

NORTH EAST ACCESS TO ACUTE NETWORK

Minutes.

19th April 2010

Present:

Elaine Lincoln - Durham
Corrine Pearson - Durham
Linda Stephenson – Sunderland
Stephanie Smith – Sunderland
Ashley Murphy – Sunderland
Ruth Kimmins – Hartlepool
Judith Thompson – SHA
Suzanne Scott – Newcastle
Dawn Thompson – Gateshead and South Tyneside.

Apologies -Ann Johnson – South Tees.

Last Minutes read and agreed.

Matters Arising.

- There still is no representation on the network from Northumberland.
Ashley will email Joanne Brent who was our given contact.
- Dawn asked that Helen Thompson is removed from the distribution list as she does not attend the network.

Agenda.

3.1

Judith still to meet with Allyson Kent.

3.2

Ashley has had nearly everyone's information back on their roles and specific remits and has almost collated it onto the information grid. This will be kept for reference and also sent to Judith Thompson as the information will help the CIT to populate the North East Map of Health.

4

Elaine explained about developments in her area. They have recruited four full time nursing assistants who will have a remit to support people with learning disabilities when they go into the acute hospital. If there are no patients in hospitals then they are used as bank staff to support other community services. The acute hospital will pay for them however when they are identified as being needed to help on wards. Elaine will be carrying out the supervision for this staff team. Ashley asked Elaine to

keep us updated about how this goes and wondered if there could be a risk of the general nursing staff not engaging and caring for these individuals as they may assume as they have a support worker present there is not the same requirement. Discussed at length and the role is very much meant to be partnership working but realising that for some individuals there is a requirement for staff to have additional skills.

5

Ashley agreed to send the Risk Dependency Assessment Tool out with the minutes. This could be a tool that could be built into the admission care pathway which could help acute staff understand the level of nursing support that is necessary to safely care for a patient with learning disabilities whilst in hospital.

5.1

Linda explained that we have had a meeting with City Hospitals lead for nursing policy and we have suggested that each ward should have a link nurse for people with learning disabilities. We will be meeting with practice development nurses to see how we could take this forward. We have realised that our own roles have limited capacity and there has to be staff that have additional skills placed in the hospital all of the time to ensure equity of care for people with learning disabilities. Ashley and Linda will be developing some core training for these staff to undertake and would offer supervision.

5.2

Ashley discussed a method for identifying and flagging patients with learning disabilities. The clinical coding department on discharge code all patients and there is a code for learning disabilities. Ashley is working with the coding department and data information department to use these codes to flag patients on the system at the hospital. It is possible that this method could be used in other areas and network members could contact their relevant departments to discuss.

6

Judith went through the work programme and the network agreed that the objectives are within the capacity of the group. At the last meeting care pathways were divided up and everyone now has made a start on some draft pathways which will be brought along to the next A2A meeting to discuss.

6.1

It was agreed that at our next meeting in June the focus will be on hospital passports and the possibility of the CIT helping to make a regional passport. **All members were asked to bring along examples of hospital passports.**

6.2

It was also agreed **that Ashley and Dawn would bring along their exit questionnaires** to Mays meeting also with the same idea of adopting a regional document.

6.3

The meeting in July will be used to take forward the work stream around embedding the mental capacity act and risk assessment in the hospital setting.

7.

Judith told the network about the newly developed Clinical Innovations Team(CIT) and its purpose. We agreed that the A2A network should feed in to the CIT and they should be clear on the remit of the group and how we can help with some of the agenda.

Judith told the network about the Accelerated Solutions Event (ASE) that is scheduled for the 13th and 14th of July at Newcastle Race Course. The network was asked to think about people in their organisation who should be invited to the event and can influence change within their area. Anyone that members think should be invited should be asked and also their names given to Judith who will confirm their place at a later date.

Judith went on to outline some of the possible areas that the ASE may cover.

These were Getting Communication right, Training on learning disability issues, Joining up IT solutions, Transition into adulthood and Hearts, Minds and culture changes. There will be a planning group for the ASE established.

Judith asked Ashley to ask Stephanie for a copy of the 6 lives report that all acute hospitals have been asked to complete.

Judith talked about a research study that Manchester University will be doing for the Department of Health around the benefits and outcomes of annual health checks. We should collate local data that could be used in this study.

8

We did not have time at this meeting to discuss peer support. The network agreed that they still want to use this forum in future meetings as a circle of support and to share good practice and discuss complex issues in practice.

AOB

Ashley told the network about the patient diaries that Sunderland and Middlesbrough are involved in. Ten people from both localities will be asked to complete a diary over a one year period to reflect on access to

any health appointment they attend. This information again will be used to affect change and to hear the patient voice.

Care Quality Commission indicators and assessment were discussed briefly.

Date of Next Meeting May 25th 10am till 12noon, Broadway House.