Hillingdon Health and Care Partners

September 2017

Focusing shift to patient engagement

Welcome *to the latest edition of our quarterly newsletter. Our accountable care partnership is now established and we continue to put in place the practical things needed to ensure we work effectively as a single entity. Patients are already experiencing the benefits of HHCP as the Care Connection Teams settle in and working to keep our older patients in their own homes for as long as possible. We are also now seeing further support being provided into GP Surgeries by H4All, as well as welcoming the three new extended access Primary Care hubs in the borough being provided by the Primary Care Confederation.*

Much of our effort to date has focused on getting the right structures, processes and procedures in place across all partners - enabling us to join-up services better. We can now turn our attention to engaging more with patients, their carers and Hillingdon's public at large. This will ensure a broad range of views and experiences are taken on board as we develop the partnership for the future. In the coming months we are aiming to host a dedicated public event to engage with local people about HHCP's work as well to hear directly from residents as we attend some of Hillingdon's already established forums.

Jo Manley
ACP Programme Director
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It's official! HHCP agreement signed

The four key partners formally signed our Alliance Agreement back in June to formally establish the HHCP partnership. It marks another key milestone in the development of Hillingdon's Accountable Care Partnership.

From left to right:
Steve Curry (H4All), Shane Degaris (THH), Hardev Virdee (CNWL) and Dr Martin Hall (GP Confederation) sign the Hillingdon Health and Care Partners Alliance Agreement

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A new scheme to make the services of the voluntary sector more accessible to GPs and their patients is currently being piloted across three practices; Cedars Medical Centre, Shakespeare Surgery and Mountwood Surgery.

The aim is for H4All (Hillingdon's voluntary sector consortium) to provide volunteers to support the reception staff in offering information on services available within the borough. The 'Practice Health Champions' will have access to an online resource, with an electronic function being in place by the end of the year.

An important part of this pilot is to bring real time and up-to-date information to patients in the waiting room and promote services that can help prevent unnecessary medical appointments because patients aren't aware of what is available to them.

Health Champions will be able to give information and general advice on issues such as Benefits and Housing and be able to signpost or refer on to other specialist groups as appropriate. They will also be on hand to promote other resources to save time such as Patient Online, Symptom Checker and local pharmacists.

Talking therapies support offered to HHCP patients

CNWL Talking Therapies Service Hillingdon provides emotional support for adults of all ages and can offer a range of ways to improve wellbeing.

We know that people with Long Term Conditions (LTC's) such as diabetes, COPD and cardiac problems, are more likely to develop depression and anxiety, and the initiative 'Talking Health' aims to address that. We want to ensure that people get support to help them manage the stress, frustration and worry of living with health problems, which, if not supported, affect physical health. Our experienced staff can offer individual therapy such as counselling and Cognitive Behavioural Therapy (CBT), groups such as 'Diabetes wellbeing', 'Managing breathlessness' and 'Living well with ill health', as well as teaching and consultation to staff.

To refer someone or for someone to refer themselves to Talking Therapies please email Hillingdontalkingtherapies.cnwl@nhs.net go to the website www.cnwl-iapt.org or call 01895 206800.

Staff feedback aims to enhance services

HHCP has recently introduced retention 'interviews' for staff in the Care Connection Teams (CCTs). Carried out with line managers, these comprise short questionnaires which provide CCT staff the opportunity to talk about their experiences of the services, what they like, what they feel could improve and anything else that they would like to see done differently.

The interviews are initially being conducted for a limited time period as part of a Leadership in Action course project. If successful it is hoped it can be rolled out across further services in the future. The CCTs, in particular, have been chosen because the services are new. The HHCP team also want to make sure that staff are as engaged as possible and that their ideas and thoughts can help to provide the best care possible for patients whilst also being the best possible place for HHCP staff to work.
For more information please contact Conor Galaska at:conor.galaska@nhs.net

Spreading the word about HHCP

Hillingdon's ACP was a key topic of discussion at Hillingdon's recent AGM. Staff from across the HHCP partnership spoke to those attending, outlining the overall benefits of joining-up services as well as talking specifically about the Discharge to Assess initiative. Dr Martin Hall provided a presentation on the role and benefits of primary care in the integrated partnership.

Some of our fabulous partnership staff spreading the word at Hillingdon Hospitals AGM

Care Connection Team in action – a real case study to illustrate how they work

82 year old Mary lives alone, and has complex needs. She has chronic obstructive pulmonary disease (COPD) and had been struggling to manage her health. Due to poor eyesight, Mary kept accidentally burning herself on the cooker, and recently had two unplanned admissions to hospital.

Mary had just started to feel unwell again when her GP referred her to one of our Care Connection Teams (CCT). Betty, a Guided Care Matron with one of our Care Connection Teams visited Mary in her home. She was able to provide both immediate help and some longer term support.

As Mary was out of breath and had symptoms of an infection, Betty immediately prescribed her antibiotics and steroids to help improve her condition. Her diabetes was also unstable, so Betty adjusted her medication. In addition Betty referred Mary to the Single Point of Access – Respiratory Outreach Team, who followed up with providing Mary with physiotherapy and further advice.

Betty also referred Mary to H4All, to help her with social isolation and looking into options for care packages. Mary's doing a lot better now; she has a detailed care plan so she now knows how to recognise when her condition is getting worse, and who to contact when she needs help. Betty regularly visits Mary at home to check up on her and make sure everything is going well. This is now helping to keep Mary out of hospital and in better health.

Betty says: "*We work very close with the GPs and lots of other services from Talking Therapies, to physiotherapy, speech and language, you name it. We help prevent hospital admissions in patients over 65 years old. And we educate and teach patients self-management techniques to help them manage their conditions and keep their independence. We do a lot of liaison, connecting our patients to any specialist care or support they need and helping to coordinate their care. Their families contact us a lot when they don't know what to do with their medication. It's a complex job but very rewarding.*"