

Feedback from Portsmouth Clinical Commissioning Group regarding the content of the HWP Enter and View summary reports relating to Enhanced Health in Care Homes pilot (MCP project)

Healthwatch Portsmouth were congratulated for their very comprehensive observations and insightful reporting following their visits to the group of 7 care homes involved in the MCP pilot project.

The CCG wants to build the MCP pilot project Enhanced Health in Care Homes into a sustainable model. They want to build a programme of care home staff support needs and quality, linking in with the findings of the City Council's Independent Inspection Team **and Healthwatch Portsmouth.**

The lessons learned from Shearwater Grange care home and the improvements made from the GP visits and Portsmouth City Council's Turn Around Team are to be shared with the CCG's project.

Outcomes:

1.

The confusion on the part of the care homes as to what the 'MCP project' was when the HWP team visited the care homes to talk about the outcomes of the project was apparently due to the fact that the CCG were calling it one name (MCP) which we picked up on but the 'Care Home Team' was the name by which the care homes were familiar. **So a lesson for the CCG is be clear in project labelling.**

2.

The GP-led weekly visits to care homes has proven to be the better option for residents. In time, it may be that there is a GP led team visit once a week and it is followed up by weekly visits by nurse-led teams as the care homes become more familiar with case management with clinicians in-house.

3.

The absence of interaction between South Coast Ambulance Service (SCAS) and the care homes, such as regarding the reason why they had been included in the CCG's pilot project; decision making of the 111 service which generates a 'default Ambulance call out' and the need for a 'route cause analysis' of the calls being made by the care homes have all been identified as necessary areas of focus for the CCG to run a Multi-Disciplinary Team case conference. A set of clinical observations in which care home staff are to be trained (e.g. taking heart rate, temperature, blood pressure readings) are to be made available to 111 to enhance decision making relating to the need to an Ambulance call out.

The inclusion of data held by the CCG and SCAS on callouts could not be compared equally so a new 'constant dataset' is to be developed.

4.

There will be a **rapid response and crisis response phone line** introduced for use by care home staff. Frequent calls with community matrons/mental health teams will be available for care home staff.

5.

The families of residents are to be more involved in discussions about their experience of care as the project continues. Conclusions from the first wave of the pilot is that it is a good thing for care homes to have good interaction with patients/relatives.

6.

For the second wave of the (MCP) Enhanced Health in Care Homes pilot project the initial outcome relating to 'supporting care homes to meet CQC compliance requirements' will not feature.

Most of these issues were highlighted in the observations made by HWP in our summary reports and were considered to be extremely useful to inform decision making for the roll-out phase.