My care My Way – Home First Consultation Event Leek	
Organisations responsible for the event	North Staffordshire and Stoke-on-Trent CCGs, Midlands and Lancashire CSU.
Attendees from CCGs and CSU	Kay Hayward, Becky Scullion, Ann Marie Dale
Date of event	20th November 2015
Venue	Churnet Rooms, Staffordshire Moorlands District Council, Leek
Other groups who supported the event	Healthwatch Stoke on Trent and Staffordshire, My Care My Way Forum Group, Patient Reference Groups, Beth Johnson Foundation
Attendees from those groups	Ian Clarke – HW facilitator Kath Curley – Beth Johnson
Other attendees	X 9
Agenda	
Outcome and feedback	See Attached Notes

Table 1

Question 1 – Is there anything further we should be considering with regards to the My Care My Way model of care?

- Requirement for pharmacists to be embedded within general practice.
- The current waiting list for therapies was highlighted as an area of concern.
- Need to increase patient awareness of services through better communications.
- Increasing access to community services particularly podiatry and district nursing could reduce the number of A&E attendances.
- High staff turnover within community nursing staff – cause for concern.
- Requirement for consistent equitable care, not postcode lottery etc.

Question 2 – are there further actions we should put in place/consider in proposing this change?

- Implementation of pharmacist to alleviate pressure on GPs with increased availability particularly at weekends.
- Talk to staff to understand their issues and concerns, may understand way staff turnover is so high and pressures they encounter; enable them to take part in the development of job plans.
- Additional investment into occupational therapies.
- Improvements in the management of community staff .
- Greater co-ordination with ambulance services and primary care GPs. Consider skill mix of service and the potential to have ANPs within the ambulance to try and reduce the number of conveyances.
- Improvements required from discharge to community services, this causes bed blocking particularly for end of life patients.

Question 3 – are there any questions/ issues that individuals wold like to raise as part of this process?

No further comments

Table 2

Q & A

- Example, a patient with a long term condition has been poorly since April, their GP wrote to the Acute trust for tests, it took 40 weeks to receive an appointment within that time the patient was in and out of hospital and A & E and still had to wait this length of time to receive an appointment.
- Extra resources discussed but have not mentioned extra GPS or Social Worker assessors, it is very difficult to recruit GPs, how is this going to be addressed as in the new model it will be GPs who will be picking this work up, who will people look to for co-ordination of their care?

<u>Question 1 – Is there anything further we should be considering with regards to the My Care My Way model of care?</u>

- Example, a patient with Alzheimers who was very poorly ended up being admitted to A & E, their family were in crisis and had been giving 24 hour care, the patient was pushed backwards and forwards between social services and CPNs, it took six weeks to resolve.
- On discharge who is going to monitor the patients progress, as if not monitored patient could be left on their own and vulnerable, especially if they have no family/voice perhaps the use of an advocate. Care packages are not being monitored, carers should be dementia trained, don't feel as though private care companies are fulfilling their roles.
- There should be a centre of excellence for training which staff would pass through.
- 72 hour emergency care plan for weekends.
- Step down and Step up beds should be kept at Leek as travelling to Bradwell and Cheadle is very difficult due to public transport, there is only one bus from Leek to Cheadle a day.
- It feels as though it is just a money saving exercise.
- It needs to be co-ordinated.
- Seems like constant crisis management.
- The patient does not always know what is best for them – may be rushed home when not ready.
- Need twenty four hour back up/access to pharmacies.
- Need OOH based in Leek.

<u>Question 2 – are there further actions we should put in place/consider in proposing this change? / Question 3 – are there any questions/ issues that individuals wold like to raise as part of this process?</u>

- This seems to be catering for "normal" patients what about patients with mental health? It can take up to 2-3 months for a well-being appointment resulting in the patient being in crisis and ending up in A&E – it is not working properly.
- There is a need for further integration with Mental Health and Physical Health.
- There should be one single point of contact for dementia services so as not passed from pillar to post.
- Ward 4 – shared care facility is working well.
- Decisions are not always made on medical grounds, i.e. winter pressures on beds.
- Disjointed services across the Health Economy and Local Authority.
- Need correct information on support services.
- Support service contracts are running out before staff are informed, therefore are losing decent staff, it needs bringing together.
- What about patients from Stafford when discharged?

Table 3

Q & A

- People are waiting a long time to actually get an appointment with consultants.
- Extra resources – physio, nurses but no mention of GPs – difficult to recruit GPs, how is this going to be addressed?

<u>Question 1 – Is there anything further we should be considering with regards to the My Care My Way model of care?</u>

- Communications are lacking from department to department.
- Patient does not know what is happening around them, if ill then difficult to get answers – answer machine is not good enough.
- Need to know who to contact, the right person at the right time.
- Holistic assessment should be done then the consultant will know exactly what is happening.
- Frail elderly do not get better - The need for more ongoing assessments as to what they require on discharge and what they will need in six months' time.
- Prevention should be increased to keep people out of A & E.
- Access to GPs is an issue as you cannot get appointments.
- Can't doctors and therapists work shifts, services need to be 24/7.
- Hospitals are treating patients in isolation.
- Cannot criticise idea but how many places do you have to go before you get home.
- Health is seen as curing illness – change of culture needed.
- Not person centred – finance centred.
- Voluntary sector need to be more involved.
- Health do not trust voluntary sector.
- District nurse did not know how to change drain, called the doctor at 2.45 am and not seen until 5.15.
- Condition is treated but do not find out what the cause is.
- More transparency in the costings, lots of people will have to self-fund care, number of weeks they get a re-ablement package.

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- How can a GP/consultant follow through?
- At what point does a consultant discharge the patient from nursing care, whose responsibility is it, the one that you originally saw or the one in the community hospital?
- Educate people to be responsible for their own health.
- No confidence in the new model.
- Service- phone the GP and patient does not know whether they are urgent or not, "mothers swollen leg", need more resource at GP practice.
- Elderly people feel a burden already and would not be forceful about getting an appointment.
- No consistency around services.
- Voluntary involvement, need more of it.
- Fully resourced GP practice would help.
- Costings – how does this impact the individuals?

- Holistic care.
- Educating people as to what services are out there and how to access.