

Meet the changemakers... and get involved

Anticoagulation

Questions and answers

Tuesday 13 March 2018 18.00-20.30

Jurys Inn, Wellesley Road, Croydon

In association with



Lead 1: Farhhan Sami (Clinical Lead)

Lead 2: Amit Chavda (Senior Commissioning Lead)

Associate Director of Planned Care: We'll just give you an overview of what is happening. The fact sheets given there give you an overview of what it is. What happens now, why we're changing, what the future will look like, what this means to you and the GP, and what the improvements will be. We have some provision in secondary care, and some in the community which is Boots.

Croydon resident: So in the hospital?

Associate Director of Planned Care: It's a combination of two things. You see your consultant and the doctor will prescribe what the treatment will be for you. That is the hospital care. Until over three years ago, the hospital used to manage a lot of it themselves. Three years ago, we changed that. That is when Boots came in, managing people closer to where they live. All those contracts are coming to an end in the next few weeks. We are extending it as a temporary measure. The rule for us is we don't automatically renew contracts because we need to test the markets. That is what is behind this process. This time, because there are so many innovative ways of seeing people, we also need to make sure we can be creative, better and more efficient. We always ask ourselves that question. We have asked Healthwatch, and it's been fantastic. However, there's been disconnect in some services. We were expecting a higher number of patients to come out from hospital care into the community. All those different things mean we need to think about different ways of commissioning. Our new model is about bringing all these different things together, and keeping it closer to where the patient is, whether it's a new patient or not.

Croydon resident: Did you find out why the people didn't come out of hospitals as expected?

Associate Director of Planned Care: They were in the hospital care originally. What is not happening is them automatically coming out into the community. Some of this is because of difference in providers. I can't share some of this because it is not publicly accessible.

Croydon resident: To come back on one point, I was somebody that objected to change, but when I did go from treatment at the surgery down to Boots, I got there, and Boots hadn't opened. I went in to have a look, and it was freezing outside, but they were closed. That was an immediate rejection. When I went into Boots, it wasn't there. That all changed because they then brought the Boots into the surgery. I now understand why a lot of people aren't leaving the hospital because they've got the facilities there.

Clinical lead: That's not the reason at all. A big factor is the new medications that people are starting.

Croydon resident: There was a lot of talk about when you get poisoned by snakes, you get reversing agents, I don't know what the fear is now.

Heathwatch Croydon facilitator: The process was that it was being provided for the community through Boots?

Clinical lead: It still is, but we're looking to do more of an integrated service. They don't have to go to a hospital clinic just to get started on the medication.

Heathwatch Croydon facilitator: Where are they going to get started then?

Clinical lead: We haven't decided that yet.

Heathwatch Croydon facilitator: You're changing community providers.

Associate Director of Planned Care: We are putting it out for tender. Whoever is the best bidder will win. We will learn from three years ago by making sure the location is suited. I'd prefer for some of the locations we have not to be used. Basic things are going to be added to the criteria. The intention should be that you get the right care in the right way, as quickly as possible.

Heathwatch Croydon facilitator: You have experience of using Boots?

Clinical lead: Yes, at the local surgery.

Heathwatch Croydon facilitator: Is that being maintained?

Associate Director of Planned Care: No, we are saying that the service you'll get with Boots providing it, is not different in terms of clinical service. We are integrating commission of care. All the people who are being looked after will be looked after by the same people who will look after new patients. We also want the location to be more accessible. There are commercial issues which I cannot share, but what I'm explaining is we are trying to make sure access is appropriate and local. I cannot say you will have to provide the service from a particular group.

Heathwatch Croydon facilitator: You mentioned access. What is appropriate is for the patient to have good treatment.

Croydon resident: One of the changes coming about is that I can go to 6 to 8 weeks, but a lot of people have to go every week. It fluctuates. The thing is that there are tablets on the menu, and I would've thought the idea would be how many can go on to tablets, and if you take it regularly, you don't have to have a visit.

Heathwatch Croydon facilitator: That sounds like a medical diagnosis, doesn't it?

Clinical lead: Nowadays, a particular service can have about 50 patients.

Croydon resident: So the demand from Boots will shift?

Associate Director of Planned Care: Yes. We did a survey to get feedback, regarding to location. We do have an idea of what people get, access-wise, so we're using that as our framework to put it into practice.

Heathwatch Croydon facilitator: I would just like to summarise the changes.

Clinical lead: The changes which will happen are that we'll have one provider who will provide the community regulation services, like the anticoagulant service, and they'll also be in specific areas, in specific hubs.

Heathwatch Croydon facilitator: So your concerns about it being convenient, has that been addressed?

Croydon resident: I don't know yet because I don't know what will happen.

Clinical lead: Yes, That's still not certain yet. From a GP's perspective, if I see a patient who needs anti-coagulation, I can refer them to one place.

Croydon resident: If it's kept close to surgeries or community centres, I am one of the luckiest people in Croydon, because I am surrounded by them. As long, as it's within one of those, I don't mind.

Associate Director of Planned Care: For me, the one thing I can assure you is that we are trying to address that. We can't pre-empt the outcome.

Session Two

Jai Jayaraman, Healthwatch Croydon CEO (facilitator) introduced the layout of the table discussion. He mentioned that 'Planned Care', their contract is ending, therefore "they are looking forward to develop a more patient and community friendly service". Additionally, they are "Trying to devise services in various networks in Croydon."

Croydon resident: How is the network really built? Who's going to be involved?

Clinical lead/ Associate Director of Planned Care: The network "would go through a marked engagement and proper procurement service to hire qualified bidders; references and experiences are considered in the process.

Croydon resident: Accessibility to service (the distance)?

Clinical lead/ Associate Director of Planned Care: Plan to locate services near home/locally to avoid long distance travel.

Croydon resident: Regarding engagement, how would you communicate with the services?

Clinical lead/ Associate Director of Planned Care: Through the use of "their existing sources."

Croydon resident: Can the clinic or pharmacy electronically send information, like the yellow book prescription, to GP surgeries to avoid delay of prescribing prescription to the people who don't have it the yellow book.

Clinical lead/ Associate Director of Planned Care: These progressions should be implemented in practices, needs to be improved.

Croydon resident: Is there any chance that information are translated into different languages?

Clinical lead/ Associate Director of Planned Care: We will add that suggestion to the IDT (Integrated Device Technology?)

Croydon resident: Do you use interpreters for your services?

Clinical lead/ Associate Director of Planned Care: Yes, we do.