

Members' focus groups 2018

In February 2018, we will be holding members' focus groups again. Please join us at these to share your views and to learn more about the trust's plans for the coming year.

Free health checks will be available.

There will also be a workshop on volunteering before the main focus group.

Bexley

1 February 2018, 3 - 4.30pm

The Boathouse
Danson Park
Danson Road
Bexleyheath
DA6 8HL
(access from Danson Road near boating lake)

Volunteering workshop

1.30 - 2.30pm

Bromley

6 February 2018, 4 - 5.30pm

Bromley Central Library (large hall, 4th floor)
High Street
Bromley
BR1 1EX

Volunteering workshop

2.30 - 3.30pm (large hall, 4th floor)

Greenwich

27 February 2018, 6 - 7.30pm

Memorial Hospital (Room 4)
Shooters Hill
Woolwich
SE18 3RG

Volunteering workshop

4.30 - 5.30pm (Room 2)

Oxleas
NHS

**Please contact us to book
a place**

Call:

0300 123 1541

Calls to this number are the same as making a local call from a landline and are usually included within your inclusive minutes if calling from a mobile.

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oxl-tr.foundationtrust@nhs.net



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Members' focus groups

Your chance to share your views with us

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Members' focus groups 2017 review

Every year, we hold meetings with our members to update you on developments at Oxleas and to discuss our plans with you.

In February 2017, we held three meetings – one each in Bexley, Bromley and Greenwich. Trust directors and governors presented how services had developed and how we were doing on measures of the quality of our services. At these meetings, members also gave feedback on the issues that were important to them.

Below we outline the issues raised by members and how we have taken these forward over the past year.

Involving carers and families

Members wanted to know how families and carers are involved in the care and treatment of their relatives and how do we monitor this?

Oxleas clinicians recognise that families and carers can play a vital part in keeping their relative well. They often know the people they care for better than anyone else and this can be useful in planning care with patients. Involvement can be anything from getting copies of letters about appointments to full involvement in planning and reviewing care.

We have introduced a social network engagement tool for our clinicians to use with patients to map out their family and social contacts and clarify how the patient would like each person to be involved in their care. This encourages staff to talk with patients and their families about involvement and provides information for others involved in their care. We are monitoring the use of the engagement tool across our services.

Our Patient Experience questionnaires ask if carers have been involved as much as the

patients want them to be and whether patients were involved in their care plans. The Board monitors this data every month. The average response for the first quarter of 2017/18 was 96.8% of people felt sufficiently involved and, in the following months, the responses were 94.9% (Jul), 93.6% (Aug), 95.3% (Sept) and 93% (Oct). This data is reviewed in more depth at monthly Quality Committees.

We are also in the middle of a three year strategy to increase partnership working with carers and families. This work is led for the Executive Team by Michael Witney, Director of Therapies.

Care planning

Other than measuring the existence of care plans, does the trust monitor the quality of such plans and the involvement of the patient and carers in their construction and implementation?

During 2017, there has been a lot of focus on care planning within Oxleas as it is a fundamental part of the care we offer. This focus will continue during 2018. For care planning to be as effective as possible, it needs to involve patients and their carers.

This enables plans to focus on what matters to individuals. To support this, we launched a care planning strategy in 2017 to guide staff how to develop excellent care plans.

We audit care plans regularly including assessing the involvement of service users and there are plans to continue and expand these audits in the coming year. The audits are reviewed by our Clinical Effectiveness Group and actions agreed where improvements are needed.

We are also developing more information for people using our services on what care plans are and how to get the best out of them.

Depot injection services

Are services for depot injections sufficient and flexible to meet patients' needs?

We aim to meet patients' needs by offering appointments that fit with their other commitments although sometimes resources are limited.

Patients using depot are usually discharged from our services with the agreement of their GP. If the GP is unable to give a person their depot, then that person remains under our care. Some GP practices have told us that they cannot give depot injections to our patients for a variety of reasons including patients who have not attended when their depot is due. We have offered training to GP practices and will continue to do so.

Information for patients is available in a leaflet and electronic format but the most important thing is for patients to ask their treating clinician or team for the information they need. This is one of our key priorities: giving people information they need.

Autism

Members were concerned about the level of support available for people with autism when they move from children's services to adult services.

We are only able to offer the services we are commissioned to provide by clinical commissioning groups and local authorities and we are talking with commissioners about members' concerns. In Greenwich, we are part of a multi-agency group working to identify gaps in the service. In Bexley, there is an Autism Partnership Board which is jointly chaired by a service user. This is where any gaps in service can be addressed.

In Bromley, we have discussed the issues with commissioners and a 'task and finish' group has been set up to look at any issue. Although not a guarantee that all issues can be resolved, it is recognised that mental health services are not funded to provide an ongoing service for

people with autistic spectrum disorders unless the individuals have an existing mental health problem.

Mental health patients in A&E

How is the trust managing the needs of patients waiting for assessment in A&E or brought in by police for assessment?

Over the past year, there has been a lot of development in this area including new legislation around assessing people's mental health needs when brought in to health services by the police (Section 136 Mental Health Act). There is a London wide review on the facilities available for these patients and we have also established a protocol with our neighbouring trusts to find places for people in need when our assessment suite is full.

We have mental health liaison teams at Queen Elizabeth Hospital, Woolwich and Princess Royal University Hospital, Bromley. They work with staff in A&E departments to assess patients or support them while waiting for physical healthcare.

We have also been developing the range of support available for people in a crisis including home treatment teams and planning a crisis café.

Due to the nature of these services and the high levels of demand, this is an area that works under considerable pressure. We constantly review the level of demand on our inpatient mental health beds and, over the past year, have commissioned extra beds from local NHS providers, to ensure we are able to meet our patients' needs. Over the coming year, we will be developing further solutions including greater support for people at home and creating a support network for people with a personality disorder.