
Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 18 June 2012
Subject: **BEDFORDSHIRE LINK REPORT**
Report of: Operations Manager, Bedfordshire LINK (covering Central Bedfordshire)
Summary: This report is to update members on the key work items and issues the LINK is engaged, for consideration as required.

Advising Officer: Max Coleman and Charlotte Bonser, LINK and Host
Contact Officer: Charlotte Bonser
Public/Exempt: Public
Wards Affected: All

CORPORATE IMPLICATIONS

Council Priorities:

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| 1. The Medium Term Plan 2012-2016 sets out the councils priorities for the next 4 years. If adopted by the Council on 14 June, the proposed priority that is most related to this report is to "Promote health and wellbeing and protecting the vulnerable" |
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Financial:

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| 2. Not applicable. |
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Legal:

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| 3. Not applicable. |
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Risk Management:

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| 4. Not applicable. |
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Staffing (including Trades Unions):

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| 5. Not applicable. |
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Equalities/Human Rights:

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| 6. Not applicable. |
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Public Health

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| 7. Not applicable. |
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Community Safety:

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| 8. Not applicable. |
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Sustainability:

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| 9. Not applicable. |
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Procurement:

10. Not applicable.

RECOMMENDATION:

The Committee is asked to consider the content of the report and comment as necessary.

11. Background

11.1 This report is an update on two key areas of LINK work, namely:

- Encouraging GP surgeries to establish Patient Participation Groups (PPGs) and
- Feedback on the LINK visits to the L&D Hospital, Ward 1, Emergency Assessment Unit, Ward 16 and Ward 18.

12. Encouraging the creation of Patient Participation Groups within Central Bedfordshire GP surgeries.

12.1. It has been a long-term aim of the LINK to work closely with Patient Participation Groups in Central Bedfordshire, as these groups are able to pick up local intelligence to help the LINK find out where trends are appearing and need further investigation.

12.2 The LINK regularly updates the practices about its work and for help with surveys and so on, and is keeping practices up-to-date with progress towards Healthwatch in Central Bedfordshire. In February 2012, the LINK circulated a survey to ascertain if practices in the area have:

- a) set up patient groups, including virtual patient groups;
- b) how successful the groups are;
- c) why practices had chosen not to set up such groups.

12.3 The results are encouraging; out of the 40 practices contacted 16 responded indicating they had set up patient groups, both groups that meet face-to-face and virtual groups. Approximately sixty-three percent of these groups were chaired or led by a patient representative supported by Practice staff. Practices indicated that patient involvement was good with around 44% of patients giving regular feedback to the practices. In terms of the best way to communicate with practice patients, face-to-face involvement was considered the most effective method of communication with patients (81.25%) and e-mail communication second with 62.5%, some practices indicating that both face-to-face and virtual groups (by e-mail) were equally as effective. Post and texting were less effective methods.

12.4 Some of the achievements of PPGs recorded to date are:

- re-developing the reception area to be more open and welcoming area,
- developing more user friendly marketing material for patients,
- improving services to carers,
- implementation of suggestion/prescription box,
- new website and implementation of new telephone system.

Groups were also seen as a useful form of two-way communication for discussing and listening to patients as well as informing them of developments in the wider NHS. The report is being finalised and will be circulated shortly.

13. Working to improve patient experience in secondary care

- 13.1 At the last OSC meeting held in April, the LINK explained how challenging it is to capture patient experience in terms of the fact that patients and carers/relatives sometimes find it difficult to raise their concerns and often want to tell their story but not make a complaint. Some concerns have been logged by the LINK, such as the issue of lack of activity/entertainment on a ward to aid recovery or concerns relating to discharge for Central Bedfordshire residents.
- 13.2 LINK members visited three wards at the Luton and Dunstable Hospital on 25 April 2012. These were the Emergency Assessment Unit (EAU – Ward 1), and wards for older people Wards 16 and 18.
- 13.3 The key findings were:
- 13.3.1 In terms of systems, there is compliance with single sexed wards and all wards appeared to be fit for purpose. Below are extracts from the three visit reports:
- 13.3.2 There is an “*Essence of Care*” system in operation on wards, which means that patients are spoken to every 2 hours. They also operate the 3Ps system, a system originating from America which means talking to patients, changing their position and toileting. This has resulted in the reduction of pressure ulcers, less use of the buzzer and a decrease in the number of falls.
- 13.3.3 We asked about whether the patients were checked for pressure sores upon admission and they said that they operate the Waterlow System of risk assessment of pressure sores/ulcers. If the patient has a high risk i.e. not very mobile, not eating and drinking very well then a higher risk is recorded and the patient is monitored more than someone with a low risk.
- 13.3.4 We specifically asked about discharge procedures and were told that although the discharge of Bedfordshire residents had improved it still was not as good as the discharge of Luton residents. They aim not to discharge patients after 9.30pm. Some Care Homes would not take residents after 5pm/5.30pm. We were advised these patients were kept in overnight.

- 13.3.5 As reported to the LINK, Ward 18, an elderly care ward, still had no entertainment/activities for patients and the Matron was keen for some LINK influence in improving this situation for patients.
- 13.3.6 Members were told that sometimes close relatives do not realise that their loved ones may have dementia and that the hospital carry out an assessment on the ward if this is suspected. The patients' GP is informed of this and recommendations that they are referred to a Memory Clinic are passed on to the GP.
- 13.3.7 Luton are at this moment putting in a strategy for the future response to Dementia. Most staff are currently being given excellent training by the University of Bedfordshire as well as 'E' learning. A Dementia folder is to be put on to all wards.
- 13.3.8 The full reports are being finalised and will be sent the Clinical Commissioning Group, the Council as well as being made available in the public domain.

Appendices:

None

Background papers

None