

healthwatch

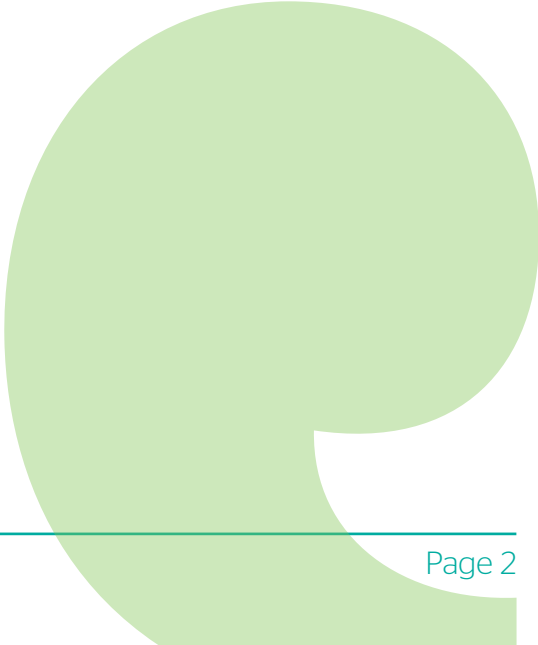
Liverpool

**Community Frailty Pathway
Engagement
May 2019**



Table of Contents

Background	3
Aims	3
Methodology	3
Findings	4
Suggestions	7
What happened next	8
About Healthwatch Liverpool	9
Appendix A - List of questions for the semi-structured interview ..	10



Background

Liverpool Clinical Commissioning Group (Liverpool CCG) have run a 100-day pilot project focused on providing community-based care for frail older people. Through the pilot, frail people over the age of 65, identified through five GP practices in Woolton, Aigburth, Garston, Gateacre, and Allerton (the WAGGA neighbourhood), were referred to a Community Geriatrician who conducted visits in the patients' own homes to carry out a geriatric assessment there.

Aims

The overall aim of this pilot is to enable older people to live safely within their usual place of residence, and offer greater care within the community to reduce missed appointments, hospital admissions, etc. This will be measured by monitoring patients' NHS records.

The aim of our engagement with patients was to capture people's experiences of care under this pilot and see whether this more personalised model of community based care led to an improved patient experience.

Methodology

Patients or their carers were asked during the visit if they would consent to their contact details being passed on to Healthwatch Liverpool so that we could contact them for their feedback. The names and telephone numbers of those patients who consented to giving feedback were passed on to us by the Liverpool CCG. Where relatives and carers details were provided, this information also included their relationship to the patient who received the visit.

Two members of the Healthwatch Liverpool Engagement Team conducted recorded semi-structured phone interviews with patients and their carers. Questions for the interview were agreed with the Liverpool CCG in advance. One employee conducted the semi-structured interview, while the other took notes as. This helped to speed up the process of analysing and writing up our findings.

The individuals were asked at the beginning of the phone calls whether they gave consent to the phone interviews being recorded. It was explained that only the employees conducting the interviews would listen to the recordings so that accurate notes and verbatim quotes could be taken (individuals were reassured they would remain anonymous) and once the report had been written the recordings would be deleted. The recordings were listened to by both employees and notes and quotes were written independently and then compared. This was done to control for subjectivity and bias and improve the reliability of the findings and suggestions.

We spoke to eight people in total: one patient, and seven relatives and carers. We were unable to speak to all people whose contact information was passed on to us, as while we did call people back at different times on different days, some people did not answer the phone on any of these occasions. One person that we called did not recall receiving a visit.

Findings

Interviewees were generally positive about their experience of the visit.

All of the relatives and carers that we spoke to were there during the visit.

Everybody we spoke to felt that the visit had been well explained to them prior to it happening. A number of people highlighted the role of the Community Matron in explaining and organising the visit.

Everybody we spoke to felt comfortable with the visit occurring in their or their relative's home. A number of people that we spoke to commented on Dr Somauroo's manner and personal approach, commenting on how he was able to make both patients and carers feel comfortable and at ease during the visit.

“He put our minds at rest and he was a very polite gentleman and explained everything that was taking place. He was just excellent, I couldn't fault him.”

“In no particular order he was professional and caring, he had a relaxed manner, he was very educated because he spoke at a level where we could all understand.”

Everyone we spoke to felt that Dr. Somauroo was well informed about their or their relative's health issues and felt able to ask questions of him during the visit. Everybody we spoke to felt that they were able to have a say in their own or their relatives future care.

“We chatted away, it wasn't sort of him dictating what he wanted. He asked Mum questions - how would she take this medication, who would help her take them ... he was very thorough.”

“Yes, we felt that we could ask and he would back us up if we needed any sort of help getting future care.”

When we spoke to relatives and carers, we also asked how well they felt Dr Somauroo included their relatives who were receiving the visit in discussions around care. People told us they felt he did work to actively include the patient in discussions, speaking to them rather than just to carers.

“He'd sort of break up the more detailed analysis, the discussion with him sort of um testing me dad's flexibility, the strength of his grip and that sort of thing, so I think he kept me dad involved as much as he could.”

A number of people we spoke to discussed the length of the visits with us. While most people appreciated the length of the visit, and the opportunity this gave them to have an in depth conversation with a senior clinician about their or their relative's care, some people told us that they felt they were given too much information to digest in the time, not all of which they felt was relevant.

“I was given too much information - too much to digest. I was given a lot of statistics ... I felt like whatever he was about to say next might've been important, so I did listen to everything he told me but you know I felt like a lot of the information was like statistic-based rather than you know based around me mum and her individual needs.”

Most people we spoke to had found the visit beneficial. A number of people told us about changes to medication that had happened as a result of the visit. For some people, this was beneficial, whilst others told us they were still waiting to receive new medication or had experienced significant adverse reactions to new medications. Other people told us about health concerns and problems that had persisted since the visit.

“His monthly blister pack was due the next day and they actually managed to get the surgery to change the prescription and to get the chemist next door to get the new blister pack ready within twenty four hours, it is a miracle.”

“He was very nice and he was here for a long time it’s just that what he prescribed wasn’t the right thing obviously.”

“Well he just examined them [her legs] and he didn’t sort of put it aside but he didn’t pay an awful lot of attention to them, considering that the swelling on her legs is upsetting ... I thought and he went into my mum’s conditions, et cetera in a great deal of depth, but he didn’t seem to be too bothered about mum’s swelling in her legs.”

Even if they had not experienced any health benefits as a result of the visit, many people told us that they found it beneficial in other ways. A number of them commented on the convenience of the visit being a home visit: having it occur within the home saved many patients trips to hospitals or clinics, which many said they often found difficult because of ill health or poor mobility. People told us the way the visit was conducted allowed them to feel genuinely listened to and supported, and that it gave them greater confidence in advocating for their health needs. Some people told us about disappointing experiences they had with other parts of the health service, including GP practices, and how different and more pleasant the home visit was in comparison.

“[The visit was] more human based, you don’t feel like a number if you’ve got somebody like that who’ll come and see how you are in your home ... If you go to see a consultant in a hospital there’s usually a big waiting list, they’re rushed, and you worry about getting to the hospital - me mum’s housebound, so for him to come out was amazing.”

“[If there had been no visit] I think she would have felt far more isolated and alone and far more that she was just a statistic in the health service ... It certainly gave her an awful lot of self-belief and the fact that she could fight it more because there was somebody in her corner with her so it was really helpful.”

“It was quite a good visit - to actually see someone of his sort of seniority around. He was very, very approachable and he came across to me father in law without being patronising.”

A number of the carers we spoke to told us they also found the visit beneficial for themselves as well as the relative they cared for. Benefits for carers included time saved taking relatives to hospital appointments, or having an opportunity to refresh their knowledge about the conditions their relatives have.

“[It was good] to have a doctor come and do a thorough round up, tie everything together ... so that it made sense again cos sometimes you deal with so many individual illnesses and things you forget how it all pulls together and how one can impact on the other so I would thoroughly recommend it.”

Most people we spoke to were unsure what would have happened or been different had the visit not occurred.

Most people that we spoke to felt that their or their relative's health needs were being fully met at home, although some did have ongoing health concerns that were unresolved. We asked those people who said their or their relatives health needs were not being met at home if they had an opportunity to discuss their issues during the visit with Dr. Somauroo. They all told us that they had been able to speak about their problems during the visit, but that issues had not been successfully resolved.

Most people told us that if their health got worse, they felt they knew who to contact, although who they might contact differed depending on the circumstances, ranging from the GP, community matron, or 999. Some people told us outright this is what they would do, while others were initially unsure. Some people said that literature or information with key contacts on would be useful, especially if they needed out of hours care. We did not ask everyone we spoke to this question, as in some cases it was inappropriate: one person we spoke to told us that the person they cared for had passed away since the visit, although they were still happy to provide us with feedback about the visit overall.

We asked people if they had any suggestions on how the visit could have been improved. Most people said they could not think of any improvements, though some people suggested some written follow-up (such as a letter summarising the discussion) and information on people to contact for further support would be useful. Some people we spoke to said that they had received follow up in this format, so it was unclear whether every patient visited received written follow up, or what the timescale for sending this out was. We also asked people if they had any other feedback they wished to give us. Some people took this opportunity to reiterate the positive experiences they had of the visit and Dr Somauroo, while others expressed a wish that the pilot could be continued and extended for others to benefit from.

“I just thought he was a lovely person, if that helps. I thought he was really nice made everyone feel at ease and you felt that you could ask him things ... our minds was put at rest when he'd gone.”

“Hopefully ... other people can benefit similarly.”

“Well we knew that it was a pilot scheme and we hoped it would continue.”

Suggestions

A significant amount of the positive feedback we received was directly linked to Dr. Somauroo's approach and manner with the patients, and this is something that needs to be considered should the scheme be rolled out more broadly across the city. From the conversations we had it is clear that the scheme benefits patients and their carers not only in terms of their physical health needs, but also through the positive emotional and psychological impact of receiving person-centred care.

Based on the feedback we received, we make the following suggestions for consideration:

- That the scheme be continued and extended across the Liverpool CCG area;
- That all clinicians conducting home visits as part of the scheme should be skilled in quickly establishing a positive rapport with patients and their families. Additional training to support this should be provided where needed;
- That patients and carers continue to be fully involved in discussions and decisions around their future care;
- That all patients who receive a home visit as part of the scheme receive some form of written follow-up, providing an overview of what occurred during the visit, what next steps will be taken; and any other relevant contacts patients may need in their future care.

What happened next

The community frailty model was a pilot to try out a different way of supporting people who might be at risk of a hospital admission due to frailty. We asked professionals involved in the pilot what was happening following its completion. These were their responses:

“The domiciliary visits are still happening with the same frequency as when we were doing the pilot. We have now expanded the service to accept referrals from a wider catchment area including the North, Central and South Liverpool, instead of focussing on just the 5 GP surgeries involved in the pilot. A majority of patients are also having an initial assessment by the experienced Community Matrons prior to the reviews and this is helping to identify the most urgent referrals.

I will be attending neighbourhood multi-disciplinary team meetings in 2 neighbourhoods from this month to help expand this service and offer community Geriatrician expertise into these meetings. It is hoped that this will allow specialist input to a wider cohort as well as enhance collaborative work between the various agencies providing care and support to frail older people in the city.”

Mohammed Somauroo

Consultant Geriatrician with specialist interest in Community Geriatrics. Royal Liverpool and Broadgreen University Hospital.

At present there is only capacity for one session per week of domiciliary visits so the next stage is to expand capacity.

“Two new 2 consultant geriatrician posts are being commissioned in community services, by reallocating some resources and with some additional investment from the Clinical Commissioning Group.

We are hopeful that by September 2019 the 2 community geriatrician posts will be filled with a full time admin support to ensure that the Community Frailty pathway can continue. This service will be able to see 3,120 older people with frailty each year, which it is predicted will lead to 96 less hospital admissions and a reduction in 156 long term care placements and better patient outcomes through personalised care.”

Jane Fradley

Transformational Change Manager - Community, Liverpool Clinical Commission Group

About Healthwatch Liverpool

Healthwatch Liverpool is the independent champion for people who use health and social care services in Liverpool. We're here to make sure that those running services put people at the heart of care.

One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

As part of a national network made up of local Healthwatch organisations in every local authority area of England and Healthwatch England, the national body, our work contributes to a nationwide perspective of health and social care services.

We also work with neighbouring local Healthwatch to gather patient experiences from a wider local footprint when it is useful to do so.

At Healthwatch Liverpool we also provide a dedicated information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.



Appendix A - List of questions for the semi-structured interview

Questions for patients

1. Are you answering for yourself or on behalf of a relative you care for?
2. Was it explained to you who was coming to visit you and why? If so, how was it explained/communicated? Could it have been done in a better way?
3. How comfortable did you feel having Mr Somauroo [the community geriatrician] in your home?
4. How well informed did you feel Mr Somauroo was about your health issues?
5. Did you feel that you could ask any questions or raise any concerns you may have during the visit?
6. How well were your health problems and future care explained to you?
7. Did you feel that you were able to have a say about your future care?
8. Did you understand what would happen as a result of the visit?
9. Did anybody else contact you about any health issues raised at the visit?
10. Do you feel the visit has helped you? If yes, how much and why?
11. What do you think would have happened to you if you hadn't had this visit?
12. Are your health needs being fully met at home?
13. Do you know who to contact in future if your health gets worse?
14. Is there anything else about the visit you would like to tell us?

Questions for carers/relatives

1. Are you answering for yourself or on behalf of a relative you care for?
2. Were you there for the visit?
3. Was it explained to the person you care for who was coming to visit them and why? If so, how was it explained/communicated Could it have been done in a better way?
4. How comfortable did you feel having Mr Somauroo [the community geriatrician] in your relative's home?
5. How well informed did you feel Mr Somauroo was about your relative's health issues?
6. Did you feel that you could ask any questions or raise any concerns you may have during the visit?
7. How well were your relative's health problems and future care explained to them?
8. Did you feel that they were able to have a say about their future care?
9. Did you understand what would happen as a result of the visit?
10. Did anybody else contact your relative about any health issues raised at the visit?
11. Do you feel the visit has helped your relative? If yes, how much and why?
12. What do you think would have happened to them if they hadn't had this visit?
13. Are you're relative's health needs being fully met at home?
14. Do you know who to contact in the future if their health gets worse?
15. Is there anything else about the visit you would like to tell us?