

## **Summary Report:** ***Dorothy House Hospice***

**Wednesday 22<sup>nd</sup> April 2015 | 2:00 pm**  
**Dorothy House Hospice**

### Feedback from group

- Health and social care need to be linked
  - 3 different Health and Wellbeing Boards
  - Ownership is key – they want one GP
  - Models
  - Better liaison
  - 3 – 4 – 5 year programmes
- Titles to services get lost
  - Simplifying description of services
  - Patients fall between the net
- Society is not good at pro-active planning
  - Some people are not willing to have conversation
- Not duplicating is key – people know pathways
- Care coordinator role
- Pharmacies are underused
- Empathetic to number of stakeholders
  - Share assets
  - How we complement/influence other services
- Volunteers
  - Think about younger volunteers
  - We should only take the time they're offering
  - Structure around volunteers
  - They are not free

- Technology
  - Your Care Your Support website
  - Community app
- Engage with disenfranchised groups
  - Some rules and behaviours and different styles of engagement
  - Has this been taken on board?
  - Links to LGBT/Islamic community for John
  - Bereavement follow up
  - Increasing demand for services that are not available
    - Community nursing services under strain
    - Don't have knowledge to make decisions
    - 15 minute appointments – masses overtime
- Domiciliary care
  - Impossible to get dom care when you need it – might be 2 weeks after time of need
  - Patient choice is not there
  - Communication between health and social care
  - People in community need back up
  - Right care is really key
  - A lot is about the carer's ability to cope
- Respite is not sorted within the community
  - Range
  - If you're not under health or CHC
  - Appropriate forms of respite
- Step up and step down beds – that has to be part of the model – community hospital/nursing beds
- Specialist input
  - People are becoming too specialist
  - Co-morbidity
- For the last few months of life people are worried about money
- Homes/care
  - The constant is the home
  - What's the plan B?

- Dom care
  - CHC limits funding
  - Robbing Peter to pay Paul
- Giving people independence
- Home help was fantastic service
- Too much information
- Enabling is time limited
- Hospice has education and training role
  - Training day already delivered
  - We can be more imaginative
  - Wayne is point of contact
  - Where can they add value?
  - Understand communities we are working with
- International conf – looking at how we develop – community
  - Weston Hospice
  - Develop resilience
- H&W board co-ordination