Summary Report:
Bath Carers Centre - Radstock

Wednesday 22nd April 2015 | 2:00 pm
1 Riverside Cottages, Radstock, BA3 3PS

Attendees

Mike MacCallam (B&NES Council and BaNES CCG) and Avril Baker (ABC).

The meeting was attended by 5 people; 3 carers, physiotherapist from Sirona and Sonia Hutchison from the Carers Centre.

Meeting Summary

Mike ran through a powerpoint presentation explaining the purpose and principles of the ***your care, your way*** review, how all partners and stakeholders will be working together and engaging with as many people as possible. He also explained the definition of community services and the phases and timing of the review.

He highlighted some of the key themes which have emerged from consultation events so far including the importance of early intervention, person-centred care, preventative care, integration, equal and seamless access, building community capacity and significance of social isolation.

Q&A Session

Q1. Why have you excluded residential care in terms of scope of community services? If someone is in a home and requires a service then this is 'their home'.

R. Accept if someone is receiving specialist care e.g. by diabetes nurse but the review would be about the care going in and not the home itself. Accept there is some overlap of all areas and how they work together

Q2. Does the review cover social services?

R. A decision was made at the start to make reference to Health and Care and not Social Care. It covers the care part of community care. Explain it in terms of the difference

between social work and the delivery end of social care.

C. Pleased that inviting input from wide range of stakeholders at this stage.

Q3. A concern that mental health side does not seem to be at the forefront

R. Keen to look at mental health and physical health within the scope of the review through activities such as social prescribing and wellbeing. A colleague on the review is Andrea Morland who is a commissioner for mental health services in B&NES

C. Experience of one carer where following a complaint against a mental health patient, medical services were withdrawn leaving the carer on own and unsupported.

R. Need to be able to feedback complaints in a way that does not lead to any retracting of services. Challenge is how to make services more front facing and around the individual person. This feeds into wider thinking about how to work with the workforce across agencies and think differently about how to support people. Example given of talking with domiciliary care staff about looking at the needs of getting people back on their feet not just about how many minutes of personal care is offered.

In the workshops so far haven't talked directly to either mental health services users or those with learning disabilities. In Phase 2 will be working over the summer to decide how to find out about the user experience. During workshops on 21 May it will be important to get the right people round the table including mental health carers and users

Q4. View that haven't 'cracked' patient-held records yet. Patients may be being seen by two different health professionals but don't think to mention this so can't help to streamline appointments.

R. Feedback to date has reinforced frustration of patients when no one seems to understand their whole needs. Creating a single person record can be complicated as sometimes the patient doesn't want everybody to know everything about them. A single patient record is a national challenge for the health service even though we all have an NHS number.

C. We need a cultural change so that people learn from an early age e.g. at school about taking on responsibility for themselves. For example if you have a health problem have this information on you or in your phone. Or for those with dementia their carers need to carry this information.

R. People assume that their GP knows everything about them. Not necessarily the case. If a patient has extensive records need a way with technology to search for key words.

R. feedback has shown that people think acute services are often very good but as they get better at home services 'melt away'. Need to ensure that when people are getting better they are also well supported.

R. Role for a different type of workforce who can check how you are rather than a navigator. Example of the Active Ageing Service to spot potential problems

Q5. Concern for carers when they are solely responsible for elderly person but they are ageing too. What does the future hold?

R. Need to look at opportunities to give reassurance to carer. Look at ways of mapping out the future so they don't worry and make use of schemes such as Community Care Assessments, warden assessment in sheltered accommodation. Also important for carers to create an Emergency Plan through the carers network.

This leads onto to planning for the well and not just the ill.

C. Some forms of care are age limited e.g Active Ageing only applies up to 85.

R. GPs hold lists of 2% of their registered patients who are at most risk of hospital admissions. This could be a useful starting point for understanding communities and what they need.

C. Could run a programme for over 80s who haven't seen a doctor in several months.

C. Traditional categories of age are not as relevant as people live and work longer.

C. Experience of carer for partner in wheelchair following an accident and hospitalisation. Get paranoid at every 'break' in service/care as starting from scratch with new people and have a new social work assessment.

R. patients want a map of what to expect at each stage. Need to understand what good looks like and what the barriers are. This could be done for several prevalent conditions.

C. The GP hub/cluster works very well in Keynsham as there are a number of specialists and services under one roof.

R. All about relationships between external agencies such as Sirona and GPs. Need to build a model that strengthens relationships and how comfortable everyone is with their role. Also changing the emphasis from looking after people to re-abling individuals.

C. Sometimes feel the only way to get attention is to be ill and go to A&E.

R. Perception is that it is hard to get a GP appointment. Also with the internet and raised expectations people want to be seen immediately so tend to go to A&E when they shouldn't

Summary

Mike thanked the group for their input and concluded by asking attendees to share the information about the review and encourage people to feedback through different channels. The next step as the project moves to Phase 2 will be the running of focus groups on 21 March to start working up options for models of care. Ask if any carers want to be involved.

Sonia concluded by offering help or advice to the carers following some of the issues and experiences they had shared with the group.