Minutes from Brighton and Hove Older People's Council (OPC) Meeting 28.1.25

Present: Mary Davies (Chair), Sara Fulford, Bernadette Kent,Cllr Ty Galvin, Michael Creedy, Keith Jago, Cllr Kerry Pickett, Doug Thompson, Malcolm Campbell, George Coomb,Khalid Al, Cllr. Maureen Winder Richard Howard, Jacqueline Yeates, Fran Vickers, David Holland, Marian Adler, Ken Kirk, Patricia Geeson,Lina Talbot, Gaynor Lewis-Smith,Paul Stewart, Peter Huntbach, Mo Marsh Geoffrey Bowden, Jo Clarke,(Age UK)

On line meeting, technology did not work satisfactorily. Sincere apologies to Cllr Miller and Heidi Harwood. Will look at hiring an owl to improve microphone and sound system for nest meeting.

Apologies Robert Brown,

1. **Age and Dementia Friendly City Survey.** Davina de Lazlo brought paper copies of the survey and will **welcome returns to the town halls at Brighton or Hove until 7.2.25.** The online closing date is now passed, but it is important to get as many views as possible on what is needed to achieve an age and dementia friendly City.
   Sara has collated **themes which have arisen from the OPC over time and will sent to Davina** who will also take these into account in analysis of feedback.

2. **Dr Khalid Ali** Consultant geriatrician at Princess Royal Hospital, BSUHT and researcher and Senior lecturer Department of Geriatric Medicine, Brighton and Sussex Medical School,

   Dr Ali spoke on Research into Management of Medication on discharge from hospital.

   Mis- management of medicine, resultant harm and lack of review has been found to be a contributory factor in health deterioration, and sometimes hospital readmissions after discharge. How medicines are managed in the first 8 weeks following discharge are critical. Side effects can emerge and patients may stop taking medication.
   Most people going into hospital are given more medication, and existing medications are often not properly reviewed. 1 in 3 people readmitted to hospital in the first 8 weeks had significant medication related harm. Although studies were taken from local & UK hospitals, it is recognised that this is also a international problem recognised by the WHO.
   Dr Ali gave detail of the research and variables considered and this can be viewed via Healthwatch where there is open access to papers.
   Highest risk patients for not managing medication are those living alone, those on polypharmacy (more than 8 different medications), those on blood thinners, people with poor sodium levels prior to discharge, and blood sugar lowering medication. **A risk prediction formular has been developed** which, if

adopted could help predict and prevent harm by investing in adequately educating and involving properly the patient and family and carers at an early stage The research is ongoing and international: some patients receiving intervention through education on the wards and medication reviews early on post discharge ;and a control group of patients. Such Studies are already evidencing that medication related harm post discharge is preventable.
Dr Ali Would like to see a model of proper medication intervention and review when people are discharged within 2 weeks period following hospital discharge.
Algorithms are showing that this is not yet common amongst all the medical professions and pharmacists
The cost benefit analysis to persuade government/ NHS to adopt risk assessing and preventive measures more widely ,is still being researched and calculated in order to further evidence the benefits.
Feedback has shown the variability of experience at discharge -waiting in discharge lounges -sometimes for medicatio, might be a time where more effort could be put into medication education.

Feed Back/ Questions /Comments from the OPC members present included:

TG: Common experience of discharge is that it is rushed and often too early when people still feel unwell. There is a need for more 'step down' / rehab beds. Instead, they have been closed. Dr Ali agreed but the ability to influence this is beyond scope of research.

MC explained hospital **admission for him resulted in being discharged as insulin dependent but had only been shown how to take blood tests and inject himself 2 hours prior to discharge**. It needed explanation and assistance to learn much earlier illustrating the variability of experiences at discharge.

MA felt medicine management intervention is not useful at point of discharge when people are still ill, but **community follow up with a proactive medication optimisation would be important .GP training?** A proactive stance is needed.

LT suggested copy of discharge info on peoples phones, and discharge letters are important. **Possibly even small video recordings** for people to take away with them. Discharge letters are useful but often incomplete/ difficult to understand.

KP Could this be nationally rolled out intervention/ required review of medication? However it won't be accepted until completely evidenced re: its cost effectiveness and risk prediction tool has been validated with higher numbers ,funding and replication of the research.

KJ Has the cost of not intervening to review medications been calculated?
There is an ongoing international study to try to evidence this, with a control

group and a group which has medicine review intervention following discharge: Australia, Cairo and some hospitals in the UK being involved.
VC Is having a medication review a right which we can demand? She expressed regret about not having had this in relation to her mothers' death where she felt medication was a contributory factor.
Tendency of people to take ongoing medication because 'they must help if the doctor gave them to me'.
The new Dean of the local medical school with a GP background will be likely to help push for medication reviews, as he recognises the importance.
The control survey group findings will also help evidence the need for this. It was pointed out that pharmacists on hospital wards are often helpful and can help review medications.
PS has experienced many recent hospital admissions with very variable discharge experiences. Some rushed, some good. He suggested that the **whole discharge experience should be a variable that is considered,** not just in relation to medication. If the person is discharged when still feeling unwell- their capacity to process information may be compromised.
It was pointed out that **pharmacists on hospital wards are often helpful and can help review medications with the patient.**
Dr Ali agreed and there is a clear need to work collaboratively with patients and their relatives/carers as time waiting in discharge lounges could be used better to help prepare patients.
As patients might notice problems following discharge, but then can't always get a timely GP appointment to help review their medications.
MA- Are patients involved in reviewing the study? At least one on the group, but Dr Ali welcomes any lived experience feedback eg such as from our group today.
JC- added that **other professionals** eg physios, **care staff who are involved** eg staff from Age UK **can help by spotting if medications are being taken correctly/ or need prompting for review.**

Dr Ali was applauded and thanked for his interesting talk and research. There is open access to Dr Ali's research papers through Healthwatch.

3. HealthWatch

3 members of our local Healthwatch team were present at the meeting including Dr Ali who reminded us of the **importance of feeding back to Healthwatch on our experiences of local Health and Social Care services. Current Healthwatch projects** and plans are to look at **local dentistry, and also hospital discharge experiences.** E mail for Healthwatch is info@healthwatchbrighton and hove.co.uk Tel:01273234041

4. **Minutes from the Previous Meeting and Matters Arising.** Apols. to Malcolm Campbell, missed off attendees in previous minutes. Otherwise **minutes agreed** as a correct record. Bernadette has contacted Victoria Garcia with **reminder to send us e mails explaining why it is maintained that Western Rd bus stop can not be restored, nor bus along the seafront.** We are still awaiting a reply and will **continue to campaign for these**. Mary has had a recent letter about it published in the Argus. Some members attend Buswatch meetings and were asked to continue to make the case for these **as well as the need for additional bus stop between Steine and St Peters**, understanding that it is a joint decision between the bus company and the council as to where bus stops **are located.**
5. **City Plan Survey.-** Some found it very **difficult to respond to on line.**As it was long and two people lost it before submitting as couldn't save it. **SF and MD submitted OPC response and also free text e mail response.**
6. **LT gets regular council updates including re:consultations. Sent link to sign up to these following the meeting:** https://www.brighton-hove.gov.uk/your-brighton-hove-email-newsletter
7. **Feedback from Other Meetings-**

   Scrutiny : SF People Scrutiny was mostly about Schools admissions, also City of Sanctuary. Health (HOSC) MM Dementia beds discussed- to take forward **asking for EIA** (Equality Impact Assessment). Impact on visitors and right to family life? **Short Term Lets**- KP said now concluded, DT was unaware of final meeting. Await feedback.

   BK attended BMECP meeting for the first time to establish links. Pleased to be invited again 7th March to hear views of elders who attend.
8. **Funding**: We're pleased to have **received £2,000** from Council Fairness Fund. **Still need to give them more detail of planned expenditure.**
   Current balance £5,163.
9. **Website: this is progressing well and already has much more information. Many thanks to Doug.**
10. **Ongoing campaigns**: **Toilets** – further opening hours needed. **Parking: without needing phones**- TG reported that Cllr Trevor Muten is open to suggestion as to roll out to 3 further areas of payment by card. Suggested around hospital (zone C?), and road around George St Hove towards the sea/ Blatchington Rd. Hard to pick areas as **all areas are badly needed**. **Removal of dementia ward beds from B&H**- **KJ** has written asking for EIA. Genuine EIAs showing mitigation response (Equalities Impact Assesssments)- **All attending meetings** to press for these. Also work in progress with B&HCC Equalities Officer.
11. **Thanks to all for attending.**
12. **Next Meeting 18th March. 2pm**.