

Sensory Impairment Partnership Board Notes

22nd February 2024, 11am-1pm. RNIB, Northminster House, Peterborough PE1 1YN.

Useful Acronyms

- CCC – Cambridgeshire County Council
- PCC – Peterborough City Council
- RNIB – Royal National Institute of Blind People
- SIPB – Sensory Impairment Partnership Board

What we talked about

- 1) Welcome, Introduction and Apologies – Mick Scadden, Chair
 - 2) Thursday 23rd November 2023 Notes Approval and Action Log Updates – Graham Lewis
 - 3) Independent Member Feedback – Stagecoach Services, 9.30am bus pass and Taxi refusals
 - 4) Sensory Service Updates – Julie Nettlesfeild (CCC) & Carol Farra (PCC)
 - 5) Commissioning Updates – Jessica Weeds (CCC) – shared a joint update for PCC & CCC
 - 5) Virtual Wards (Hospital at Home) Jenny Donnelly – Ward Manager on Virtual Wards NWAFT
 - 6) Any Other Business – Addenbrookes Guide dogs Policy Update – seeking feedback
- Next meeting Thursday 23rd May 2024, venue and time TBC.

1) Welcome, Introductions, Apologies – Mick Scadden (Chair) and Graham Lewis

- Mick Scaddon, Chair and Graham Lewis, Healthwatch welcomed everyone to the meeting, introductions and apologies given.
- Rebecca Spalding-Green requested permission to record the SIPB for note taking only.

2) Thursday 23rd November 2023 notes and Action Log Updates – Graham Lewis

- **121) E-Scooter Issues and Street Charter.** Ongoing action – paused by local election campaigns, although discussed individuals can continue to share their street accessibility experiences with local councillors and highlight the benefits of existing Street Charters.
- **134) Accessible Information Standard Relaunch.** GL following up with Alison Bourne (CCC) & Leesa Murray (PCC) for who SIPB needs to talk to ensure implemented through health and social care. (See Peterborough City Council Sensory Services for update regarding this).
- **135) Stagecoach held staff awareness training days** – see independent feedback.
- **136) 137) 138)** Complete. Refer to Action Log for further info.

Independent Member Feedback – Stagecoach

- ✓ Following awareness training days, Stagecoach East are working with CamSight planning regular disabled bus users meetings, first meeting Monday 25th March 1.30-3pm.
- ✓ MS Stagecoach listened and recognised the significance of audio voiceover services. Looking to introduce in Peterborough new buses when bought into circulation (following positive feedback on Cambridge bus routes using audio visual announcements)

- ✗ GL still finding many buses on Cambridge routes have audio announcements system turned off. **ACTION: Feedback to Stagecoach.**

9.30am travel with Visually Impaired Bus Pass Refused

- Stagecoach bus driver refused to accept JCs bus pass before 9.30am, adamant rules did not include free travel before 9.30am. JC had to purchase a ticket in order to travel. But JCs bus pass has a clock symbol on it to enable visually impaired people access prior 9.30am – eligibility rules set by Combined Authority, not Stagecoach.
- GL contacted Stagecoach, who apologised, the driver was told off as not true and encouraged all to report if this happens again.
- Combined Authority circulated a letter for people to keep, to show difficult drivers the rules.

Taxi Service

- Vera Shilling – still finding it difficult travelling via taxis. Had to go to building not been to before, said to driver wouldn't be able to find the door and could he take her to the door? His response was no 'I'm not a carer'. Similarly, after asking for assistance to the doctors surgery front door, friend was left in middle of the road, really knocking their confidence to leave the house. What are the rules? What role can SIPB play in educating taxi drivers?
- A** GL advised taxi drivers shouldn't refuse journeys (unless allergic to dogs –medical certificate proof needed). They are supposed to provide assistance for items in boot (aslong as doesn't cause them issues) and to the doors if that's whats needed.
- **ACTION: Raise with Local Licencing Authorities and how can further educate drivers.**

3) Sensory Service Updates: Julie Nettlesfeild (CCC) & Carol Farrar (PCC)

Julie Nettlesfeild – Sensory Services Team Cambridgeshire County Council

- Claire Vile (from Blind Veterans UK) joined the team, settled well into team.
- Planning Hospital at Home (Virtual Wards) with member of team (nursing background).
- Waiting list times still longer than would like, 3/4months approx. Using triage system to work around peoples situations, health and lifestyles. Continuing to signpost people on waiting lists ie RNIBs Living Well With Sight Loss course – which still gets good feedback.
- New training offer, recorded training to help staff for training days, rolling out further soon.

Carol Farral – Sensory Services Manager, Peterborough City Council

- Working on getting another member of staff – Rehab support worker to support Ronak.
- Accessible Information Standard – 1 workshop for Peterborough Social Care, well received.
- Waiting lists, 10-20 referrals a month approx, 13 currently, waiting 1-2 months.
- In process of finalising CVI – Certificate of Visual Impairment Document. Already a set process but reviewed after slightly low numbers and wanting to reduce human error issues which accounted for 5 people in last 6months to have been missed. Ensuring all are aware of exactly what is required through every step of process, that all are offered assessments as well as having their name on register. **ACTION: Continue updating on this situation.**

4) Commissioning Updates – Jessica Weeds (Cambs CC)

Micheil Wilson Peterborough CC sent apologies. Jessica shared a joint update for CCC & PCC.

- Historically CCC and PCC have had a joint commissioning contracts team for Sensory Services under Early Intervention Prevention Adult Social Care. However now working as 2 separate local authorities, so looking at what that means for current contracts ie Cambridge Deaf Association and CamSight contracts due to end 2025. Open to discussion for recommissioning services, to extend current contracts or look for different providers.
- Q Asking the board today if would like to feedback? What are opinions on current services?
- GL explained in previous meetings when we've talked about contracts asked interested organisations to leave the room. ACTION: GL suggested task and finish group for people who use the services to discuss further rather than in the room, with organisations present.

5) Virtual Wards – Jenny Donnelly, Virtual Ward Manager (NWAFT)

What are Virtual Wards? (Sometimes referred to as Hospital at Home)

- Providing hospital-level treatment for patients at home. Working with community partners to provide home-based solutions. Using technology to remotely monitor patients health.
- Aiming to discharge patients earlier from hospitals, improve patient outcomes by allowing them to recover in their own environment, and reduce hospital admissions/ re-admissions.

Home Visits and Patient Monitoring

- Clinicians conduct home visits when necessary, with medical procedures ie blood work etc.
- Patients are reviewed daily, ensuring regular check-ins and adjustments to their care plan.
- Consultants lead the daily reviews and expertise in patient care.

Personalized Approach and Flexibility and Adaptability

- Acknowledge need to take flexible approach due to varying patient needs/ circumstances.
- Virtual Ward option discussed with patients prior to discharge, always the patients choice.
- Evolve the approach based on patient feedback, ensuring best-suited individual care.

The Technology...

- The current device is like an attachable patch worn on the chest, similar to an Apple Watch, monitoring vital signs like blood pressure and heart rate.
- Addressing privacy concerns, it was explained only vital signs data is transmitted.

Currently there are 3 types of virtual wards:

- Antibiotics Ward (20 capacity) – team providing home-based antibiotic treatment.
- GPN (45 patient capacity) – Working with Great Peterborough Network and community partners to address emergency admissions and provide home-based solutions.
- Digital Tech Ward (30 patients capacity) – Where clinicians are equipped with devices to monitor patients remotely, enabling early intervention if deterioration occurs.

Sensory Impairment Partnership Board feedback...

- A** To make the device more user friendly suggested considering different colours and material tactile alterations?
- A** Clearly explain clicking significance which enables wearer to know if the device is correctly attached, rather than it sounding broken to someone with visual impairments.
- A** WW suggested NWAFT involve the RNIB product testing team for further evaluation.
- A** VS said the technology sounded like what has for supporting diabetes that also connects to the hospital and has been positive – reducing hospital trips is very good for anyone, especially people with visual impairments. Welcomed the device and sounds very usable for the majority of visually impaired people. Suggested bump stickers are a good, low cost solution to assisting in the placement of device.
- WW mentioned many Apps are not screen reader accessible, resulting in the screen reader reading buttons or graphic, rather than saying what the button/ graphic is for. Has software development been done to ensure App is screen reader accessible?

Q Would patients need to hear well/ see well for virtual wards to be a suitable option?

- A** Staff communicate daily with patients but have various pathways in place to support different ways of communicating with people depending on what is required. For patients communicating through BSL work with CDA, have Sign Live, Text talk options, Language Line.
- Organisations highlighted the importance of Text to Talk services for many people with sensory impairments, as means patients retain information reducing anxiety.

Q How do virtual wards fit with the new Accessible Information Standard Framework?

- A** Plan is for virtual wards to accommodate many diverse communication preferences. The framework allows for flexibility in how information is exchanged, ensuring patients can choose their preferred form of communication. For instance, wearable device apps can operate seamlessly in the background without requiring direct patient interaction. As virtual wards and virtual ward tech is in early stages, development ongoing.

Q As reliant on blue tooth does patient need to keep a mobile on their person at all times?

- Q** When onboarding patients, process is to sit, talk and explain before deciding a virtual ward is a suitable option for a patient. Then would go through a set up stage together including downloading the app onto the mobile phone. JD confirmed that has been wearing a device herself for a week and found when did not have her phone on her it automatically reconnected with no problems. And if does cut off temporarily the patient will be ok, devices are there to assist with regular observations only ie like on a hospital ward.

However by the device requiring a mobile/ reasonable connection some people are then automatically ruled out, so considering alternative devices.

Q If signal drops out is patients put at risk? What is the back up plan for this situation?

Q In case of signal dropout, patients are not put at immediate risk as the device uploads data via wifi to our system. While it's a 24-hour monitoring device, the patients we're monitoring don't require critical care or ICU monitoring. Currently, monitor patients for 12 hours a day, and if there's a signal issue, it alerts us. Would then contact the patient to check ok. If can't reach them or if there's a problem, we conduct a welfare check by visiting the patient. Additionally, we contact their next of kin to ensure there are no concerns on their end. If cant gain access to property and had concerns would escalate to police/ ambulance service.

Before implementing monitoring, we assess if the patient's home environment can support it and if they're willing to participate. It's a collaborative decision, and if it's not suitable or if the patient declines, we wouldn't proceed.

Q Can a few apps be connected to blue tooth at once ie this device and NHS hearing aids?

Q Not aware of any problems with this but as in early stages will ensure this is tested out.

➤ Jess Weeds (CCC) Wavelength & Sustainable Tech for Good receive technical donations from local businesses and that is then shared with small services. Maybe worth contacting?

Q Do virtual wards cover general health conditions? Who is eligible to be on a virtual ward?

Q Patients being discharged from the Accident & Emergency Department are eligible and those referred by the General Peterborough Networks (GPN).

Limited by areas as funding is coming from Cambridgeshire and Peterborough CCG so depends on where patient lives (there are talks of Lincolnshire funding coming).

Patient scope is broad, currently have patients aged between 37-91 years old (18+years eligibility). Focusing on frailty and general medicine such as COPD, heart failure patients. We're also developing pathways to involve specialties and an pediatric virtual ward.

Q Concerned by lack of visual inspections on patient safety?

A Approx. 20% deterioration for frail patients and less than that for patients in general health medications virtual wards. Very aware of potential challenges but actually mobility and bed sores is reduced ie 72year old male mobilized himself 5hours at home versus 20mins would have been encouraged to move around in hospital ward. Additionally, do home visits and collaborate with district nurses ensuring patients receive necessary care and support.

Actively developing a surgery pathway aimed at discharging patients earlier post-surgery, facilitating recovery in the comfort of their homes. This involves close monitoring for any signs of infections, which we can detect through remote patient observations.

The device monitors patients vitals continually during operational hours from 7am to 7pm and with 4 regular checks throughout the day, healthcare providers track vital signs and observe any changes that may indicate deterioration. For example, if a patient's heart rate or other vital signs show concerning trends over time, further assessment is initiated.

In cases where patients show signs of deterioration or worsening health, appropriate action is taken ie patient seen by a healthcare provider, either virtually or in person, for a

more comprehensive evaluation. If necessary, patients may be readmitted to the hospital for closer monitoring and treatment.

While the goal is to provide 24/7 monitoring, staffing limitations currently restrict this capability. Between 7pm and 7am patients would need to seek emergency 111 or 999.

Q Are people on virtual wards tied to their house?

A No the idea is that patients are able to be more able move around more than if were in a hospital ie the device is mobile so can pop to the shop or to the chemists

Q Virtual Ward medical notes added to National Health Records, can you access on NHS App?

Q No, medical notes from a Virtual Ward aren't added to National Health Records or accessible on the NHS App. When discharged from a virtual ward, a discharge letter is sent directly to the GP, detailing any changes in medication or treatment received. However, this information isn't available on the NHS App unless the GP offers such a service. Different systems are used by hospitals and GPs, so direct integration isn't standard. The discharge summary is available to the GP, ensuring continuity of care, but access is restricted to relevant healthcare professionals.

As seeking to refine the technology to better serve patient needs and enhance monitoring capabilities for healthcare providers, the NWAFT Team thanked everyone for their suggestions and criticisms. **Action: Arrange for NWAFT Virtual Ward Team to return in approx. 6months.**

6) Any Other Business

Addenbrookes Hospital are reviewing their policy around assistance & guide dogs. Requesting anybody who has assistance or guide dog and would like to be involved in reviewing, updating and improving their policy to get involved. **ACTION: Share Angie Ridleys contact details (Head of Patient and Public Involvement, Addenbrookes Hospital).**

Date of next meeting

Date: Thursday 23rd May 2024.

Time: 11am to 1pm, (10am onwards Independent Members Pre-meeting).

Venue: To be confirmed.