

Community Health Services

Islington Patient Group meeting

22nd November 2017

POHWER Presentation

Claudia from POWWER the local advocacy service presented.

Claudia explained that POWWER provides a number of services around advocacy and complaints. She highlighted their Health and Community Advocacy Service, their Independent Mental Health Advocacy Service and Independent Mental Capacity Advocacy. Claudia also told us that POWWER works with The Elfrida Society who provide advocacy for People with Learning Disabilities in London.

POHWER also provides an Independent Health Complaints Advocacy Service.

Questions from the audience and responses.

Q. How can we get in contact with you?

A. You can visit our website at www.pohwer.net, email on pohwer@pohwer.net or call us on 0300 456 2370. The call centre is national but they will then refer you to the local service.

You can also contact POWWER via minicom, text, Skype, fax and post - details on their leaflets.

Presentation - Community Services

Clare Henderson (Interim Director of Commissioning) from Islington Clinical Commissioning Group presented.

Clare explained that Islington CCG are interested in exploring how some of these services can be improved as part of the ongoing plan for primary care within the CCG.

Community Services are generally services offered outside hospital in the community, or in homes if patients are housebound.

Community Health Services

- **Adult Wheelchair Service**
- **Audiology** (hearing assessments, hearing aid fitting, treatments for vertigo, dizziness and imbalance)
- **Bladder and Bowel Management**

- **Cardiology Service** (for people with known or suspected disorders of heart and blood vessels delivered at the Whittington and GP practices, the Sobell Centre and community pharmacies)
- **Community COPD Service** (for Chronic Obstructive Pulmonary Disease)
- **Diabetes Service**
- **District nursing** (24-hour expert care to housebound adults)
- **Haematology** (blood testing)
- **Lymphoedema Care** (care for a condition that causes swelling of the limbs)
- **Musculoskeletal Clinical Assessment and Treatment Service** (for pains in your muscles, bones or joints)
- **Nutrition and Dietetics**
- **Physiotherapy**
- **Podiatry** (foot health)
- **Speech and Language Therapy**
- **Tissue Viability Service** (for pressure ulcers, leg ulcers and other types of wounds that are difficult to heal)

Community Health Services specifically for children and families

- **Community Children's Nursing** (majority of care is provided at home, but there is a nurse led eczema clinic at the Northern Health Centre)
- **Community Matron** (nursing care and support for children with complex health needs)
- **Community Paediatrics Services** (for children with developmental problems or disabilities, at the Northern Health Centre)
- **Family Nurse Partnership** (preventative programme for first time young parents at PULSE on Holloway Road)
- **Health Visiting** (nurses or midwives supporting child, family and public health)
- **Paediatric Wheelchair Service**

Community Health Services delivered by Islington Outlook

- **Community Rehabilitation Team** (working with adults with significant neurological and/or complex physical disabilities who have some potential to benefit from rehabilitation or self-management of their condition)
- **Psychology Services** (supporting people in the process of adjustment to major life changing events, such as stroke and acquired brain injury)
- **REACH Intermediate Care** (working with physically disabled adults/ older people promoting health and maximising independence)

Most of these services are commissioned by Islington CCG from Whittington Health. The feedback from GP practices is that there are areas for improvement for these services:

- Waiting lists are long
- Visits can be late or missed
- It's hard to get through to the services on the phone
- Lack of continuity of staff - especially a problem for the more regular longer term services.

The idea is that if these services are based in GP practices it could improve sharing of information between services, GP's and practice nurses which would improve patient experience.

Questions from the audience and responses.

Q. What are CHINS?

A. Care Closer to Home Integrated Networks, a way of providing more specialist care in the community.

Q. Why can't the hospital access my GP records and vice versa?

A. Currently hospitals and GPs use different programmes, hopefully we're moving towards a more integrated system, but we're aware of this.

It was highlighted that patients can already access their GP records through EMIS Patient Access on a computer or smartphone. If patients don't have a smartphone or internet access at home, they can use local library services to access their patient records.

Q. If you bring in hospital services to GP surgeries will the information governance be the same?

A. Yes

Q. I had an experience recently where the hospital didn't contact my GP with results for 3 months and my GP had to really hassle the hospital to get any response.

A. The CCG commented that they do flag this problem with their hospitals. It was highlighted that as of July 2016 the contract for hospitals changed meaning that all letters to GP's have to be sent within 24 days.

Q. I'm deaf and I need a BSL interpreter, I went to the hospital and they said 'what do you need an interpreter for?'. Nowhere has an interpreter and they don't know why I need one, even though they have a poster up saying 'if you're deaf and need an interpreter - book one'. They clearly don't read their posters.

A. It was suggested that this patient make a complaint but Healthwatch Islington recognised that the complaints process is not very accessible for those who use BSL.

It was recommended that this was followed up with the questioner after the meeting.

Q. I waited 6 months for an appointment at UCH. I turned up to my appointment to find they'd cancelled it. When I got home the letter cancelling my appointment had just arrived. This has happened twice.

It was suggested that this patient make a complaint but Healthwatch Islington recognised that the complaints process is not very accessible for those who use BSL.

A. It was recommended that this was followed up with the questioner after the meeting.

Q. I have a problem with accessing my health records online as the site won't recognise my address. My surgery has checked and it's the same for them. I can't contact the IT people myself. How do I resolve this?!

A. CCG to go away and find an answer.

Q. Practice manager asked why there is no number for practice staff to contact the GP IT providers.

A. CCG to follow this up

Q. A member of Network of Finsbury Park Women's Groups highlighted the needs of their service users. If anyone wants more information they can contact Ruth Clarke at ruthmclarke@gmail.com.

Q. GP asked whether there was any possibility of having a method of real-time communication with community services (such as district nursing) as delay in information can result in a duplication of services. It would be helpful if GP's could be updated as soon as the service has been provided.

Q. When I go to the Whittington Hospital there is no (BSL) interpreting service there when I had an x-ray nothing was explained to me.

A. Whittington commission their own interpreting service while Islington CCG commissions BSL for community services. It sounds like there is no follow through from primary care. This is monitored by the CCG as part of the Whittington's contract.

Q. GP referred me to the hospital and said there was a 3 month wait. When I got to the hospital they asked me to communicate via writing and I said 'I'm sorry, I don't have enough English'.

A. The Accessible Information Standard came into effect in July 2016 as a CCG we need to be more diligent in our monitoring of these standard. We need better practice with requesting access needs (interpreting) in all referral letters.

Q. I went to my GP and I was referred to UCH, in the referral my GP was clear that I was deaf. The hospital then kept phoning me, no thinking that maybe I couldn't hear. In the end my Mum had to call back and explain that I can't pick calls up.

A. It was suggested that this patient make a complaint but Healthwatch Islington recognised that the complaints process is not very accessible for those who use BSL.

Table discussion group feedback

Tables discussed community health services and fed back to the room.

- Poor access to British Sign Language Interpreters across hospital and community services,
- Services are great once you're through the red-tape, patients' Mental Health needs and Learning Disabilities also have an impact on accessibility/ red tape,
- Once you're in the system front-line staff in community services are effective, but the process to get in is difficult,
 - Appointment times often clash with school commitments for young people,
 - Carers needs are not always taken in to consideration,
 - Accessing services is more complex if you're near a border.
- Lack of clarity regarding funding of procedures, IT could be better used to help users and staff. The phlebotomy service is good at Highbury Grange.
- For Occupational Therapy and Physiotherapy services would it be a good idea to triage people at the point of referral so that the service is more personalised and patients can be better communicated with,
- Communication is a problem, especially for e-referrals. There are long waits, and then a lack of clarity about whether the referral has been made (there are two systems working in parallel). How can we co-ordinate practice feedback about these issues?
- Communication between patients, GPs and the community services is a problem. Some of these systems and pathways are not fit for purpose, it's been going on too long,
- Podiatry - clinician tells you they'll see you in 8 weeks, and then the appointment actually comes through 4 months later.