

Better Care Fund Patient User Experience Group meeting

26th May 2016, CCG Office, St Leonards

2-4pm

Present

Ida Scoullos	(Chair)
Sulekha Hassan	Healthwatch Hackney (Minutes)
Shirly Murgraff	Clinical Commissioning Group (CCG) Integrated Care Board and Integrated Independence Team (IIT)
Leah Herridge	Integrated Care Board manager
Aysun Ozbasak	Service User & Healthwatch Hackney volunteer
Eeva Houviala	CCG Patient and Public Involvement Officer
David Holland	Service user lead (Age UK East London)
Maureen Ford	Disability Back Up (DBU patient representative)
Elsbeth Williams	Social Eyes, Patient Representative on Vision Strategy Group
Norin Khanna	Patient rep
Gareth Walsh	One Hackney
Wayne Gillon	Integrated Independence Team (IIT)
Margaret Howat	Homerton Hospital Patient experience lead
John Williams	Healthwatch Hackney Director
Cindy Fischer	CCG Integrated Care

Also representatives from:

London Borough of Hackney (Adult Social Care)

Adult Community Nurses

Paradoc

London Ambulance Service

Apologies

Batya Beverley	Service user
Mark Granville	ACRT patient experience group member
Elsbeth Williams	Social Eyes, Patient Representative on Vision Strategy Group

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Item	Action points	Lead
1. Paradoc	<ul style="list-style-type: none">PUEG to work with Paradoc in measuring the quality of patient experience-possibly through vlogs.	JW
	<ul style="list-style-type: none">LR to circulate CARE Measure which could be used to measure patient experience of Paradoc	LR
	<ul style="list-style-type: none">Paradoc to consider a patient reference group	DG
2. Managing crisis at home	<ul style="list-style-type: none">SH to circulate Connect Hackney booklet to PUEG members including providers (GPs etc), so that they can refer patients (50+) in crisis who are also likely to be socially isolated.	SH
3. Co-ordinate My Care (CMC)	<ul style="list-style-type: none">Slogan from PUEG group is 'joined up care I've always wanted and never thought I'd get'	LH
4. Next meeting	<ul style="list-style-type: none">Group will look at social isolation and its impact on crisis and vice versaGroup to invite One Hackney and Connect Hackney	SH

Key discussion points

Paradoc

- This service helps people to be managed at home with GPs and London Ambulance Service paramedics working together.
- The service works because GPs have good local knowledge and know what other services are available
- The services main collaboration is with Integrated Independence Team (IIT)
- Paramedics also feel very much a part of the community through their Paradoc work with local GPs

The key question for the group was what kind of support do patients need to manage a health crisis at home/place of residence?

Comments

- Family carers would like to be better informed, if time and effort is spent on informing them about different services and help available they wouldn't feel so isolated.

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- Family carers would also find it helpful if they knew what number to call at what point-using a traffic light system for example
- Information. How do you know what you need and where to go?
- Lack of available GP appointments is a barrier for some people
- It has been reported that some patients have said they felt that paid carers are not looking after them properly and therefore have had no option but to call 999.

Suggestions

- Having a telephone number on speed dial other than 999
- Easy read booklets with information about key relevant services
- Services to be better joint up at first point of call-so people are not having to navigate individual services themselves, the care should be seamless

Recommendations

- Fridge magnet with key numbers for patients and carers
- Group recommends that contracts should not be given to care providers without service user input into training and the appointment of staff. Service user input should be imbedded into the system.

Could there be a provision for unpaid family carers to be able to refer their loved ones to Paradoc?

- There was a shared concern from the group that allowing carers to refer to Paradoc could be 'confusing and dangerous'. Some felt that it was asking too much of family carers to make clinical judgments that GPs are best qualified to make
- There was also a concern that patients and carers could be further confused by additional service numbers and find it difficult to differentiate between 111, out of hours CHUSHE and a possible Paradoc number
- It was also said that carers would need educating *if* the referral process was extended to them. One group member said that they have often heard that family carers would just call 999 as the first point of call so basic training about when to call 999 would be a must.
- There was a suggestion that there could perhaps be limited referrals, e.g. IIT said that whilst they would not give out their number as a general rule, they have given their number to people who have used the service appropriately in the past.

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Other services that Paradoc could work with

- One Hackney raised the issues of volunteers who have been with people who have had falls-there is a gap where the family carer is not at home and the person does not want to go to hospital but the volunteer is unable to help