Community of Practice – 03 (14/07/2021)

Care Education and Treatment Reviews

This Community of Practice (CoP) is made up group of people who share a concern or a passion for improving the lives of people through the CETR programme, and who are keen to learn how to make this process the best it can be through regular community meetings. We ask what is working well, what needs addressing. We seek to find solutions and take action as a community - be it getting more information or trying out new or different ways of working.

Meeting information

The meeting was attended by 11 people.

Following a request made at the last meeting (16/6/2021) – Tom McGhie and Gavin Harding from the National Team attended to respond to the questions raised.

This summary is in 2 parts. The first part outlines response to questions raised in the last meeting. The second part is new topics for discussion.

Key points

1. Responses to questions raised at last meeting from National Team:

Increase in using independent chairs

Tom explained that Independent Chairs only exist for ICETRS. If someone is chairing on behalf of a CCG or Spec Comm they are acting as the Commissioner with delegated responsibility. It is up to the Commissioner to follow up on quality.

As part of the Policy refresh they are hoping to add a role description for the Delegated Chairs that includes expectations and criteria. Currently the policy only has role descriptions for Experts by Experience and Clinical Experts

Decline to consent

In response to this, Gavin raised that it is in how C(E)TRs are presented and how consent is put to people in inpatient services that makes the difference.

Tom added that hospitals are left to get consent from the individual. It is not known what the quality or format of information given to person to give consent. The National team want to address how consent is dealt with in the policy refresh. The other point they want to address is how often a person should be offered a review, if they decline when should they be offered again.

Pre-Admission C(E)TRs

It was explained by Tom – after questions from the last meeting were raised around why the time scales had changed, that only timescale that has been reduced due to covid is post admission C(E)TRs from 10 day to 5 days, that anyone at risk of admission should have community C(E)TR. If they had not had a pre-admission C(E)TR then a root cause analysis would need to be carried out to understand why a person had been admitted.

The community iterated that nobody was meeting previous targets. It is understood that post admission for children is slightly different. There is often an emergency so they are not so well known to services when they are admitted. This tends to place pressure on inpatient units. The 5 days isn't workable. It's not productive, the family don't want it and often the Multi-Disciplinary Team can't make it. It feels like a tick box exercise.

Scarlett Milward will check if the change from 10 days to 5 days still stands. It was in the Covid Policy addendum. It should revert to the 10 days.

It was raised that if there is an emergency they don't just admit they need to follow LAEP.

Tom said that the Addendum is with Sue for comment, and that no changes had been made to the children's bit.

Action: Request was made for confirmation of whether timescale has changed. Scarlett will check and e-mail to let everyone know

2. New Topics for Conversation.

Topic 1: Return to Face To Face

It was asked what the plans were to return to Face to Face C(E)TRS and what the challenges are that people are facing.

It was noted that there has been advantages to C(E)TRs not being carried out Face to Face in both community and inpatient settings. These include that more professionals are attending as the travel time is cut out, service users are more comfortable especially when there is not a room full of professionals or in the community where they can be done virtually at home.

Some noted disadvantages are that the environment, care notes and general care is not seen in person.

In response to this point, the C(E)TR Policy Addendum will outline a hybrid approach to face to face/virtual with a mix of panels being virtual and attended in person. The policy addendum is currently being reviewed and will be out within a few months.

From a National perspective, it was highlighted by Gavin and Tom that some people are already doing this. The challenge has been that some organisations have their own policies for implementation although this might change with Government easing restrictions.

It was asked whether Face to Face reviews should be an offer or should we go back into hospital? The previous response was related to Community C(E)TRs, but if a person is in hospital it was felt at least one person on the panel should visit for Face to Face in these settings.

It was felt that it is important to know what's going to work for people. Some people, especially young people, have preferred to be in their safe space (home with parents/ pets) and attended on/ off camera. Virtual C(E)TRs have also been better attended by professionals.

Idea for future conversation - If someone is ill or / distressed, when should a C(E)TR take place.

Topic 2: Consultation process for addendum and policy refresh

A question was raised about what the consultation process for Addendum and KLOE policy refresh was and how people can contribute, as people would be keen to be involved in this work.

Tom explained that part of the consultation is approaching groups like this. Members of the National team have been meeting with Communities of Practice across England, talking to professionals, Experts by Experience, and meeting with people in secure units.

The next steps will be to draft policy and then create a steering group, check, and challenge groups to check detail and amend. The National Team are hoping this will be completed by the end of this calendar year.

It was shared that the London region have met and done lots of work on this on a routine basis, and that all groups would like to contribute. Tom suggested that an invitation be made to Gavin and himself to attend one of their meetings, an offer which was extended to all regions.

The importance of involvement of a wide range of people in policy refresh was raised. The last review there were lots of open groups that included all panel members and learning disabilities groups. Community members would like to see a consultation plan. The 'Bringing us Together' group was shared as a useful group for consultation.

Action: Any group, interested, or working on this, to invite Gavin and Tom to attend. This can be arranged through Sean Mitchell email: sean.mitchell@nhs.net

Other Areas discussed:

Post Discharge CTRs

The most risky time for someone is after they are discharged from hospital, it is when you often see re-admission. It is important to make sure provider has got enough support. In order to check how a person is doing, as an example. Essex complete a community C(E)TR and in hospital a post admission C(E)TR.

Family Carers involvement in C(E)TRs:

It was raised that family carers need to be involved in C(E)TRs.
Gavin explained that not every FC is involved due to MOJ restrictions. Sometimes family are not allowed to be present for legal reasons, child protection issues. Some people might not want their families there either.

A community member gave an example of when she was Children's Commissioner, young people may not have wanted their parents involved. In those instances, it was important to make sure there was an advocate involved or someone who could speak on their behalf if needed
The role of an advocate was raised as being important, and that the right advocate needed to be included. Project re: advocacy that NDTi is involved in.

CAMHS/ access to services

Issues were raised re difficulty faced by individuals in accessing support which had been publicised widely in the media. It was noted it was a systems issue. The question was asked what could be done to improve the situation?

It was felt that this question, whilst important, sat outside the scope of this COP.

In response in was noted that there was a Mental Health programme within NHS England specifically looking at this issue, with £500 million coming into Mental Health services, although it was not known if children and young peoples Mental Health Team were provided for under this pot of funding. It was felt that this COP can escalate issues to the CYP MH team.

It was noted that we are dealing with symptom of system failure.

It was shared that £25 million was being allocated to community support to prevent hospital admission. This has could go to community services, CAMHS service particularly for autistic people. Recently a series of webinars on different models, co-production, personalisation, crisis whole pathway was offered and well received – all of which can be shared to the COP. (See links below). These webinars will be uploaded and available on the Futures Platform in the future soon.

It was highlighted as important that any money goes to right department, to the right place, although, money doesn't resolve everything, rather, Communication is key. NHSE Communications need to be better. One solution was co-production where parents can identify in local area where gaps are and what is missing.

KLOE Reports/ Templates

A question was asked as to what format was being used for the reports? Tom responded, saying that going forward there will be a new KLOE drafted as part of policy refresh. The format could be discussed at meetings like this. Feedback has been that the Excel doc is not the best format. It was originally Excel to be able to pull data off it. There was another pilot which is using Word doc, which people seem to prefer.

Irrespective of the format, it was suggested that the report needs to be in format that best meets needs for person who's review it is, with the most important parts being the recommendations and the rationale.

Terms of Reference for Community of Practice

A question as raised as to what the Terms of Reference are for the group. What's in scope/ what isn't. It was felt that there needs to be some key objectives, that accountability is important

Alex explained that it was a community of people working in the field of C(E)TR in different forms coming together with a view to improve quality and understanding. It is a shift away from steering group, with individuals taking accountability for sharing, learning from and building on the work are doing in their roles, and in their localities.

It was felt that a "You said, We did" model would be a good idea, and that the we did aspect should sit with the community of practice members.

It was highlighted that the COP needs to recognise that people will have different abilities to respond to issues dependent on a number of factors including role, location etc.

Tom highlighted that there are other COPs throughout the country, and that this one needs to look at membership and increase our membership.

A caution was raised, as the COP needs to be manageable and focused. As we have lost the National Steering Group for C(E)TRs – that had power to make a difference. Things raised in the COP need to be SMART, and we need to ensure that people making decisions respond.

A Poem – by Ian Penfold

Quality?

I heard a tale the other day, I don't know if it's true
About a quality steering group, I wonder what they do

It's rumoured that they meet to try and improve patient care
That would be such a great idea is anyone aware?

Something about improving things for folk like me and you
Though to be completely honest I haven't got a clue

I wonder who is on it, If only we knew more

Can anybody help us, so sorry to be a boar

I know let's hold a séance, is anybody there,
A spirit might just help us all if only we might dare

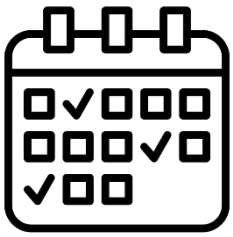
No wait let's ask a grown up to come and have a chat
Then we can ask our questions all about this and that

How they do their business, what difference does it make
To whom they are accountable as there's so much at stake

The most important thing that we really need to know
Is how they are going to listen to us and change the status quo

- Ian Penfold

Next Meeting



Following conversations with the community, there will be no meeting in August as many people will be on their holidays.

The next meeting will be **September 15th July 2021**.

Please note that as many people need to leave by 11am for other meetings. The meeting will start at **9.30am** to accommodate people schedules.

All information will be shared on the webpage – an email reminder will be sent ahead of the session.