



HEALTH AND WELLBEING BOARD

16 JULY 2021

ADDITIONAL INFORMATION

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READING BOROUGH COUNCIL

HEALTH & WELLBEING BOARD

16 JULY 2021

QUESTION No. 1 in accordance with Standing Order No 36

Tom Lake to ask the Chair of the Health & Wellbeing Board:

GP Phone Systems

Last November/December South Reading Patient Voice carried out a survey of the experiences of older patients with regard to the new electronic forms of access to GP surgeries.

In the course of that work we discovered that a couple of pharmacies that we visited had patients who were failing to obtain repeat prescriptions for long term conditions, even to the extent of abandoning their medications. Difficulties in contacting their GP surgeries, to arrange repeat prescription or required medication reviews were the cause of this difficulty. We contacted Berkshire West CCG about this.

We would like to congratulate Reading Healthwatch on their investigation of this problem, which, as the paper on today's agenda shows, is illustrated by plentiful, eloquent evidence.

We would like to draw the Board's attention to the provision of telephone systems as a Systems Design problem. An inadequate system can leave its controllers unaware of the harsh difficulties being experienced by its users. It may be asking too much of a GP or practice manager to be the designer of a system which avoids such indirect communication bottlenecks.

Will the Board urgently call for an external review of the telephone systems in use at our GP surgeries to check that they present timely and representative management information in an easily accessed and digestible form so that patients' difficulties in gaining access are clear to the surgery management and their PPGs? Also to check capacity against demand.

REPLY by the Chair of the Health and Wellbeing Board (Councillor Hoskin):

Thank you for your question Mr Lake and I'm also very grateful for the attention that South Reading Patient Voice has been paying to this issue and ones about access to primary care in Reading.

In my role as chair of this board and Reading's lead councillor for Health I am taking a keen interest in the developing picture of access to primary care services in the changed world that the Covid pandemic ushered in. Work is taking place more widely around this and I am keen that this Board, the council, partners and residents input into that work.

A telephony project is underway which will evaluate the platforms being used by GP Practices with the aim of identifying the best telephony solutions to be deployed across sites. Once deployed it is envisaged that this will support collaborative working across practices and Primary Care Networks, improve demand and capacity capabilities as well as greater resilience within primary care. The initial evaluation stage is due to be completed by March 2022.

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From diagnosis to end of life: the lived experiences of dementia care and support

Laura Vicinanza
Regional Public Affairs and
Campaigns Officer

From diagnosis to end of life

West Berkshire Joint Health and Wellbeing Strategy

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- Supporting people living with dementia and their carers as a group of people at high risk of bad health outcomes to live healthy lives is a priority across West Berkshire, Reading and Wokingham
- Commitment to introduce an integrated programme in partnership with other sectors for the early diagnosis, rehabilitation and support for people affected by dementia

Alzheimer's Society

Where did it start?

How we structured the report:

- Diagnosing Well
- Supporting Well
- Living Well
- Dying Well

How we gathered the evidence:

- Used national guidance and legislation as a benchmark
- Literature review of existing pathways, standards and datasets
- Focus groups and interviews with people affected by dementia
- Interviewed and surveyed professionals

Key theme: a sense of disjointed and fragmented care

‘For us, there was no dementia pathway. Everywhere I turned for help, I felt like I was walking through candy floss – everywhere I turned I met a sticky end.’

Carer for a person with dementia

pass
‘The only support my husband and I had were things I had to discover and instigate myself. We were given a life-changing diagnosis, then left to our own devices to navigate the complexity of the health and social care system.’

Wife of a person living with dementia

‘In the 13 months from December 2017, when [mum] was first identified for palliative needs, right up until her death, absolutely nothing was done to provide mum with the palliative care and support she required.’

From diagnosis to end of life

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DIAGNOSING WELL

KEY FINDINGS
AND
RECOMMENDATIONS

Summary of key findings

- People are being misdiagnosed or opportunities are being missed
- Referral processes can be confusing
- Service improvements can be challenging due to variation between memory services and limited performance data
- Delivery of a diagnosis, including a subtype and tailored information, is variable



Local recommendations

- CCGs to have a dedicated dementia lead to train GPs on referral criteria and diagnosis
- Multidisciplinary team meetings between memory service clinicians, neurology and neuroradiology
- Clear referral pathways to enable access to Allied Health Professionals
- Memory services to include dementia adviser services, with people automatically referred to the service unless they opt out
- Access to follow-up opportunities to discuss diagnosis

Diagnosis rates during Covid-19

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- Dementia diagnosis rates have declined since lockdown
- Referrals from primary care to memory services have decreased
- There is a backlog of assessments which will worsen waiting times
- Need to ensure people can access their GP, face-to-face, to discuss concerns with cognitive impairment or memory
- Secondary care specialist diagnostic services need sufficient workforce and resources to cope with current and expected backlog of appointments

From diagnosis to end of life

SUPPORTING WELL

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KEY FINDINGS
AND
RECOMMENDATIONS

Summary of key findings

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- Information provided at point of diagnosis is not being delivered in the right way, if at all
- People are struggling to access a care coordinator
- Care planning, including advance care planning, if undertaken, can be insufficient and dementia-specific needs are not considered
- The provision of post-diagnostic support interventions can be variable and inappropriate

Local recommendations

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- All people should have a named care coordinator
- Appropriate and tailored post-diagnostic support interventions for people with dementia and their carers
- Integration of dementia adviser services within primary care
- Clear local responsibility for advance care planning

From diagnosis to end of life

LIVING WELL

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KEY FINDINGS
AND
RECOMMENDATIONS

From diagnosis to end of life

Summary of key findings

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- Limited access to coordinated, proactive, ongoing care and support
- Follow-up care is not the same for everyone
- Carers are struggling to access support services
- Hospital and care homes need to identify and accommodate dementia specific needs



Local commendations

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- Straightforward methods of booking day care and overnight care in advance
- Accessible lists of recommended local respite care services
- Care homes to have enhanced access to professionals through local multidisciplinary teams
- All professionals trained to at least Tier 2 of the Dementia Training Standards Framework

Cognitive decline and the need for rehabilitation

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- Deterioration of people's mental health and significant cognitive decline
- Worsening of dementia symptoms, including memory loss, agitation and depression
- Decrease in the numbers of people receiving care plans or care plan reviews over the last year
- Need to bring forward care plan reviews to proactively identify rehabilitation needs and offer rehabilitation services

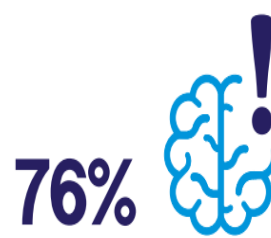
ne carers' xperience during oronavirus

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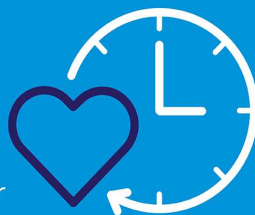
of carers reported that their caring responsibilities have increased during lockdown.



reported their caring responsibilities had increased because of worsening dementia symptoms of the person they care for.

92 million

extra hours have been spent by family and friends caring for loved ones with dementia.



95%

of carers of people living with dementia reported a negative impact on their mental or physical health.



Alzheimer's Society

From diagnosis to end of life

DYING WELL

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KEY FINDINGS
AND
RECOMMENDATIONS

Summary of key findings

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- People often struggle to access palliative care, including end of life care
- Advanced decisions are sometimes ignored, meaning the interests of people and their wishes at end of life are not being fulfilled

Local recommendations

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- Manage hospitalisations through integrating services, upskilling care home staff and increasing access to out-of-hours specialist support
- Local multidisciplinary teams should be formed to assist local care homes, and include palliative care teams
- Local services should be set up to ensure that professionals involved in end of life care can easily and quickly access advance care plans

To conclude...

- From diagnosis to end of life, people with dementia face challenges in accessing effective care and support
- A recurring theme at each stage of the pathway is the sense of disjointed, fragmented care
- Government and national bodies must make further progress on dementia care quality and outcomes
- But local decision-makers, services and professionals are best-placed to take ownership of developing dementia pathways, to promote streamlined and consistent support.



Hanging On

A report on GP Phone Access

About the survey

- Online survey carried out for one month, 25 March-25 April 2021
- 339 respondents, majority living in Reading, plus some residents elsewhere in Berkshire West
- Aimed to measure people's experience of the most used NHS service as lockdown eases
- Major strength of feeling and calls for change expressed by respondents
- Listen on for people's stories in their own words...

People's stories

Note: Actual comments, names changed, computer generated voices, photos by models

Raveen



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Nicole



Jake



Gwynn



Zeina

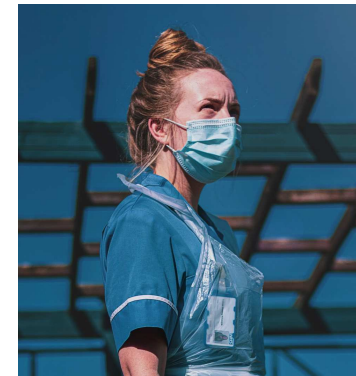


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* 'The telephone is not the best. Patients are not always good at describing symptoms and if the doctor cannot see and observe the patient, things can be missed.'

Sue



Positive feedback (16% of survey comments)

Kim



Note: Actual comment, name changed,
computer generated voice, photo by model

Key survey findings

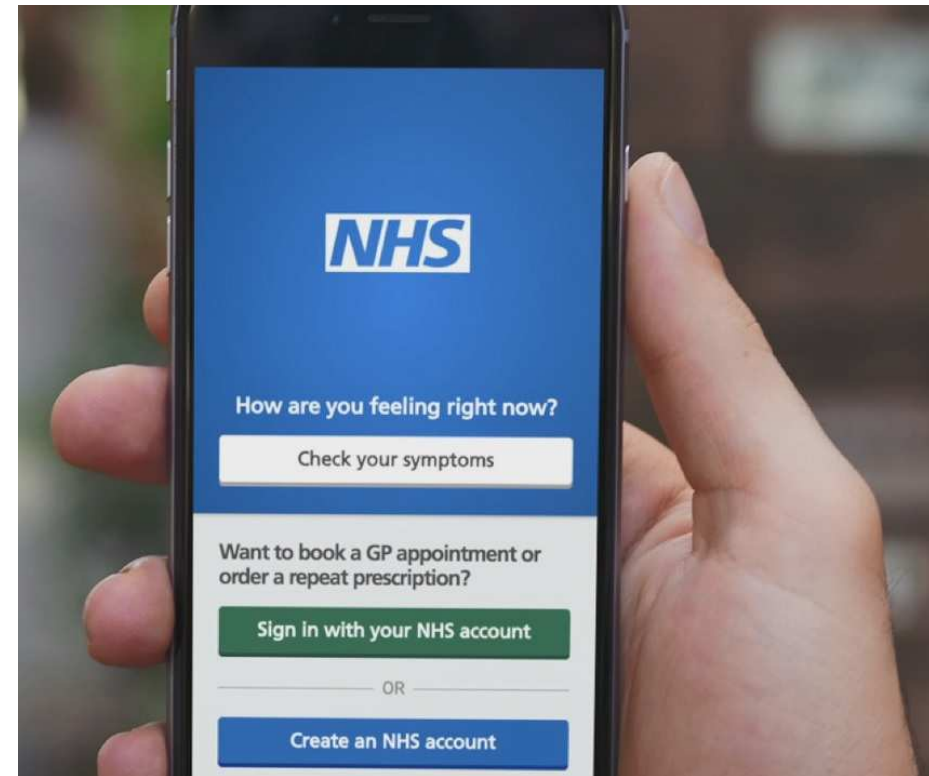
- 67% were put on hold when they first called; 20% got an engaged tone & had to redial
- 46% had their call answered within 10 minutes; 22% waited 10-30 mins; 15%, 30 mins+
- 35% were trying to book a routine appointment; 26% wanted an urgent appointment
- 54% said the experience of calling was difficult; 46% said it was easy
- 51% of people living in central or south Reading postcodes said calling their surgery was difficult, compared with 22% in west Reading and 8% in north Reading
- 221 extra comments were left, mostly about lack of online booking, appointment delays, lack of face-to-face appointments and manner of receptionists

Mixed messages on GP access

- Many surgeries have turned off online booking
- This forces everyone to book by phone
- Phone lines can't cope
- People give up, possibly missing medication, tests, referrals or treatment

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OUT

- Pre-Covid, surgeries had national targets to increase online appointment booking
- The NHS App - an online booking tool - is more popular than ever as it stores 'vaccine passports'
- Local commissioners are now recruiting 'digital health champions' to encourage online access to services and health advice



What patients want

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'Please bring back being able to book appointments online. When telephone appointments are given, no time slot is specific so you have to wait by your phone for almost 12 hours and if you don't pick up, you've missed your appointment.'

'Doctors' surgeries have been impossible to contact since coronavirus and I feel it's been used as an excuse. Coronavirus should not take priority over every other type of illness.'

'Telephone access is ok if necessary, but face-to-face meetings are preferable. These allow the GP to gain a better understanding of the problem and so give the patient greater confidence in the recommended next steps.'

Thank you for listening

Any questions or comments?

Contact Us:



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