

Healthcare Forum 6th December 2018

Questions following presentation

Presentation delivered by Paul Maubach and Dr Steve Mann

Q: Was the MCP planned to be in place for the end of 2018 and start of 2019?

A: The original plan was to deliver the MCP by then, but the reality is the amount of assurance work has been immense. As we went through the process, we have been challenged, particularly by the public in regards to it being a private organisation or an NHS provider. It's a really positive outcome to have secured an NHS provider, however it is a lot easier to establish a private organisation than an NHS organisation. We have been in dialogue with the regulators and NHS England.

Q: How can you negotiate the best possible services for patients of Dudley when there is only one hospital to deal with, this leaves little choice as you can't go elsewhere. What is the agreement to provide hospital services elsewhere? Those managing DGFT appear to only push pens and paper.

A: Some senior management at DGFT are nurses and consultants. One of the challenges of the NHS is the fact there is only one A&E department in many areas, and this cannot be moved. It is part of the commissioner's job to work with the hospital to improve the situation by supporting the organisation to solve those issues and move forward. There are choices for those having elective procedures – including NHS and Private Hospitals. When attending the GP for a referral to hospital, patients will be advised they have a choice, and we would recommend research would support the patient to make this decision. However, in an emergency, for example; Road Traffic Collision (RTC) A&E would be the most appropriate department to ensure care and treatment as quickly as possible.

Unfortunately NHS contracting is not as flexible as other contracts, but we have been asked to work out Emergency Care locally.

Q: Russell's Hall Hospital (RHH) is next door to Bushey Fields, but there appears to be little contact between the two as they are two separate organisations.

A: Dudley funds a mental health liaison service to work in the Emergency Department of RHH. There is a need to bring mental and physical health services together. With the MCP, community and mental health services will be merging together. There are very few acute and mental health services combined as they have very different cultures to their organisation and delivery. If this happened, mental health uniqueness would be difficult to deliver. It is important for mental health to be managed separately but we agree we do need to see better collaboration. For inpatient hospital care it is not a good idea to merge with acute hospital care, however, in community care is a good idea, and that is what the MCP is about.

Q: Following a recent hospital visit, I am aware the service I received many years ago may have been more disjointed, but they did do patient experience interviews by volunteers and this felt incredibly beneficial. While RHH saved my life, unfortunately the situation was the fault of RHH (I needed an X-ray, however, needed to starve myself, as a diabetic it was not communicated to be offered an early appointment, as a result I overdosed on Statin) However, once they realised the mistake, the care was second to none.

A: Unfortunate when care is not delivered right the first time, we would hope patients are receiving the right treatment, the right way and delivered appropriately. NHS are well known for picking people up in a crisis and responding correctly to that.

Q: I am increasingly aware that 111 are prone for sending ambulances out unnecessarily, particular example, when called 111 for advice, ambulance came immediately, although not asked for or needed, however we are told to call 111, for advice rather than an emergency. Surely this is the cause of the increase within A&E?

A: Any child under 3, there is an automatic reaction for the ambulance service to react quickly.

Q: The recent Express and Star headline appeared to be self-inflicted.

A: There are a lot of discussions to bring together the organisations, including splitting RHH in two. However, this has never been done before so it is taking more time than expected.

Q: Mental health and physical health are two different things, very difficult to put those two things together.

A: They are very different, however, life expectancy is often decreased and potential of other health issues are often increased with those with mental health conditions. Those with Mental Health needs, may not seek help with physical symptoms and vice versa, therefore to integrate mental health services into the community, these can be picked up and addressed earlier. A clear example of this would be those who suffer from back pain, can often end up depressed, there are lots of examples where we need to bring services together.

Comment: Communication is a big issue. When telling your story, this happens multiple times. There should be a pre op consultation so the expectations can be tailored to the individual's understanding. After care can be very poor.

Q: When we are discussing mental health, I feel it is important to raise the lack of minutes from the meeting held on 14th February and lack of contact since. There is still no Dudley Mental Health Strategy since the end of the PCT.

Why is Dudley falling behind, losing the open forum and not having a mental health strategy. This must be addressed in Dudley.

A: The NHS 10 year plan should have already been published, however, this is on hold due to Brexit. This will support the guidance for mental health strategy and we would expect by Summer 2019 a vast plan in place including mental health.

We were unaware this group no longer meet, but agree there is a need for this to continue, so we will address it.

Response from Mental Health Commissioning Manager: The mental health partnership group meeting was initially developed to facilitate information sharing between statutory services, 3rd sector, service users and carers with the Clinical Lead for Mental Health as the chair of the group. It had been in existence since PCT days and was not representative of service users with scarce attendance by statutory partners. The group was subsequently closed and was replaced by a subgroup (with some of the same membership) which had a specific purpose of developing a mental health strategy. The sub group worked up 3 draft proposals for the mental health strategy all of which were submitted to the director of commissioning for comment. The subgroup was disbanded as its task was completed.

In the meantime it was highlighted that no one was aware of when the last mental health needs assessment for Dudley had been undertaken so one was commissioned from public health.

The mental health strategy was submitted to the health and wellbeing board earlier this year and it was shared with representatives from the initial subgroup. It is due for final sign off by the health and wellbeing committee at the next meeting.

In response to the expressed needs of carers, the CCG commission Rethink to provide a carers support group and as a representative of the CCG /mental health commissioner I have attended meetings when invited.

Using a task and finish group with specific focus has been a more effective use of resources than previously.

Once the strategy is formally signed off, there will be a group developed to formulate an action and implementation plan. This is anticipated to commence in 2019 and take us forward into the MCP.

In the meantime the CCG is continuing to engage with service users. The most recent service user engagement has been around personality disorder where again a specific service user group was invited to attend and discuss their insights into a particular aspect of mental health commissioning.

Q: Do all your GPs in Dudley tell patients they have a choice of hospitals? In our experience, we are finding, many patients have not been offered this choice or option.

A: Would like to think they do, but if this is not happening, we need to know. People have a choice on where they go who operates on them. We need to be in a position to explain the expectations before receiving the care, and to understand how it has been achieved.

Comment: There is a proposal for DWMH to merge with BCPFT. This means they would potential become one organisation that is clinically led. The decision for this will be in January, and there will be interaction with patients and staff to how this will look.

Activity responses

When was the last time you attended your local hospital?

Question	Number of dots/responses
Within the last week	6
Within the last month	10
Less than six months	10
More than 6 months	12

What are your expectations around hospital services?

	Number of dots/responses
Theme: Me	
Talk with me about how I can help myself	6

Give me information that is useful (whether written or via a website)	5
Signpost me to support/help groups	4
Treat me like an individual, Because I am	10
Find out if I am a carer or if I need my carer with me	4
Theme: Environment	
Well signposted departments and easy to navigate	4
Clean and tidy areas	2
Car Parking	9
Warm and welcoming	2
Meals of good quality	1
Theme: Access	
Being seen quickly or on time	11
Being seen by the right person who is qualified and has the experience	15
Tell me what is happening or what to expect	11
Timely follow ups to appointments	4
Don't make me feel rushed	3
Theme: Communication - 16	
Make sure I understand what you are telling me	9
Give me the opportunity to have a conversation with you and ask questions	12
Listen to what I have to say and my experience	8
Make sure I know who to contact or what to do if I am having any problems	2
Specially trained staff for understanding different needs, e.g. different learning disabilities	4
Theme: Service Driven	
Services are value for money	2
The same quality of service can be accessed by everyone regardless of lifestyle, age or any other factor	6
Services are monitored to ensure they are working the way they would	7
Evidence that services/Interventions make a difference to people	3
Services are safe	5
Over to you what have we not thought about? - 2	