

NORTH EAST ACCESS TO ACUTE NETWORK.

Minutes  
6<sup>th</sup> July 2010  
9.30-1230.

**Present.**

D Thompson, A Forsyth, David Hamilton, Ruth Kimmins, Rachel Lucas, Judith Thompson, Lauren Turnbull, Ashley Clarke-Murphy, Linda Stephenson, Stephanie Smith.

**Apologies.**

Corrine Pearson, Ann Johnson, Jan Emerson.

**1. Minutes of last meeting read and agreed.**

**2. Matters Arising.**

1. Ashley discussed the letter the network proposed to send to the CIT in relation to sharing of data to enable trusts to identify patients as having a learning disability when accessing acute care. Judith suggested we add to the letter that we are aware of a potential IT solution that a sub group of the CIT are looking at and wish to reinforce our agreed view that this remains a priority initiative. **Ashley to action.**

**Agenda**

**Training Session for Mental Capacity Act in September.-  
Northumbria Healthcare Trust**

- Dawn explained that Sharon Thompson has asked if some of the acute liaison nurses would present at an event that is to take place in September. Dawn is waiting for more clarification from Sharon as to who the audience will be, what the subject area is dates and times etc. She will give us this information once she hears back from Sharon.
- Judith suggested the group invite Sharon to next meeting whereby she can explain her request for group involvement in more detail

**Presentation for LD Health Network**

- Acute Liaison Presentation – LDHealth Network Meeting Ashley explained to the meeting that hospital liaison nurses and health facilitators have been asked if they would like to present at the next LD Health Network Meeting. What do the group want to present? Judith suggested telling ‘good stories’ and areas that need to improve.

**Agreed Outcome :** It was agreed that Ashley would represent Sunderland, Dawn Gateshead and South Tyneside, David - Middlesbrough and Ruth Tees. At our next A2A meeting we would use some of that session to plan out the presentation and Ashley will ensure a lap top is available.

### **Update from the CIT.**

- Judith encouraged members to register on 'our vision, our future' website. There is a sub group from the CIT focusing on It solutions, this will be looking at systems that will allow patients to be identified and flagged as well as having a facility to generate a health action plan following on from an annual health check. Informatics will work with IT teams Primary / Secondary. They will scope it out and find out what has already been done.

- Judith explained the Northeast Map of Health will be developed on the website and will be able to signpost GPs \ Professionals to services and resources as they require them.

Some of the following will be discussed at the Accelerated Solutions Event that will be taking place on the 13<sup>th</sup> and 14<sup>th</sup> of July. Judith explained we should be receiving our joining instructions for the event by email and if anyone was unable to attend advice Judith so places can be offered to others. The event has been over subscribed too.

### **ASE – Current work streams**

- Established - 2 Reference 'Health checking groups'
- Development OGIM - ongoing
  
- General practice data – accurate statistics needed. Current statistics not accurate.
- HAP / Passports
- Role of community Health LD Teams
- GP Commissioning
- Acute Care – Liaison / Reasonable Adjustments
- Mental Health – Green light tool
- Transition
  
- QUIP – One plan SHA  
£33 million LD savings regionally to be made -> Various strategies being considered > Reviewing contracts  
JNA conference – LD input

### **Agreed outcome :**

**Judith to ask Vicky Dodds (SHA) to send link to group members.**

[www.ourvisionourfuture.co.uk](http://www.ourvisionourfuture.co.uk)

### **Update on Essence of Care.**

- Update on Essence of Care from our area. North Tees are currently reviewing their tool. Ashley is attending essence of care meetings at City Hospitals to look at how we use the framework to improve care delivery.

#### **Agreed Outcome:**

**Ruth Cummins to present at the 28<sup>th</sup> September 2010 A2A meeting**

**Invite matrons/leads from acute Trusts for their input.**

**Stephanie to organise venue and inform Ashley of capacity re attendance capacity**

### **Update from National A2A meeting in Bristol.**

- Ashley explained that Rick Robson is retiring and Alison Kent will take over as chair for the national A2A meetings as well as being the chair for York and Humber.
- Ashley explained that at the meeting Bristol liaison nurses described what they are doing in relation to the CQC indicators and suggested that potentially the North East A2A meeting could host the national meeting next year. Judith said it may be possible to use the SHA building to facilitate this.
- Liaison Nurses from Bristol also presented on their implementation of the Risk Dependency tool which they have introduced via CQUIN so if 70% of assessments are completed the trust receives £20,000. We agreed that we would like to look at variations of risk dependency tools at September's meeting and as a network draft our own version for consideration.
- Ashley mentioned the confidential enquiry into the premature deaths of people with learning disabilities and suggested that we need to consider how we could capture this data within our own areas. City Hospitals have this as part of their action plan to develop this year.

### **Care Pathways.**

- A subgroup of the network met last week and drafted some regional care pathways. Completed to date are Core Principles, Outpatients, Pre assessment. Planned admission, Emergency admission and Theatre and recovery. Discharge, Transition and Maternity yet to be completed. The care pathways originated from Lothian and then were adapted by Gateshead and South Tyneside and then reviewed by the network. Elaine is also in the process of preparing guidance for the back of each pathway and Ashley is drafting an overarching document which will set the scene and explain to acute staff the evidence base for use of the pathways.

**Agreed Outcome** – Ashley to complete the rest of the pathways and send to network for comment. Elaine to do Maternity care pathway. Add the guidance to each pathway and complete document to support pathways. The pathways will then be present to the CIT in September. Group agreed these are best practice and each local area will then need to have their own meetings to agree internal process and implementation.

### **Hospital Passports.**

- We looked briefly at hospital passports and agreed we need to send all electronic copies to Ashley.  
**OUTCOME** : We will discuss further at next A2A meeting.

### **Any other business.**

- Elaine asked that the group members pass comments to her on the guidance she has done for the back of the care pathways.
- Stephanie discussed easy read information and advised that City Hospitals are planning to produce top 10 easy read leaflets particularly relating to their hospital specialities Judith advised a regional approach \ resource was a work stream of the CIT . Dawn commented on the importance of having a regional approach where possible as many areas were investing a lot of time \ effort in producing their own leaflets and felt we should be taking an overall approach ie look at current resources , identify clinical specialities , trusts have a more collective approach Members acknowledged the CQC requirements and pressing timescales Members suggested the ASE 13\ 14<sup>th</sup> July would give some guidance \ formulate regional work plan
- Judith reminded the network that the self assessment framework has been launched and all relevant information is housed on the Valuing People Website.
- Judith discussed the use of the VIP card which provides a small hand held leaflet identifying health needs of people with learning disability potentially could be introduced across the region.
- Ashley to forward draft care pathways when completed

Minute Taker : Dawn Thompson

### **Next Meeting**

**18<sup>th</sup> of August 930 -1pm, Conference Room, Broadway House.**

#### **WORK PLAN**

1. CIT - Plan presentation care pathways.
2. LD Health Network Presentation preparation.
3. Draft Hospital passport.
4. Plan workshop for event in November.

