

**Minutes of the
Frimley Park and Heatherwood & Wexham Park Carer and Disability Forums Joint Meeting**

**December 4th 2017 from 10am to 12pm
Seminar Room 4, Post Grad Medical Centre, Wexham Park Hospital**

Those present at the meeting should be aware that their names will be listed in the notes of this meeting, which may be released to members of the public on request.

Frimley Health Staff			In attendance /Apologies
Eleanor Shingleton - Smith	ESS	Deputy Director Learning & OD	In attendance
Elaine Morgans	EM	Head of HR Business Partners	In attendance
Caroline Reynolds	CR	Occupational Therapist	In attendance
Michelle Youens	MY	Head of Nursing – Medicine	In attendance
Najeeb Rehman	NR	Equality and Diversity Manager	In attendance
Helen Oakes	HO	Matron – Care of the Elderly	In attendance
Katherine Rusbridge	KR	Volunteer – Parkinson's UK	In attendance
Les Lacey	LL	Dept of Work and Pensions	In attendance
Guvy Bachu	GB	Dept of Work and Pensions	In attendance
Christine Whelan	CW	Head of Health & Safety	In attendance
Deborah Rogers	DR	Equalities Officer	In attendance
Peter Clark	PC	Associate Practitioner	In attendance
Fiona Biggs	FB	Healthwatch Hampshire	In attendance
Jo Brown	JB	Nursing Outpatients	Apologies
Kevin Queenan	KQ	Chief Pharmacy Technician	Apologies
Patient / Carers			
			In attendance
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Item	Title	ACTION
1.	Apologies are as above. A round of introductions followed.	
2.	<p>The role of Disability Employment Consultants at Job Centre Plus</p> <p>GB introduced the work of Disability Employment Consultants:</p> <p>The Job Centre:</p> <ul style="list-style-type: none"> • Carries out 45,000 interviews a year with people who have a disabilities and are living with mental illness • Deals with the public and those on benefits and provides support around how to get into work and be ready for work - focus is on what the person can do • Provides support for travelling to interviews <p>Where individuals do not feel that they are ready then the journey is a lot longer for example those who are recovering from illness or injury and are a hospital outpatient.</p> <p>LL then described the array of people the Job Centre see's using the analogy of a sunflower, whereby some sunflowers flower in the summer and some in the winter</p> <p>The Job Centre also provides specialist employment support including for those people:</p> <ul style="list-style-type: none"> • Who do not intend to work • Interested in volunteering • Requiring reasonable adjustments at work • Who cannot do normal work and need to be placed in other roles • Who require a skills health check in their job • Equipment changes <p>LL mentioned Frimley Health deserved high praise.</p> <p>Access to work LL mentioned that Access to Work is a grant paid for by the Government. The grant funds the supply of equipment up to the value of £10k. The individual has to make contact with the Job Centre for the process to start. Access to Work can also fund the cost of taxis, for example during the autumn and winter, portable equipment and devices for people who have hearing impairment.</p> <p>CR asked what happens if the equipment becomes lost and LL replied that the cost of replacement would have to come from Trust insurance.</p> <p>■ asked about how people with fluctuating conditions are supported as sometimes employers can lose patience with people e.g. if they are 5 minutes for an interview and soon after the person is sanctioned</p> <p>GB replied that sanctions against a person are not immediately placed on that person at the first time i.e. if they are late.</p> <p>LL added that employment advisers play an important part in ensuring processes are fair and balanced.</p>	

	<p>LL also mentioned that large employers have an obligation to the national guaranteed interview scheme. The Job Centre can help the individual prepare for the interview.</p> <p>There was discussion about reasonable adjustments being made at work and LL mentioned that his team can make suggestions and also state that Access to Work is in place to fund the reasonable adjustments.</p> <p>ESS asked how the Job Centre work with Occupational Health and LL replied that Occupational would contact them.</p> <p>LL stated that they have supported clients with Mental Illness, Musco Skeletal, Neurological conditions and Learning Disabilities. Access to Work Psychologists are also available for clients.</p> <p>ESS asked if the Job Centre gets involved on work placement programmes. LL replied that they can act as a broker to help people into placements as they have done in food outlets in Slough.</p> <p>LL added that some of the problems people with Learning Disabilities encounter in the workplace centre on changes to familiar people such as a supervisor being replaced by another and the new supervisor is less empathetic to the person with learning disabilities compared to the predecessor.</p> <p>It is important for clients to learn about workplace etiquettes as much as their colleagues around them.</p> <p>EM added that if a person is struggling at work then it is vital that there is access to a support network, as it is important to recognise that they have an issue to be tackled</p> <p>LL added that there is a troubled families adviser at the Job Centre Plus who helps individuals deal with family dynamics.</p>	<p>LL to circulate Disability Guide</p>
3.	<p>Parkinson's UK Katherine Rusbridge – Parkinson's UK KR volunteers for Parkinson's UK. The main issues for patients occur in Emergency Department and the way patients are dealt with relating to medical issues. KR then explained some of the issues patients have faced:</p> <ol style="list-style-type: none"> 1. Patient Emergency – incorrect dose of medication was given (lower than required). Eventually correct dose was given 2. Patient with a broken hip after a fall and the patient had paranoia and was abusive to staff. Tremadol given out like "sweeties" and then the medication was withdrawn and the patient tried to escape. The patient spent 5 weeks in hospital 3. Patient with foot ulcer entered Frimley Park as an emergency case and had a stroke. The medication to treat Parkinson's wasn't having any effect and the patient was then given 3 x the dosage. The effect of this increased dosage resulted in the patient knocking over items and also a member of staff 	<p>Request KR invited to the Patient Experience meeting</p>

	<p>MY and HO confirmed that there is a Parkinson's Nurse at Wexham. HO also confirmed that Paramedics recognise that patients have to get their medication on time. At Wexham Nurses keep pill timers in their pockets.</p> <p>KR suggested that good practice at Wexham is carried over to Frimley Park.</p> <p>MY added that there are plans to expand Neuro Specialist Teams, recruit a new Epilepsy Nurse, Multiple Sclerosis Nurse.</p>	
4.	<p>Developing a Work plan for the Group</p> <p>NR explained that it would be ideal for the Group to have a more structured way of working which would clarify the purpose and role of the Group and also strengthen and create reporting lines to other Committees. The Group had an advisory role, yet it would be important to focus on a few priorities which guided the work of the Group.</p> <p>Discussion then followed on headline themes that the workplan could be structured around:</p> <p>Sharing of Best Practice</p> <ul style="list-style-type: none"> • Service User Focus – using feedback in problem solving e.g. awareness of Learning Passports (“This is me”) • Input into Patient Experience Committees • Group input onto Infra Structure Projects • Patient Experience – end to end <p>Physical Access</p> <ul style="list-style-type: none"> • Signposting of Information for service users • Access around our Sites • Monitoring role for changes to concessions <p>Employment</p> <ul style="list-style-type: none"> • Raising awareness amongst managers of Access to Work • Education and Training around the needs of people with sensory impairment and physical impairments • Engage with staff <p>Accessible Information Standard</p> <ul style="list-style-type: none"> • Flags and Alerts for Deaf, Visually Impaired and Learning Difficulty patients • Prompt Sheet for Emergency Department relating to Sensory Impairments and Learning Disability • Enabling people who are Deaf to contact the Trust • Engaging with disability groups and their representatives 	
5.	A.O.B - None	
6.	Dates of Next meetings: TBC	