

Event Report Form

My care My Way – Home First Consultation Event #2	
Organisations responsible for the event	North Staffordshire and Stoke-on-Trent CCGs, Midlands and Lancashire CSU.
Attendees from CCGs and CSU	Marcus Warnes, Becky Scullion, Linda Longshaw, Kay Hayward, Filippa St Aubin d’Ancey
Date of event	3 rd November 2015
Venue	Fenton Manor, City Road, Fenton, Stoke on Trent, ST4 2RR
Other groups who supported the event	Healthwatch, My Care My Way Forum Group including , Patient Reference Groups, Deaflinks.
Attendees from those groups	Yvonne Buckland, Dave Rushton, Jeff Love Healthwatch, Malcom Barber, D Clohesy, P Bailey, W Sandbrook,
Other attendees	Kieron Murphy SSoTP. X10
Agenda	
Outcome and feedback	See Attached Notes

My Care My Way

Patient and Public Engagement

Monday 3 November @ Fenton Manor

Presentation – Marcus Warnes

Questions from Presentation

- Does the step down pathway follow out from UHNM to Shropshire/Cheshire?
- Communication is a major factor to clients and none more so than those with hearing impairment. How will deaf people (for example) communicate their needs to a community worker?
- Discussions with providers/contract monitoring seem to centre on outcomes and not quality of services. What will the CCG do to ensure robust, quality services?
- Are we getting true feedback? We need an independent voice, testing what is going on.
- Is the step down pathway already in use by UHNM? e.g do they already own the beds?
- How effective are your discussions with social care

TABLE 1

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

- Concerns around how people get to A&E/hospital in the first place - Have commissioners considered how many of these are out of hours?
- How involved is the ambulance trust?
- Response of Intermediate Care?
- Members of the deaf community feel abandoned particularly when entering a residential or nursing home.
- Residential Homes/Nursing Homes need training in how to communicate with the deaf or hearing impaired.
- Information needed in the right format.
- All people are individuals, none more so than the deaf. Some use speech others don't. Care plans must ask how they prefer to communicate.

Supplementary Health Watch questions:

1. What are people's experiences of services at the moment-any concerns/issues?
 - Carers fight at times to prevent admission to hospitals.

- Professionals need to be confident enough to risk assess the patient needs/wants/carers wishes.
 - Respect the right to die at home.
 - Culture change needed.
2. What services need to be delivered to help people receive care in their own home?
- Discharges delayed because of housing issues.
 - Respect the “normal home circumstances” of people.
 - Access to Aids and Adaptations in a timely way.
 - Quality housing stock and the pathway streamlined.
 - Records issue- complex patients require different organisations but organisations not cohesive. Will not look at other organisational notes to ensure continuity of care.
3. How do people want to be able to access community services?
- Need to self-refer before needing services.
 - Must listen to individuals.
 - Through GP.
4. How should patients/families and Carers be involved in decisions about their own care?
- Requires culture change- e.g. professionals entering a property that may not be ideal to them but ok for the patient.
 - Admissions to hospital by people with LTC disease management and don't want to go into hospital e.g. Huntingdon's – professionals don't listen to carers or patients.

Top feedback:

- Is WMAS engaged in this process? Concerned about out of hours and inability to contact appropriate service's e.g. Intermediate Care.
- Staff & skills – both knowledge and actual skills in order to appropriately for Long term care- if staff are not skilled – leads to isolation.
- Visual and sensory impairment- 1:5 have a hearing loss in Staffordshire.
- Culture Change- professional concerns versus individual preferences and desires. Letting people take a risk.
- Patient records – information governance and professional requirements.

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

- Don't assume all people need an intervention.
- What about the lower range of services (preventative) i.e. gardening/shopping.
- How do people access services?
- Consider low level MH/depression/bereavement.
- Sensory- Mini coms out of date- How can we use mobile phones/SMS service?
- Look at analysis "How do people get here?"
- Put GP's at the forefront- really need to focus on this.

Top feedback:

- Text service for hearing impairment/elderly.
- Reflection and proactive management.
- Records must reflect all issues.
- Not all older people need clinical/social intervention – preventative range i.e. voluntary sector.
- How are we building third sector into services?

Question 3: Are there any questions/issues that individuals would like to raise as part of this process?

Out of time

TABLE 2

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

- Need all professionals on board.
- What about GP buy in?
- What will happen with so many GPs retiring?
- How are GPs involved and consulted?
- How will the relationship work, patient to get care as GP first port of call?
- Quality and consistency of Dom care e.g. 1 patient x 36 carers in 3 weeks.
- The majority of patients on the wards are waiting for care packages before discharge.
- Numbers of people with dementia increasing. The new model doesn't give enough thought to this.
- Any improvement is a good one – Care at Home is the best.
- What happens between 8 pm and 8 am needs addressing.
- Reintroduce carer respite and then they (carers) can continue their good work.
- As model moves forward and improves the community needs will diminish.

- Where are the spare beds coming from for winter pressures and how do you do that?
- Bradwell 2015 winter pressures – Beds replaced desks/no call bells/lighting?
- Contingency winter pressures or a crisis- What is the provision and how do you avoid the poor examples of standards.
- Focus on helping people at home will resolve this.
- But description can be deceptive i.e. medically fit.

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

- Language - Need patients to understand the carer and ensure that i.e. appropriate according to needs.
- How will private providers be monitored - people/patients will be frightened to complain.
- Records kept in the house should there not be a single assessment – i.e. yellow folder works but doesn't allow Dom Carers to check.
- Better staff communications internally to allay staff fears and ensure that staff are retained otherwise there will be a mass exodus.

Question 3: Are there any questions/issues that individuals would like to raise as part of this process?

Out of time