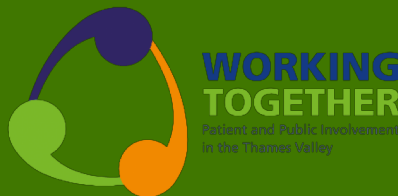


# Working Together: Training and Development Programme | 2020

For healthcare professionals, researchers, patients, carers and the public

## Working Together: Getting it Right

Sian Rees and Douglas Findlay  
26<sup>th</sup> February 2020



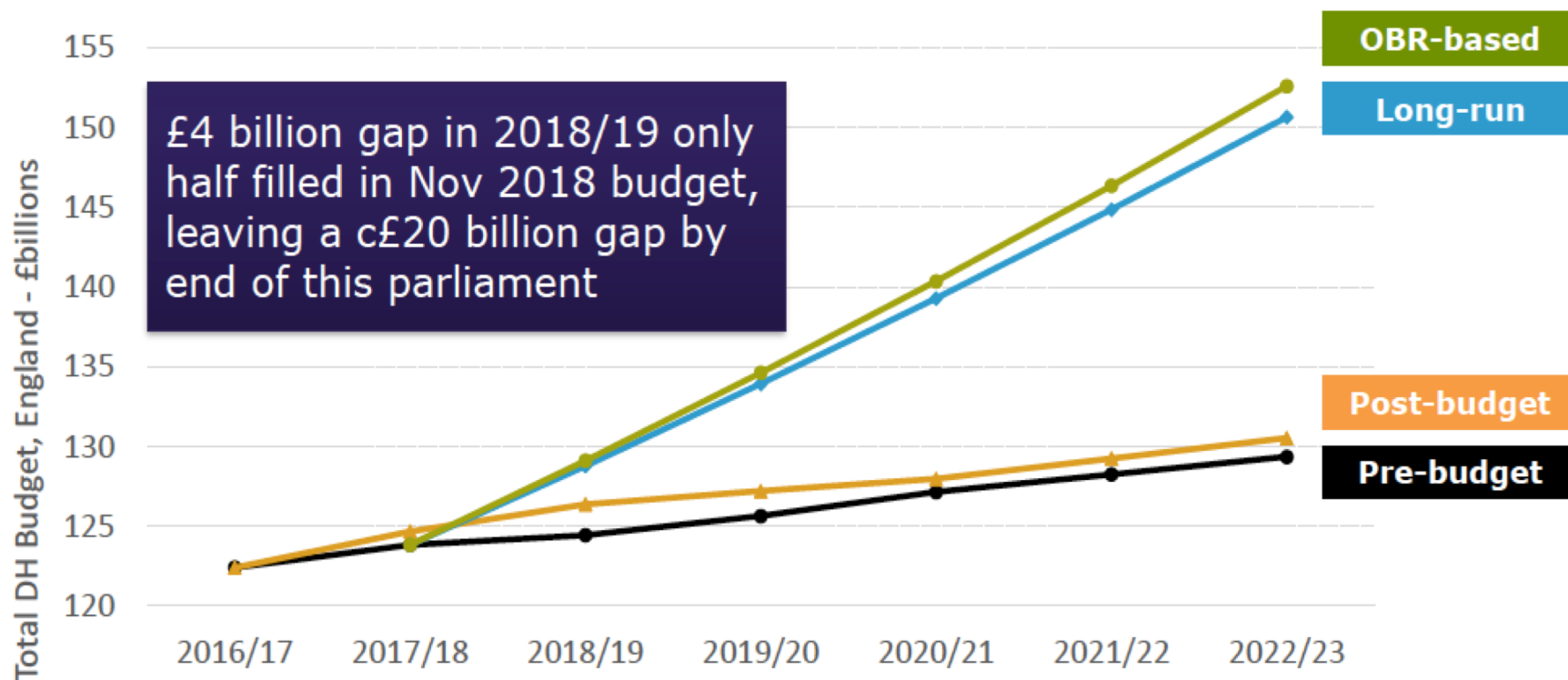
What are the major challenges for  
the NHS ?





# Resource pressures



## The NHS remains in middle of the longest funding squeeze in its history (for now...)



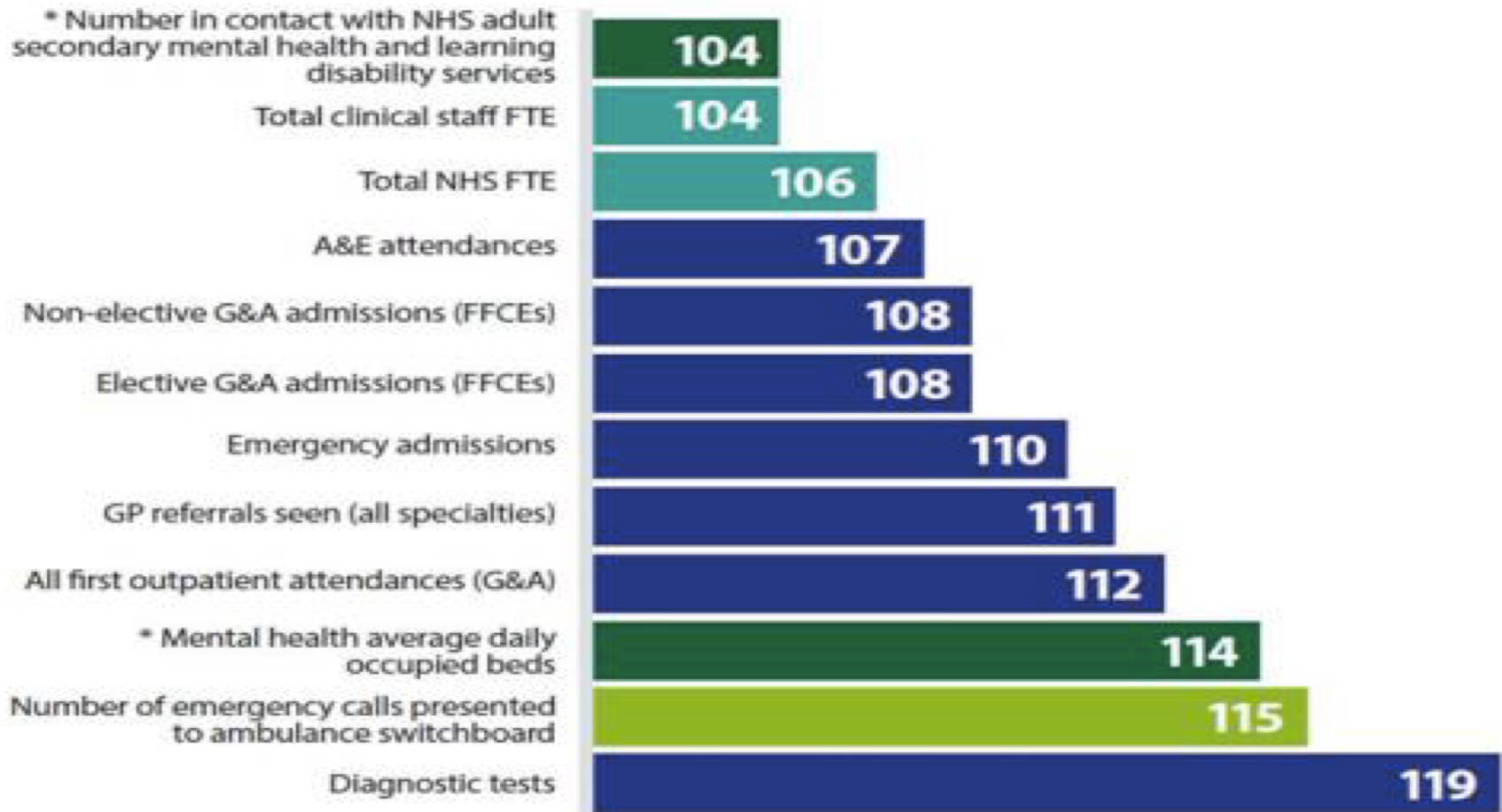
# Demand pressures

## Comparing workforce growth and demand growth between 2013/14 and 2016/17

(baseline year of 2013/14 = 100)

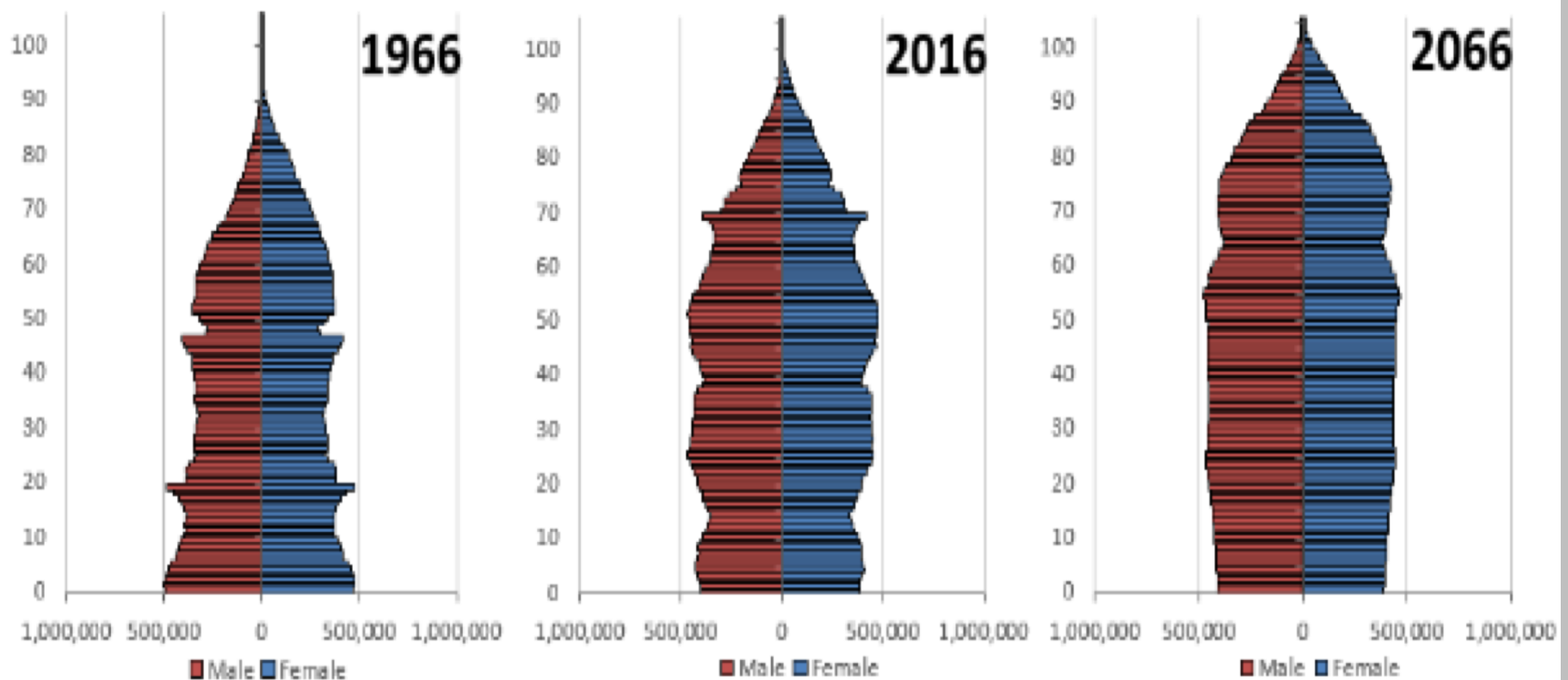
Workforce   
\* Mental health   
Ambulance   
Hospital 

\* Number in contact with NHS adult secondary mental health and learning disability services



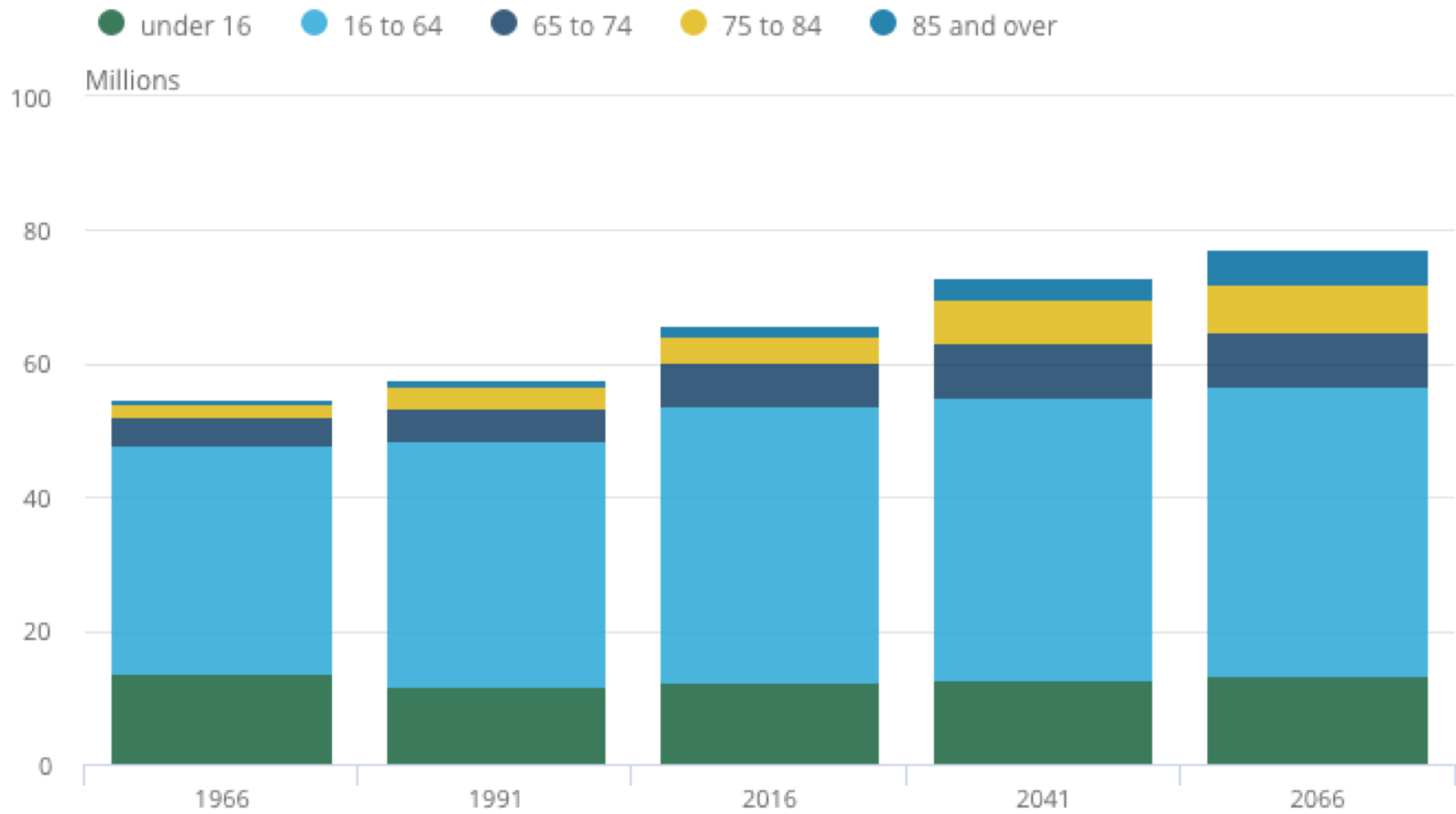
# Demographic pressures

**Figure 1: Population pyramids, 1966, 2016 and 2066 (principal projection), UK**



# Demographic pressures

**Figure 2: Population by age group, selected years, UK**



# Burden of disease

Long Term Conditions:  
30% of Population of England  
(approx. 15.4m people)

Mental health problem  
20% of Population of England  
(approx. 10.2m people)



30% of people with a Long  
Term Condition have a mental  
health problem  
(approx. 4.6m people)

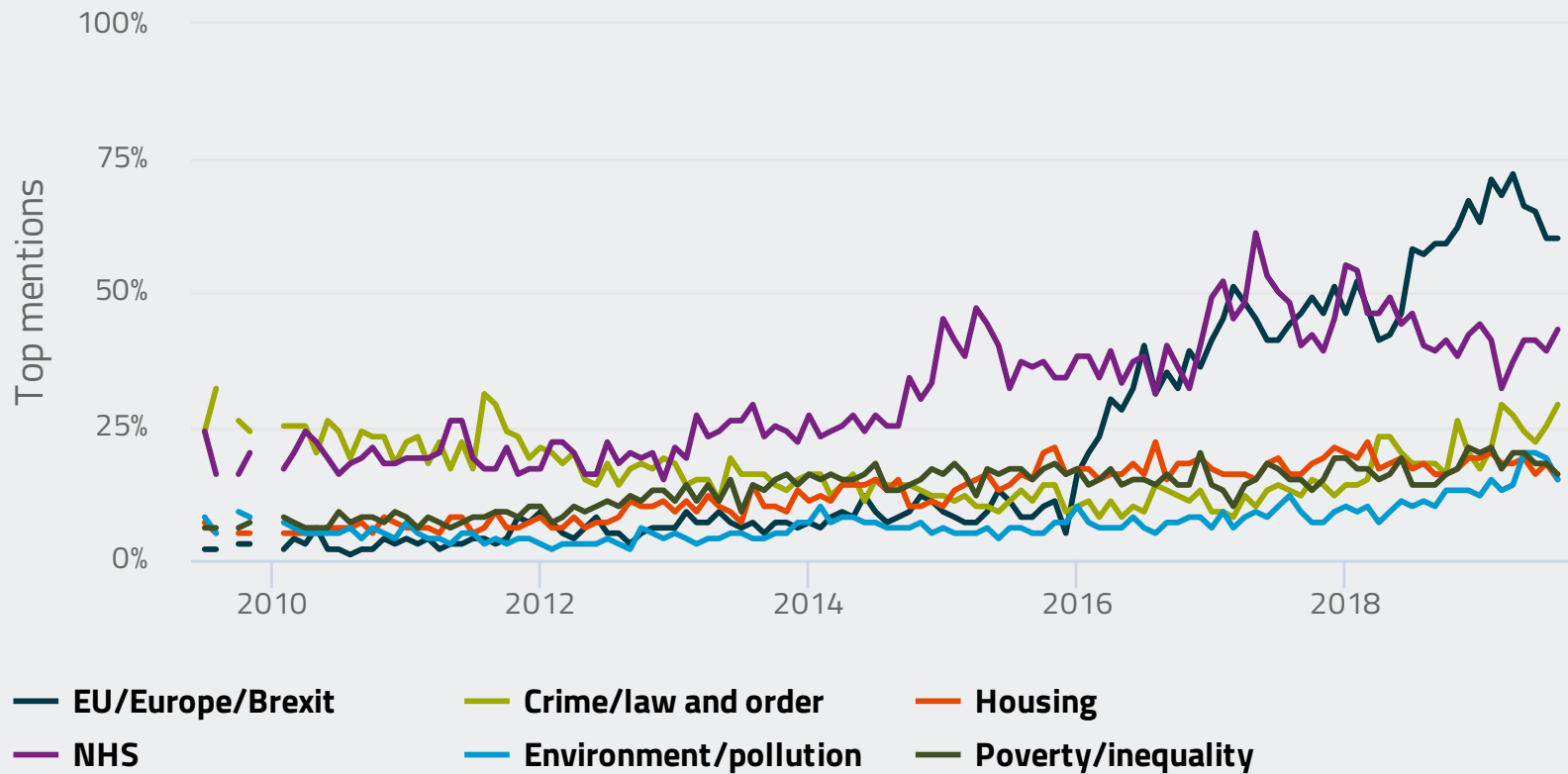
46% of people with a mental  
health problem have a Long  
Term Condition  
(approx. 4.6m people)



# Expectations

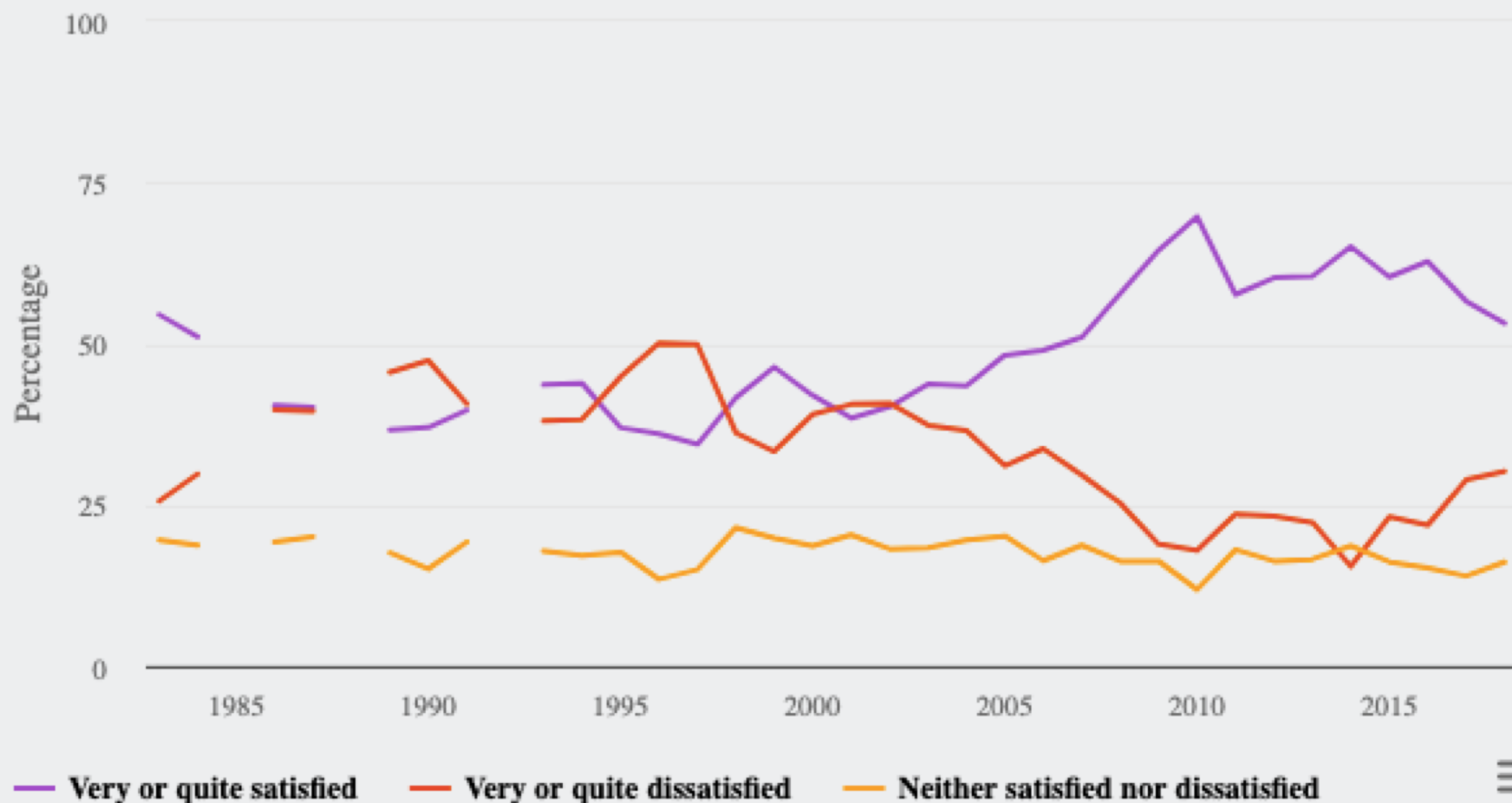


**Figure 1: What do you see as the most/other important issues facing Britain today?**

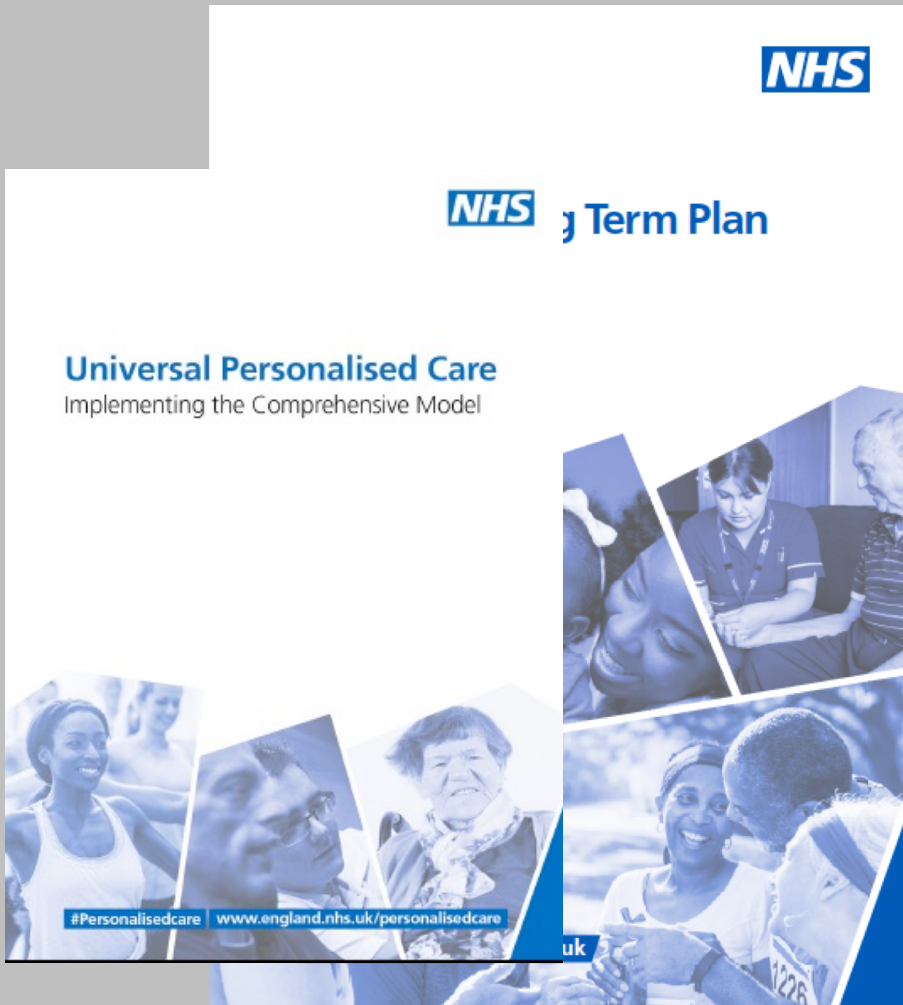


# Expectations

**Figure 2 Public satisfaction with the NHS, 1983-2018**



# Context: Policy Health and Care



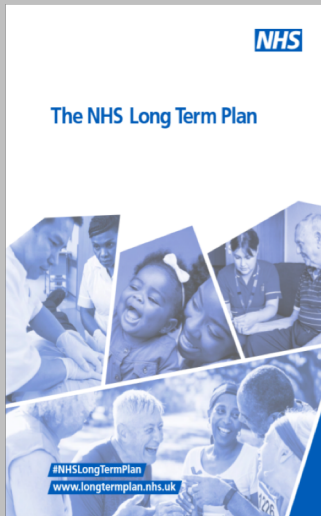
Care that is:

- Personal, based on what matters to you
- Joined up, coordinated (and efficient)
- More in your control
- Deals with life – emotional, psychological, social as well as medical – with a range of support
- Digital platforms and technologies can enable all of this

# Context: Policy Health and Care – Long Term Plan



1 Do things differently, through a new service model



2 Take more action on prevention and health inequalities

3 Improve care quality and outcomes for major conditions

4 Ensure that NHS staff get the backing that they need

5 Make better use of data and digital technology

6 Ensure we get the most out of taxpayers' investment in the NHS

# Context: Policy - Innovation Academic Health Science Networks



2011

Transforming lives through healthcare innovation



2013



# Technology pressures eg 'generation genome'



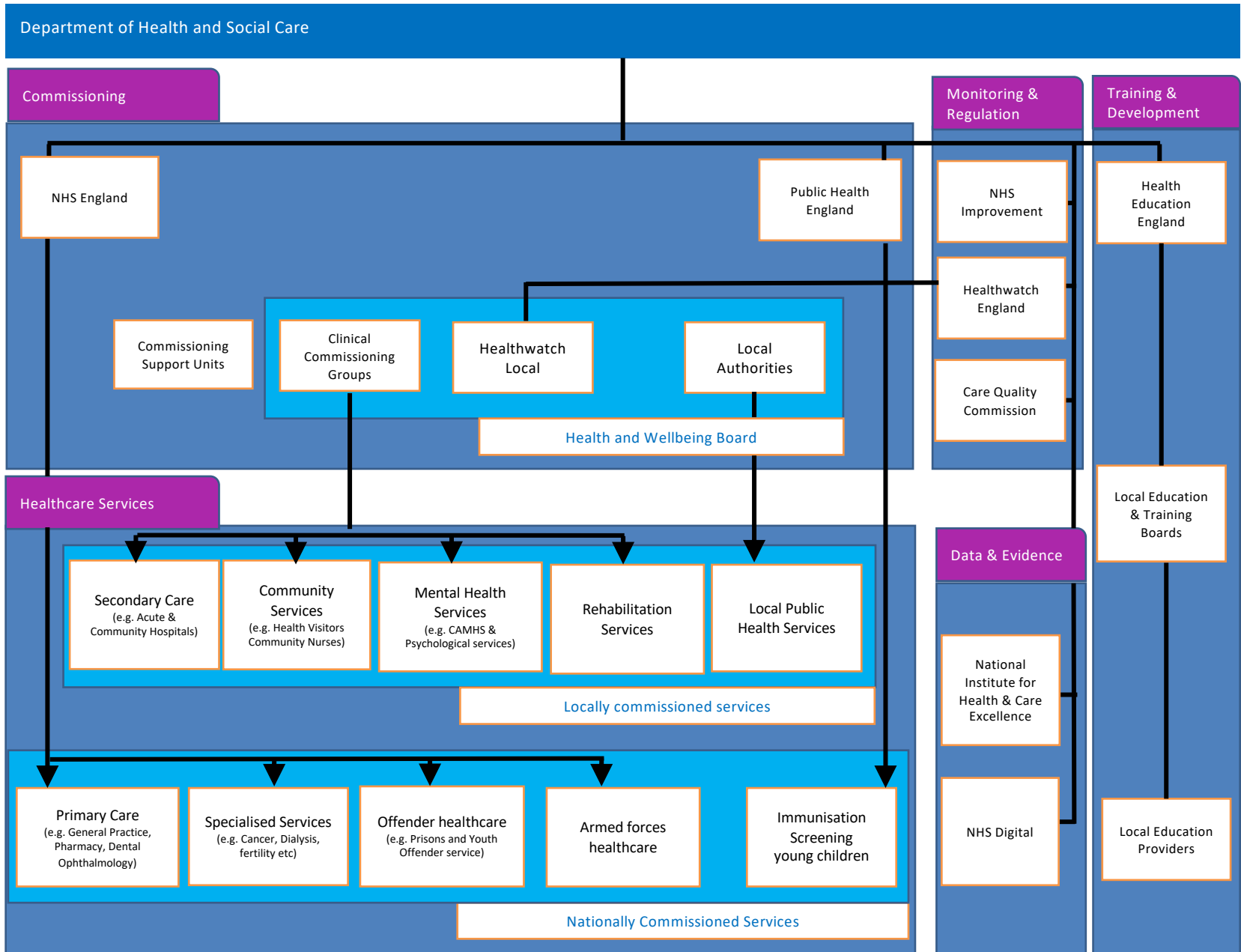
Annual Report of the  
Chief Medical Officer 2016

Generation Genome



"Patients with cancer or a rare disease should have access to genomics-based care, and health and care professionals should consider this as a standard part of their approach."

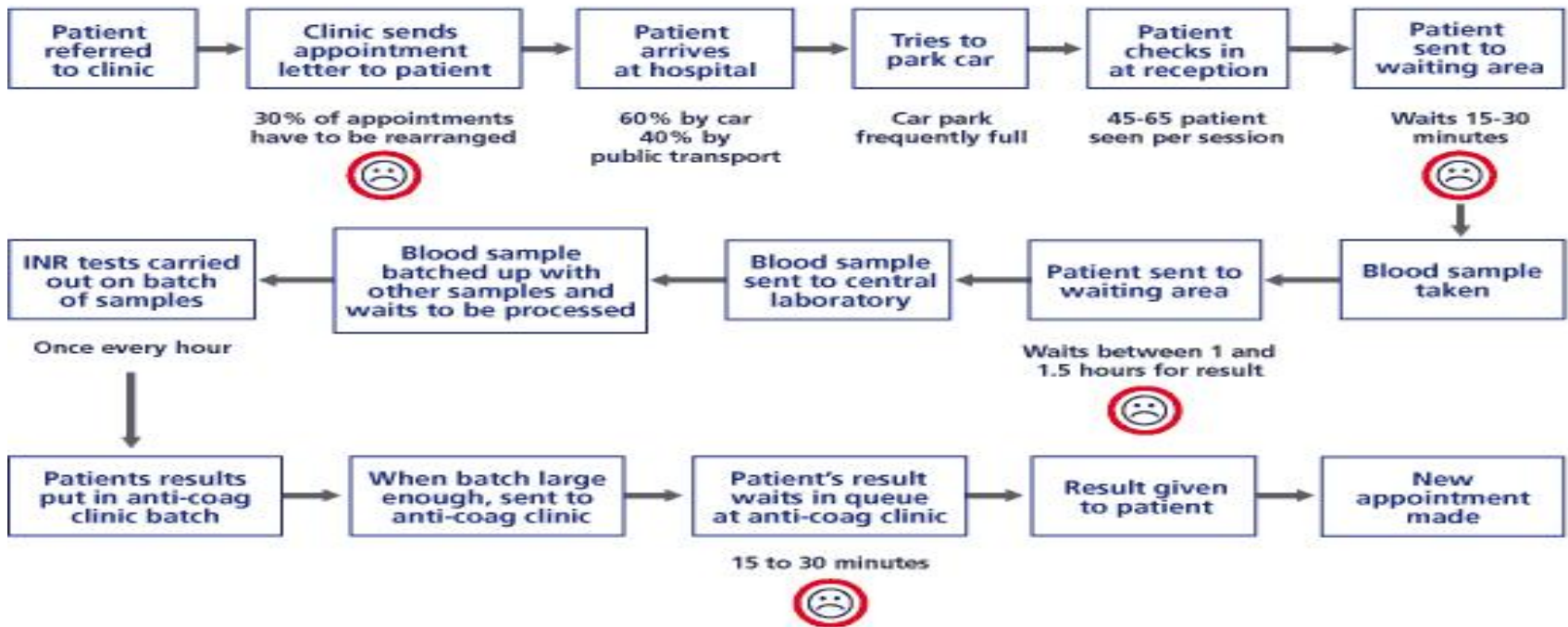
# How the NHS is Structured: overview

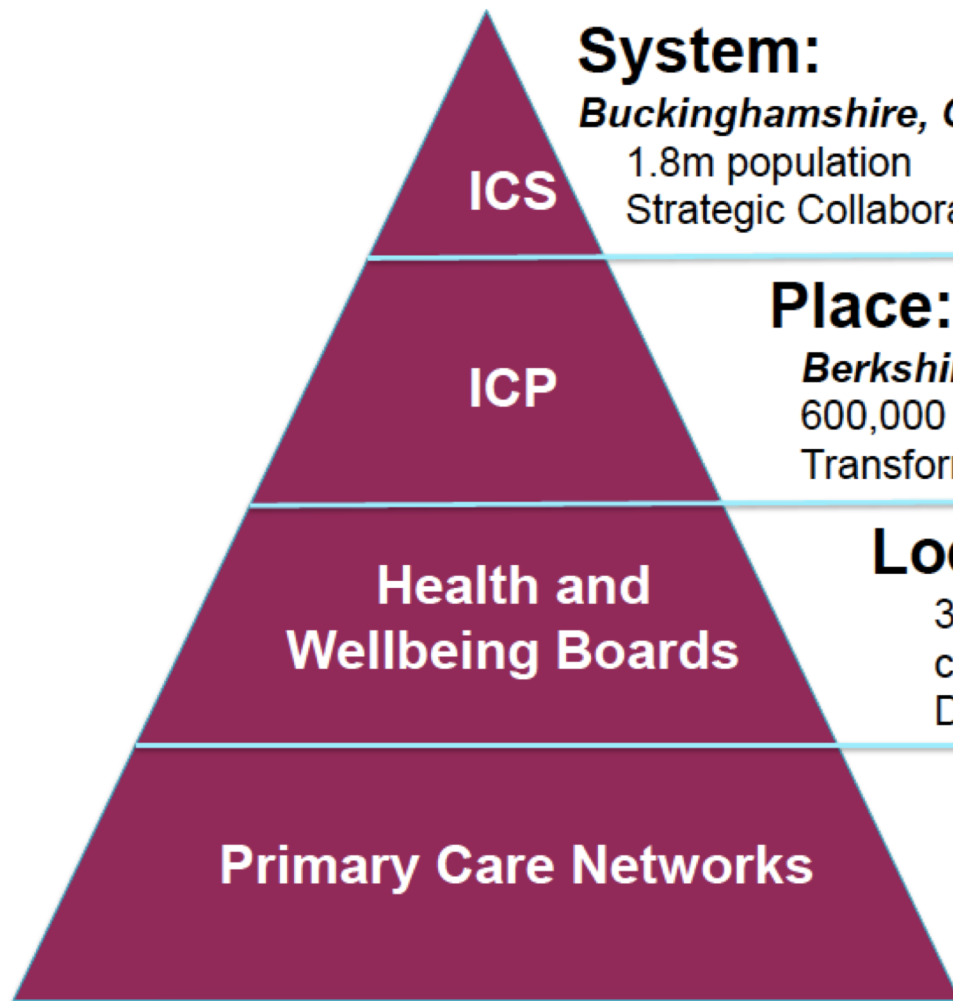




## THE ANTICOAGULANT BLOOD TESTING PROCESS

## THE ANTICOAGULANT BLOOD TESTING PROCESS





## **System:**

*Buckinghamshire, Oxfordshire, Berkshire West (BOB) ICS*

1.8m population

Strategic Collaboration of Partners across scale

**ICS**

## **Place:**

*Berkshire West Integrated Care Partnership*

600,000 population

Transformation and Integration of local services

**ICP**

## **Locality:**

3 localities in line with LA geographies

c.150,000 population

Design of local delivery options

**Health and  
Wellbeing Boards**

## **Neighbourhood:**

14 neighbourhoods

30-50,000 population

Wraparound integrated care

**Primary Care Networks**

# What's happening locally?



- BOB: Buckinghamshire, Oxfordshire & Berkshire West (STP, June 2019 Designated ICS)
- Milton Keynes (Bedfordshire, Luton & MK STP)
- E Berks/Frimley (Frimley Health & Care STP, ICS)
- Swindon (BNSW STP)



# BERKSHIRE WEST Primary Care Networks (PCNs)



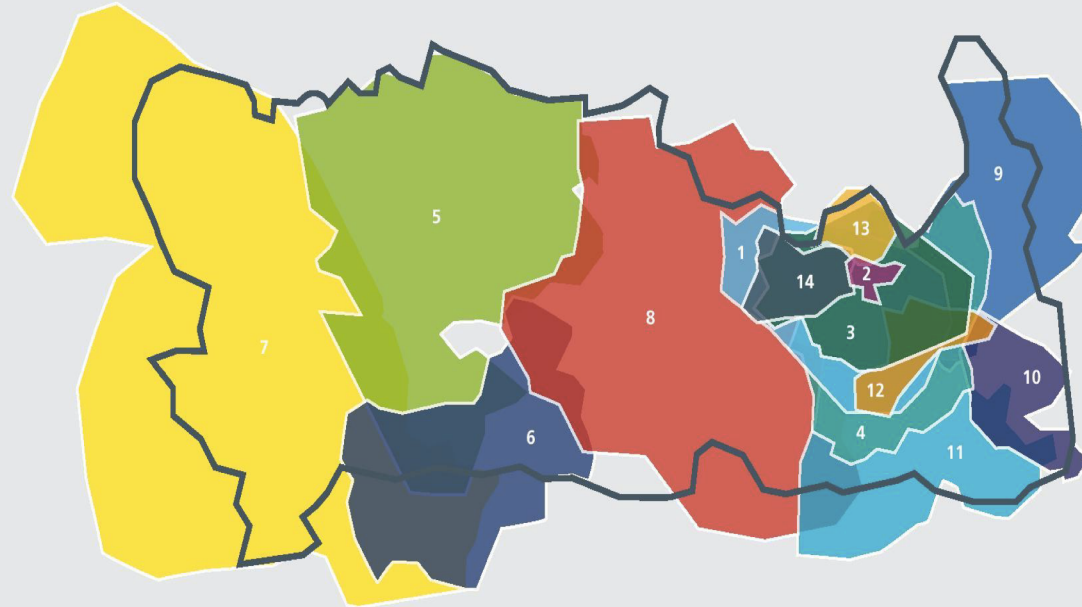
550,000 patients



14 Primary Care Networks



47 practices



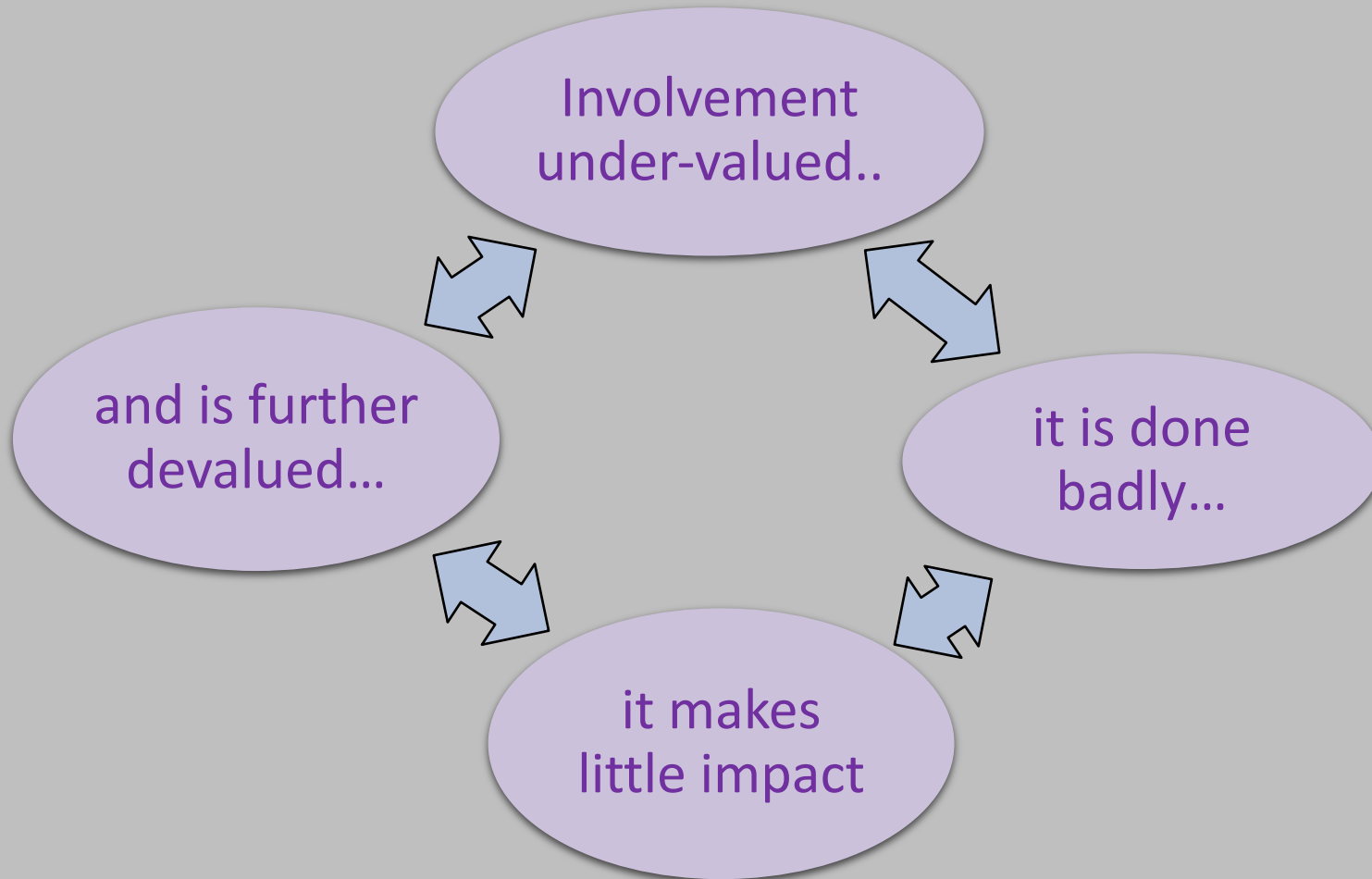
SOUTH READING PCNs		GP PRACTICES
<b>Tilehurst</b>	<b>1</b>	Westwood Road Grovelands Tilehurst Village
<b>Whiteley</b>	<b>2</b>	London Street Milman Road South Reading and Shinfield Longbarn Lane
<b>Reading Central</b>	<b>3</b>	Abbey Medical Eldon Road Chatham Street Russell Street Pembroke Kennet Melrose Reading Walk-in Centre
<b>University</b>	<b>4</b>	University Medical Group

WEST BERKSHIRE PCNs		GP PRACTICES
<b>A34</b>	<b>5</b>	Strawberry Hill Eastfield Downland
<b>Kennet</b>	<b>6</b>	Thatcham Burdwood Falkland
<b>West Berkshire Rural</b>	<b>7</b>	Hungerford Kirtbury Lambourn
<b>West Reading Villages</b>	<b>8</b>	Chapel Row Theale Mortimer Boathouse

WOKINGHAM PCNs		GP PRACTICES
<b>North</b>	<b>9</b>	Loddon Vale Twyford Wargrave Woodley Parkside
<b>East</b>	<b>10</b>	Wokingham Medical Centre Burma Hills New Wokingham Road Woosheill
<b>South</b>	<b>11</b>	Finchampstead Swallowfield
<b>West</b>	<b>12</b>	Brookside Family Practice Wilderness Road

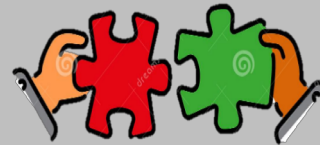
NORTH AND WEST READING PCNs		GP PRACTICES
<b>Caversham</b>	<b>13</b>	Balmore Park Emmer Green
<b>Reading West</b>	<b>14</b>	Circuit Lane Western Elms Tilehurst (Potteries)

# The Tokenism Cycle



# Oxford AHSN Our Approach:

there is more that connects than separates us - services, research, innovation, education, commissioning



## Involvement

- Working with patients, carers and the public to improve care delivery, research, innovation and education for the whole population
- Aims to improve everyone's care, by making it more personalised, more person-centred

## Engagement

- Taking ideas out to patients, carers and the public
- First contact, rather than involving or working with e.g. at festivals or community events

# Oxford AHSN Our Approach:

there is more that connects than separates us - services, research, innovation, education, commissioning



## Experience

- Listening to, and acting on, what patients, carers and the public think and feel
- Collecting, understanding and using patients', carers', the public's and staff's thoughts and feelings about care, research, education and innovation

## Coproduction

“A *relationship* where professionals and citizens *share power* to plan and deliver support together, recognising that *both have vital contributions* to make in order improve quality of life for people and communities”

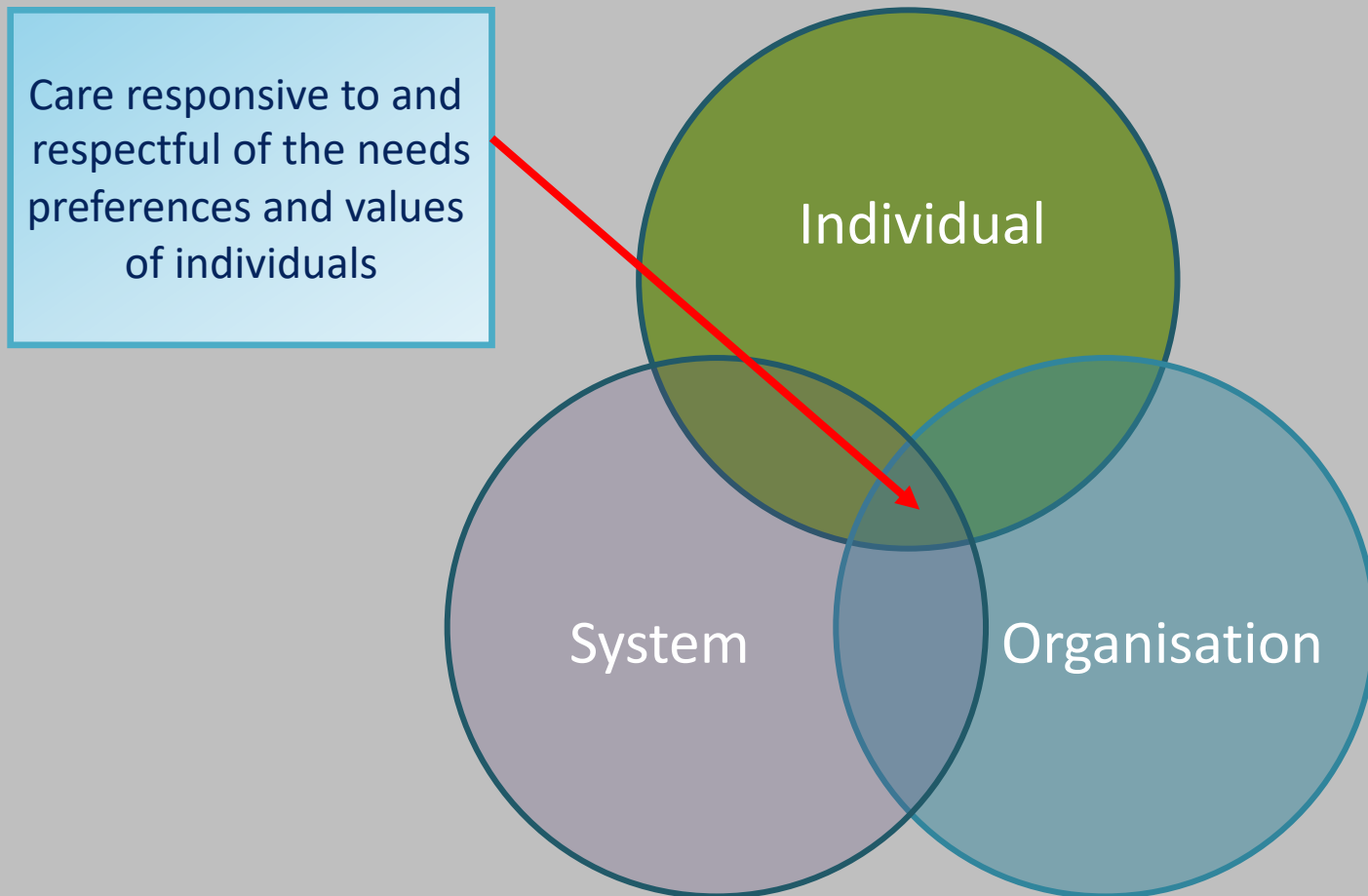
# Person centred care?



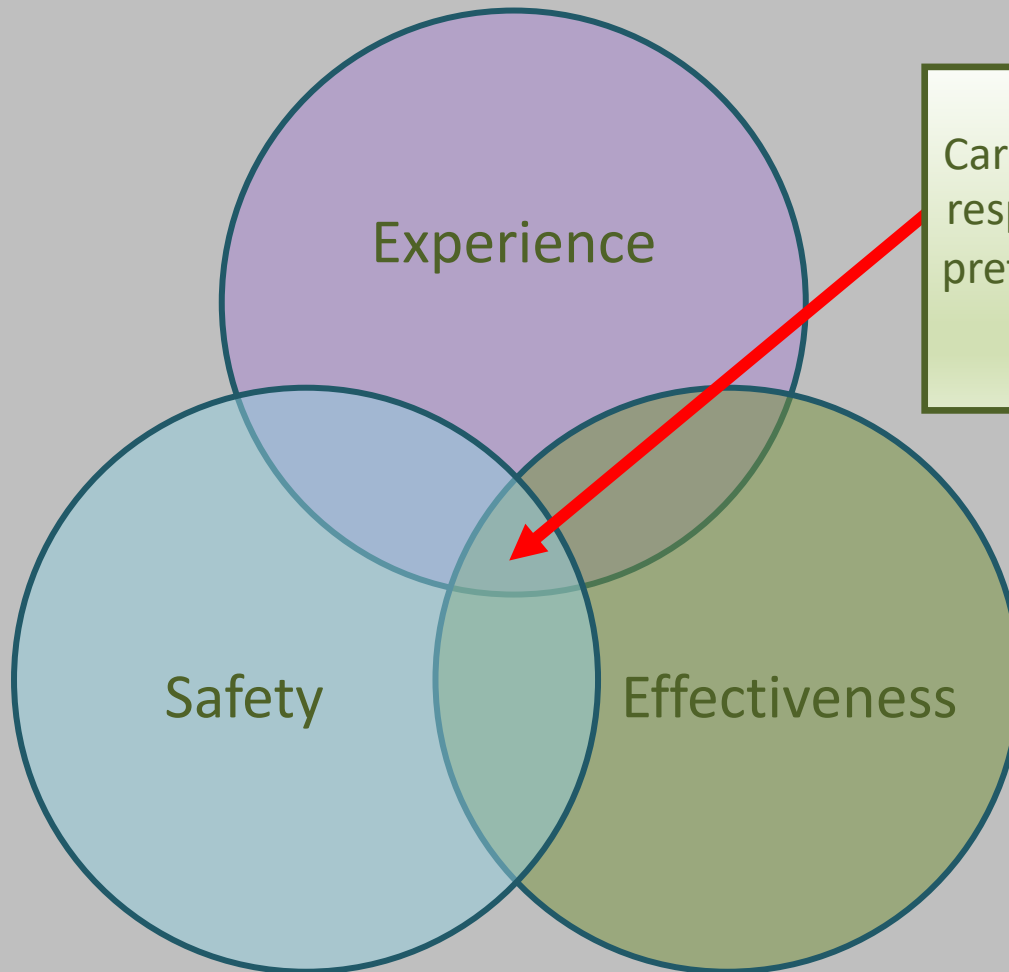
Care responsive to and respectful of the needs preferences and values of individuals



# Person centred care: the *individual*, the *organisation* and the *system*



# Person centred care: central to the quality of care



Care responsive to and respectful of the needs preferences and values of individuals

# Organisational care



*It makes  
difference !*

**Patient experience is positively associated with:**

- self-rated and objectively measured **health outcomes**
- **adherence** to recommended medication and treatments;
- **preventative care** such as use of screening services and immunisations;
- **healthcare resource use** such as hospitalisation and primary-care visits;
- **technical quality-of-care delivery**
- **adverse events**

# Organisational care



*It makes  
difference !*

Patient experience is consistently positively associated with patient safety & clinical effectiveness across a wide range of:

- *disease areas*
- *study designs*
- *settings*
- *population groups*
- *outcome measures*

# Individual care

## Cochrane Review Of Decision Aids



*It makes  
difference !*

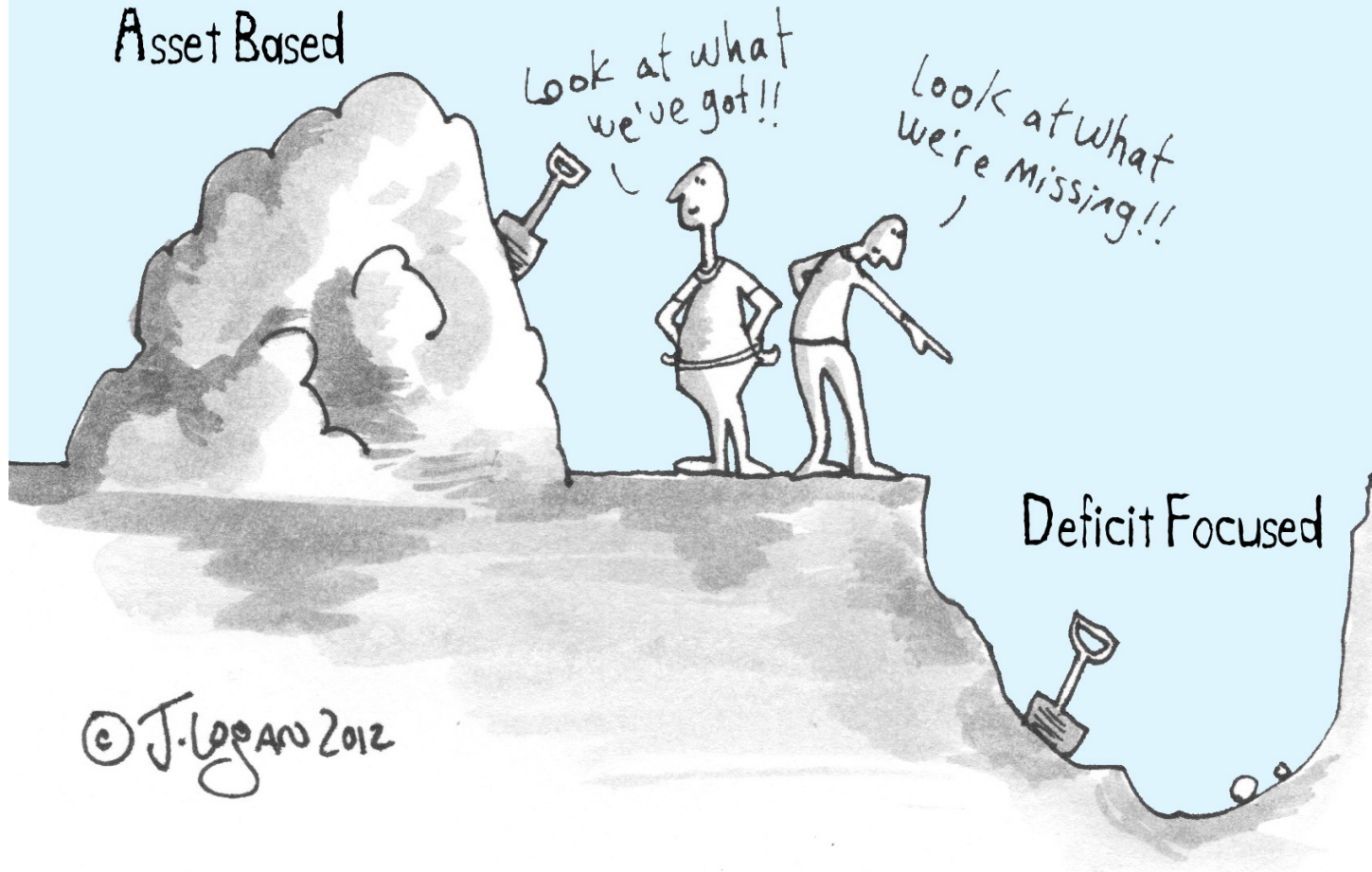
86 trials in 6 countries of 34 different decisions, use has led to:

- Greater knowledge
- More accurate risk perceptions
- Lower decision conflict
- Greater participation in decision-making
- Fewer people remaining undecided



# Appreciative Inquiry

Asset Based



© J. Logan 2012

# Appreciative Inquiry Core Philosophy



**Whatever you want more of already exists in a group or an organization**

**Key question:**

- **What works well around here?**

# Appreciative Inquiry: assumptions



- In every group or organization, something works
- What we focus on becomes our reality, if we look for problems, we will find them and make them bigger
- The act of asking questions influences the group in some way, the language we use creates our reality
- It is important to value differences and to recognize that reality is created in the moment
- People have more confidence to journey to the future (the unknown) when they carry forward parts of the past (the known). If we carry forward parts of the past, they should be the best bits



# Lincoln Memorial



# Lincoln Memorial



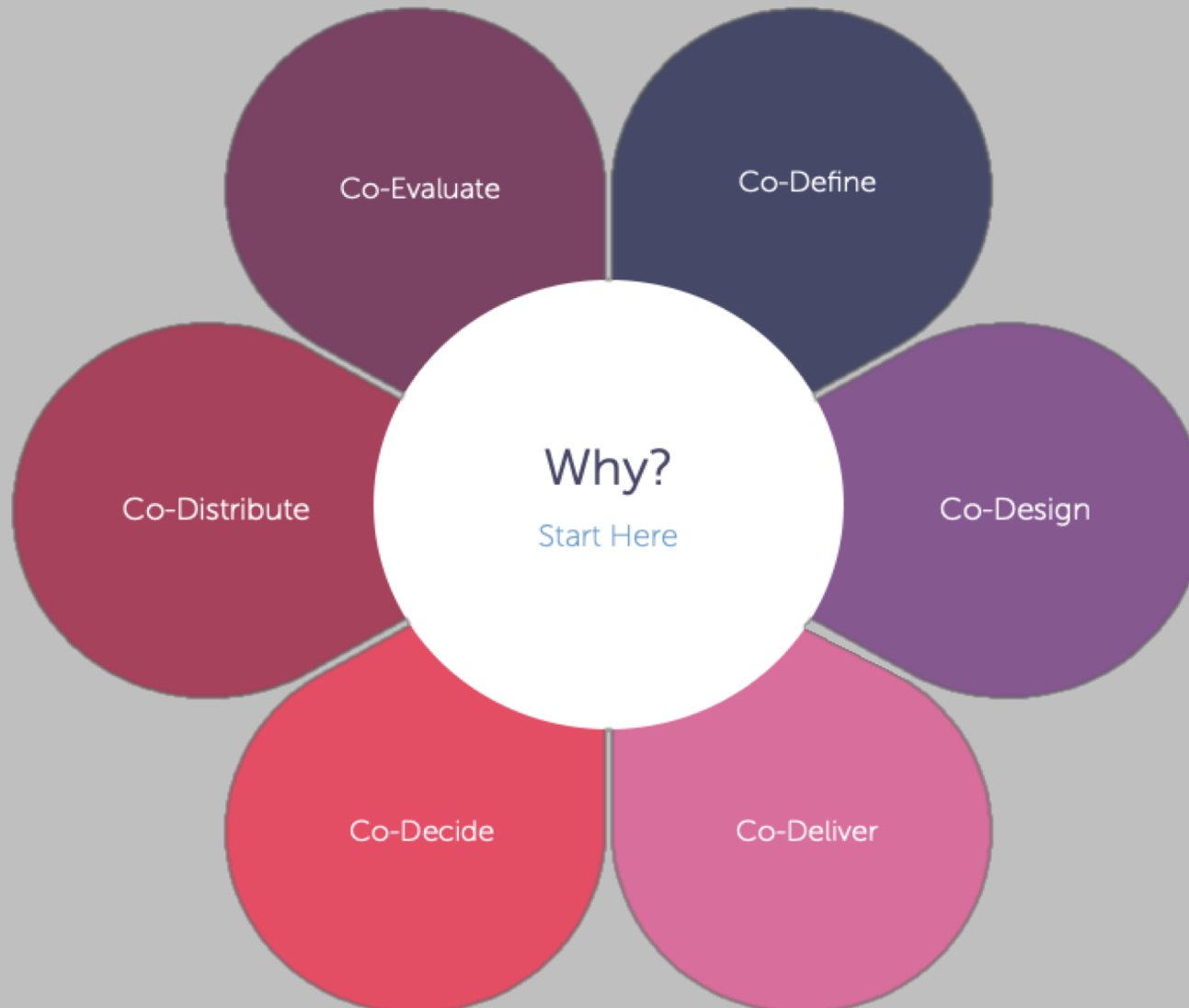
Clarifying the problem	Cause
Erosion more rapid than expected	Why
Caustic cleaning agent	Why
Starling & sparrow droppings	Why
Food source – spiders	Why
Food source – midges	Why
Behaviour – light source	Why
Time of turning the lights on	No specific or required why

# Lincoln Memorial - summary



Observation	The Lincoln Memorial is eroding more rapidly than expected	Problem
Problem	The lights are being turned on too early.	Root Cause
Solution	Turn the lights on 20 minutes later.	Solution

# The Spectrum of Coproduction



# Co-production: the components



**Why?**

# Why are you involving people: what skills or experience do you need?

## Skills or experience

- **What it is like to have a specific condition, use a specific service, be part of a particular community**

Experts by experience



- **Representation for a specific condition or community:**  
patient/public organisations  
or groups eg charities



- **Views outside the system:**  
General public, citizens, lay  
people



- **Involvement methodology:**  
professionals who work in  
involvement



# Ways to reach people



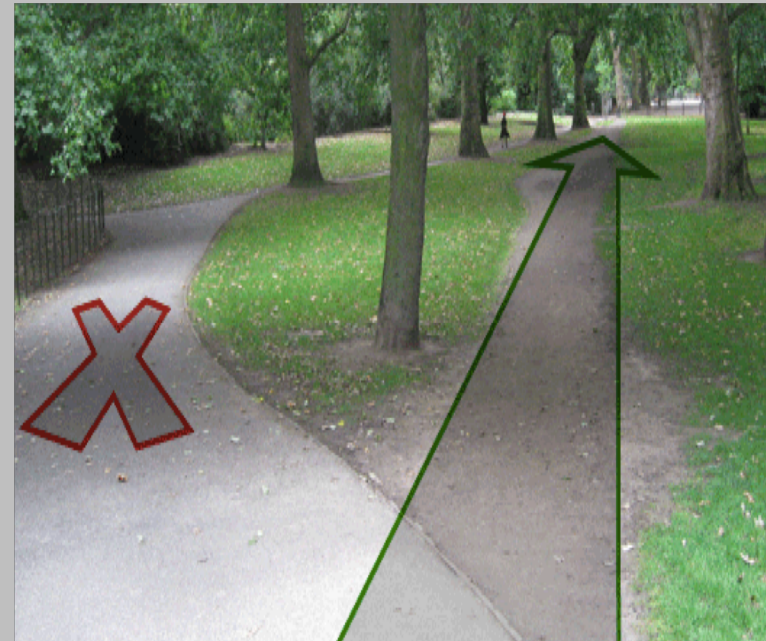
Type of person	Ways to reach them
<ul style="list-style-type: none"><li>• <b>Experts by experience:</b></li></ul>	<ul style="list-style-type: none"><li>• Healthcare professionals</li><li>• CVSE organisations and charities</li><li>• Organisational website</li></ul>
<ul style="list-style-type: none"><li>• <b>Patient/community groups:</b></li></ul>	<ul style="list-style-type: none"><li>• Local CVS umbrella organisation</li><li>• Local groups eg PPGs a BME community group</li><li>• Consumer health groups eg Healthwatch</li><li>• National Voices - coalition of charities</li><li>• AMRC – research charities</li></ul>
<ul style="list-style-type: none"><li>• <b>General public, citizens</b></li></ul>	<ul style="list-style-type: none"><li>• Personal connections, social media, public engagement events or even people on the street etc etc</li></ul>
<ul style="list-style-type: none"><li>• <b>Involvement methodologists</b></li></ul>	<ul style="list-style-type: none"><li>• Trust/CCG engagement/experience leads</li><li>• INVOLVE - part of the National Institute for Health Research</li></ul>

# Using Experience





## Desire paths



# Why observation matters – patient experience







# Experience based co-design



## Range of improvement activities:

- clocks;
- privacy after diagnosis;
- sleep and light/noise;
- hair-washing, belongings following the patient....

## 48 improvement activities in total:

- 21 small scale changes
- 21 process redesign within teams
- 5 process redesign between services/activities
- 1 process redesign between organisations

# What staff said..

*'So I can see that this person is not only a human being, but he is also a father, he is a son, he is a brother, he is a friend, he is a cousin, he's a plumber or an electrician, he is a sportsman, he has an interest in horse riding, whatever it happens to be. He has a dog, he has a budgie, he has plans, he has expectations, he has regrets, he has feelings.'*

*'I have already changed the way I think and care for patients even though we haven't started implementing changes yet. I have a better understanding now of how things are from the patients' perspective.'*

*'An extremely valuable learning experience. I am a better nurse because of it.'*



# Experience is not same as satisfaction



*“The other thing I didn’t raise and I should have done because it does annoy me intensely, the time you have to wait for a bedpan. ....elderly people can't wait, if we want a bedpan it’s because we need it now. I just said to one of them, ‘I need a bedpan please.’ And it was so long bringing it out it was too late. It’s a very embarrassing subject, although they don't make anything of it, they just say, ‘Oh well, it can't be helped if you’re not well.’ And I thought, ‘Well, if only you’d brought the bedpan you wouldn't have to strip the bed and I wouldn't be so embarrassed.’*

## Patient survey

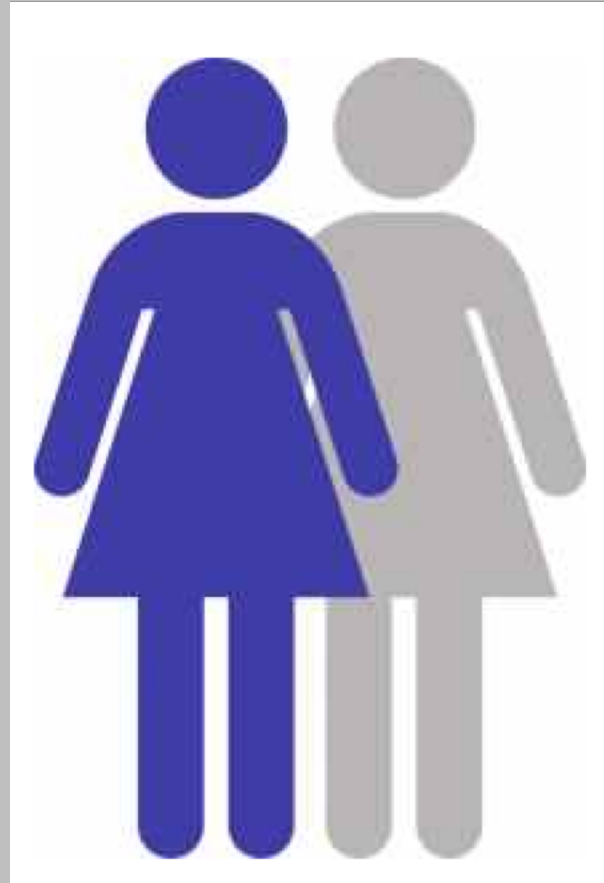
Overall, did you feel you were treated with respect and dignity while you were in hospital?

**Yes, always**

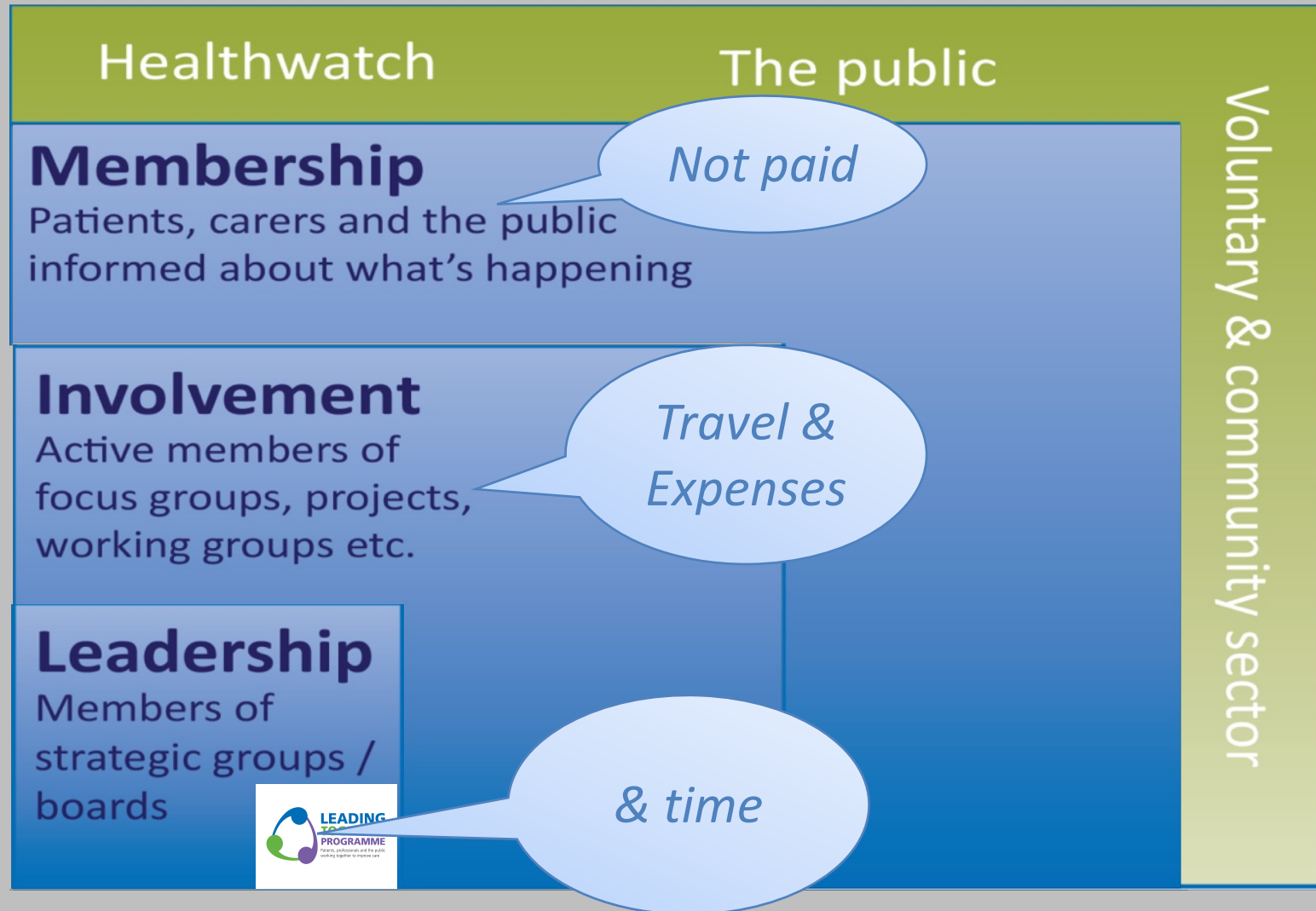
Overall, how do you rate the care you received?

**Excellent**

# Patient (and staff) shadowing



# The payment question





# Top Tips



- Be mobile and prepared to go where people are
- Don't expect people to come to you
- Find out what people are interested in and work from there
- Be open to new ideas
- Beware the 'gatekeepers'
- Take a broad view of what is representative

# Top Tips



- Be aware of your language and how you communicate
- Manage expectations
- Keep a handle on the practical and often small
- Remember to feed back

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**Thank You!**  
**Have a safe journey home**



**WORKING  
TOGETHER**  
Patient and Public Involvement  
in the Thames Valley