Meeting notes from the PPG Network (17th December 2024):

Item 1: Discharge Engagement Presentation:

- Lisa Brightmore from Healthwatch Derbyshire, explained she is currently seconded to the NHS Joined Up Care Derbyshire (JUCD) discharge improvement team, and is leading on a discharge engagement project.
- Lisa mentioned that her role was created following a report by Healthwatch Derbyshire in Spring 2023, which highlighted the need to capture the voice of service users better.
- The main aim of the discharge engagement project is to capture feedback from patients, caregivers, and families about their discharge experiences. This feedback is intended to be integrated into the improvement processes to enhance discharge procedures and patient care.
- Lisa shared the main themes from the feedback collected, including issues with communication, lack of coordination, and the need to avoid unnecessary transfers for patients with dementia or cognitive impairments. She emphasised the importance of capturing patient stories and integrating their feedback into improvement processes.
    1. **Communication Issues:** Lisa highlighted that a significant theme from the feedback was the lack of consistent and clear communication around discharge processes, timing, and care packages. This often leads to confusion and distress for patients and their families.
    2. **Lack of Coordination:** Another major theme was the lack of coordination among healthcare providers, which complicates the discharge process. Patients and families reported that the system is too complicated and that there is insufficient collaboration between different care providers.
    3. **Unnecessary Transfers:** Lisa mentioned that unnecessary transfers, especially for patients with dementia or cognitive impairments, were a significant concern. These transfers can lead to increased confusion and distress for these patients, highlighting the need to minimise such movements.
- **Discharge Pathways:** Lisa explained the different hospital discharge pathways and explained the goal is always to enable patients to return to the best place for them.
    1. **Pathway 0:** involves patients leaving the hospital and returning home without needing any additional assistance. These patients are capable of resuming their normal lives independently.
    2. **Pathway 1:** is for patients who can return home but require low-level support to help with daily needs. This support is usually short-term and provided by services like home from hospital or other voluntary services.
    3. **Pathway 2:** involves patients who need more intense care and support, which may be provided in a community bed in a Community Hospital. This pathway helps patients recover further and regain independence before returning home.
    4. **Pathway 3:** is for patients who need to be assessed for long-term care in a nursing home or residential care. The goal is to ensure that patients go to the best place for them, ideally their own home, whenever possible.
- Lisa discussed the efforts to turn feedback into improvements, such as:
    1. **Providing Personalised Information:** Efforts are being made to provide personalised information and support to patients and their families. This includes ensuring that information is clear, realistic, and sets appropriate expectations and goals for the discharge process.
    2. **Stakeholder Pledges:** Lisa mentioned a recent event where stakeholders from across the healthcare system made pledges to improve discharge processes. These pledges included commitments to share information,

involve discharge in their agendas, and capture and share feedback with the discharge improvement team.

3. **Clear Communication:** Improving communication is a key focus, with efforts to ensure that patients and their families receive clear and understandable information about their discharge and care plans. This includes using language that is accessible and avoiding medical jargon.

The presentation from Lisa generated some really good conversations including:

- **Out of Area Discharge Issues:** Concerns were raised about discharge issues from out-of-area hospitals, where patients have been discharged without proper arrangements, leading to unsafe situations. The lack of coordination between hospitals and GP was also discussed and the need for better communication and electronic transfer of information between hospitals and GPs. Lisa acknowledged the challenges and mentioned ongoing improvement work and the development of a discharge hub to coordinate discharges more effectively.
- **High Peak Place Alliance:** The work by the High Peak Place Alliance was raised in which they are trying to improve discharge processes from Stepping Hill and Tameside hospitals to Glossop and the High Peak area. The need for better coordination and support for patients being discharged was highlighted.
- **Community Support Beds:** Concerns were raised about the lack of community support beds and the need for more intermediate beds for patient assessment. Lisa acknowledged the issue and mentioned that the team is working on finding solutions and improving community care. This includes increasing the number of community support beds and ensuring that patients have access to appropriate care settings.
- **Voluntary Sector Support:** The importance of the voluntary sector in supporting discharge processes was discussed and the need for adequate funding and support. Lisa mentioned some recent funding allocated to voluntary sector organisations to help with discharge-related tasks.

As part of this work, Lisa will be looking to develop a communication pack for sharing discharge improvement information with GP practices. There will be a small working group for this, so if you have any expertise in this area and would like to get involved, please get in touch with Lisa. Also, if you have any specific questions about the Discharge engagement, or if you would like to share any feedback or issues you have experienced with discharge processes please email.
Lisa.brightmore@healthwatchderbyshire.co.uk

Item 2 NHS Futures Platform:

Lee Mellor introduced the NHS Futures platform for the PPG network, explaining its features and how it can be used for sharing resources, networking, and collaboration among PPG members. He provided a demonstration of the platform's functionalities.

If you are interested, please email Lee to request an invite to the NHS Futures platform for PPG network collaboration: Lee.mellor1@nhs.net

I will link in with Lee and we will look at planning a session in the new year to guide you through the features of the platform and help you navigate it effectively.

AOB - PPG Involvement in Improvement Programme: Tim Peacock has shared a request for feedback from PPG Network members on the National General Practise Improvement Programme. Tim is seeking input on PPG awareness, involvement, and the perceived importance of PPG participation in the programme.

I have attached the email request from Tim for your information, if you have any questions or feedback on this, please send it directly to Tim: timapeacock@hotmail.com