

Chatsworth Road Medical Centre

Patient Participation Group

Notes of the Informal Meeting held Wednesday 20 February 2019

**Present**

Ken Davis (Chair), Ian Gerrard, Janet Portman, Matthew Drennan, Michele Young, Nick James; Rebecca Chambers and Dr Sarah Parnacott for discussion of Ashgate Hospicecare services

*(Thanks are especially due to Rebecca and Dr Parnacott for their valuable input at this meeting, which is much appreciated by the group.)*

***Women’s Hearts Matter.*** Janet has produced an excellent text on the subject, which had been seen and approved by the GPs at the practice. The group recorded its thanks to Janet for her hard work in producing the document.

**Actions –The text** **will now be made into a pamphlet, and provide the focus for a display on the noticeboard (to be confirmed at formal meeting on 20 March).**

***Ashgate Hospicecare services.*** Rebecca Chambers (Strategy Development Executive Lead and Dr Sarah Parmacott (Consultant in Palliative Medicine) joined the meeting.

Rebecca introduced the subject by explaining that the hospice’s current strategy will be replaced with a new rolling strategy from April, and that input from the PPG would be welcome.

Sarah then described the range of services in detail (what follows is a broad summary of the main issues). There are 21 in-patient beds, where patients with complex symptoms and those with end-stage diseases are treated. The hospice does not have staff qualified to provide intravenous feeding (and this would not be appropriate for a hospice), so the only patients in this category who are admitted are accompanied by outside nurses.

General issue now that many people live longer after terminal diagnoses (including younger patients), maybe for several years. Technically hospice in-patient services are for people in the last few days of life (previously weeks), but the reality is more complicated than that.

Most of the hospice’s work is done in the community. Personal care is provided, and Occupational Therapists provide advice and support regarding equipment and ergonomic matters. All this helps to ensure that more people can stay at home, which is what most people want. The individual is assessed to determine the appropriate cocktail of medication.

There can be communications issues, particularly with specialists. The hospice uses SystmOne, but some GPs won’t share records – the hospice has a very good relationship with the Chatsworth Road Medical Centre! Harder with 111. Also, ADRTs (advance decision) documents are known by GPs, and they share this information.

Day hospice: up to 16 patients can be accommodated at a time, four days a week. One is a ‘living well’ day (the other three are medical). There are dropping numbers. Ashgate medical services can be accessed this way.

The hospice currently receives 23% of its funding from the CCG. The hospice pays for drugs for in-patients, and gives 14 days supply to patients returning home.

They liaise with other agencies -for example, they will recommend Nenna Kind when appropriate, though others may need higher level service or, for example, access to a clinical psychologist.

They have a financial adviser who provides benefit advice – it is often very difficult financially as well as in other ways for relatives, and harder than it used to be because of funding cuts.

So discussions are taking place to decide what priorities need to be, trying to understand what is most effective. Economically it makes sense to provide as much care in the community as possible, but there are big issues surrounding this, especially if the patient lives on their own.

Ken asked about marketing with GPs.

Sarah mentioned that the hospice provides counselling on end-of-life decisions to patients, but observed that such conversations need to happen earlier (which is something GPs may be able to help with). ‘ReSPECT’ forms enable this, and GPs do have these.

In terms of assistance by PPGs, Dying Matters Week (w/b 19th May) provides a useful focus.

**Action – To investigate the possibility of a session at the St Thomas Centre (Ken will speak) – a ‘Death Café’. Radio is another possible route (Peak FM?). To be confirmed at formal meeting on 20 March.**

The hospice’s support team will check on bereaved relatives (but only of those who died under the care of the hospice). How can this become more equitable?

The hospice is currently producing leaflets on its services, which Rebecca will pass on to Ken.

**Suggested actions for discussion at 20 March meeting: PPG could ask for a page on the practice website, or a link. PPG could produce a leaflet of our own, perhaps one which includes links. Rebecca will liaise with Ken, who will pass information about actions on to the Network Meeting in May.**

**Date of next formal meeting**

**Wednesday 20 March, 4pm**