

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)
Elsbeth Williams	Social Eyes, Patient Representative on Vision Strategy Group
Shirly Murgraff RICS Patient rep	Clinical Commissioning Group (CCG) Integrated Care Board and
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)
Terry Stuart	Patient representative
Maria-Eirini Galanaki	Coordinate My Care – Trainer

Apologies

Norin Khanna	Patient rep
Margaret Howat	Homerton Hospital Patient experience lead
Batya Beverley	Service user
Mark Granville	ACRT patient experience group member

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Item	Action points	Lead
1. Co-ordinate My Care	<ul style="list-style-type: none">The group agreed on a CMC pilot in City& Hackney	LH
2. Next meetings	<p>Crisis to be a key running theme (particularly frail elderly people with a care plans and how they can be better looked after at home) The key question is what would help people in a crisis other than calling 999?</p> <ul style="list-style-type: none">Input from One Hackney and City, IIT, Paradoc, Community Nurses.	SH
3. PUEG's work	<p>Some of the key areas for the group to look at include</p> <ul style="list-style-type: none">Crisis (high risk elderly care from GPs and other services)How is CMC working?The patient discharge process (are community teams working well together?)Intermediate care beds will need further scrutiny from PUEGDelayed Transfer of Care (DTC) should be on the agenda for a future meetingGroup to send a report to the Integrated Care Board in July	SH

Key discussion points

Co-ordinate My Care (CMC)

The group had a presentation on CMC, they were told that:

- Clinicians can view, edit and update the care plan according to patient wishes
- The plan is for 2000 care plans to be on CMC by the end of the year
- There will be a flag on EMIS (GP system) to flag up of there is a care plan in place at GP level
- Anyone who has direct contact with the patient can view CMC records
- This would allow paramedics and 111 to know more about the patient once they ring in an emergency

Some of the key questions for the group are:

- Which organisations should share this information?
- Are there other groups other than frail elderly and end of life patients who could benefit from CMC? E.g. patients with complex needs

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Service user questions included

How does CMC relate to Do not resuscitate (DNR) or advanced instructions? There was some confusion around this but it was suggested that CMC would take these into account.

Is this a pilot scheme and why have you chosen end of life as the starting point?

- CMC is not technically a pilot, it will be used for frail elderly and end of life care patients but we will see how it works, CMC was also designed specifically for end of life care. For this reason it made sense to start with end of life care patients as they are most likely to be admitted into hospital care repeatedly. GPs also felt they were a key group for CMC.

Are we in danger of using IT to replace communications between people and health and social care professionals?

- CMC does not replace communication between professionals, it is designed to aid and complement that communication.

How does consent to share information work and could it be withdrawn?

- Consent is discussed at GP training and it can be withdrawn at any point. The mental capacity of patients need to be taken into account, if they are deemed to have mental capacity then a CMC plan can be created, if they are not, then the decision can be made by clinicians in the best interest of the patient.
- CMC could either be fully shared or be viewed on restricted access with the option to specify who you would like the care plan to be shared with.

Is there a risk of discrimination against patients who say they would not like to be resuscitated if demand is high in the case of emergencies?

- No, if you have a CMC plan the call is transferred straight to clinicians so patients don't have to go through the triage system, so in fact they could get treatment much quicker than they ordinarily would.

Could CMC be interfered with?

- All changes to the records are audited and can be requested to be viewed. Previous authors are also notified of changes.

JW talked about PUEG and its development

- HWH are committed to its development
- There will be a training programme for patient reps
- The group should have access to technology to enable them to carry out the work
- New patient reps will be recruited

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- There will be links with existing patient groups and forums such as Public and Patient Involvement Sub Committee (PPI) & NHS Community Voice (NHS CV)
- There will be real thought into how the group can influence the integrated care board including getting patient stories from services.

Other points of discussion

- There was a point about helping people take more responsibility for their health including community talks
- Lack of care and nursing homes in the borough was noted
- Delays in social care assessments were also noted