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People's Panel Report Meeting held 8th October 2015 At NHS Office, Derby Road, Wesham

Opening and Presentation

Christine Carty welcomed the Panel members and introduced Amanda Lomas who has responsibility for emergency services, the falls pathway and is also involved with the stroke pathway. Amanda then gave the presentation to the Panel the topic of which was the Falls Pathway.

Amanda explained that the Falls Pathway has been undergoing review for the about eight months. She explained the current process which was:-

- GP's refer patients who have had a fall directly to Age UK who will carry out an assessment and recommend / review equipment, refer patients into OT and physiotherapy
- GP's often want to refer directly to OT rather than referring into Age UK as their assessment is not carried out by clinician
- NWASS are contacted when a patient has fallen and the number of falls has been increasing. NWASS / CCG are working to identify hotspots
- There has been a rapid response vehicle commissioned for Fylde & Wyre which although only working on a part time basis has over the previous three months attended 134 falls and 142 non falls
- Progress Lifeline which is for Progress Housing tenants has lifted approximately 900 patients since inception. This is a paid for service.
- LCC Steady On scheme is being established from the beginning of 2016 and this will also support patients by checking they are up to date with eye checks, wearing safe footwear, walking sticks aren't damaged etc



Amanda then asked four questions –

- 1 – What would you want a new falls service to provide – suggestions from Amanda included falls advice & prevention awareness events, holistic falls risk assessment, advice & equipment following falls, strength & balance classes, transport to classes, emergency appointments with falls co-ordinator, social services support
- 2 – How would you access support following a fall? If you've had a fall did you tell anyone?
- 3 – What could the falls service do better?
- 4 – What support was there for carers?

A brief discussion was held where questions were put to Amanda. She advised that there is currently no referral process for patients who have not fallen but are at risk of falling. There are considerations to bring in this system however for when patients are not feeling well although they can self refer to Care & Repair who will support by fitting rails etc. LCC Home Improvement service is also available for patients with bigger requirements such as ramps for the home.

The Panel were also advised that if the fall happens outside NWASS would collect the patient and then try to book an appointment to review the patient.

Panel Members Discussion

The Panel members stayed as one group for this meeting and started the discussions in a general way. They then gave their comments and considerations to the specific questions.

1. What would you want a new falls service to provide?

- The Panel would want services to be available 24/7 so that if a patient had a fall they could receive appropriate care at any time of day or night and not have to wait to be referred into other services eg OT.
- More falls prevention rather than just improving after care service. For example for people with diseases that make the patient lose feeling in their feet can they receive the exercise classes to build strength and balance rather than just dealing with them once they've fallen.
- Improve review process once things have been put into place – who does the review or do you need to go back to the GP if you need re-referring?

FYLDE & WYRE CCG PEOPLE'S PANEL



Talking about health



- Would like a central point for referrals and for this to be 24/7
 - Make use of District Nursing / Community Nursing team and encourage them to refer patients to GP's if they feel there is risk of falling or are told there has been a fall that was not reported
 - Being able to have joined up care across CCG areas so that any Care Plans are on a system that can be accessed not just by Fylde & Wyre CCG but say Preston, Lancaster or even Cornwall if the patient has fallen whilst being away.
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2. *How would you access support following a fall? If you have had a fall did you tell anyone?*
- Comments about personal buzzer systems being in place for patients with dementia as they may not know what it is for and not use it if they did fall or use it inappropriately
 - The general feeling was that people would not admit they had had a fall, either to family or professionals, as they may be pressured into making changes or even moving into a home.
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3. *What could we do better?*
- The panel were concerned that the services provided by the physio, OT, Falls Co-ordinator would only be 9.00am – 5.00pm Monday to Friday, or even less, so after those times you can only call 999 if there was a fall.
 - If the new First Responder is only working part time hours could this not be brought in line with regular ambulance hours ie 24/7
 - Accept referrals directly from carers
 - Offer some respite care
 - Speed up referral system
 - Accept suitable equipment being returned so it can be re-used hence saving money
 - Include falls mitigation in the exercise classes and consider being taught to fall correctly as this can cause less damage
 - Allow GP's to refer with carers if they feel there are issues



- Ensure that when patients are discharged their carer / family member is aware of this and that they do not go home on their own. It was felt that hospitals did not recognise carers and so did not advise them this was happening
- Allow GP's more time to spend with patients who say they have fallen to try to identify the reasons

4. *What support is there for carers?*

- Identified that for a person with the patient who has fallen they are likely to be stressed and the automatic reaction is to try to pick them up. Whilst this may be dangerous as well a lot of carers feel that they need to be 'responsible' for the patient and so wouldn't want to report the fall as that may imply they can't look after the patient.
- Panel members were aware of Care & Repair and that they could support carers by improving support aids in the home.
- It was felt that there was limited support for elderly carers caring for a spouse as they often would not admit there was a need for help.
- For agency carers they often do not have sufficient time to make assessments about their patients so are not able to identify if someone is at risk of falling

Other Comments

The question was asked about when people are assessed are they asked if they take off reading glasses when they stand up and move as this may impact their sight if they don't do this.

Enquiry as to whether Housing Associations carry out reviews on their tenants when they move in to see if there are any adaptations that are needed or any other support that can be offered.

Noted that Compass Point do respite but this is not widely known.

Chair's Feedback

Christine Carty, UR Potential presented a brief overview of the feedback to Amanda and agreed this would be put into a report to share with Commissioners.



Closing

The Panel were thanked for their contribution and a brief discussion was held regarding dates / times of the next meetings. It was advised that the next one will be held on Thursday October 22nd.

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