

Kent LINK Annual Meeting

Wednesday, 26 May 2010

10.00am – 3.00pm

The Village Hotel, Castle View, Forstal Road, Sandling, Maidstone ME14 3AQ



Talking Wall




Health

- Communication: Better communication between different operating areas within health services. Also, have more efficient patients' files systems in hospitals
- Better communication between hospital / patients / groups using the internet / email to send information
- Make sure that hospital passports are there for people and that they are used – to aid communication for people with a learning disability
- British white people sometimes need an interpreter when doctors or consultants are from other countries
- Improve communications within hospitals and between hospitals and other bodies, eg messages are not always passed between other departments. Clinics – properly organised so not regularly overbooked (as is the eye clinic in West Kent). Have well qualified people in charge of infection control, not just nurses as there needs to be more training
- Cancer: Kent and Medway Cancer Network and the Kent LINK need to get together on issues throughout Kent and Medway on cancer – patients' experience, treatments, survivorship etc
- Diabetes: Bring diabetes services under one body. At the moment, they are divided between hospital trusts and Primary Care Trusts (PCTs)
- Stroke: Ongoing monitoring of stroke / heart attack services



Health

- Elderly: Nursing care of the elderly in the hospital setting should be a priority as it is perceived to as a real problem by many. Suggestions: survey patients and their carers; inform hospital trusts of outcome; propose changes – staff training to be done by trusts
- GPs: Shortages of GPs. GP surgeries not fit for purpose
- Out of hours GP services: Get a LINK Representative on that local organisation. Demand language testing be given back to the General Medical Council (GMC) and not trusts (clearly they can't cope and there is no national standard)
- Hygiene: NHS patients / visitors need to understand hand gels are not better than soap and water. Hands to be cleaned at patient bedside – advocate soap and water rather than rely on gels which is not appropriate
- Named care worker information and advice
- Therapies: More therapy in the community when you leave hospital (eg after stroke care etc)
- Ensuring that patients and the public answer the calls when they come in to make their voices count – get involved. Minority communities – by disability, age (younger people in particular) ethnic, race, gender, sexual orientation
- At least two representatives on (part of) Trust Boards with a remit to look at all parts of that Trust and all aspects
- More efficient appointment system, with use of expertise
- Ask hospitals to sign up to Mencap's 'Getting it Right Charter', to end inequality and indifference in the NHS. Re Mencap's 'Death by Indifference' report
- Have a learning disability liaison nurse in hospitals
- Make sure that every person with a learning disability can have a health check every year
- Make sure that all staff have learning disability training
- Make sure that all staff understand mental capacity laws and use of code of conduct
- Statutory: Reduce health inequalities across Kent in provision and services
- Ensure coordination between all service providers; money is key. PCTs commission services – as far as patients are concerned it is all the NHS
- Local people should have big say in local care / health
- Being treated in the delivery of services whether they are social care or health care needs



Health

- Statutory: A priority – do a survey in order to establish if there is inequality in health and social care services in Kent, in towns, and those who live in isolated areas. That those people be given the opportunity to express how they have
- Transport: Sometimes carers have to go with their 'carees' but this is not always recognised, causing real problems
- Patient transport: Make the decision for eligibility simpler and not down to a medical practitioner
- More carer awareness with health workers, especially when careers have mental health and memory problems
- Ensure hospitals give the right support and information to families and carers
- Prioritise carers needs, infection control is excellent but there is a greater likelihood of a carer becoming mentally / physically ill than catching MRSA
- Housebound: Increase domiciliary therapy for vulnerable housebound people / people with home related problems
- Carers: Health checks; flu jabs; priority appointments or even home visits if we cannot leave the home
- Prevention: More preventative work in the area of cancer prevention
- Mental health: Health should give more priority to the prevention of mental illness and not be totally focussed on treating illness
- Mental health issue; deaf issues such as support group for people losing their hearing
- BME: A priority for social care that minority groups who reside in isolated areas will be given every opportunity to have access – either the services provided in their homes other than travel to special centres which may not be easy to access for various reasons
- Up to dates report on deprived areas for all healthcare in the Thanet area as per last meeting



Social Care

- Should arrange County wide parenting support courses incorporated perhaps into ante natal care (inequalities)
- Social care should engage in qualitative research to find reasons behind risk behaviours
- Inequalities: In terms of eliminating health inequalities, that my priority is to have more staff from BME groups adequately to aimed to be able to deliver excellent care
- Transport: Remove the ultimate decision for (*unreadable*) to patient transport from medical personnel to separate department




Social Care

- Transport for the elderly to health services
- Local people should have big say in local care / health; join social care with local health
- Public to contact the councils to make their views heard; more support for vulnerable children and adults
- Better training for social care staff; better communications between social care departments
- Named care managers please; information and advice
- Why is there such a vast difference between affluence areas and deprived areas in Kent, ie Sevenoaks and Margate
- Social network for people being released from hospital with mental health issues
- Carers: Recognise them; their caring role often means they are not able to access GP / hospital appointments, nor use transport because hospital transport will not take the cared for due to budget restrictions
- Quality and cost of domiciliary care
- Carers need time out, more organisations like Crossroads who will sit with patient who is housebound
- Domiciliary care agencies: More regulations concerning continuity of care; too many different workers going into one person; time keeping, arriving late leaving early because no time between calls, training, not enough training
- What occupational therapy services are available for residents of Kent all ages (including speech therapy)
- Loose on clients; more public involvement to improve communications
- Social team work: Communication between social services and the NHS; lots of departments / issues overlap and departments / workers need to communicate better for the benefit of patients and cost to the tax payer (eg hospices, carers, cancer patients etc)
- Money: Who picks up the bill, NHS or social services, commissioners must deliver the services



Other

- Inequalities have widened because people at the top have got much better, but people at the bottom have improved but only a tiny amount
- Health: Long term illness – patient and family get free hospital car parking in Kent and Medway



Other

- A priority for LINKs is to ensure that the Trust does blind info than procurement the equality issues and how the Trust should seek the expertise of LINK members who can meaningfully contribute
 - Roll out and publicise carers emergency cards
 - Distribution and cost of residential care
 - Needs if carers, particularly of mental health patients; their needs, what is available for them, how provision can be improved
 - Communication: Urgent roll out of gateway commitment
 - As a priority, for both health and social care that we strive to improve the standard of care, that all personnel working with people of all ages are adequately trained to deliver good care
 - Patients / visitors to understand more fully that they are often unwitting pathogen carriers infecting patients when they visit acute hospitals
 - Kick the OSC (KCC) make them get on with the job they were elected to do, local councils now say they have an interest, tell them to get on with it
 - Demand social care be taken over by the NHS, best way to make it work
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