

Report on Progress of Specialist Groups October 2001

1. Stroke

The District wide stroke group has met once to agree the framework for progressing this stream of work. It was agreed that no new prevention initiatives would be started. This is because of work developed through with the Coronary Heart Disease National Service Framework and Health Improvement and Modernisation Plans. These focus on prescribing guidance and health promotion including smoking cessation, exercise and diet.

Working groups have been agreed.

- To progress the development of a TIA rapid assessment service The aim is build on the development work already in progress by Geriatricians and vascular surgeons for TIA
- To plan and implement a single combined general medicine elderly medicine admission ward. It is anticipated that this will be part of the work of the new acute medicine group which is set up under the chairmanship of Dr Old.
- Development of post acute rehabilitation and long term care to be managed by local implementation teams .
- Social Services are exploring the potential for funding Stroke Association trained family support workers through the Carers Grant.
- The Stroke forum will continue to maintain and update the clinical guidelines and has been tasked with developing the six month review of strokes.
- Development of the stroke register has not been progressed.
- The plans must be agreed for the April 2002 Milestone.

Falls

It was identified that there are many initiatives underway. A District wide stock-take meeting is planned for 10.10.01 when information will be shared and gaps in development of a comprehensive falls service identified. The following activities are progressing.

- Local Authorities have been active in promoting "Avoiding slips trips and broken hips campaigns"; Care and Repair Campaigns, and some exercise programmes.
- Protocols for Osteoporosis prevention and management have been developed by the Rheumatology consultants .
- * Proposals for a specialist clinic are being developed by Dr Poulton and the Day Hospital Team.
- Close links have been developed between the OT's in A and E and Community services particularly the rehabilitation teams.
- * A working group has been set up under the Patient Access Group, chaired by East Hants PCT to progress the development of an Ortho-geriatric ward at Queen Alexandra Hospital.
- Pilot projects using Hip protectors will report on the evaluation.
- Service Providers have been asked to report on action to prevent falls
- Conferences on Developing a Comprehensive Falls Prevention and Management Service have been attended by Local Champions.
- An implementation resource pack and much good practise guidance has been obtained.

Single Assessment Process.

The draft guidance was issued in September 2001 for consultation. It requires health and social services to agree a process for assessment by March 2002. No tool is recommended yet, although it is understood that two are likely to be recommended in future. It is expected that there will be Easycare developed at Sheffield University (Phelp) and Rugs developed at Sheffield (Carpenter).

Separate implementation meetings have been held on the Isle of Wight and Mainland.

Isle of Wight

The Island already has a joint island wide process which will incorporate the RNCC tool for assessing NHS funded nursing care. A group has been set up to ensure that the assessment includes all the domains of the Single Assessment Process within the guidance and to progress the development of an Island wide IT system to support the process. The Easycare assessment tool is already being piloted on the Island.

Mainland

The mainland the group has met once and agreed to review all existing documentation to ensure that the assessment domains required in the guidance are included. The need for a common system for Hampshire, Portsmouth and Southampton has been identified. This is because patients treated in Acute Hospitals are assessed by staff from Hampshire and the Unitary Authorities. It is felt that a single tool should be adopted in the future and there is some concern that North and Mid Hants and Southampton are already piloting different tools. This should be agreed at a strategic HA level. The next step locally will be for the local implementation teams to agree the process in their PCT/social services area.

Free Nursing Care.

Final Guidance was issued on September 28th for Implementation on October 1st. The funding applies to all those who are paying their fees in full from their own resources.

A nurse from each PCT attended regional training in the use of the RNCC tool which is used to assess the level of care from a registered nurse. The level is allocated to a band and funding (set nationally is applied) Continence pads and specialist equipment (at the level provided for someone at home) is also included in the scheme. Each PCT/G held meetings with nursing home providers. A data base has been set up for payments and systems agreed. The Health Authority has received funding based on £90 per week for residents identified in a survey undertaken in August through the Inspectorate. The funding is being allocated in full to PCT's.

Work will continue to progress the arrangements for the service from April 2003 when all those supported by Social Services will be eligible for nursing care, continence products and equipment funded by the NHS. Ideally there will also need to be a Hampshire wide model contract for between PCT's, Social Services and the Nursing Homes.

Prescribing.

The District Group has not met. It was anticipated that the chair would be Paul Jerram from the Isle of Wight. There has been progress on the Island and a report is available.

Katie Hovenden has now agreed to convene and lead a mainland group. The key task will be to develop guidance of medication reviews and work closely with Local Implementation Teams. It is recommended that discharge medication be progressed by the acute groups.

Guidance on specific prescribing issues associated with stroke falls and mental health should be picked up by the relevant specialist groups with prescribing support.

Equipment

The equipment group met informally a number of times. An excellent workshop was arranged facilitated by Wainwrights. This brought users carers, prescribers and managers together. There were many innovative ideas generated which will be incorporated into future models of service delivery. A formal equipment group has now been set up, chaired by Lynne Rigby from Portsmouth Disability Forum. David Clements is the local lead officer. He has also been seconded on a part time to the National Equipment Implementation Team. In addition to LIT representatives there is representation from the Isle of Wight and Hampshire. The Hampshire representative also attends the meetings in North and Mid Hants and Southampton, where the service is managed by Social Services rather than Health. The audit of current spending and equipment provided which is an NSF target is underway. (Target October 2001) This is for local use and it has been agreed that once statutory agency spending has been identified similar information should be collected from voluntary agencies who wish to share. A workplan has been developed for the equipment project. It is anticipated that some dedicated project time may be required to support progress in future. A request for the Hampshire pooled budget framework has been requested.

Feedback from the national implementation team indicates that £126,000 for the mainland and £26,700 for the Isle of Wight was included in the HA budget uplift for this year. This was meant to progress developing the service to meet the 2004 targets. A similar amount was allocated to Social Services. This money was not separately identified or ring fenced and therefore not included in SaFF discussions and agreements for this year. This funding also included a small sum for cosmesis.

Mental Health

The District wide group has not met. It has been identified that there are significant differences in each locality in the way services have developed and local aspirations for change.

protocols A small working group chaired by Dr Hardwicke has been convened to progress prescribing guidelines across the District. It is anticipated that each LIT will develop other local services available to support older people and their carers in managing dementia and depression. The Alzheimer's Society and others have expressed willingness to support this. The prescribing guidelines would then be incorporated into local information packs.

There are a number of specific District wide initiatives which need development, particularly specialist services for younger people with dementia, and education and training programmes for care staff. Other initiatives which may be better taken forward through local implementation teams are development of local acute services, closer working between health and social services, development of EMH intermediate care and respite beds.

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