Patient Participation Group meeting notes: 5 December

Patient chairing:
Although only one person has directly contacted Lizzie Stimson (engagement lead) there have in fact been four people who have expressed an interest to chair the patient groups - one for Central, one for North and two for South.

Lizzie will follow this up with Ed Fredenburgh one of the members of the Independent Patient Group (IPG).

Whittington Health:
Qs: Is there a policy when working with the local press of correcting inaccuracies on Whittington Health or other policy or issues?

Yes we do monitor the local press. There is something about improving communication – the trust actually does really well. Although, it is right that if there are failings these make the press we need to ensure that Whittington Health promote as much as possible their many successes to balance out the bad press.

Statistically the Whittington Health has some very good outcomes. It has the best mortality rate in the country along with University College London Hospital (UCLH).

It was raise that there should have been someone from Save Whittington Health campaign at the meeting and involved in the presentation. It was highlighted that the campaign group were invited and that there was one of their members present.

ICCG wanted to give as honest a presentation as possible in terms of their position with the Whittington hospital and working with them including their view of the Whittington Health obtaining Foundation Trust status and why.

Questions on Whittington Health answered by Carol Gillen, Director of Integrated Care and Operations.

Qs: Trisha Barnet, Member of Whittington Health questioned the statement pertaining to redundancy.
She raised that the redundancy option available to staff was taken away because of Transforming Patient Experience. She reported that staff in administrative positions have been moved and down banded. It was felt this was a continuing problem.

There has been a change to the process of Whittington Health to improve patient experience. There were lots of systems and processes which patients reported impacted negatively on their patient experience. Staff were involved in the development of this.

Nobody was made redundant , some posts have changed but everyone has been matched to a role.

Qs: It was asked if they are now using Dictate – a private company - to type letters.
This was not confirmed.

Conflict of Interests for Islington CCG (ICCG) in employing such a company were raised. It was highlighted that ICCG and Whittington Health are separate organisations so the awarding of any Whittington Health contract could not have a conflict of interests for any member of the CCG board.

In terms of ICCG Conflict of Interests – they can be unavoidable but whenever they come up the person(s) just take themselves out of the room for any decision being made.

The change in jobs was, however, explained. The medical secretary roles were extended so they would be the first point of contact for patients. They were now called Patient Experience Providers. A contract will have been made for most likely three years.

It hasn't changed the way that patients contact consultants. There is a named secretary – so essentially the contact experience shouldn't change but the overall process should feel easier.

It was highlighted that ICCG commission Whittington Health services but they don't have control over how they deliver these services.

It was fedback by a Practice Manager that actually these roles were not improving patient experience. It was reported that it was almost impossible to get a discharge letter for a patient or to get through to the medical secretaries. They are having to email or phone the consultants to obtain a copy of the letter.

Action: Carol Gillen will take this back.
It was also asked that all practice managers email the Islington feedback address if this is there experience.

Qs: Another lady had had a long stay in Whittington Health and was very well looked after. However, after being so well looked after she then went back into her home and found this especially difficult. This was exacerbated because she lived alone. She felt she needed some sort of assessment before discharge so she could have also been looked after in her home.

Currently, WH is focusing on the experience of older people. They are working to ensure people can be looked after as well as possible in their homes and in the community.
As an Integrated Care Organisation (ICO). They are in a unique position and have links into both community and social services.

They offer Enhanced Recovery. This is facilitated (supported) early discharge service. It helps to support people with complex needs to be looked after in the community. Some of the support this offers is:

- Day medicine unit
- Older people's day hospital for people traditionally admitted for two nights and then discharged home by District Nurses. People are supported back in their own home.
- As well as an ambulatory care model.

Qs: It was asked if any care in the community was in the hands of a private company?

Carol Gillen said no – not to her knowledge.
Community care is delivered through:

- District nursing
- Intermediate care units – commissioned through London Borough of Islington. These are nursing homes.
- Domicilary or community homecare, rehabilitation and reablement.

Qs: What if someone was discharged and they could not do their own cleaning?
It would be identified in hospital. They would be seen by a social worker. An assessment would be needed to see if they meet the eligibility criteria by social care.

Reablement help is free for 6 weeks and would be offered to someone after a hip replacement. It is about restoring people to full independence.

Qs: district nursing – recruitment and retention – what is being done?

This is a good point. Nursing in UK is facing challenges to recruitment.
The challenge is in recruiting the best people – as everywhere is trying to recruit these people.
There is also the challenge of recruiting experienced nurses Vs young graduates.

The aim is for zero agency staff but this is currently almost impossible because there is such a small pool to recruit from.

Qs: How do you access the community geriatrician?

The person is starting in early Feb. There will be lots of publicity and supporting information.
GPs will be supported to access the geriatrician, making support in the community as easy as possible.

Qs: Child and Adolescent Mental Health Services (CAMHS): there are unacceptably long waiting lists for psychology for children.

There has been additional investment into neurological development.
All secondary schools now have a linked CAMHS worker – with direct referral into services. The thinking behind this is that it is better to support children in their own environment – in places they go.
The feedback, however, raised that there is still a gap for parents who want to make referrals on behalf of their children.

Qs: Preventative care for mental health. One lady gave her experience that she when she became pregnant she highlighted she had had mental health issues. She was reassured she would be given support but was not and she had severer post natal depression. She highlighted that support and preventative care is key.

Sam Paige Acting Assistant Director of Childrens and Families answered this.

Currently trying to ensure that the maternity pathway is got right: Antenatal to postnatal.
One of the key priorities is a child's first 21 months in life. It is much better to have teams supporting families through integrated working.

It was highlighted that Camden and Islington Foundation Mental Health Trust provides mental health services.

Agenda for next time:

- Self Care and personal health budgets
- University College London Hospital (UCLH)
- Camden and Islington Foundation Mental Health Trust
- What can we do to support patients who have social concerns?
    - Can there be a social service representative at the PPG?
    - Or a similar forum for LBI
    - Issues such as outdoor space e.g. Andover – Thornton road – play area is affecting people.