

SERVICE REVIEW OF CURRENT HEALTH AND SOCIAL CARE PROVISION FOR PEOPLE WITH PANCREATITIS

ACTION PLAN TAKEN FROM RESPONSES TO RECOMMENDATIONS

RECOMMENDATION	ACTION	BY WHO	DATE BY	PROGRESS / COMMENT
<p>1 TDBC* who operate the Deane Helpline emergency alarm service should undertake research, as soon as possible, to establish whether fall detectors are sufficiently reliable to warrant them being offered to Service Users</p> <p><i>*Taunton Deane Borough Council</i></p>	<p>Research to be conducted by TDBC Helpline team.</p>	<p>Mark Leeman TDBC who operate the Deane Helpline emergency alarm service</p>	<p>Complete</p>	<p>Research has been conducted. The efficacy issues of fall detectors is well known by the Deane Helpline and its officers. It is their view that these types of detectors are only suited to people who have a predisposition to ‘drop’ suddenly to the floor. The reason being is the detectors measure the height, weight and speed of an individual. Most people who fall, do not do so in this way, as it is natural for people who are aware they are falling to try and break their fall by putting their arms out etc, to limit any potential damage upon impact. This action causes a dampening of the final impact that has been known to prevent the fall detector from activating. Deane Helpline often receive referrals from various agencies thinking that the fall detector is the panacea to alerting when someone’s has fallen, sadly this is not the case for the reasons outlined above. As a result, Deane Helpline rarely issue fall detectors and out of approximately 3,500 customers, only currently 8 customers have these devices.</p>

RECOMMENDATION		ACTION	BY WHO	DATE BY	PROGRESS / COMMENT
2	SCC should ascertain whether the guidance published by NICE takes legal precedence over the JMP.	Guidance to be reviewed and updated.	K Wevell, SCC	Complete	The Medicines and Clinical Tasks Guidance has been updated and is compliant with the NICE guidance Managing Medicines in Care Homes (SC1) and Managing medicines for adults receiving social care in the community (NG57) The revised guidance is available on SCC website at http://docs.somerset.gov.uk/w/?id=5QvmuecxtkyF1rrqdShuRkRAPubeifKe
3	SCC should revise the 'Care and support assessment' webpage so that it holds the information referred to in 'Information sheet A11: Compliments, Comments and Complaints about Adult Social Care'	Webpage to be updated.	K Wevell, SCC	Complete	Information about making comments, compliments and complaints can now be found easily on SCC website using the search function which points to this page: https://www.somerset.gov.uk/our-information/complaints-comments-compliments/
4	SCC Adult Social Care Services should complete the development of their-explicit 'Complaint Policy' and make it available to Service Users as soon as possible	Complaints Policy to be made available to service users	K Wevell, SCC	Complete	http://www.somerset.gov.uk/have-your-say/complaints-comments-and-compliments/complaints-comments-compliments/

RECOMMENDATION	ACTION	BY WHO	DATE BY	PROGRESS / COMMENT
<p>5 SCC Adult Social Care Services should consider providing a limited transport service or make arrangements in the voluntary sector that could meet the requirements of Service Users whose medical conditions are so unpredictable that booking transport for an activity a day in advance is extremely problematic</p>	<p>Identify access to transport services that can be arranged at short notice by service users for activities (social and medical)</p>	<p>K Wevell, SCC</p>	<p>Complete</p>	<p>Community Transport Schemes can offer individual transport and group hire. Some also offer door-to-door services. Community Transport services are provided by a number of independent, non-profit making groups companies and organisations, all with the purpose of helping community members' access essential services.</p> <p>https://www.travelsomerset.co.uk/community-transport-services/</p> <p>For health appointments the current service model is centralised booking which provides a more personal and consistent service. There is a facility for patient conditions to be noted on the call handler's screen and the handlers do what they can to help with individual circumstances. This service assists with medical appointments only.</p> <p><i>It is not the intention of either SCCG or SCC to provide any additional transport provision in the current economic climate.</i></p>
<p>6 SCC Adult Social Care Services should, in line with the British Medical-Association recommendations, consider providing a service dedicated to-weaning Somerset residents off prescribed</p>	<p>Develop and promote use of best practice guidance and local protocols in relation to supporting people to reduce and stop chronic opioid use, so as to avoid the development of involuntary dependence on prescribed opioid medicines.</p>			<p>National understanding of dependence on prescribed opioids has improved since the circumstances covered in the report. The Somerset Pain Management Service at Taunton and Somerset NHSFT are actively teaching clinical colleagues about the risks of opioid tolerance, hyperalgesia (increased sensitivity to pain) and involuntary dependence. Local prescribers are referred to national best practice guidance for use of opioids</p> <p>https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware</p> <p>As such the health community across Somerset and the wider SW region are committed to reviewing and influencing clinical practice in relation to involuntary dependence.</p> <p>June 2019 Update: Training and education programme across</p>

RECOMMENDATION	ACTION	BY WHO	DATE BY	PROGRESS / COMMENT
<p>opiates</p>		<p>Karen Taylor Somerset CCG</p>	<p>Regional Event June 2019</p> <p>Somerset QI project Sept 2019</p>	<p>Somerset providers about need to restrict opioid prescribing to people with acute pain only. 2019/20 prescribing incentive scheme includes an opioid prescribing scorecard indicator. Range of resources provided to support the indicator achievement including: PrescQIPP - Reducing opioid prescribing in chronic pain e-learning course.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  opioids resources x 7.pdf </div> <div style="text-align: center;">  draft PrescQIPP opioids mail out June </div> <div style="text-align: center;">  Opioid_presentation SG 2019.pptx </div> </div> <p>Services for withdrawal are provided through usual GP support, Somerset Pain Service and Somerset Drugs and Alcohol Services (SDAS) commissioned by Public Health. It is acknowledged the number of people dependent on opioids outstrips the available resources for support for withdrawal. People dependant on prescribed opioids are reluctant to access the SDAS service which is created primarily for illicit substances and alcohol. There are no current plans to commission a separate service for people dependant on prescribed opioids.</p>
<p>7 Taunton and Somerset NHS Foundation Trust should at the earliest opportunity consider the way in which the current epilepsy services is configured and whether additional resources should be provided.</p>	<p>Somerset CCG to consider whether it would be helpful to conduct a commissioning review of the epilepsy service across the county, to review capacity, equity and service quality.</p>	<p>Sandra Corry / Carmen Chadwick-Cox</p>	<p>October 2019 – Review again in January 2021</p>	<p>It is recognised under Fit for my Future work programmes there are a number of services considered vulnerable and therefore in order to safeguard these services they will be prioritised for review to ensure equitable access across the county. In respect of this recommendation the epilepsy service will be considered once the prioritised work programmes have been delivered. In the meantime, as a system we will continue to monitor epilepsy services.</p> <p>As at March 2020</p> <ul style="list-style-type: none"> - No additional concerns have been raised specifically for the TST Epilepsy service. However there is currently a review of services for children and a review of Learning Disability services in progress. Both of these reviews will have an impact on access and demand on epilepsy services. - Fit for My Future is still progressing with existing planning for service provision. Epilepsy services are as yet not

RECOMMENDATION	ACTION	BY WHO	DATE BY	PROGRESS / COMMENT
				<p>within scheduled plan, but are likely to be reviewed as part of the FFMF work programme as it progresses, especially in relation to services to be considered for management as a countywide service.</p>
<p>8 Taunton and Somerset NHS Foundation Trust should work as quickly as possible to resolve their internet licencing difficulties so that the public can have access to their explicit polices as soon as possible.</p>	<p>Trust policies to be available on the Trust's internet website.</p>	<p>Hayley Peters / Phil Brice TSNHS Trust</p>	<p>October 2019 – Revised date due to Trust merger April 2020</p>	<p>All policies are available on request. This is signposted on the Trust's websites at https://www.tsft.nhs.uk/find-and-contact-us/feedback/</p> <p>The trust have made an amendment to their website “Find and contact us page” to make it clear exactly what to do for policies (previously it was included in the general enquiry remit)</p> <p>An internet solution will come on-line following formal merger of the Taunton and Somerset NHSFT and Somerset Partnership NHSFT expected to occur in October 2019.</p> <p>Update: Both Trusts internet pages have now been merged. On-going work with updating policies and publication of policies due to the merge. This will be ongoing. Review action April 2020</p>
<p>9 As the embedded Social Care Health Interface Service (HIS) team manage patient care for up to six weeks following a patient's discharge from hospital the HIS team should be</p>	<p>HIS team to be familiar with the current 'policy' and NICE guidance.</p>	<p>Hayley Peters / Phil Brice</p>	<p>Completed</p>	<p>The Home First (the embedded Social Care Health Interface Service) team manage patient care for up to six weeks following a patient's discharge from hospital the team have been made familiar with the Joint Medicines Policy and also with the National Institute of Health and Care Excellence guidance on that topic.</p>

RECOMMENDATION		ACTION	BY WHO	DATE BY	PROGRESS / COMMENT
	made familiar with the Joint Medicines Policy and also with the National Institute of Health and Care Excellence guidance on that topic				
10	The definition of 'housebound' as described in the 'Referral to District Nursing Service Policy' should be cited on the District Nursing Service website.	Housebound definition to be added to DN website.	Hayley Peters / Phil Brice	Complete	http://www.sompar.nhs.uk/what-we-do/general-health/district-nursing/
11	Somerset Partnership NHS Foundation Trust and Taunton and Somerset NHS Foundation Trust should consider setting up a working party to ascertain whether there is a cost effective way that would allow the medical records	Staff to have access to other services records (esp. TST and SomPar).	Hayley Peters / Phil Brice Somerset Digital Delivery Board	October 2019 – Revised date due to Trust merger April 2020 SiDeR action plan with milestones ranging from already achieved to 2020.	Taunton and Somerset NHSFT and Somerset Partnership NHSFT will have shared records when the Trusts' formally merge, this expected to occur in October 2019 Within Somerset there is an established working group – the Somerset Integrated Digital Electronic Record (SiDeR) . The aim of this work programme is to bring together all clinical information systems across Somerset to facilitate more effective sharing of information between services and health and social care professionals. Several elements of this long term programme have already been achieved: <ul style="list-style-type: none"> • Access to GP (EMIST Viewer) primary care records by staff in hospital urgent care services and other care settings when required to support patient care and treatment. Started in October 2016 and then was extended to all

RECOMMENDATION	ACTION	BY WHO	DATE BY	PROGRESS / COMMENT
<p>of patients treated at either Trust to be accessed by both organisations.</p>				<p>clinical services in June 2017 to support high quality patient care. Update: This project is still on-going. Individual Providers are continuing to encourage their clinicians to use EMIST viewer.</p> <ul style="list-style-type: none"> Community shared record for End of Life Care Plans and Special Patient Notes (which support shared care especially in urgent care services) <p>Update: There is now 1000 records within the system. Due to the success of the project the Digital team are drawing up plans to handover to individual providers.</p> <p>Improved version End of Life services and the Home First e-referral service to 'Go Live' by end of March 2019, followed by connecting Somerset care provider records / information by end of June 2019 and end of September 2019 respectively.</p> <p>The remainder of the plan will look to add other specialty data (Dementia care, Diabetes management etc.) as determined by the clinical leadership, during the rest of 2019 / early 2020.</p> <p>Update: EMIS is available for all Clinicians within Provider setting. Long term plan will be to address clinical access to information sharing. (Long term plan is 10 year plan)</p> <p>January 2020 Update: The overall aim is to have access to 'paperless records' by end of 2020. Both acute Trusts still working on delivering this plan, digitising the inpatient setting. The Trusts are also developing a Clinical Platform and Clinical Data Repository which is currently in pilot and is described out in the Digital Strategy. Firm plans are being developed and funding sources re being identified.</p>
1	The Somerset	Allison	May 2019	Home First discharge care information digital project in progress.

RECOMMENDATION	ACTION	BY WHO	DATE BY	PROGRESS / COMMENT
<p>2 Clinical Commissioning Group should liaise with Somerset County Council adult Care Services to ascertain whether a method can be developed so that where a patient has been provided with a social care needs discharge package the details are always included in the patient's discharge summary or letter</p>	<p>/package of care into hospital discharge summaries</p>	<p>Nation Allison Nation Sandra Corry</p>	<p>As per SIDeR implementation plan 2020 Review again in January 2021</p>	<p>Completion due Q1. 2019 Update as at March 2020 The Home First solution, via the SIDeR programme, was taken out of scope by Somerset Partnership, as they were concerned that if this information was held centrally, and not also held in RiO, that could create a clinical / patient risk. The Home First record has been developed as part of SomPar RiO notes, converting from the hard copies generated by acute trusts. See below – this work stream will needed to be picked up later as part of bringing the digital solution together, as set out below.</p> <p>For people not transferred through Home First this is to be noted as a requirement through the Digital Delivery Board as part of the wider range clinical comms issues.</p> <p>This action was delayed. A meeting of experts took place in early December 2019 to determine how to build upon and improve existing transfer of care information so it is reliably created and delivered, especially in relation personal care and social support as part of transfers of care information. It was resolved to:</p> <ol style="list-style-type: none"> 1. Seek to introduce a new shared care record facility now that the SIDeR interface has been created. Draw together any existing useful hard copy templates in use and begin testing for a digital implementation. (It is not believed the initial idea of an extended discharge summary is the favoured route at this time) 2. Ascertain the suitability of the Digital Red Bag development as a shared care record. <i>(Since reviewed with NHSE and testing elsewhere has not been successful, however that project was about extraction of information from nursing homes records to inform hospital admission.)</i> 3. A separate Integrated Personalised Care Plan is being pursued, building on feedback from this complaint and learning from incidents the importance of reliable transfer information about support for daily living. This will initially be trialled in hard copy and build on existing templates already in use such as for Home First and the 'This is Me' model. A Service Development Improvement Plan to be included in

RECOMMENDATION	ACTION	BY WHO	DATE BY	PROGRESS / COMMENT
				<p>the local Somerset 2020/21 NHS contracts to test methods and tools for Integrated Personalised Care Planning. Simultaneously pursuing of a digitised template to be developed and agree the most suitable portal for the sharing of the information digitally by all services through the Somerset Integrated Digital electronic Record (SIDeR).</p> <p>4. Currently the preference will be to load into the shared space in the SIDeR portal alongside where the end of life care record is stored, with the same intra-operability functionality for updating of the plan. This needs to be considered alongside the plans for a GP led Integrated Personalised Care Plan and resolve the risk which prevented the Home First care plan being placed into the SIDeR portal (as above).</p> <p>5. Next phase would be to build in PRSB inter-operability standards in readiness for full digital transfer capability.</p>
<p>1 3 NHS England should consider contacting all General Practitioners to ascertain whether, if appropriate funding could be made available, they would welcome the opportunity to integrate their patients' health and social care needs so that both are 'fit for purpose' at all times</p>	<p>Based on national policy development for new models of care Somerset CCG is developing integrated neighbourhood health and social care services through its new strategy development 'Fit for My Future' which will address this recommendation.</p> <p>https://www.fitformyfuture.org.uk/ https://www.england.nhs.uk/new-care-models/pch/</p>	<p>Somerset CCG</p>	<p>Consultation due to be concluded by October 2019 with implementation thereafter.</p>	<p>Emerging proposals are to provide integrated services around 14 neighbourhood areas, each serving a population of 30 – 50,000 people based on the registered list of a group of GPs. The neighbourhood teams will support people with their health and well-being and there would be access to more specialist services locally to avoid the need for people to travel.</p> <p>Some developments will take place in advance of the Fit for My Future formal consultation and development where they do not affect service access for people.</p> <p>Primary Care Networks established in May 2019 and Neighbourhoods which wrap around and link GP services with community services and assets are now developing.</p>

RECOMMENDATION		ACTION	BY WHO	DATE BY	PROGRESS / COMMENT
1 4	NHS England should review the evidence that suggests moderate to heavy smoking carries the same risk of a person developing acute and chronic pancreatitis as alcohol. Should the evidence prove compelling NHS England should ensure that all healthcare professionals in England are aware of that fact and that the NHS cessation of smoking series are promoted.	This recommendation is now covered by new NICE Guideline. Somerset CCG to Check compliance with CG104 by Somerset NHS pancreatic services.	Deborah Rigby CCG	March 2019 Review again in January 2021	It will be too early to review compliance with the whole of the guideline, but Somerset CCG will seek assurance in relation to implementation of this element of CG104 in Q3 Clinical Quality Contract Review. March 2020 Update: <i>YDH – awaiting compliance confirmation (as at March 2020)</i> TST – Compliance overall with the guidelines is 79%. Baseline assessed in March 2019 and audited September 2019. Specifically in relation to the Support to Stop Smoking element (section 1.1.11 of the guidelines), the most recent audit compliance rate is 50% (with a caution on reliability of result as only 4 out of the 20 sample size required lifestyle referrals). Work is progressing on this element with the clinical team having designed a patient information leaflet about lifestyle impact and modifications on the pancreatic disease condition. Next step is for formal sign-off before launch for use.
1 5	NHS England should review the evidence that suggests that smokers may feel more pain than non-smokers given the same negative	NHSE, on behalf of Somerset CCG to raise this recommendation with the National Institute for Health and Care Excellence (NICE). It is the role of NICE to improve outcomes for people using the NHS and other public health and social care services by producing	Caroline Gamlin NHSE SW	Completed	An enquiry has been submitted to NICE by NHSE SW A response is awaited. Update 16/04/2020 https://www.nice.org.uk/guidance/gid-ng10086/documents/consultation-comments-and-responses “The question at issue, i.e. whether smokers feel more pain than non-smokers, does not seem the sort of thing NICE would look at (at least in the context of smoking cessation). It might possibly be

RECOMMENDATION	ACTION	BY WHO	DATE BY	PROGRESS / COMMENT
<p>stimulus. Should the evidence prove compelling NHS England should ensure that all healthcare professionals in England are aware of that fact and that cessation of smoking services are promoted.</p>	<p>evidence-based guidance and advice for health, public health and social care practitioners.</p>			<p>relevant to our pain management guidelines, so our surveillance team has been asked to bear in mind the possibility that smokers may feel more pain than non-smokers when doing surveillance on any pain management guidelines, e.g. neuropathic pain.”</p> <p>Update 10 January 2020 Further communication with NICE following recent published research evidence https://www.ucl.ac.uk/news/2020/jan/smoking-may-leave-legacy-increased-pain-even-after-quitting Response confirming this has been passed to the relevant review team. This information has also been passed to the Somerset Pain Management team at Musgrove Park Hospital.</p> <p>No further action locally at this time.</p>
<p>1 6 NHSE England should, in line with the British Medical Association recommendations, consider providing a service dedicated to weaning English residents off prescribed opiates</p>	<p>See action 6 above. Note also that Public Health England are conducting a review:</p> <p><i>“Prescribed medicines that may cause dependence or withdrawal</i></p> <p><i>A review of the evidence on the scale and nature of problems with some prescription medicines and how they can be prevented and treated”</i></p> <p>due to publish in early 2019</p>			<p>This review was concluded and published in September 2019.</p> <p>This continues to be a National enduring challenge with a wide range of work streams in progress to address the issue as set out in action 6 above and in the recommendations of the public health report see page 115.</p> <p>https://www.gov.uk/government/news/prescribed-medicines-that-may-cause-dependence-or-withdrawal</p>
<p>1 NHS England should</p>	<p>There is a South West Quality Network facilitated by</p>	<p>Sally Matravers,</p>	<p>On-going</p>	

RECOMMENDATION	ACTION	BY WHO	DATE BY	PROGRESS / COMMENT
7 encourage all Clinical Commissioning Groups in England to engage in 'active learning' following investigations into serious adverse events and complaint investigations	NHS England and NHS Improvement that promote learning from investigations and concerns.	NHS E SW		
	NHSI will be publishing an update to the National Serious Incident Framework due in April 2019. Guidance in the framework on learning and change arising from serious incident investigations will be enhanced.	NHS Improvement	April 2019	Delayed to October 2019 National Patient Safety Incident Response Framework (PSIRF) is due publication in Winter 2019/2020. As at March 2020: Draft PSIRF currently being piloted in Cornwall prior to general release