

Notes of the Dementia Care Pathway Group

Thursday 23 April 2015 at 12.00 pm

Present:

Laura Marsh (LM)	Commissioning Manager for Long Term Conditions, CCG (Chair)
Amanda Stanson (AS)	BaNES Age UK
Anne Marie Stavert (AMS)	Commissioning Officer, BANES LA
Barry Grimes	Strategic Stakeholder and Public Relations Manager (CCG)
Daisy Curling (DC)	GP Board Member (CCG)
David Ford (DF)	Curo Group
Janine Woodward-Grant (JWG)	Senior Development Manager, The Carer's Centre
Jill Mann (JM)	RICE
Peta Rahmatallah (PRa)	Curo Group
Mark Roberts (MR)	AWP
Rachel Burns (RB)	Peggy Dodd Day Centre
Simon Parrett (SP)	Dorothy House Hospice
Wendy Lovell (WL)	Somerset Care and Repair
Helen Gale	Office Manager, CCG (Minutes)

Apologies:

Becky Reynolds (BR)	Consultant in Public Health, BANES LA
Debra Clifford (DC)	Combe Lea CRC Manager, Sirona
Emma Frampton (EF)	Dorothy House Hospice
Karen John (KJ)	Care Services Manager, BaNES Age UK
Sue Parris (SP)	Programme Lead for Long Term Conditions Sirona

No	Discussion	Action
3.	<p>Presentation on <i>your care, your way</i></p> <p>Barry Grimes, Communications Manager, gave a presentation on the <i>your care, your way</i> review that was finishing its first phase. The review is looking at all community health and care services across BaNES (400+) along with the providers, of which Sirona is the largest. Phase 2 of the review will define what is in scope. The Sirona contract ends in 2017, and a plan for the next 10 years is required. The aging population is increasing the pressure on hospitals.</p> <p>The vision is to provide 'excellent health and care services in the community and enable people to live happier and healthier lives'. Services will work together within the community to prevent hospital admissions which drain resources.</p> <p>Phase 1 of the review was launched on 29 January 2015, and 30 engagement events have taken place to date. Reports from all events are available on the <i>your care, your way</i> website. The Phase 1 report would be signed off on 30 May and published on the website. To date the website had received 700 hits.</p> <p>Phase 2 would continue to gather feedback with an all day workshop on 21 May at Bath Racecourse beginning the process of mapping the services available and how links could be forged. The group were all invited to the event.</p>	

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	<p>Feedback to date:</p> <p>Care was good initially, but it peters out until the next crisis point is hit and another admission to hospital is made.</p> <p>There are five GP clusters/hubs that feed out to the wider community services. A 'navigator' could be used to signpost patients to relevant services removing this burden from the GP's, who only have a 10 minute consultation.</p> <p>Phase 3 would be launched in September 2015 – a detailed model of actions/proposal that would be released for consultation. In November 2015 the proposals would be tested in the community. By the summer of 2016, the service providers would be chosen and then implementation would take place in 2017.</p> <p>What would seamless care look like?</p> <p>AM - Patients would only need to tell their story once.</p> <p>DF – Single assessments and avoidance of repetition.</p> <p>AM – Services liaising in the background to provide a seamless patient service.</p> <p>JWG – Both parties could be seen at the same time; the patient and the carer are looked after together. The 'navigator' could fill this role.</p> <p>DC – Dementia Support Workers (DSW) are specialist navigators. The DSW hold the patient story – do they pass this on? There is an Information Governance barrier there, and permission would need to be sought.</p> <p>JM – where is the information to be kept, as the systems are not compatible. Different aspects of a story are taken by the differing services.</p> <p>Example story – Patient recently moved to area, just diagnosed. GP put in touch with RICE, navigated by the DSW.</p> <p>WL – Most of the providers present have a navigator role.</p> <p>BG – Should navigators be location based i.e. one per practice or circulate? This was not known yet.</p> <p>Location based in theory would work better, but both options have strengths and weaknesses. The role would be professional and discreet.</p> <p>JWG – consider carers comment of 'I wish I had heard sooner' – communication is going to be key to promote the 'navigator' service.</p> <p>BG – There are over 400 services at the moment that individually promote their services. One idea is for all services to be listed online via a 'Go Compare' style website, so the patient/carer would only need to enter their details once.</p> <p>The Information Prescription website is updated regularly by individual providers and runs wells.</p>	

No	Discussion	Action
	<p>Barriers?</p> <p>DF – The navigators need the knowledge to be able to navigate.</p> <p>AS – The services must work together.</p> <p>DF – Provider competition is a barrier. The ‘navigator’ needs to be independent.</p> <p>RB – RICE clinic – the carers were very tense and struggling with their families. Often there is nothing that is offered that carers are happy with as they just feel hard done by that they have to look after someone.</p> <p>RB – The Peggy Dodd Care Centre is at full capacity, with a waiting list – other care centres have spaces but the price deters people.</p> <ul style="list-style-type: none"> • Cost – This should be the same across providers. • Expectation – Often personal disgruntlement rather than service issue. • Timing – Earlier referrals. Not waiting until crisis point <p>A newsletter/communication could be used to inform others of waiting lists/ spaces to realise patient expectations.</p> <p>Stakeholder feedback is being gather by the CCG Communications team and any further feedback can be sent to:</p> <p><i>Email:</i> yourcare@bathnes.gov.uk <i>Tel:</i> 01225 396512 <i>Post:</i> your care, your way, BaNES CCG, St Martin’s Hospital, Bath, BA2 5RP <i>Twitter:</i> #ycywbanes <i>Facebook:</i> facebook.com/yourcareyourway</p>	