

Delivering the Long Term Plan in South East London

Patient and public workshop

Beckenham Beacon

19 June 2019

In attendance:

Public: 34 attendees

Slides from the session shared with the 180 members of the Bromley patient advisory group

CCG: Dr Angela Bhan, Theresa Osborne, Paulette Coogan and Dave Moore

What is a Multi-Disciplinary Team (MDT)?

An MDT comprises a range of health professionals involved in patient care. This could include GPs, nurses, psychologists, occupational therapists, pharmacists, social care staff, hospital doctors and other specialists.

How long does it take for someone to be discharged from the MDT pathway?

This depends on what treatment or care the patient requires. For example, it may be identified that the patient requires access to a befriending service, which we would intend to be a potentially longer term arrangement. Another patient may require diabetes services, which will also be a long term intervention. For other patients, they will be discharged back to their GP more quickly, but we would continue to check in on these patients to monitor their progress.

How long does it take from the referral to see the community matron?

Following referral to the Proactive Care pathway, patients are assessed by a Community Matron. This is a comprehensive assessment that looks at the needs and wishes of the patient. The current wait to see the community matron is around 15 days.

The patient's GP and the Community Matron will then present their assessment to the Multi-Disciplinary Team (MDT) for review. This is a virtual meeting chaired by a

GP and attended by a Consultant Geriatrician, a Mental Health Support Worker and a Care Navigator from the voluntary sector. Other professionals will join the conversation as required e.g. community physiotherapist and social care manager.

These health professionals at the MDT will recommend any additional services that could benefit the patient and referrals are made directly by the professional in the room.

Is the MDT taking place in Bromley as we speak?

Yes, this approach is happening now, across Bromley, and we ask GPs to identify patients for the pathway each month.

Are St Christopher's involved in this?

Yes

There have been reports that we don't have enough hospital beds, should we have more?

The key here is to ensure that we have enough hospital beds for the patients that really need them. However, we want to make sure that where appropriate we can move patients out of hospital and into a more appropriate environment in the community. For example, we know that hospital is not always best for an older person; an 80 year old can in 10 days lose 10 years' worth of muscle mass from being in hospital.

Do carers and family members have access so they know that their family member is being reviewed by the MDT?

The patient is informed they will be part of the service and receives a full explanation of what it is and why they are involved but must give their consent for us to continue with their care. They receive an information leaflet and if the patient does not have capacity then their relevant carer is informed, etc. Family members would only be involved if required or requested. Where the question mentions the word 'access', we do not provide access to the physical MDT for family or carers but they would be involved through visits to the patient with the Community Matron as this would be the most relevant place for discussion and care to take place.

Will the new system still be GP led?

We want the Place based board to be jointly led by a GP, and we would like GPs to be taking up other senior leadership roles. The benefit from a more integrated structure is that as well as GPs we can have input from other clinical leaders such as acute consultants, community nurse matrons etc.

What will continue to be commissioned locally?

It is anticipated that acute services will be commissioned across SE London and the out of hospital services will be locally led.

CCGs are statutory bodies under the Health and Social Care Act 2012, so will these plans require a new Act of Parliament?

No, there will still be a CCG with statutory responsibility for south east London, but it will be the SEL CCG.

Are we asking staff to do more work with no more resource?

We need to recruit more staff, but perhaps more importantly, different staff. An example of this is the Physician Associates who are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. We also want to train and enable our current workforce to work more efficiently and effectively.

Will there be a 'position document?'

Yes, there will be which will be presented to the Governing Body later in the year.