

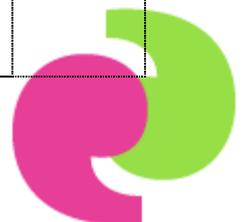
Healthwatch Kingston upon Thames

Primary Care & Community Services Task Group Meeting
 Thursday 22nd May 2014 10:00am-12:00pm
 At the Healthwatch Meeting Room

Present:

Nigel Spalding, Chair	NS	
Keith Bullard	KB	
Linda Webb	LW	
Debra McCarthy	DM	
Jo Clarke	JC	

ITEM		Action
1.	<p>Welcome and Apologies NS welcomed the Primary Care & Community Services Task Group members. Apologies were accepted from Maurice McCullough. In the light of the absence of several members, it was agreed that prior to the next meeting, HWK would ensure at least five members are able to attend. NS suggested that the Task Group work would be more effective if it focussed on one topic at a time.</p>	DM
2.	<p>Appointing Chair and Deputy In the absence of several of the members, KB agreed to act as Chair of the Group on a temporary basis only, starting with the next meeting. A Deputy was not assigned.</p>	
3.	<p>Terms of Reference and Dates It was agreed that the Task Group would adhere to the standard Terms of Reference, the details of which were handed out to the members. It was agreed that confidentiality would be of paramount importance in the work of this Task Group. The Task Group would meet every 6-8 weeks and that all Affiliate members should be advised of the next meeting. The Task Group work could be advertised in the monthly e-bulletin, the quarterly newsletter, the HWK website and by mass email. DM agreed to write a promotional piece on behalf of the Task Group.</p>	DM
4.	<p>Priorities for Primary Care & Community Services Task Group The Task Group identified the priorities, and discussed and agreed the drivers towards these, the outcome to be achieved and the work required to reach this goal (see details below) Referrals to Hospital Services & Waiting times between GP and treatment It was agreed to combine the above two items. Access to GPs The Group agreed with LW suggestion to add this priority to the current list. LW said that home visits were a rarity for those with long term conditions and there is little monitoring. DM mentioned some GPs now have on-line booking systems. LW said she would send DM information from a Richmond Healthwatch investigation. Access to GPs had received much media attention lately. LW advised that if ME patients fell out with a GP; it became hard to re-register at another practice. Care Homes & Private Agencies The above providers were also added as a priority for the Task Group. Better Care Fund The work on this priority will be on-going and monitored on a regular</p>	LW



	basis.	All
4.	<p>Task Group Decision on First Priority The members present discussed which priority met the criteria required to be the inaugural work for the Task Group. The criteria included Urgency, Potential Impact, Actionable feasible, Resources, Community Readiness and Integration. The Task Group decided that the work of Care Homes & Private Agencies would be the first priority for investigation.</p>	
5.	<p>Dates for the next Meeting The date for the next meeting was set for either 8th July or 10th July from 10am-12pm and would be confirmed to the members in due course</p>	DM

DRAFT



Healthwatch Kingston Priorities 2014-15

Health & Social Care

DOMAIN	PRIORITY AREA	DRIVER	WHAT/ HOW (as provided by active members)	INTENDED OUTCOMES
1.Mental Health Services	Discharge from secondary to primary services (and vice versa)	Evidence from MH service users	Service navigation support and access via single point of contact; Self care and coping resources; Improved assessment and discharge reporting. Availability of assessment and discharge reports to patients and carers Care coordination Pharmacy optimisation	Better support for people with MH issues
	Carers of people with mental health conditions (including young carers)	Evidence from carers		Better support for carers Better awareness among providers about carers' needs
	Community Wellbeing Service	Mental health task group	Invite commissioners/ GPs to provide overview of commissioned services/ get	HWK research is used to improve service

			feedback from people using wellbeing service	
	Care for people with dementia (sub-group)	National campaign around dementia care; feedback from local people and mental health task group		
2. Hospital Services	Ambulance Services	Research by Task group	Observing procedures and provide feedback (E&V)	
	After Care/ Discharge	Feedback from local people	Get feedback	
	Weekend Care (24/7)	Feedback from local people		
	A&E Performance	Research by task group		
	Communication/ Appointments			HWK evidence is used to improve communications
				Help raise awareness of the good clinical reasons why some services need to be provided at larger centres, e.g. St Georges Hospital, despite being further from people's homes

				taxicard scheme, or friends and family, or other transport schemes
3.Primary Care & Community Services	Referrals to Hospital Services; Waiting times between GP and treatment	Evidence of poor communication around arrangement of appointments; evidence of GPs refusals to make referrals	Ask HWK Affiliates for their feedback; gather data on wait times for referrals from GPs. Ask for statistics from the Kingston Clinical Advisory Services (as all referrals go through that body).	Improvements in wait times and in the referral system
	Long term conditions	Evidence from local people; GPs unaware of the voluntary Community Support groups available for patients; not all GPs providing an “Information Prescription” to their patients	Task Group Members to gather information from their networks; contact the Council to collate what they provide to the local community; contact relevant voluntary organisations; e.g. Critical Friend system (support for people with long-term conditions)	provision/sharing of knowledge of community support, emergency support, who to contact for particular needs; greater awareness of voluntary organisations who assist the community in specialised fields
	End of Life care	Anecdotal evidence from loved ones; level of care based on affordability, appropriateness, quality & closure; respect for those wishing to die in their	Potential “Enter & View” into care homes; investigating CQC reports; talking to care agencies and staff in care homes e.g Princess Alice Hospice and MacMillan Cancer Care Homes; access the policies and procedures	Improving the quality of end of life care; improving end of life care training, such as the ‘difficult conversations’ training provided by NHS Richmond. Ensuring that

		own home; communication between the local authority and care agencies	manual for end of life care in hospitals and medical centres	local health and social care providers have a reliable system for coordinating care across the services, e.g. the 'Coordinate my care' system
	Access to GPs for Appointments/Home Visits	Evidence from local people; editorials in the media	Gather information from Patient Reference/Forum Groups; investigate Richmond Healthwatch research on this subject and actions they took	Analysis of data to be sent to GPs/CCG/Local Medical Committee and recommendations made
	Care Homes/Private Care Agencies	Evidence from local people on standards and quality of care; accountability	Visiting care homes and care agencies; talking to staff	Findings to be made public; improvements in standard of care
	Better Care Fund	RBK/ CCG led service which will change community services, impact on social care and voluntary sector	Obtain information on what the other boroughs in SW London are planning around this; gather information on the Fund, its progress, its potential impact, how it is evaluated; focus on provisions for the elderly; ensure that information provided to patients/service users is clear and easy to understand	The findings will help to shape local services; patients/service users will know who to contact about any health concerns instead of opting for A&E

4.Children and Young People	Children's mental health			HWK engages with children and young people Evidence from C&YP helps to improve services
	SEN			
5.Engagement - Voice of the Public	Marketing of Healthwatch	Internal	Use media to reach out into the community Work with ECET, and Korean Community	More awareness of HWK Increase in members More members from ethnic minority groups
	Data Collection	HWE, RBK		HWK has a solid evidence base Evidence is used to make improvements to local services
	Learning Disability Parliament	RBK	Action plan on issues for people with LD (include liaison nurse at Kingston Hospital, annual health checks at GP, hospital passport)	HWK engages with people with LD Services for people with LD are improved HWK collect evidence

				that can support the LD Parliament in their work
6.The NHS South West London long-term plan <i>Better Services Better Values (New Review)</i>		SW London review of hospital services	Get involved with MAPPA (Multi arrangement with police and public agencies to reduce crimes for people with mental health issues that will be affected by BSBV)Map local services (asset mapping) for efficient referrals	

Appendix A

This is for any requests for HWK to be involved in reviews, services or project currently not among our priorities.

Service Request	Date	From	Domain	Response and Date
Outline description of the request		Name and contact in the organisation requesting support	What domain(s) this would fit into	