

**SOUTH WEST STRATEGIC HEALTH AUTHORITY**

Minutes of the **Dorset and Somerset Caring for the Spirit Collaborative** held at **St Margarets Hospice, Yeovil** on **30<sup>th</sup> January 2007**.

Present: Revd Canon Jane LLOYD Poole  
Revd Brian Williams Royal Bournemouth and Christchurch Trust.  
Revd Robert Manning Royal Bournemouth and Christchurch Trust  
Judith Allaway, Crewkerne Community Hospital, South Somerset PCT  
Ms Fay Wilson-Rudd Somerset Partnership  
Ms Julie Vale St Margaret's Hospice, Yeovil  
Revd John Rothewell Yeovil NHS Trust  
Revd Kenneth Coles Somerset Partnership  
Revd Mary Godin Taunton and Somerset NHS Trust  
Revd Eric Holdstock Taunton and Somerset NHS Trust  
Revd Vivien Henderson Taunton and Somerset NHS Trust  
Revd Michael White Mendip Primary Care Trust  
Ms Penny Fennel Dorchester NHS Trust  
Revd Colin Furness Chard Community Hospital  
Ms Judith Lawrence West Mendip PCT

In Attendance: Revd Canon John Foskett Somerset Partnership  
Revd Peter Ellmore Caring for the Spirit Strategy

1. The aim of the day was to offer examples of the formation of multidisciplinary practice for spiritual healthcare and to learn from working practice of others how best to develop services in a changing health economy.
2. Peter Ellmore gave an overview of the sorts of questions that we ought to concern ourselves with when considering how a service is configured in times of change. A Powerpoint file of the slides is attached [D&S Jan 30 2007.ppt](#)
3. Julie Vale offered a presentation summarising some findings concerning the provision of spiritual healthcare for palliative care and end on life patients (less than one year to live) in the Somerset PCT area. The slides from the presentation are attached in a Powerpoint file. [Caring for the Spirit Collaborative](#)
4. John Foskett described the formation and process of the Somerset Spirituality Project and offered some lessons from experience. His handout is included in the attachments to this note [Somerset Spirituality Project - Handout.doc](#)
5. Group discussion centred around the following exercise:
  - 5.1. Imagine your patients.
    - 5.1.1. How do you determine what they need?
  - 5.2. Imagine your service.
    - 5.2.1. How is it organised?
    - 5.2.2. What have you inherited?

- 5.2.3. Have you tested expectations?
- 5.2.4. Do you know what other disciplines are providing?
- 5.2.5. What needs to change in the new reformed NHS.

5.3. Answers from three groups are tabulated below:

Question	Group 1	Group 2	Group 3
How do you determine what they need?	We ask them, We look at ourselves. We listen	Walk-in listening centres in Dorchester and Chard.	a mixed bag of themes and ideas emerged for this group:
How is it organised?	It isn't . It is a scaffold structure on which to build.	By communication – church chaplaincy partnership	1. Exit audit 2. Training Staff 3. Community follow up
What have you inherited?	Some good and some bad	Ignorance – ‘what is spiritual care?’ tends to =religious	4. Spiritual advisors in GP surgeries?
Have you tested expectations?	Whose? Mine, staff, patients and ‘church’	Patient voice – enable it to be heard	5. Diversity ad Equality 6. The Way forward?
Do you know what other disciplines are providing?	Everybody but may not recognise it.	Local Clergy – many churches in a part-time role therefore community based healthcare is an extra pressure.	<i>(Ed: Some more thinking needed?)</i>
What needs to change in the new reformed NHS.	Change at top. Funding Advocacy at SHA and above Clarity Who does it?	Expert patient groups, church awareness, exit audits – ongoing spiritual care.	

5.4. From the above notes a few points arise that merit further work.

- 5.4.1. Spiritual Needs assessment tools and methods
- 5.4.2. Ways to listen to the authentic patient voice
- 5.4.3. Defined/ publicised models of service care.
- 5.4.4. Some spiritual care education for all levels of staff but especially our co-workers.
- 5.4.5. Challenge to expectations by a transparent publicity of our service.
- 5.4.6. Readiness to establish working links with other healthcare disciplines.
- 5.4.7. Strategic methods to enable the benefits of the service to be know and for its needs to be supported and commissioned.

6. The next meeting of the collaborative will be on 22<sup>nd</sup> May 2007. An agenda and details of venue will be circulated in due course.