

North East Neurosciences Network Evidence Based Practice Working Group Meeting

Wednesday 19th August 2009
Walkergate Park

Present

Glenys Marriott	Chair of Neurosciences Network
Laura Bailey	Neurosciences Network Support Officer
Catherine Graham	Library Services Manager, NTW NHS Trust
Gill Gallagher	Lead Nurse, Walkergate Park
Selena Mathie	Clinical Lead Speech & Language Therapist
Sophie Williams	Clinical Psychologist
Paula Cox	Band 6 Physiotherapist
Julie Derbyshire	Lecturer pre registration nursing, Northumbria University
Sandra Hoggins	Centre Manager, North East Drive Mobility
Sandra Stark	Consultant Therapist
Helen Atkin	Involvement Lead, NTW NHS Trust
John Macfarlane	Consultant in Rehabilitation Medicine
Sally Lawson	Workforce Innovations Coordinator (Neurosciences Network)
Angela Birleson	Occupational Therapist, James Cook Hospital
Kathryn Malcolm	Occupational Therapy Expert Practitioner, James Cook Hospital
Anna Jones	Principal Lecturer, Northumbria University
Alex Goody	Consultant Neuropsychologist, Walkergate Park
Neil Brownlee	

Apologies

Alastair Macdonald	Chase Park Neuro Rehab Centre
Gillian Bamborough	Northumbria University
Sue Raine	NTW NHS Trust
Gemma Bradley	Northumbria University

Welcome and Apologies

Glenys Marriott welcomed everyone to the first meeting of this group. Glenys informed the group that Alistair Macdonald was due to chair this meeting but he has recently undergone surgery so won't be joining us for this meeting.

GM informed the group that the agenda for this meeting had been set from the proposal accepted by the Neurosciences in June.

Item 1 – consider proposal

GM described the remit of the group: that it is a forum to support the Neurosciences Network as the Network is commissioner based with input from both Neurological Alliances (there are two neurological alliances across the SHA patch). This group has been formed as the Network needs to build a resource of evidence.

Aims and Objectives

Firstly, today the group needs to accept the aims outlined in the proposal and consider the workplan. The aim will be to ensure that all PCTs across the SHA patch work towards the same aims.

The Network reports back to the Directors of Commissioning (DOCs) on a quarterly basis and by this time next year we hope to have something robust to publish on Evidence Based Practice.

GM informed the group that the Network recently published a Health Needs Analysis which was completed by NEPHO (North East Public Health Observatory). This is the first of its kind to be published in the country and has raised a number of issues for commissioners.

GM asked the group to look at the proposal and check that they are the right people to be involved. GM identified that a problem would be members' workload and being able to dedicate time to this group. LB will make sure all members have access to the SharePoint site and will upload all relevant documentation to the site.

GM asked if anyone had any ideas for how we could develop a toolkit. SH stated that there are many toolkits in existence that we can look at. SM stated that her team are currently beginning a piece of work on this and they will be looking at some user of PROMs. They will be starting with collating what is in use. GM agreed that it is important to tie in with what's being done so that we don't duplicate work. SH warned of the need to look at toolkits individually to make sure they are appropriate to what we are intending to do.

ACTION: GM asked members to send any current workplans / toolkits to CG or LB so that we can see if we can tie in.

GM stated that Jo Cole from the Neurological Alliance is currently conducting a piece of research with Teesside University into patient diaries.

ACTION: LB to ask Jo Cole to contribute her work into this group.

HA stated that she is starting to do some work on patient pathways, looking to build on where the gaps are, using patient experience. Some work has been done on measuring the impact of involvement (Angela Cooling). HA to send this to CG who will distribute to group.

The issue of carers needs was brought up. It was felt important to work out how to capture the part of integrated care plans. Many carers have turned into care managers in the absence of more regular support. How will this role improve with the placement of community matrons?

GM pointed out that South Tees have integrated some therapy services across local authorities and PCTs and this has been flagged as best practice nationally. She asked what other integrated services existed across the SHA patch. NB pointed out that the Northumberland Head Injury service is integrated with social care and that they work on behalf of the care trust.

AB pointed out that it is important to look at what happens when specialisms end, and should they end at all? It is important to recognise that regular and appropriate maintenance is a specialism for some people. One reason this is happening is payments, as a new episode means a new payment. GM flagged that this is something that commissioners can influence.

Rationale

Clinicians and patients driving commissioning – GM asked the group to think about how we can highlight this in a commissioning round.

Accountability and Reporting

GM reported that the work of this group goes back to the Network. The Network is obliged to meet World Class Commissioning standards. A first year plan needs to be done and reviewed on an annual basis. The next commissioning round is October which means there is not enough time to prepare anything from this group. Therefore we have some breathing space to publish something in time for the commissioning round in October 2010.

Communication and Marketing

GM stated that the SharePoint site that LB manages will be how this group shares information.

ACTION: LB to make sure everyone is registered for the site.

Membership

GM pointed out that we are missing social care representatives, and representatives from Durham University. Lynne Barr is a member of the physical disabilities group (local authorities) so she will approach people there to become members of this group. GM asked the group to think about whether they know of anyone else who should be involved. Members to let CG or LB know the contact details of anyone to be invited to future meetings. It was vital that the whole SHA patch is covered and we need to consider alternating venues to enable as many to attend as possible.

Item 2 – Develop Toolkit

Already discussed above.

GM pointed out that we have no GP representatives. There are at least 2 GPs across the patch who are interested And we must ensure their buy in for proposals. LB

Item 3 – Matrix

NB and SW reported that they are currently conducting a pilot of outcome measures at the Northumberland Head Injury service and are trialling outcome measures with service users to see how user friendly they are. GM asked whether carers are included. SW stated that they aren't at the moment but it could be expanded to include carers. Carers' assessments are offered in their service and they can flag up issues and put interventions in place through social care. There is also a carers' support officer in Northumberland who can offer additional support.

GG stated that they have just started looking at a carer's assessment tool which can assess what role carers want to play, without them having to answer the same questions over and over again. GM pointed out the importance of flagging up the special needs of young carers when designing models.

GM mentioned that from the research Jo Cole is conducting, welfare rights has been highlighted as a big issue as people don't know what is available. HA informed that there is a welfare rights officer at Walkergate Park who is funded by social services.

GM asked the group to think about their biggest frustrations in their day to day working lives:

- No full time community psychologist support – could be a commissioning priority? Main issue is funding.
- Does some work need to be done around what rehab is and the role of it for life? This is the opportunity to change things.
- Community integration – engagement stops when patient discharged. GM suggested an element of management at home or a return to work / education plan. GM stated that Steve McCuskin from jobcentre plus has funding for some work around this. He could be invited to the group to see if we can be involved.
- Case managers so we don't have to rely on GPs to pick things up. JD stated that community matrons are starting to do that but no one knows who they are.
ACTION: LB compile a list of community matrons for next meeting
- Care of the elderly representative for when people cross over.

The issue of BME (black, minority, ethnic) communities was brought up AJ stated that she is just about to link with another University on BME patients with Parkinson's Disease. They are thinking of starting a research project, AJ will keep the group up to date and would be grateful for any reading anyone can suggest.

Alternative Skills

GM asked the group if they knew of any charities offering alternative skills. GM informed the group of a charity called 'Get Fishing' which teaches people to fish. Other suggested groups were:

- Motability's rough guide to accessible Britain
- Golfers groups
- Cycling groups
- Walkergate Park's allotment group

Resources Required

GM suggested that the commissioning groups will provide meeting rooms for this meeting and will pay if necessary. It was suggested that Walkergate Park is made the base for the next meeting Although the needs of others in the rest of the patch needed to be considered.

Date and Time of Next Meeting

17th November 2009 14:30 – 16:00

Shaw Trust Employment Action Centre, Letitia Industrial Estate, Middlesbrough, TS5 4BE

It was proposed that we meet every other month and we hold a big meeting to present to the commissioners in April 2010.