County Mental Health Action Group Meeting

17th August, 2016 Locality Questions

Locality	Questions
Ashford	How do KCC see the future of the AMHP service since centralisation of the service?
Canterbury	1) There is concern about staff wellbeing and patient safety with the current shortages in staffing in CMHT. Canterbury has the highest referral rates in the County and clients are not being allocated care co-ordinators. A number of KMPT services have ring fenced caseloads but CMHT seems to be asked to take on everything else. It should be capped at 40 but is currently 70. How is this situation being addressed? 2) Still awaiting on appropriate response on transport question from Malcolm McFrederick. A further email has been sent on 3/8/16.
Dartford, Gravesham & Swanley	None
Dover, Deal & Shepway	Recurring gridlock problems during Operation Stack. When Operation Stack is in place the Crisis service should be given authority to be a blue light service to enable them to get around town a lot quicker as they are saving lives.
Maidstone /Weald	None
South West Kent	Concerns around accessing the Crisis Team and response times. A service user gave examples of being given incorrect information on who to contact when in crisis. There was general confusion around who to contact and when, i.e. Crisis Team, CMHT, SPoA. There needs to be clearer guidance given."
Swale	None
Thanet	None
Medway	A carer reported difficulties accessing an urgent prescription for PRN medication from the Medway Crisis Team and the Single Point of Access (SPoC). No reply from the Crisis Team and SPoC could not get through either, they advised he should keep trying or go to Medway A&E. The carer chose not to go through A&E 24 Hour Liaison as this is known to escalate the situation. He tried Sittingbourne hospital but they unable to help as their MEDOCC (Medway On Call Care) Team only had two nurses who could not write prescriptions. He eventually got the prescription from Shepway hospital. This local pathway worked much better. The Care coordinator has agreed to provide a letter to use as evidence of needing PRN for future use. This is a good way forward as it takes pressure off CMHT/Crisis/Liaison could it be written into Care Plans?