

MINUTES OF THE MEETING OF THE MENTAL HEALTH COLLABORATIVE STEERING GROUP HELD AT 9.30 AM ON THURSDAY 10TH SEPTEMBER 2009 IN THE TRAINING ROOM, CAMERON HOSPITAL.

Present: George Cunningham (Chair), Beth Sparling, Ken Laurie, Frances Baty, Ken Quinn, Gillian Kerr, Seonaid McCallum and Gordon McLaren. (Hilda Lawrie – minutes).

1. Apologies

Ingrid Hale, Marilyn Dennison, Helen Townsend, Alasdair Gray, Lize Van Niekerk, Kate Thomson and Isobel Easson.

2. Matters arising from previous minutes

Seonaid McLaren, Clinical Lead was introduced to the group.

Beth will contact more PPF members. Beth clarified who was representing each CHP in the group.

3. Feedback from Workstreams

3.1 Dementia

Seonaid has been looking at GP practices with regard to dementia. She showed figures on a graph which illustrated the difference between the actual dementia register size and the predicted number of patients registered. She had been contacting practices which had the lowest registered figures, specifically Inverkeithing, and had been working with them to see why they had such low figures. There were various reasons that contributed to this. Beth is going to find out more about Reed Codes used by GPs.

The collaborative will now be meeting with a North East Fife practice to do similar work. Dementia patients within nursing homes are all on the register. Beth is meeting with the team manager of residential care homes and also Brittany Ellis with regard to the dementia strategy.

George said that his understanding, after a Scottish Government meeting in March, was that Fife figures were clearly not as bad as has been made out.

3.2 Readmissions

Beth has produced reports of the pilot carried out on readmissions. She has just received the latest SPARRA data which will be broken down by consultant.

George mentioned that the older people's SPARRA data gets mixed reviews. George said that it is sometimes recorded too late for older people. Seonaid said that time will tell how useful it is.

3.3 Antidepressants

Beth reported that Fife was meeting this target. Pharmacy have been carrying out a lot of work around this. Frances pointed out that there were a few projects being carried out in west Fife. Beth said that she was aware of a project and was in touch with Beverley Howard regarding this. Frances will forward two projects to Beth.

George said that this target was dependant on GPs changing their practice. The Scottish Government has softened this target and is now asking for review and best practice.

Frances reported that in her experience giving GPs as much information as possible has helped reduce the use of antidepressants. George felt that the key issue is for review and follow up. This could make the biggest impact on the length of time kept on antidepressants.

Beth reported that the pharmacists want to know what is happening nationally so that this can be shared. There is going to be an event held around this. The PRISMS data could be rolled out. Gillian will link with Mo, the Collaborative's information analyst on that.

Frances asked where information on work completed by the Collaborative can be found. Beth said that it is being put on the web site although the site is not easy to access. Frances also said that she felt that in order to engage GPs it was important to use a personal touch and also that work needs to be clinically relevant. Gillian said that pharmacists are visiting practices. Ken mentioned that an emotional connection can bring about change but it is important to be consistent visiting 20 to 30 practices. This can be difficult to maintain but it helps to be clear and concise.

Gordon stated that there are a range of alternatives and supports available which are important such as mentally flourishing Scotland which may help towards preventing people from being depressed in the first place. It was agreed that such initiatives do have an effect. He asked if they are being factored in as part of the equation.

George said that government targets are to improve access to these although they haven't put much money towards this. Frances said that work has been done looking at communities. Gordon agreed that there is wider work in communities which will impact on this target.

4. Process Mapping Events

Beth gave examples of action plans that came from process mapping events. These plans are now being reviewed on a three monthly basis. An information sharing event is being held in November to show other teams and services work that has been done and can be adapted to suit their needs.

The collaborative has been approached and is in the early stages of carrying out some work with Fife Council Social Work department. This will be looking around capacity and changes that could be made to the service and also looking at capacity and demand.

5. Monthly Reports

5.1. July Monthly Report

Beth explained that the collaborative were now required to submit a monthly report including qualitative information. The July report was completed at the end of August. As yet there has been no feedback. These reports will be circulated.

5.2 Highlight Report

Highlight reports are sent out locally on a two-monthly basis. The content of these will change now that there are monthly reports also.

6. Feedback

6.1 Protected Learning

The collaborative had held a protected learning workshop on 9th September. The main message from this was that GPs would be interested more in the clinical part of the collaborative. There was one GP who would be interested in working with the collaborative to arrange a GP event. This would probably be held over an afternoon.

6.2 National Events

Seonaid reported that she had attended a Clinical Leads event which had been helpful to see what other areas have been doing and also provided information on how to tackle things in Fife. A national service user event had been held in Stirling. There was no feedback from this as yet. Beth said that it was likely a similar event would be held locally

6.3 Collaborative Website

Ken reported that it had been decided to co-ordinate all redesign commitments to take a strategic view on redesign, mainly LEAN. Scotland is going for this and it will be submitted to the Scottish Executive. There is £150,000 available to buy external support. His team are currently looking at demand, trend, bottlenecks and targets. The priority is improvement and there is an integrated redesign improvement plan for Fife.

There is to be a new website with its own house style. Alistair Hogben will be the designer and Mike Ghattas will oversee it.

7. July Newsletter

The Collaborative Newsletter for July had been circulated for information.

8. Financial Plans

The financial plans have been approved till March 2011.

9. Future Plans

9.1 Training Dates

Traning dates for the 2009/10 have been set.

9.2 Information Sharing Event

An Information Sharing Event is currently being organised for November.

9.3 Acute Work

Beth talked to Dr Reynish about the pilot within the medical assessment wards which involved a comprehensive geriatric assessment including a cognitive assessment on patients admitted for assessment work to Victoria Hospital. Any future work with social work will link into this.

9.4 National October Event

The team will be attending a national learning event on 27th October in Glasgow.

Beth is meeting with the team manager for residential care homes and also Brittany Ellis with regard to the dementia strategy.

10. Any Other Business

10.1

Ken asked about input into work in A & E departments. Beth is going to a national event this month where there could be information available.

10.2

Ken has a lot of calculations about manpower in A & E which could be helpful for future work.

10.3

There was a discussion around redesign not always reacting to population need. Ken said that they were getting better at trying to understand root cause and it was harder to apply some of the menthology to mental health.

11. Date of Next Meeting – Tuesday 1st December 2009, 9.30 – 11.00 am in the Traning Room, Cameron Hospital.

ACTION		
3.3	Two projects to be forwarded to Beth	Frances Baty
10.2	Calculations around manpower in mental health to be forwarded to Beth	Ken Laurie

