with everyone having constructive suggestions.

The initial meeting lasted an hour and it was decided that those present would meet again on Wednesday 11th June, when the patient journey would be mapped and subgroups formed to identify priorities

In closing Mrs Berry advised that one of the key tenants of the ICP was the development of mechanisms to audit the planned care and the care that was actually being given.

The Diabetic will keep you abreast of whatever decisions are taken, when they are taken and most important of all when they will be implemented, and what they will mean to you

The Friends of the Manx Diabetes Centre will continue to be at the forefront of Diabetes Care on the Isle of Man.

The Friends of the Manx Diabetes Centre look forward to a quick resolution and implementation of the recommendation of the report.

The idea of a pilot scheme is to see whether it will fly.

The idea of pathway schemes is to see if it can land.

The idea of Strategy is once landed implement it by trying to fathom out where the blazes the terminal is.

4 Things you probably never knew your mobile phone could do.

We have received the following communication from Rita in Tenerife, with her suggestions on things that can be done with a mobile phone in times of grave emergencies.

She claims that your mobile phone can actually be a life saver or an emergency tool for survival.

So check out the things that you can do with it.

FIRST Emergency?

The frequency number world wide for Mobile is 112. If you find yourself out of the coverage area of your mobile network, and there is an emergency, dial 112 and the mobile will search any existing network to establish the emergency number for you, and interestingly this number 112 can be dialled even if the keypad is locked.

Try it out.

SECOND Have you locked your keys in the car?

Does your car have remote keyless entry? This may come in handy someday. Good reason to own a cell phone.

If you lock your keys in the car and the spare keys are at home, call someone at home on your mobile phone from your cell phone.

Hold your cell phone about a foot from your car door, and have the person at your home press the unlock button, holding it near the mobile phone on their end. Your car will unlock.

Saves someone from having to drive your keys to you.

Distance is no object. You could be hundreds of miles away, and if you can reach someone who has the other "remote" for your car, you can unlock the car doors or the trunk.

(Editor's note: It works fine!. We tried it out and it unlocked our car over a mobile phone.

THIRD Hidden battery power.

Imagine your mobile battery is very low. To activate, press the keys *3370#

Your mobile will restart with this reserve and the instrument will show a 50% increase in battery.

This reserve will get charged when you charge your mobile next time.

FOURTH How to disable a stolen mobile phone.

To check your mobile's serial number, key in the following digits on your phone, * # 0 6 #

A fifteen digit code will appear on the screen.

This number is unique to your handset.

Write it down and keep it somewhere safe.

If your phone gets stolen, you can phone your service provider and give them this code.

They will then be able to block your handset, so even if the thief changes the SIM card, your phone will be totally useless.

As Rita says you probably won't get your phone back, but at least you will have the satisfaction that whoever stole it, can't use or sell it either.

As Rita so rightly points out, if everybody does this, there would be no point in people stealing mobile phones.

By the way, we know that this is the kind of information people don't mind receiving, so pass it on to your family and friends.

We are most grateful to Rita for the above valuable information and we hope that she enjoys her sojourn in Tenerife.

We sincerely trust that you will all make use of her information in particular implement the FOURTH suggestion.

Just keep them coming.

The Research Project of the Isle of Man Medical Research Committee.

As *The Diabetic* informed our readers in the last Newsletter there was to be an obesity research project under the auspices of the Isle of Man Medical Research Committee.

This research project is now underway and we understand that it has had a tremendous response.

It was opened at Keyll Darree by Dr Emran Khan the diabetologist and endocrinologist of the Manx Diabetes Centre, to a packed theatre.

Dr Khan is very please with the response with over 600 calls received and 400 applicants being recruited.

The Isle of Man is proud to be the first place in the world to have initiated a project of this kind and magnitude.

The research has been made possible from donations from the Isle of Man Research Committee which is funded by bequests.

The Diabetic has been at the forefront of the campaign on obesity in the Isle of Man with constant articles in its Newsletter and a Forum at the Manx Museum.

We hope that the end result will help those in our community to achieve weight loss.

The Diabetic shall be bringing you up dates of how the research is progressing in future Newsletters.

She is numb from her toes down.

Written on a medical report in a South African Hospital

The Meeting at St John's Mill.

The Isle of Man Council of Voluntary Organisations invited the Friends of the Manx Diabetes Centre to participate in a Health and Safety and Insurance Seminar at St John's Mill on Tuesday 13th May 2008.

This was to discuss health and safety issues and insurance matters as they affected the Islands voluntary Sector.

The seminar was to enable members of the local voluntary and charitable sector to learn more about, and gain a greater understanding of these increasingly important issues and how they affected the groups.

One of the guest speakers taking part was Ron Ellison, the Senior Health and Safety Inspector with the Department of Local Government and the Environment, who gave a most informative dissertation which though it had serious connotations was presented in a most amusing way.

Also present was a senior representative of Tower Insurance who explained in detail the necessity for Charitable Groups to carry insurance for they functions and fund raising.

The Friends of the Manx Diabetes Centre are most grateful to Mr David Gawne, who in opening the seminar explained that this was being organised in response to recognised needs, and was one of a series of support and training events being organised by the Isle of Man Council of Voluntary Organisations.

News Update

It is claimed that Insulin could hold the key to long life.

Scientists are now claiming that Insulin may help us live longer.

The drug which is used to treat diabetes according to their finding slows the ageing process.

Researchers are of the opinion that the insulin inhibits a gene which plays a part in ageing.

They say that in future it may be possible to manipulate the SKN-1 gene through gene therapy

This could lead to increased resistance to chronic disease and may also influence longevity.

Dr Blackwell of the Joslin Diabetes Centre in Boston Massachusetts explained “the major implication is that we have found something new that affects lifespan and ageing”.

The breakthrough was tested on the digestive system of C.elegans, a microscopic worm used by scientists as a model organism.

Pregnant Women and Diabetes.

According to two studies by British Scientist this year, it is claimed, that women with diabetes are seven times more likely to have a stillborn baby than healthy women, while those with type 2 diabetes are twice as likely to miscarry and five times more likely to have a baby with birth defects, compare with women with type 1 diabetes.

The number of pregnant women with diabetes has more than doubled in six years, according to one of the largest health surveys of expectant mothers

Doctors examined 175,249 women who gave birth in 11 hospitals between 1999 and 2005 and found significant jumps in pre-pregnancy diabetes in every age, racial and ethnic groups.

Doctors believe the rise reflects the sharp increase in Type 2 diabetes, which is driven by soaring rates of obesity.

Chocolate, Chocolate everywhere, and only one bar a day.

150 women with type 2 diabetes are being recruited to do something they may currently only dream of – eat a chocolate bar a day.

It will taste like chocolate, says Professor Aedin Cassidy, of the University of East Anglia (UEA), it will look like chocolate, and it will be made by an upmarket Belgian chocolatier, but the chocolate bar will be special.

It will contain high levels of flavonoids which has been shown to reduce age risk factors for heart disease.

Try Chinese exercises.

Researchers are now saying that traditional Chinese martial arts exercises could help diabetics control their blood sugars.

They appear to have found that a 12 week programme of T'ai Chi led to a significant fall of 8 per cent in blood sugar levels in those suffering from Type 2 diabetes which is linked to obesity.

Researchers from Chang Gung Memorial Hospital in Taiwan, also discovered that the exercise boosted the body's immune system.

This they claim is significant, because an improved immune system damps down the chronic inflammation of the body's internal organs which is associated with diabetes.

Taking Vitamin D in early childhood.

Medical experts claim that taking Vitamin D supplements in early childhood could dramatically cut the chance of developing Type 1 diabetes later in life.

Research has shown that children given additional Vitamin D were up to 80% less likely to develop the disease than those not given the supplement.

The higher and more regular the dose, the lower the likelihood of developing the condition.

The findings came from an analysis of five studies in various countries.

One followed 12,000 children born in 1966 in Finland.

Those who took any amount of Vitamin D had a lower rate of diabetes than those who did not.

In the United Kingdom One in Four infant school children is overweight.

A quarter of children are overweight before starting school, official figures in the United Kingdom have revealed.

At the secondary school entry age of 11, the figure rises to a staggering one in three.

Half of the pupils are chronically obese

Boys are more likely to be obese than girls.

The gap narrows at the age of five but at secondary level 19 per cent of boys are

dangerously fat compared with 15.8 per cent of girls.

These statistics have been collected by the UK Department of Health.

£2.3 billion is spent in the United Kingdom each year on obesity-related healthcare.

What is happening with our children here? How much do we spend on obesity-related healthcare on the Isle of Man?

Community Health and Social Care of Older People.

The Friends of the Manx Diabetes Centre were once again invited to participate in what the DHSS termed an event regarding the Community Health and Social Care of Older People on 14th May at Keyll Darree Training and Conference Centre at Noble's Hospital at 2 p.m. in the afternoon.

The event organised for 'Stakeholders', outlined the Department's Strategy for the Community Health and Social Care for Older People including Vision for the Future and the next steps planned for the implementation of the Strategy.

This was the culmination of the study that had started in 2004.

As you may recollect The Friends of the Manx Diabetes Centre had a meeting with representatives of the DHSS who had initiated the study way back in 2004.....four years ago.

See our newsletter No 7 of December 2004, if you haven't kept a copy you can see it on our website, which dealt in detail with the minutes of that meeting.

At that meeting the Group presented a 24 point plan for the alleviation of the plight of the carers on the Isle of Man.

The presentation at Keyll Darree dealt with the increasing number and proportions of older people, changing needs and expectation, the need to take a realistic approach as health and social factors are inextricably linked, and that the well being is more than receiving care resources.

The presentation lasted an hour, with various members of the DHSS explaining what had happened, how decisions had been arrived at during the past four years, and how they hoped

to implement the Strategy to achieve its performance.

They pointed out that they hoped to set up a pilot scheme in the south of the Island which would last for two years and then if it worked extend it to the whole Island.

The Chairman told them that no mention had been made of the carers of the Isle of Man and how did they hope to abate the onerous work of the cheap labourers of the DHSS.

He pointed out that when their charges died, they were cast out without a penny as all these patients allowances were stopped, and the carer was left destitute, more so having been out of the workplace for so long that they could not now find adequate employment.

He was of the opinion that these carers were experts in the field of caring and the DHSS should employ them in that field, for after all they had saved the DHSS considerable monies and should be properly rewarded.

The Chairman said that he had been somewhat taken aback that over the whole of the presentation relatively no mention had been made of the most important aspect of what the four year study should have been, that of the Isle of Man Carer and what the DHSS was going to do for them.

This theme was taken up by those present, in particular Mr David Gawne and members of the audience.

We were told that they had indeed taken on board the carer situation which was in the report but that they had not mention it adequately in the presentation, for which they apologised.

As explained above their pilot scheme for the South of the Island would take 2 years to complete, when depending on its findings they would extend it to the whole Island.

The Community Health and Social Care Strategy for Older people is set to run from 2008 to 2011.

This means another 3 years to implement, and a total of 7 years from its start.

How many people will have died since its start without proper help?

How many carers will have been left destitute without proper help in the name of "Strategy"?

As the meeting took an hour, the Chairman asked those sitting in front of him to pass to the DHSS representatives 40p.

This he said was what they paid to carers on a per hourly basis as Attendance Allowance for 24/7, and as his wife had not looked after him for the past hour, and they had had the privilege of putting up with all his arguments and had looked after him during the past hour, it was only fair that they should be entitled to a full refund.

The Cape Daisy

The Chairman has cape daisies in his garden that open and close with the rising and setting of the Sun, and they follow the Sun all day. It really is absolutely fascinating to watch.

He is going to ask Government for a Grant so that he can do a four year study of them.

Once he has finished the four year study, it is his intention to plant some in selected areas in the South of the Island and see how well they do over the next three years.

If after three years they have done well, he will then plant them all over the Island.

He is at present considering the size of the Grant he will require. Maybe millions, with all the consultants to consult, the gardens he will have to visit all over the world in search of the Cape Daisy, and to study them in their natural habitat, not to mention the numerous experts he will have to employ as backup..

It will all be down to implementing Pilot Schemes, Pathways, Strategy and Performance, very complicated and we will need to hold interminable meetings over the seven years.

All suggestion as to the size of the Grant will be welcomed. Please take into account the number of personnel required over the seven year period, salaries, travelling, stationery, telephones, electricity, computers, office equipment, cars, premises, ITIP, pensions, and of course incidentals.

Your help will be most welcome. Please let us know if you want to help with this worthwhile project.

Suicide is a real threat to health in a modern society.

Noble's Hospital Transforming Care Communication Group

The Transforming Care Communication Group is committed to ensuring that patients and visitors to Noble's receive the best possible service.



Kathryn Horn, Sue Rafferty and Jayne Kerruish

The Group has already achieved significant success since developing an action plan based on an audit of care provided in clinical areas. As a result of this extensive work:

1 The Group has introduced "Communication Boxes" to all wards and clinical areas. These boxes contain voice amplifier devices. These help to maintain individual dignity and confidentiality by allowing discreet conversation with patients and carers.

2 The Group designed a communication chart for people with speech loss or impairment as well as "visual difficulties" and "hard of hearing" signs that alert staff and visitors to the fact that individuals have associated communication problems.

3 Emergency multilingual phrase books are available that allow basic communication on admission to hospital where the patient's first language is not English. This allows some communication to take place until an interpreter can be made available.

4 There are also spiritual and cultural awareness files, which give carers an understanding of the specific needs of a wide range of people with different cultures and religious backgrounds.

5 The Group designed a poster depicting specific aids that are available, to raise the patient and visitor awareness.

6 The Group actively raises awareness to reduce barriers to effective communication, this

has included feedback at professional development forums and the Transforming Care Steering Group. At the professional development forum, one group member demonstrated the use of “simi-specs”, which simulate what it is like to live with visual difficulties. The Group has held a week long promotional event at Noble’s Hospital and will continue to promote these issues.

7 To test the signage within the hospital, the Group arranged for a “mystery shopper” to locate twenty randomly chosen areas within the hospital. The result of this exercise is a project supported by the Department’s Estates Directorate to improve the signage.

8 Mobile phones are widely used and their technology is developing features such as video recording, instant image transmission, and storage facilities. The Group has written a hospital policy, which outlines appropriate use and provides guidance.

9 With the support of the volunteer services, a communication diary has been introduced. This advises welcome staff where all staff inviting guests to the hospital on business, meetings or to attend interviews can advise the welcome staff in advance, avoiding any confusion as to name, location and timing of events.

10 A number of Group members are involved with the development of an Island wide multi agency translation and interpretation service. Training and development is on going.

The Communication Group is a sub group of Noble’s Hospital’s Transforming Care Project and consists of a Service Development Manager, a Clinical General Manager, Registered Nurses, Health Care Assistants, Speech and Language Therapist, members of the Manx Blind Welfare Society, Hospital Switchboard Manager, Records Manager, Ramsey and District Cottage Hospital representatives, Pain Specialist Nurse, Complaints Manager and two members of the public.

The group aims to meet best practice standards and improve interpersonal skills paying particular attention to patients’ and or carers’ hearing, vision and other physical and cognitive abilities, as well as to their preferred language and possible needs for an interpreter.

For further information, contact **Jayne Kerruish**, Acting Patient Services Development Manager, Clinical Governance Directorate on **650763** or e-mail Jayne.Kerruish@gov.im

The above article was supplied and is published by courtesy of In Touch Magazine a DHSS publication.

The Chronically Sick and Disabled Persons Committee Annual Meeting with Voluntary Organisations

The Friends of the Manx Diabetes Centre attended the above meeting at the invitation of the Committee and we bring you the highlights of Mr Braidwood’s address when he explained some of the matters being dealt with by the Committee.

On the question of ‘A’ boards place on the public highway Mr Braidwood explained that on the issue of shops placing display boards on the pavement outside their business premises continues to concern the Committee.

The Committee felt that these boards were a particular danger to people with a disability, the boards he said were not just a nuisance to pedestrians but they are a health and safety issue.

The Committee had been advised last year that a count had been carried out in the Douglas Town Centre area and there had been 88 ‘A’ boards on display.

The difficulty appears to be that no appointed day order has been introduced for the 2001 Act.

This means under present legislation one party is responsible for licensing and another party is responsible for enforcement.

In order to progress this matter the Committee had invited to their November meeting representatives from the Access Office, Douglas Corporation, The Department of Local Government and the Environment, and the Department of Transport.

The outcome of the meeting was that the DOT was to propose that under delegated enforcement powers, power would be transferred to the Local Authorities.

Mr Braidwood explained that they had recently followed up on the progress of this matter with the DOT and had been advised that a report is under consideration by the Minister for Transport and Members.

The Prosthetic and Orthotic Clinics

As regards the Prosthetic and Orthotics Service Mr Braidwood inform the meeting that the Friends of the Manx Diabetes Centre had highlighted to the Committee a number of concerns regarding the Prosthetic and Orthotic Service.

He thanked Mr Ramagge Chairman of the Friends of the Manx Diabetes Centre for keeping their Committee informed of his ongoing correspondence and meetings with the DHSS.

As a result he said they have raised several questions with the department on this matter.

He said his Committee noted with interest that the Friends of the Manx Diabetes Centre had recently met with representatives of the DHSS to present a case for a weekly Prosthetic and Orthotic clinic, and their Committee awaited with interest the Department response to this matter.

With regard to this service it was also their intention to visit the DHSS storage facilities for the distribution of aids and adaptations, in the very near future.

Travel Passes for accompanying persons.

This recommendation Mr Braidwood pointed out had been put forward by Autism in Man to the effect that travel passes should be issued to an accompanying person when required.

The Committee had followed up this recommendation with the DHSS and the Department of Tourism and Leisure Transport Division.

He was please to report that there had been a commitment by the DHSS and the transport Division to facilitate this.

They had been advised that the DHSS are now finalising details so that the facility can be implemented in the very near future.

Hospital Services: Patient Transfer by Red Cross.

Mr Braidwood then informed the meeting that at the previous years' meeting he had asked for the groups views on the Red Cross transfer

service which had an 8am pick up time for patients attending Nobles Hospital.

He explained that the Committee had invited representative from the Red Cross to a recent meeting and had been advised that they are due to carry out a confidential independent patient service audit.

The John Lennon Airport.

Mr Braidwood then told those present that his committee had been in contact with John Lennon Airport regarding two issues: -

- 1) The availability of seating in the departure lounge during busy periods.
- 2) The location of seating for people who ask for assistance.

The Chronically Sick and Disabled Persons Committee have received a response from the Customer Services Co-ordinator that during busy periods at the Airport, Isle of Man passengers may wish to use seats at the adjacent departure gates, if needed.

With regard to the location of seating for people who ask for assistance they were informed that the Airport is currently in negotiations with interested parties to provide a dedicated service for passengers with reduced mobility.

The commitment said Mr Braidwood, was to ensure that passengers arrive at the Airport, who have booked assistance in advance, will be provided with help from arrival into the airport car park to boarding the aircraft or as required.

This assistance will become the sole responsibility of the dedicated service provider and will alleviate many of the problems previously experienced by passengers with reduced mobility, including the location of seating etc. This will come into effect on 21st July 2008.

Leaflets of useful contacts issued to patients when leaving hospital.

This recommendation Mr Braidwood said was made at a meeting with the Voluntary Organisations and the matter had been progressed by Mr David Gawne.

(During the course of the meeting Mr Gawne gave a comprehensive update on the current situation, what the leaflet would contain and what it would look like).

Employment Equality Bill

The Chronically Sick and Disabled Persons Committee had been asked by the Department of Trade and Industry to consider the consultation document on the Employment Equality Bill 2008.

This document explained Mr Braidwood deals with proposals for an Employment Equality Bill which would make it unlawful to discriminate on certain grounds of employment.

It was felt he said, that this was an opportune time for any organisation that have not been approached to consider the consultation document, and those who would wish to do so could obtain a copy of the document that evening.

The Department has confirmed he pointed out, that responses from any individual or organisation present tonight would be welcome.

A copy of the document was available for collection at the end of the meeting.

Following his presentation the meeting was opened to the floor and a very substantial discussion took place on many matters to which the Chronically Sick and Disabled Persons Committee undertook to pursue.

The Friends of the Manx Diabetes Centre are very grateful to the Committee for there kind invitation to attend the meeting and as usual were at the forefront of the suggestion and arguments put forward from the floor.

The Friends of the Manx Diabetes Centre wish the committee well in all its many deliberations and look forward to a speedy resolution, with their help, of our demands from the DHSS for a weekly Prosthetic and Orthotic clinic with drop in facilities.

The Last Laugh

A man hails a taxi and gets in

The taxi starts off and the passenger leans over to the driver and taps him on the shoulder.

The driver appears to go into a fit, and the car careers off the road, over the pavement, onto the grass verge and nearly hits a tree before coming to a stop.

The driver is visibly shaken and shivering uncontrollably.

The passenger asks "Are you alright?"

The taxi driver nervously replies "Yes, yes" "I am terribly sorry" said the passenger "to have startled you, but it was only a tap on the shoulder, what happened?"

"Well" said the taxi driver "You see, this is my first morning as a taxi driver, and you are my first fare, up to last night I have always been driving a hearse"

THOUGHT FOR THE QUARTER

A little Indian boy was talking to his grandfather the Chief.

"Grandpa what is wrong?"

The old man replied "I have two wolves in my head fighting each other"

"What are they fighting about grandpa?"

"One is full of hate and revenge, and the other is full of love and compassion"

"And who is going to win grandpa"

"It depends my child" said the old chief,

"which one I shall feed".

**To Join the Friends of the Manx
Diabetes Centre
Please ring (01624) 613702**

**If you want to receive a regular
copy of
THE DIABETIC
Please Ring (01624) 613702**

**If you want to help the Manx
Diabetic and Manx Disabled
Please Ring (01624) 613702**

**The Friends of the Manx Diabetes
Centre are the Isle of Man
Diabetic Group
leading from the front
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