Haringey CCG Network meeting - Monday 21 March 2016

Feedback notes

Overview

The Network meeting focused on three service areas – MSK services, Haringey Locality Team service and the Rapid Response service, which is part of the overall Intermediate Care provision.

CCG Commissioning Manager Andrea Cronin provided a progress update on the MSK service redevelopment. She highlighted the actions taken based on feedback received from network members at a previous meeting. Network members expressed an interest in continuing to be involved in the MSK service development, for example, looking at the options appraisal for the future service when it is developed.

The Haringey Locality Team presented an overview of its service, which helps support residents at high risk of emergency hospital admission to stay well at home and avoid going to hospital. The team is made up of various health and social care specialists who work together to make sure the patient's health and care needs are met at home or in the community. They asked for feedback on the service's approach and suggestions on how it could be improved.

Leo Minnion, Commissioning Lead for Intermediate Care gave an update on service developments, demonstrating how the Network's previous feedback had been used. Members also heard about and fed back on plans to expand the Rapid Response service.

This document summarises the discussions and feedback from attendees on these areas.

The need to move to more integrated and coordinated care was a key theme of feedback from early network meetings and it was positive to hear about the initiatives that are helping to implement this.

1. Haringey Locality Team

Strengths

- The locality team is integrated and there is coordinated access to a range of professionals and services for patients
- The professionals and services within the locality team are now speaking to each other and working together and linked in, which may not have been the case previously.
- The locality team linking with voluntary and community sector services is a strength, because the VCS is invaluable at supporting people in the community where statutory services sometimes can't

- The team's focus on prevention
- Single care co-ordinator very positive for clients, providers and informal carers

Weaknesses

- "West and the rest" reference – is this too unequal? May be better to work as a single team across the borough to make the best use of resources and skills.
- Database needs to be accurate if referrals are to be made to the voluntary sector as small voluntary groups struggle to keep their information up to date.
- It was felt that the main weakness in the system lies with the initial risk assessment/GP referral/triage – is everyone who needs this service getting access to it?
- Assessment of individuals' finances may impact the services and support they can access through the locality teams (although it was acknowledged that this is not just specific to the locality teams)
- Only one pharmacist across the two teams – concern about medicine reviews happening without the patient (or patient's carer/family member) being involved.
- Questions about whether the links with the voluntary sector and the locality team are strong enough yet?

Other comments about the locality team

- Would be good to have a voluntary sector member on the locality team. Would bring the voluntary sector perspective
- Need to think about the type of specialists needed on the team, for example an occupational therapist or a geriatrician

Patient leaflet
- Network members were given a copy of a patient leaflet which is being used by the locality team and were asked to give their feedback on it outside of the meeting by email or telephone (email or call Caroline or Isha).

2. Rapid Response service

Support people need to prevent hospital admissions or help them get back on their feet

- Holistic care assessment
- A nurse going out with paramedics and call in services
- Step up beds
- Volunteer buddy if care services are not needed
- Proper home support and more time with carers or health workers
- More frequent follow-up support
- Rapid Response team should have the authority to grant carers leave for relatives to support unwell family members going through crisis, once the Rapid Response service ends

Should self-referral to the Rapid Response service be introduced?

- Yes – absolutely a good idea to allow self-referral to the service

- Need to make sure we describe the service and who/what it's for in simple terms so people know what they are
- It would be helpful to understand how other boroughs who allow self-referral manage demand (e.g. Waltham Forest)
- No – as it could lead to inappropriate use of the service. The person may not need to go to hospital but thinks they do.

Other thoughts about the Rapid Response service

- A feeling that two people were needed to go out to do the initial assessment – including someone clinical e.g. a GP or paramedic or clinical nurse
- Ensuring that NHS 111 can refer to rapid response service
- Use of technology – think about how technology could be used to support assessments in people's home e.g. access to specialists
- Quick access to a geriatrician in the MDT would be helpful if it's likely that most people who are seen by the service are elderly

3. Feedback on network meetings

Members emphasised the value of receiving presentations in advance and it was agreed to continue with this. The group also noted that the balance between presentations and time for discussion was much better at this meeting.