

STAFF – FOCUS GROUP REPORT 1ST AUGUST 2018

A focus group was held on the afternoon of 1st August at the Stockport Meeting House and was attended by eight members of staff. The purpose of the group was to discuss the services provided by The Stockport Mental Health Alliance.

The staff represented the East Community Mental Health Team, West Community Mental Health Team, Home Treatment Team, and Early Intervention Team.

CARERS SUPPORT SERVICE

We first discussed perceptions of what the Carers Support Service offers to its users. The consensus around the group is that once people are referred to the Carers Support Service they receive a carer's assessment. There was little knowledge around the room of what happens after the carer has a carer's assessment or what they might receive after this assessment.

The staff described how it was difficult for them to manage the expectations of carers as they don't know what specific support they will be able to access or for how long.

COMMUNICATION WITH THE CARERS SUPPORT SERVICE

The group expressed that communication between themselves and the staff at Mind was minimal. They sometimes receive feedback from the carer about the service they have received but they do not get anything directly from Mind.

“We don't hear back to say ‘we're going to see this person’ or ‘we accept this referral’. We don't hear anything back.”

One member of the group said that they would not expect to hear anything back about a referral as they only work with people in the short term or for one-off appointments. They said that if they were worried enough they would be chasing it themselves.

Some other members of the group explained that recently they have had a link worker from Mind who sits with them on a regular day of the week. This enables them to have a conversation and do a referral. They explained that they have higher referral rates at the places where there is a link worker present.

Another participant described how having the link worker sit with them was very helpful and that they often sent emails about what services were available, but they didn't give feedback about individual cases in terms of what support has been put in place

Some members of the group said that the link worker often brought leaflets that they could take and give to carers that detailed some of the support available, and might encourage carers to self-refer. Other members of the group said they had never had this but that it would be useful.

The group all agreed it was easy enough to make a referral. The only problem was not getting any feedback on this after.

It would be good to know the appointment has happened, what will happen. It does not have to be lengthy, 'It happened and this is what we're going to look into offering'.

One issue that was highlighted was around the timing of the referral. When the staff first come into contact with the carers, the carer is focusing on their loved one and wanting them to be well. It does not seem appropriate to be making a referral for the carer at that time. They would only tend to do it if they were working with the family for 4-6 weeks.

DOES THE SERVICE MEET THE NEEDS OF CARERS?

It was difficult for the participants of the group to say whether this is the case as there is little feedback from anyone on the support given to individuals.

There were a few examples given where staff members had some information of the services accessed by a carer. However, this was only because the family had ended up in A&E and had come back through their team. Otherwise, they would not have found out.

The staff know that the carers have a carer's assessment and a carers group but they do not know how that goes and what happens at the meetings. When they are speaking to carers, it would be nice to be able to answer their questions so that they can make a more informed choice about whether they want to access the service or not.

CARER'S PAYMENTS

The group were asked whether they would be aware if a carer had received a carer's payment and whether they would change anything in terms of what they were referring them to.

The majority of staff said that they would not know. They assume that they would have received a carer's payment if they had had a carer's assessment before as that is what they believe the carer's assessment is for. They said whether a carer had a carer's payment or not would not change how, or what services the staff referred them to.

“People get awarded the payment every year so I suppose if they're eligible one year they need to be assessed the next year so I think it would be useful to have a record of when that assessment took place.”

WHAT IMPROVEMENTS COULD BE MADE TO THE CARERS SUPPORT SERVICE?

It was suggested that the link worker is useful but that it would be better to have people visiting in a formal meeting setting to set out all the services that are currently available. The staff would like them to come periodically and present to teams what they currently offer. Another suggestion was that this could be done via a newsletter.

They felt that if they cannot explain what is on offer to the carers then they are far less likely to take up a service. They described that a lot of carers have busy lives already with their caring responsibilities and if they don't have much information about it then they won't know if they can fit it in and are more likely to be put off. In addition, the fact that they have to attend a meeting for an assessment can be difficult for those with caring responsibilities. One member of the

group suggested that the assessment could be made more accessible to carers if they were able to have it over the phone.

The staff felt that getting information out to carers earlier in the process may be beneficial for them. They were not aware of any presence or communications within Stepping Hill Hospital, but felt this would be useful. They often get feedback from carers to say that they would have benefited from support earlier than they received it but they were not aware of it.

UNDERSTANDING OF THE SUPPORT SERVICE OFFERED IN THE STOCKPORT MENTAL HEALTH ALLIANCE

There was a mixed response from across the group. Some members of the group were aware what some of the services in the Alliance provided and were less aware of the other services.

It was described that when someone from one of the services in The Stockport Mental Health Alliance comes out and explains to their team what support they offer, the service has an influx of referrals. After some time has passed, they will refer someone again but find that what the service provides has changed and the referral is 'knocked back'. There was agreement across the group that what each service in The Stockport Mental Health Alliance offers often changes and it is difficult to keep up. They also said that if they ring up and find there is a waiting list they probably would not do a referral for a length of time because they assume there is still a long waiting list. The group said it would be useful if they were informed when the waiting list has gone down.

“People’s time is precious. We’re all pressured and I think when you make a referral and for whatever reason it doesn’t get through....that happens once or twice and you delete it from your mind because I have to prioritise what I am doing and I don’t have time to keep trying to guess how to get someone into a service.”

One member of the group felt that most staff refer to SPARC, as they are less aware of what the PPS and Mind do. They had a good understanding of what the PPS and Mind offer at the

beginning when services are introduced but then it was felt that these services change over time and staff are less sure of what the offer from these services are.

There is a lot of confusion among practitioners about what support is available and whether this has changed. There had been a lot of confusion about whether or not you are allowed to refer to the PPS service, with the answer changing depending on whom you asked.

Another participant explained that they thought secondary care services are 'missed off' and that primary care seem to get more information about the services that are available.

Individual care coordinators have built up a relationship with one or two of the services. This will be due to having a good experience previously or having worked with these services in the past, but it is very ad-hoc. This means teams often refer to the service that they are most familiar with.

IS THERE ANY OVERLAP BETWEEN THE SERVICES OFFERED BY PPS, SPARC AND MIND?

One participant thought that the PPS and TPA were very similar as they thought they get people out in the community. Another participant thought that all the services were quite different; Mind focuses on self-help and that SPARC is more activity based. There was agreement around the group that there is some overlap and certainly an overlap in terms of the people accessing them but that each service uses a different approach. One participant believed that the majority of the overlap between SPARC and Mind was removed when the services formed The Stockport Mental Health Alliance.

There is a perception that SPARC is for older people and this will put off younger people from wanting to attend. One participant said that many of their patients had been to SPARC in the past but were reluctant to go because they just 'sit there.' Another participant said that they believed SPARC to be quirky and that it offers something that other places do not but it is not to everyone's taste. The perception is that SPARC is a service that service users will access for a longer term than the others whereas Mind is more recovery focused.

Overall, it was felt that the services are quite different and suitable for different people.

REFERRAL PROCESS

The referral process was felt to be straightforward although in many cases they would be expecting the service users to self-refer when they are discharged. One participant explained that they have made referrals for PPS over the telephone and on those occasions, they will usually get back to you.

Participants agreed that they would include these services on the discharge plan if they feel it is appropriate. If service users do not feel they need the service there and then, they can self-refer at a later time.

“I guess it’s looking at what other services would be useful for that person. It’s not about duplicating what they already have.”

They discuss at a team meeting what would be an appropriate service for that individual and then they would suggest a pathway with the consent of the service user.

One participant raised a concern that when they were making an email referral to Mind, they were asking for a great deal of personal information and they were concerned that this perhaps was not a secure form of communication. In their other work, they communicate over nhs.net or they know they are working on a secure email. Other participants agreed that this was a concern and they would normally drop it off in person, or send it through the mail marked as confidential. Another participant explained that they would give it to the service user so that it is their responsibility to pass it on.

There is an information management system called CAUSE that SPARC and the PPS use but participants were uncertain how secure this was as it was developed by someone else in the country.