

Notes from Case Management Focus Group 10.10.14

Experiences and what works well

- Pro-active contact – ie calls from surgery to check
- Surgeries offering fast (same day) access, or phone triage; offering early and late surgeries, and sending text reminders. Double appointments at patient request (some GPs)
- Attentive GPs who offered fast (appropriate) referrals on to secondary care when needed were seen positively
- Most had been contacted by practice, visit or letter, or at appointment; most had received good explanations. One person was told they had an appointment for this, but not what it was about.
- Referral to age UK and to Macmillan positive; Macmillan had helped a lot with benefits
- Ongoing groups - social; craft, and exercise were all mentioned; however several felt these should not be time limited. Some felt there should not be a charge; others were happy to pay (i.e. exercise at Badsley Moor Lane, Tai Chi at Wath)
- Being able to 'get it all done at once' - example was several appointments/tests etc all in the same time period at the community health centre
- 'I use it all the time'
- 'useful if you need out of hours services- they don't know me'
- 'I get all the support I need'
- 'I've given my folder to people at the hospital and the walk in centre, they thought it was great'
- 'I can't believe how much my life has altered'
- several people talked about having the Lions 'bottle' in the fridge with their details in
- 'I didn't think of myself as a sick person' and 'I didn't think I needed help'
- 'I feel as though I've won the lottery' – this person felt this way as they'd had everything they needed over the last year
- 9 people thought their GP was their case manager; one person referred to a 'carer' at the GP surgery; someone else felt it was a 'range of people'
- IT – one person used new technology effectively for appointments, prescriptions, to send notes to GP and to access and share blood results, via the Renal patient view system. This gave the patient a significant amount of control of their treatment
- Renal nurse – had picked up a health issue during a home visit, and encouraged the patient to seek additional treatment – had been vital, but would not have been picked up otherwise
- **You need good quality reliable information – best face to face from someone you trust (i.e. a GP)**
- Consensus that the plan offers reassurance
 - 'I'm confident; it's good to know you've got something with everything in one place'
 - 'better quality of life'
 - 'everything is attended to' (ie all problems are picked up
 - its good if you need care out of hours, 'you get to hospital quicker if you need to'

Note – emergent theme – instances and examples of problems and issues that people would not have booked an appointment with the GP for, and would not have sought treatment; but because they were seeing staff, they could raise these minor issues – in some cases were prompted to seek treatment by staff. (Corn, fluid on lungs etc) 'Everything is picked up quickly'

What could be improved?

- Appointments in GP practices -several issues
 - patients can't be late (appointment had to be remade); But GPs can?
 - some patients could book/request double appointments; others said GP had to request; if someone knows they will need this, they should be able to ask.
 - some people had to wait 2-3 weeks for appointments; not helpful in terms of managing LTC and preventing escalation
 - noted that patients need to know they can get in when they need to see someone; i.e. same day/24 hours
- **Glossary of terms** - this would be useful – but there were no actual examples of words or abbreviations
 - **action** – look for terms and acronyms when auditing folders to develop glossary; ask staff
 - also clear explanations; need to check language used during audit
- **Patients** – need to be open to the help and support offered
- **Information** – could be in folders; ie links to helpful and trustworthy websites, such as NHS direct; Diabetes UK
- **Access to social prescribing advisor/team** - difficulty in making contact, answerphone on, calls not returned
- Check that reviews are being done on time
- Educate people before they get ill (too ill)
- Pill packaging – people found this hard to manage; some were hard to get into; some tablets were very small and hard to manage (**pass to medicines management team**)
- **Support to carers – feeling that carers are overlooked, and that if they are not supported, the patient will not be supported.** *Note that this was from someone who has never been to an event before, or linked into any carers meetings or other ways of feeding back*

What we will do

Issues	Actions
Quality issue with appointments, letters and communication – TRFT – examples of wrong dates, not being called back and patient having to chase	Forward to Dr Phil Birks and Sarah Lever for consideration with regard to contracting. Also copy to clinical referrals management- Dawn Anderson
Make sure there is alternative to internet for services and information – it does not work for everyone	Raise at Practice- Wide case management meeting- Dawn Anderson/ Jason Page
Funding for activity – often via social prescribing. Groups are time limited; then people have to pay. Links into issues with benefits/bedroom tax – if people's incomes are concurrently being reduced by other pressures, they are less likely to be able to prioritise social activity. Example – Sense craft/activity group – costs £5; may also be £5 for transport; some people on benefits for a long time just cannot afford this. Continuation of activity- example of group offered, but time limited. Some would want these to continue as long as needed	Discuss with Social Prescribing Team via Case Management Steering Group
Follow-ups – check that suggestions/plans/contacts have worked for people. One person felt that lots had been offered but had not happened – a year on, and that it was hard to contact the team. Another had been offered Tai Chi, but this had not worked out. Also feeling that reviews have not happened	Look at during manual audit of sample care plans, checking reviews and actions. Raised with Social Prescribing team via Case Management Steering. There is a follow-up protocol for each patient. The individual instances are being reviewed.
Glossary of terms - this would be useful – but there were no actual examples of words or abbreviations <ul style="list-style-type: none"> ○ action – look for terms and acronyms when auditing folders to develop glossary; ask staff ○ also clear explanations; need to check language used during audit ○ links to useful information 	During audit, we will look at language and abbreviations, and ways that this can be improved. We will ask staff for the most commonly needed terms and abbreviations to develop a glossary. A glossary/information sheet could also include links to standard information sources, ie NHS Choices, Diabetes UK etc
Appointments in GP practices -several issues <ul style="list-style-type: none"> ○ patients can't be late (appointment had to be remade); But GPs can? ○ some patients could book/request double appointments; others said GP had to request; if someone knows they will need this, they should be able to ask. ○ some people had to wait 2-3 weeks for appointments; not helpful in terms of managing LTC and preventing escalation ○ noted that patients need to know they can get in when they need to see someone; ie same day/24 hours 	Discussion item at next Practice Managers' Commissioning Forum.
Educate people before they get ill (too ill)	We will look at the point that people might be eligible for Case management support, to make sure that this is working well for patients
Pill packaging – people found this hard to manage; some	This information will be passed to the

<p>were hard to get into; some tablets were very small and hard to manage</p>	<p>medicines management team in the CCG; but there is often little we can do to influence pharmaceutical companies.</p> <p><i>Are nomad boxes still available and what is the criteria?- to confirm</i></p>
<p>Support to carers – feeling that carers are overlooked, and that if they are not supported, the patient will not be supported.</p>	<p>We will pass this information to colleagues who are leading on support to carers, and will ensure that supporting carers is part of all our workstreams</p>