

Appendix 2: HWR annual meeting 11/9/19

Notes from Primary Care Network table discussions

A. Attendees were asked to split themselves onto tables according to their interest in:

- 1 Maternity
- 2 Long Term Conditions
- 3 End of Life
- 4 Mental Health
- 5 Children and Young People
- 6 People with Learning disabilities

Tables 5 and 6 came together to form a single group.

Each table was asked to consider 4 questions in relation to the Primary Care Networks:

1. What positive outcomes do you see?
(can each person around the table think of one 'quick win' that would achieve early success for the PCN with better care for this group?)
2. What fears do you have?
(what are the biggest hurdles you think the PCN has to overcome to be successful for this group?)
3. How do you think Multi Disciplinary Teams will impact on care for this group of people?
(Multi Disciplinary Teams comprise GPs, district nurses, pharmacists, social care staff, therapists and other professionals all working together to provide joined up care)
4. What else needs to be considered?
(any other comments you would like to make?)

B. Notes from table discussions:

Maternity table

Positive outcomes - quick wins

1. Social prescribing helps expectant parents (& post-delivery) get information/reassurance, meet others - become more confident - improve wellbeing etc
2. Share expertise across PCN - eg postnatal depression specialist GP
3. Midwife/health visitors utilised across PCN

Fears - biggest hurdles

1. Lack of GPs
2. Lack of continuity of care
3. Transport to other practices
4. Enough funding

How do you think MDT will impact on care?

1. See Doctor/another practitioner quicker/easier in PCN
2. See specialist quicker/easier in PCN
3. Peoples attitude to change - eg see chemist first

What else needs to be considered?

1. How will Social Prescribing effects be measured - outcomes?
2. How will Social Prescribing be communicated outside GPs?
3. Will patient data be joined up across PCN team?

Long Term Conditions table

Positive outcomes - quick wins

1. ECG monitor locally attached and delivered by van to hospital
2. Access to blood test results and given to GP or nurse by electronic means - encrypted
3. Communication between surgeries - does the electronic hub do this?
4. Pre-populated forms (pre-op assessment form) that you can read and sign to say its correct. Look at correct coloured paper.
5. Accessibility of all practices for Alzheimers etc

Fears - biggest hurdles

1. Predicated on care closer to home - needs more staff to deal with this
2. Where are these new staff coming from - other services depleted?
3. Low dementia diagnosis rates. Memory Clinic in Rutland? (one person said dementia care in Rutland is improving)

How do you think MDT will impact on care?

1. Sometimes people have many conditions, so MDT approach is needed

What else needs to be considered?

1. Transport
2. Lack of communication
3. Falls/pavement condition
4. Dementia - have to go out of county
5. Social isolation
6. Self-help courses for pre-diabetes are excellent - needs extending to other condition areas

Children & young people table + learning disabilities and autism table

Positive outcomes - quick wins

1. Not equipped with enough information to look at the positives - theory given, not in practice

Fears - biggest hurdles

1. People on the ground and organisations working with young people etc need to be considered. Continuity, funding, development plan needs to be done and visible
2. Scares me - where is this on the ground level?
3. ? specialists not listening to the patient ?

What else needs to be considered?

1. PCNs group together practices - moving on then to privatisation? eg like schools to academies
2. If anyone needs continuity of care it is those with disabilities
3. Long term plan - how long? Where is funding for sustainability?
4. Social prescribers are not experts - are they trained?
5. Safeguarding for vulnerable people

End of Life table

Positive outcomes - quick wins

1. More open and honest information about End of Life
2. Continuity of Care
3. Patients wants and needs
4. Living well at the end of life
5. Bereavement support

Fears - biggest hurdles

1. Inability to contact health professional locally
2. Don't want development of something that is not personal
3. Lack of continuity
4. Mixed messages

How do you think MDT will impact on care?

1. Care co-ordinators/social prescribers can improve/provide support

What else needs to be considered?

1. Community nursing
2. Funeral arrangements

Mental Health table

Positive outcomes - quick wins

1. People having access to primary care - there are problems accessing GP's in Oakham. Once education is received in this area, engagement helps. Ask the GP's to recommend.

Fears - biggest hurdles

1. The PCN need to communication better with the Mental Health, Recovery Support, Crisis Support and Early Intervention with Children and Young People.
2. There seems to be an issue between what the Young People and Adults can access.

How do you think MDT will impact on care? (Multi-Disciplinary Teams include GP's, nurses, pharmacists, social care staff, therapists, social prescribers and other professionals all working together to provide joined up care).

1. They provide a specialised service for children and young people and provide benefits to the health professionals working on these teams, such as improved health outcomes, enhanced satisfaction to the patients and more efficient use of resources.

What else needs to be considered?

1. To de-stigmatize , to prioritise more as statistically 50% of people locally say that treatment is very poor. Recommend attendance at the Adult Learning Centre for classes.