

# “Putting people at the centre of care”

Allied Health Professionals, Healthcare Scientists and Pharmacists

## “Rhoi Pobl wrth Galon Gofal”

Gweithwyr Proffesiynol Perthynol, Gwyddonwyr Gofal  
Iechyd a Fferyllwyr



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# Foreword

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Dear Colleagues,

The theme of this year's publication is "Putting People at the Centre of Care".

Our intention is to provide an opportunity for us all to consider and reflect on the services we deliver from a patient's perspective. The brochure describes examples of how we work with patients, service users and carers as our equal partners in delivering outcomes that matter to them most. To this end, several of the sections have been co-authored by service users. This reflects the reality of what it is like to participate in the services we provide. It gives us a more rounded picture and a better understanding of our current services, so that together we may make better choices with patients, service users and carers on how we deliver care and develop our services in future.

Frequently the view presented of health care provision is very much focussed on the work of doctors and nurses. However, there are more than 60 other clinical professions involved in preventing ill health, diagnosing and treating disease, and caring for patients. This brochure highlights a selection of the truly patient-focussed work of Therapists, Healthcare Scientists, and Pharmacists. These highly-valued staff frequently work in multidisciplinary teams and therefore their work often 'goes under the radar'. Nonetheless, even if their work is unacknowledged by the patients they serve, it is critical to the health and wellbeing outcomes that matter to them the most. Their work is also central to the delivery of Cardiff and Vale UHB's "Shaping our Future Wellbeing" strategy and our mission of "Caring for People, Keeping People Well"

This brochure is the third document in a series describing the work of our staff through a prudent healthcare lens. The examples it contains show how we have adopted Welsh Government's prudent healthcare principle of healthcare professionals working with citizens as equal partners through co-production of care and co-creation of services.

Our staff groups are regulated by the Health and Care Professions Council, the General Pharmaceutical Council and profession-specific, accredited voluntary registers. They provide a range of diverse services across the whole spectrum of primary, secondary and tertiary healthcare. Their work spans life-long care from maternal and newborn care, through adolescence into adulthood and care after death. The varied services they deliver include public health, health screening, monitoring, a wide range of child and adult diagnostic, therapy, rehabilitation and treatment services including medicines management.

Once again I am immensely proud of the outstanding work that our therapy, healthcare science and pharmacy teams undertake to consistently deliver outcomes which truly matter to the citizens they serve. We have many exemplar services which have won prestigious awards both nationally and internationally. These awards have recognised that our patient-focussed problem solvers have much to offer with prudence and innovation at the heart of the way they deliver care to patients.

I am also profoundly grateful to the patients, carers and service users who have contributed to this document. Together we make better choices which ensure the continued delivery of high quality, patient-centred healthcare at such a challenging time.

Therefore by working together, co-producing care and co-creating services with patients, we are making better choices and delivering health and wellbeing outcomes that matter to the people we serve as partners in care. By making this a core value of our work I am sure both now, and in future, we will always put people at the centre of care.



**Fiona Jenkins**  
**Executive Director Therapies**  
**and Health Science.**



# Rhagair

Annwyl Gydwethwyr,

Thema cyhoeddiad eleni yw "Rhoi Pobl wrth Galon Gofal".

Ein bwriad yw rhoi cyfle i bawb ohonom ystyried a myfyrio ar y gwasanaethau a ddarperir gennym o safbwynt y claf. Yn y llyfryn hwn ceir enghreifftiau o sut yr ydym yn gweithio gyda chleifion, defnyddwyr gwasanaeth a gofalwyr fel ein partneriaid cydradd er mwyn rhoi'r canlyniadau sydd bwysicaf iddynt hwy. I'r perwyl hwn cafodd llawer o'r adrannau eu cydysgrifennu gan ddefnyddwyr gwasanaeth. Mae hyn yn adlewyrchu'r realiti o beth y mae'n ei olygu i gyfranogi yn y gwasanaeth yr ydym yn ei ddarparu. Mae'n rhoi darlun mwy cyflawn a gwell dealltwriaeth i ni o'n gwasanaethau presennol, fel y gallwn gyda'n gilydd wneud gwell dewisiadau gyda chleifion, defnyddwyr gwasanaeth a gofalwyr ynglŷn â sut y darparwn ofal a datblygu ein gwasanaethau yn y dyfodol.

Yn aml mae'r darlun a gyflwynir o ddarpariaeth gofal iechyd yn canolbwyntio'n fawr ar waith meddygon a nyrsys. Fodd bynnag, mae dros 60 o broffesiynau clinigol eraill yn rhan o atal afiechyd, diagnosio a thrin clefydau, a gofalu am gleifion. Mae'r llyfryn hwn yn dangos detholiad o'r gwaith claf ganolog gwirioneddol a wneir gan therapyddion, gwyddonwyr gofal iechyd a fferyllwyr. Bydd yr aelodau staff hyn a werthfawrogi yn fawr yn gweithio mewn timau amlddisgyblaeth ac felly yn aml ni chaiff eu gwaith lawer o sylw. Serch hynny, er na chydabyddir eu gwaith gan y cleifion a wasanaethir ganddynt, mae'n hollbwysig i'r canlyniadau iechyd a lles sy'n fwyaf pwysig iddynt. Mae eu gwaith hefyd yn ganolog i gyflawniad strategaeth "Siapio ein Lles i'r Dyfodol" BIP Caerdydd a'r Fro a'n cenhadaeth "Gofalu am Bobl, Cadw Pobl yn Iach"

Y llyfryn hwn yw'r drydedd ddogfen mewn cyfres sy'n disgrifio gwaith ein staff drwy lygad gofal iechyd darbodus. Dengys yr enghreifftiau sydd ynddo sut yr ydym wedi mabwysiadu egwyddor gofal iechyd darbodus Llywodraeth Cymru o weithwyr gofal iechyd proffesiynol yn gweithio gyda dinasyddion fel partneriaid cyfartal drwy gyd-gynhyrchu gofal a chyd-greu gwasanaethau.

Rheoleiddir ein grwpiau staff gan y Cyngor Proffesiynau Iechyd a Gofal, y Cyngor Fferyllol Cyffredinol a chofrestrau gwirfoddol achrededig proffesiwn-benodol. Maent yn darparu ystod o wasanaethau amrywiol ar draws y sbectrwm cyfan o ofal iechyd sylfaenol, eilaidd a thrydyddol. Mae ein gwaith yn rhychwantu gofal gydol oes - o ofal mamolaeth a newydd anedig, drwy'r arddegau hyd at fod yn oedolyn a gofal ar ôl marwolaeth. Mae'r gwasanaethau amrywiol a ddarperir ganddynt yn cynnwys iechyd cyhoeddus, sgrinio a monitro iechyd, ac ystod eang o wasanaethau diagnostig, therapi, adfer a thriniaeth plant ac oedolion sy'n cynnwys rheoli meddyginiaethau.

Unwaith eto rwy'n falch iawn o'r gwaith ardderchog y mae ein timau therapi, gwyddorau gofal iechyd a fferylliaeth yn ei wneud i roi'r canlyniadau sy'n bwysig iawn i'r dinasyddion a wasanaethir ganddynt. Mae gennym lawer o wasanaethau sy'n batrwm i'w dilyn ac sydd wedi ennill gwobrau o fri yn genedlaethol a rhyngwladol. Mae'r gwobrau hyn wedi cydnabod bod gan ein datrysyr problemau sy'n canolbwyntio ar y claf lawer i'w gynnig gyda darbodusrwydd ac arloesedd wrth galon y ffordd y maent yn darparu gofal i gleifion.

Rwyf yn eithriadol ddiolchgar i'r cleifion, gofalwyr a defnyddwyr gwasanaeth sydd wedi cyfrannu i'r ddogfen hon. Gyda'n gilydd gwnawn well dewisiadau sy'n sicrhau bod gofal iechyd o ansawdd uchel, sy'n canolbwyntio ar y claf yn parhau ar adeg mor heriol.

Felly, drwy gydweithio, cyd-gynhyrchu gofal a chyd-greu gwasanaethau gyda chleifion, rydym yn gwneud gwell dewisiadau ac yn rhoi canlyniadau iechyd a lles sy'n bwysig i'r bobl a wasanaethir gennym fel partneriaid mewn gofal. Drwy wneud hyn yn werth creiddiol yn ein gwaith rwy'n sicr y byddwn bob amser yn rhoi pobl wrth galon gofal, nawr ac yn y dyfodol.



**Fiona Jenkins**  
**Cyfarwyddwr Gweithredol**  
**Therapiau a Gwyddor Iechyd.**

# AHPs, Healthcare Scientists and Pharmacists Working with patients, service users and carers as equal partners to deliver outcomes that matter to them most

## My Wound and I: the Patients' Perspective



*Patient in clinic is shown progress in healing of her wound*

Clinical photography plays a valuable role in multidisciplinary wound management. Access to accurate, standardised images provides healthcare professionals with clear visual evidence of the effects of treatment and management over time.

While it is easy to discern the clinical benefits of medical photography and its uses from a healthcare perspective, it is also important to consider the thoughts of the patient in order to provide a high quality service.

A survey was carried out in a UHW wound management clinic to gather the opinions of patients regarding the uses of wound photography and to determine whether patients have a preference to who takes their photographs or the device used to record the images (e.g. digital cameras, camera phones, other connected devices).

More than half of the participants who had seen their clinical images agreed that viewing the photographs encouraged them to follow treatment advice, and a greater number thought that they helped to observe how their wound had changed over time. All participants thought that clinical images offered a more comprehensive record of their wound when used in conjunction with measurements and written descriptions, and a majority felt that photography of

their wounds was helpful in monitoring healing progression. Patients also indicated that they thought clinical images were beneficial for research and teaching other healthcare professionals. These findings give an insight into the patients' perspectives of wound photography which can be useful when developing and delivering the service within the NHS. Participants indicated they were very happy with the current clinical photography service, and that clinical images play a valuable role in wound management.

## Newborn bloodspot screening – more than just a test!

Newborn bloodspot screening is considered to be one of the most successful public health programmes of the 21st century.

Phenylketonuria (PKU) is an inherited metabolic condition and untreated babies / children have severe intellectual disability, seizures, and autistic-like behaviours. Screening for PKU began in the late 1960s here in the UK. Approximately 80 babies are identified annually, and these babies receive dietary input and frequent biochemical monitoring from diagnosis at approximately 2 weeks of age and throughout their lives.



*Patient with PKU being shown her blood phenylalanine results. This patient was monitored closely throughout her pregnancy by Dr Stuart Moat*



When a female PKU patient is planning a pregnancy, dietary control is even more crucial, as it is well documented that increased maternal blood phenylalanine levels during pregnancy are teratogenic (harmful to unborn babies). This results in growth retardation, developmental delay, and birth defects in the offspring of women with poorly controlled PKU.

It is important that women of childbearing age with PKU receive counselling before conceiving, as encouragement and support in compliance with the diet and supplement regime results in better control of blood phenylalanine levels, and ultimately a better outcome for the baby.

Here in Wales, maternal PKU patients are closely monitored with frequent blood tests. Once these results are available the Dietetic Team is able to modify the patient's diet and supplement regime during the preconception period and throughout pregnancy to ensure the best outcome for the baby.

Overall the success of this service relies on a multidisciplinary team approach including laboratory, psychology and dietetic health care professionals in partnership with patients.



*The perfect outcome!*

## The Use of a Set of Outcome Measures in the Occupational Therapy Hand Therapy Service



*Patient rated outcome measures are taken alongside traditional objective measures*

It is an essential part of the therapy process to evaluate the effectiveness of any intervention on the patient's condition. This in turn will help guide prospective treatments for other patients, and demonstrate the role the therapist plays in the patient achieving a favourable outcome following a hand injury.

Measurements of the state, progress or outcome of a patient's condition are many and varied within healthcare. There has been a longstanding use of physical measures such as goniometry (a measurement of the motion of a joint), grip and pinch strength, and sensibility in hand therapy. However, patient perception of ability is now widely accepted as having at least equal value to such clinical measures.

In order to evaluate outcomes of patients with a variety of hand injuries, a core set of outcome measure consisting of objective and patient rated measures has been trialled within the OT Hand Therapy service, Cardiff Royal Infirmary. The aim is to provide a more holistic overview at the conclusion of therapy intervention. The routine use of these measures in clinical practice will increase focus on the patients' perceptions of their treatment and prove valuable in enhancing the audit process and ongoing service improvement.

## The Role of the Scrub Operating Department Practitioner in Robotic Assisted Laparoscopic Prostatectomy



*ODP David Neathey preparing the robot for the next patient*

The role of the Scrub Operating Department Practitioner (ODP) is to support the surgical team in preparing surgical equipment, to ensure availability and sterility of equipment, and ensure the team possesses the technical skills in order to provide safe and effective patient care. In addition to this, the team needs to be able to convert to an open procedure in an emergency.

The team needs to be aware of spatial configuration, ensuring optimal positioning of the patient, robot and other equipment such as the console and stacking system which are essential components of the Da Vinci XI surgical robotic system.

There is a vast amount of equipment for this speciality, due to the uniqueness of this procedure, therefore meticulous administrative skills are needed to ensure the continuous supply of equipment.

Due to increasing demands of the service, it is essential that there is continuous mentorship in place in order for the robotic service to continue. The robot can appear daunting at first, but part of the role of the scrub ODP is to instil confidence and transfer essential skills.

Small incision and scar, shorter stay in hospital and less pain afterwards are some of the benefits of Robotic Prostatectomy.

Since 2014 when we rolled out our Robotic service, we treat an average of six patients a week and work with teams from Swansea and Newport. Patient feedback has been positive. We are committed to improving our service over the coming years.

More than 350 patients have been treated since it was launched in September 2014 with patients experiencing a much less invasive procedure and results showing less complications and a speedier recovery.

Alan Blackham, aged 60 from Creigiau, had the surgery in March and now acts as a 'buddy' for other men going through the process. He was surprised at how quick he and other patients were recovering from the surgery.

He said: "It was great seeing the other guys getting over it so quickly, it really helped. Everyone was coming to see me afterwards - all I could think about was having a curry. Everything was brilliant.

"The surgery and support was brilliant. It has been a great big support group."

## Neuropsychiatry Speech and Language Therapy Service: Understanding Brain Injury Programme (Neustart)

Working collaboratively with staff and service users, the Speech and Language Therapy (SLT) Service within the Welsh Neuropsychiatry Day Service has developed a co-productive brain injury education programme.. This aims to improve the rehabilitation experience for people with an acquired brain injury.

Difficulties in self awareness and insight are frequent consequences of brain injury that impacts upon the ability of service users to engage in the rehabilitative process.



*A peer led mentoring session in progress*

This programme is an evidence-based structured method of active education in understanding brain injury and its impact on self. Individualised goal planning using the “Talking Mats” framework ensures rehabilitation journeys are truly person-centred. Experiential learning activities aim to both put theory into practice, and help participants to have fun! The programme takes place over 12 weeks with six cohorts completed to date.

Patient reported outcome measures (PROMS) show significant increase in knowledge, awareness of the personal impact of brain injury and improved self-esteem and well-being. Length-of-stay data has highlighted improvement in rehabilitation journeys, demonstrating effective and more rapid transitions from day services to community interventions.

Person-centred care is the foundation of co-productive and prudent working. By developing an understanding and awareness of the impact of brain injury through active education, people with brain injury are enabled to develop strategies to self manage and achieve life goals.

*“Awareness is the key to successful rehabilitation.” (Crosson et al, 1989)*

## The Power of Telling My Story: A ‘Patient’s’ Experience of Psychological Therapy

Ann Williams was referred to Mental Health Services for Older People in 2015. The request was for psychiatric (medical) and psychological (talking therapy) input for depression. As a retired Lecturer and Clinical Nurse Specialist, Ann was far more used to treating patients than being one.

Now discharged from the service, Ann has reflected on her experience of receiving psychological therapy for the first time.

“My previous experiences of mental health treatment felt like an attempt to shut down my feelings. This was the first opportunity I had to open up. I found it supportive and it helped me to look at myself in a different way. Mental illness is just another part of me. Psychology helped to make that part of me fit more coherently with the rest of me.

“I now promote the idea of talking about mental health issues, to take away the stigma, discrimination and stereotypes.”

Dr Nicole Parish, Ann’s Clinical Psychologist, added: “It was a privilege to work with Ann. She showed incredible strength in opening up during therapy, and now even more so in sharing her story on a much larger scale.

“Alongside her psychological intervention, Ann received input from her supportive Consultant Psychiatrist, Dr Ceri Evans, and the wider Community Mental Health Team for Older People. This collaborative approach helped smoothly combine the biological, psychological and social aspects of Ann’s journey to recovery.”



*Nicole helped me to look at myself in a different way*



## “This may well have saved my life”



*Diane and Stephen walking to better health*

Diane Wicks wrote to Stephen Coombs to thank him for the podiatry intervention he provided which made the huge difference to her life following her move to Cardiff to look after her grandson.

Diane suffered from foot pain and was not able to exercise, which subsequently led to weight gain and deteriorating health, including hypertension and diabetes.

Diane, encouraged and motivated by the help provided by the podiatry team involving a holistic approach, said: “The future of my health seemed very bleak indeed. Now I can see a much brighter future for me.”

Almost 9 out of 10 Allied Health Professionals agreed that their role should include an element of preventing ill health through a supportive relationship with patients (Royal Society for Public Health - 2015). In Cardiff and Vale UHB, all podiatrists have undertaken training in Making Every Contact Count (MECC), or “Healthy chat” followed by Motivational Interviewing (MI) training. Support is an important factor in behaviour change.

In 2015, a One Poll survey found that 90% of men and women experience foot problems. Only 23% of people who have suffered a foot problem have sought professional help, and 4 in 10 do not know what a podiatrist does.

Mobility is important for health and wellbeing. The podiatry service keeps people mobile / walking and improves their ability to stay fit, potentially reducing long term NHS costs.

Diane concluded: “I have been walking like my life depends on it since I got my new feet as I call them (my insoles). I believe I am now fit for purpose”.

A positive health outcome, driven by a patient and podiatry partnership.

## Discovery interviews in spinal in-patient care: moving from ‘What’s the matter with you’ to ‘What matters to you’

Patients are often anxious before coming in for surgery, especially if they have experienced a significant wait. Discovery interviews were conducted to get the personal experiences of 5 patients throughout their spinal journey from pre-op to discharge, starting with the pre-operative education class.

The pre-operative spinal patient education class was started, within current funding, in order to prepare patients for elective spinal surgery. The group sessions run every fortnight, last one hour and are jointly delivered by an experienced spinal physiotherapist and the spinal ward manager.

Patients have commented on the benefits of attending the class such as “*thought it was a brilliant class to come to, it gave us an opportunity to see what was going to be done and ask questions*”, “*put your mind at ease*” and “*I benefitted from the experience, especially having my husband present*”. The aim of the class is to educate and prepare patients for their stay, make every contact count (encouraging health awareness pre-operatively) and to give an opportunity to ask questions.



*Spinal Education Team*



The feedback received from the discovery interviews has led to fundamental changes in patient care, including improved analgesia provision, improved patient education leaflets and care plan improvement work. Conducting the interviews has also provided a great deal of positive feedback for the team such as *“the care in the ward was outstanding”*, *“everything was good, they were very attentive”* and *“the physiotherapists were very pleasant, they were lovely to talk to”*.

Potential future developments for the class include live streaming for those who are unable to attend in person, inclusion of a patient testimony film and linking it to the Health Board’s website.

### First Contact Musculoskeletal Physiotherapy Practitioner Pilot at Ravenscourt GP Surgery



*Ben Roper (GP) and Delyth Jones (Clinical Lead Physio) at Ravenscourt*

Patients with musculoskeletal (MSK) problems place a high demand on GP appointments across primary care.

The British Orthopaedic Society identifies that 30% of a GP’s caseload comprises musculoskeletal problems. This, coupled with a fall in recruitment of GPs in primary care, has led the Ravenscourt General Practice in Barry, Vale of Glamorgan, to seek more innovative ways of meeting demand for these MSK consultations.

In October 2015 a first contact MSK Physiotherapy Service was introduced, which offers patients direct access to a brief intervention with a specialist MSK Physiotherapist working in the surgery.

This pilot was approved for delivery by the Primary Community and Intermediary Care clinical board and delivers 3 clinical sessions per week.

There are clear inclusion and exclusion criteria, with a medical escalation process and ‘hot review’ embedded within the model.

To date there has been a high clinic utilisation rate, with a large proportion of cases requiring early advice and exercise without the need for onward referral into secondary care or Physiotherapy Services, promoting self-management. The potential to provide public health services and prevention by signposting at an early point further supports the potential value of this model of care.

This multidisciplinary team model, with GPs and Physiotherapists working together closely, can save GPs not only time to see patients requiring medical management, but also reduce pathway cost. This reduction in cost is provided by reduced analgesia costs, the requirement for fewer referrals into secondary care, and shortening patient pathways.

A report by the Continuous Service Improvement team highlights some early positive feedback from all stakeholders involved, including patients, GPs, GP surgery staff and the Physiotherapists delivering the clinic.

Patients quotes included:

*“saw physio next day”*

*“Glad...on the premises”*

*“Brilliant and haven’t had any trouble since”*

*“meant I could start some exercises straight away”*

*“tools to start my recovery”*

*“put your worries at ease”*

## Volunteers are making a difference



*Conversation is an important part of rehabilitation and confidence building*

A day in the life of...audit of patient activity was undertaken in the latter part of last year. The patients who were followed all indicated that boredom in the evenings and weekends was a significant factor affecting their wellbeing and rehabilitation. In order to address these concerns we recruited 16 volunteers from the AHP undergraduate programmes in Cardiff and Cardiff Metropolitan Universities to work in the Stroke Centre at University Hospital Llandough.

The Stroke Centre (SC) at University Hospital Llandough recently recruited 16 student volunteers. The volunteers work in partnership with staff to assist and organise activity sessions for patients including arts and crafts and befriending, where volunteers support patients at their bedside through reading or simply chatting.

**David Cox** said "Stroke is not only related to my studies but is also realistically somewhere I could end up working. I wanted to get real life experience and a feel for what it would be like working in this kind of environment. "I've really enjoyed the experience so far. It's been interesting and I have met a lot of people and am learning what life is like for people after a stroke."

**Laura Lopez-Bueno** said "A lot of my experience so far has been in paediatric areas and I wanted more insight into the adult field, so this opportunity was perfect for me. I can now enhance my skills and experience around adult care. "I feel that you can help just by being here. It is such a great opportunity to meet the team and I think it's such an invaluable experience for any student to undertake."

**Abi Ford** said "Stroke really interests me as it's something that affects a lot of people and there are many different consequences to it.

"Through volunteering I am involved in various activity groups on the unit including art groups, pamper session and film clubs. This enables me to not only spend time with patients but also to get to know them. It's nice to be able to make a small difference to their day."

## Cardiac Device Remote-Monitoring Service



*Implantable cardiac devices being remotely monitored by a Clinical Cardiac Physiologist*

Implantable cardiac devices are used in the treatment and diagnosis of abnormal heart rhythms. They also deliver therapy to improve the symptoms associated with heart failure and provide diagnostic data to monitor the patient's response to therapy.

Follow-up of these devices requires the downloading of clinical data, and the measurement of electrical parameters confirming optimal function at the Device Clinic. Follow-up outpatient appointments may be of intervals of three, six or twelve months depending on the type of device and battery status. Patients with diagnostic-only devices may attend on an ad-hoc basis in order to download heart rhythm data associated with their symptoms.

Remote-monitoring for implantable cardiac devices has been available for ten years. This requires a small transmitter which the patient leaves plugged-in in their homes. The monitor wirelessly retrieves data from their device and transmits this data to a receiving station. This data is accessed securely via an on-line site. It is then possible to monitor a patient's clinical status on a daily basis, enabling early intervention for any deterioration in their clinical condition. The efficacy of device and drug therapy can be monitored without an increase in outpatient visits or inpatient admissions.



Monitoring of the device's electrical parameters provides data about the integrity of the system and facilitates scheduling of routine replacement by monitoring the battery status.

Remote-monitoring provides enhanced monitoring and reassurance for the patient by reducing the frequency of outpatient visits and hospitalisations.

### Prudent Service Development within an Integrated Service Model



*Mr Lloyd Evans and the CRT helping him to regain his independence at home*

Welsh Government Primary Care Investment (Summer 2015) into the Cardiff and Vale UHB Community Resource Teams (CAV CRTs) has enabled the teams to increase and improve the services they currently provide.

The teams are made up of integrated health (Medical Consultant, Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dietetics, Nurses and support staff), Social Services Homecare and Third Sector teams (Age Connects and Red Cross). They aim to provide therapy and care at home to avoid unnecessary hospital admissions and support earlier discharge home from hospital.

The investment has enabled 3 key developments which have led to improved options for improving discharge and enabling admission avoidance:

1. enhanced 7 day service to increase Therapy and Homecare support at home to provide alternatives to hospital admission

2. provision of “rapid access slots” to enable supported discharge from the EU within shorter time frames
3. the employment of Age Connects Settlement Aides to provide care at home for short periods to avoid admission and enable earlier discharge.

Therapists have led in service development and change management, incorporating Prudent Healthcare principles. This has led to improvements within the integrated service model and helped to meet increased service delivery targets.

The impact of these service improvements has been significant to patient care and flow, while maintaining the core principles of the Wyn Campaign which established a model for integrated care. The relationship and communication between patients, CAV CRTs health and social services staff and the acute and primary care sectors has been fundamental to the success of these advances and will remain important in future developments.

Mr Lloyd Evans said: “You couldn’t ask for a nicer group of people in your home”.

‘Ensuring Service Users get what they need in a timely manner’

Cardiff Rehabilitation Engineering Unit (REU) Leading Improvements in Patient Safety (LIPS) Project



*Working in partnership for the benefit of all concerned*

In the early 2000s, Cardiff REU approached its service users to request their feedback on how well it provided its services. It became obvious that service providers and service users had different perspectives and that a partnership was needed. In response, one of those service users, Damian Bridgeman, in collaboration with Cardiff REU, set up the South East Wales Special seating Service Client Forum. The group initiated annual client led audits to provide the feedback required for service improvement. By working together ever since, we have worked in partnership to combine our experiences and expertise to the benefit of all concerned.

In subsequent years, work was done to eliminate bottlenecks in the South East Wales Special Seating Service which increased the efficiency at which the service could operate. As a result of this, it was found that there exists a beneficial relationship between a clinical outcome measure, service-user volume and waiting times<sup>[1, 2]</sup>. It is suggested that reductions in waiting times provide better clinical outcomes and increased volume, resulting in an overall resource saving.

The problem with current services is a heavy focus on referral to treatment (RTT) times. For example, RTT is unable to measure the effect a seating intervention has had on a service user: RTT does not measure clinical outcomes. Another problem that exists within services is that the implementation of clinical outcome measures is perceived to use more resources.

The relationship being investigated seems to suggest that the use of a suitable clinical outcome measure increases volume, which reduces waiting times and associated costs, and as a result increases value.

$$\text{Value} = \frac{(\text{Clinical Outcomes}) \times (\text{Patient Experience})}{\text{Costs}^{[3]}}$$

Cardiff REU aims to deliver ‘better and safer care for less’<sup>[4]</sup>. By proactively reviewing and acting upon the outcomes of specific service users, or groups of service users, we ensure their clinical, social and functional needs are met effectively and safely. Cardiff REU has already demonstrated that reducing bottlenecks in the service will increase efficiency and increase volume<sup>[1, 2]</sup>. The aim of the LIPS project is to demonstrate increased value by further incorporating into service delivery ongoing Research, Development and Innovation (RD&I) by Cardiff REU staff, trainees and students.

Damian Bridgeman, Service User and Chair of the SE Wales Special Seating Service Client Forum “*Custom contoured seating has helped me have a full and active life and to take part in my community allowing me to give back to the service and to society.*”

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## The role of the Rehabilitation Assistant at the Stroke Centre.



### *Making rehabilitation fun*

In January 2016 the Stroke Centre (SC) recruited Rehabilitation Assistants (RAs) to work alongside the multidisciplinary team to support the transition to seven day rehabilitation.

Six RAs were appointed and worked in a 15 bedded area of the SC as part of the pilot.

During the pilot the RAs were instrumental in the patients rehab program out of hours, not just improving their physical health but also their psychological wellbeing. This has been achieved through the introduction of a “lunch club” followed by afternoon activities such as arts and crafts, movie and music appreciation and cognition groups and games.

The RAs have improved patients’ morale and shown a marked improvement with rehabilitation contact time which has shortened the patients’ average length of stay on the unit from 58 days to 24 days. The additional rehabilitation time as part of the seven day working has also resulted in an extra 81 hours of therapy time at weekends.

Due to the success of the RA role, the pilot has been extended until 31 October 2016, and with additional funding a further three RAs will be in post by June 2016. The programme will then be rolled out across the 45 bedded ward, where all patients suitable for rehabilitation will be supported by the RAs to facilitate the patients’ safe and timely discharge.

## Head and Neck Cancer Rehabilitation



*Mary Greenwood receiving advice on texture modified diet, from the Specialist Head & Neck Dietitians*

### Background

With debilitating side effects of multi-modality treatment and improved survival rates, the needs of Head and Neck Cancer patients are often very complex.

The Back to Eating Support Group at the University Hospital Wales (UHW) was set up by the Dietetic Service with the aim of offering both professional and peer support to patients experiencing the challenges and life changes of living beyond cancer. The objective of the group was to empower and equip patients with the skills and confidence to face up to life after cancer.

### Implementation

Cardiff and Vale patients who had completed Head and Neck Cancer treatment at UHW and / or Velindre Cancer Centre were invited to attend the meetings.

Attendees were asked to complete an evaluation at the end of each meeting which included an invitation to suggest topics they would like for future presentations. This patient-driven agenda generated presentations aimed at providing help and insight into how to overcome the challenges of living beyond cancer.

Their topics were of shared concern: texture modified diets, oral hygiene, swallow function, pain management, xerostomia (a dry mouth) and exercise. Expert presenters were invited from the multidisciplinary team at UHW to support delivery of this programme.

### Impact on Patient Rehabilitation

The success of the group has been qualitative and therefore difficult to represent in data analysis format. Success has been reflected back through anecdotal report and continued high levels of engagement and attendance.

With new found unity of shared experience, this group has been empowered to raise awareness of Head and Neck Cancer. A small committee has developed which is arranging fundraising and awareness events for FaceUp Cymru, a charity specifically focused on the support of Head and Neck Cancer patients.

These are a few of the comments made by our service users.

*"We had a Christmas Back to Eating Group and I walked in the same time as another patient and he had had his PEG out so I thought if he can do it, so can I!"*

(patient experience – <http://faceupcymru.org.uk>)

*"I previously had breast cancer and went to one of their support groups. I couldn't stay because it was too focused on the disease..... This one focuses on getting on with your life, getting out there .....just what I needed!"*

(patient feedback, Back to Eating Group 2016 – <http://faceupcymru.org.uk>)

*"I do miss my old life, the one where I could chat forever and eat whatever but this new life I've been given is going to be just as good and as precious."*

(Experience of living with a PEG – <http://faceupcymru.org.uk>)

### Sustainability

With the success of the group, a new structure has been implemented to support its sustainability whilst encouraging further growth and independent activity of its members. A rolling programme of four nutrition topics, based on identified common challenges, has been implemented, culminating in an integral meeting with the FaceUp Cymru Support Group to provide new members and encourage sustainability.

### Conclusion

It is important that there is a collaboration between service providers and users supported by the services themselves (Boyle et al, 2006 a and b).

The Back to Eating Group embraces co-production. It is co-creating services whereby service recipients are involved in different stages of the process.

These two groups, the Back to Eating Group and the FaceUp Cymru Support Group, are helping to meet the needs of Cardiff and Vale Head and Neck Cancer patients who are living with and beyond the impact of cancer, by providing a stepping stone between clinician-led rehabilitation to a more patient-led rehabilitation support by clinicians.



Outstanding achievements by our Dietetic Assistant Practitioners working in the all Wales *Nutrition Skills for Life™* programme



*Families get cooking in Cardiff Flying Start*

Dietetic Support Workers (DSWs) and Dietetic Assistant Practitioners (DAPs) are invaluable assets within the dietetic workforce in Wales. Within the national *Nutrition Skills for Life™* programme, alongside public health dietitians, they play a vital role engaging with and supporting communities to access a healthy balanced diet, a key determinant of health and well-being.

Flying Start, the Welsh Government's flagship early years programme, and the tackling poverty programme Communities First, provide significant opportunities to train and support community-based staff to work with individuals and communities to empower them to make healthy food choices.

In Cardiff and Vale UHB, DAP Lisa Brown plays a lead role in the delivery of Get Cooking courses for families accessing Flying Start, working alongside and supporting trained Community Nursery Nurses (CNNs) to deliver the initiative. These innovative programmes, co-produced with local communities, support people to prepare, eat and enjoy a healthy diet by improving practical cooking skills and confidence to prepare nutritious meals.

They incorporate activities to link the food prepared with nutrition messages that promote good health and well-being, and offer participants the opportunity to gain credit for learning through the Welsh awarding organisation, Agored Cymru.

Lisa possesses the exceptional interpersonal skills required to deliver courses to the highly varied groups with which we work, eg working with interpreters to help people with English as second language to complete the course; adapting the courses in homeless hostels to suit limited equipment available; and helping learners who have varying ability and experience of learning to achieve accreditation.

We were thrilled when Lisa's hard work and commitment was recognised at a national awards ceremony on 15 April. \*

\* Lisa Brown won the award for outstanding achievement by an Allied Health Professional or Healthcare Science Support Worker or Technician at the national Advancing Healthcare Awards in London 2016. This was jointly awarded with Sarah Powell-Jones, Dietetic Assistant Practitioner from Betsi Cadwaladr UHB, for their work on the *All Wales Nutrition Skills for Life™* Programme.

## Transferring Knowledge



*Transfer of knowledge is care*

During the last year the Podiatry Department has undertaken 'Making Every Contact Count' (MECC) and Motivational Interviewing (MI) training.

For many Podiatrists, having a 'healthy chat' prompting healthy lifestyle choices has always been part of the holistic assessment, allowing patients to make informed decisions about their health.

The opportunity to introduce MECC and use of MI is a continuum along the patient pathway, from diagnosis through to management of complications. In particular smoking cessation to prevent or reduce the effects of peripheral arterial disease such as pain, foot ulcer and amputation, is often promoted.

MECC training has also provided staff with an opportunity to share our experiences with each other, and recognise the importance of opportunities to improve the wellbeing of our patients.

However, for some of our patients a behavioural change is required to ensure healthy lifestyles are adopted. MI training has allowed an opportunity to consider all our interactions with our patients, equipping staff with the necessary skills to discuss and promote a behaviour change. This is essential for our patients 'at risk' of developing a foot ulceration: adoption of lifestyle changes now could prevent poor quality of life later.

As clinicians it's important we pass this knowledge to our patients to ensure they make the right decisions. We must remember that an informed patient has better outcomes.

Podiatry clearly sees this 'transfer of knowledge' as care, in an environment conducive to co-production.

## The School Holiday Enrichment Programme



*Working towards their five a day*

The School Holiday Enrichment Programme (SHEP) is a multi-agency pilot to provide good quality meals, nutrition skills and sports education to children living in areas of social deprivation in Cardiff. It aims to assist the city in meeting its commitment to reducing childhood poverty levels, enhancing children's quality of life and reducing inequalities in health and learning loss during the summer holidays.

A cross sector SHEP steering group was formed to secure funding, develop and deliver a SHEP in partnership with schools and key stakeholders. The steering group comprised of:

- Cardiff and Vale University Health Board Public Health Dietitians
- Food Cardiff
- City of Cardiff Council Education Catering
- Sport Cardiff.

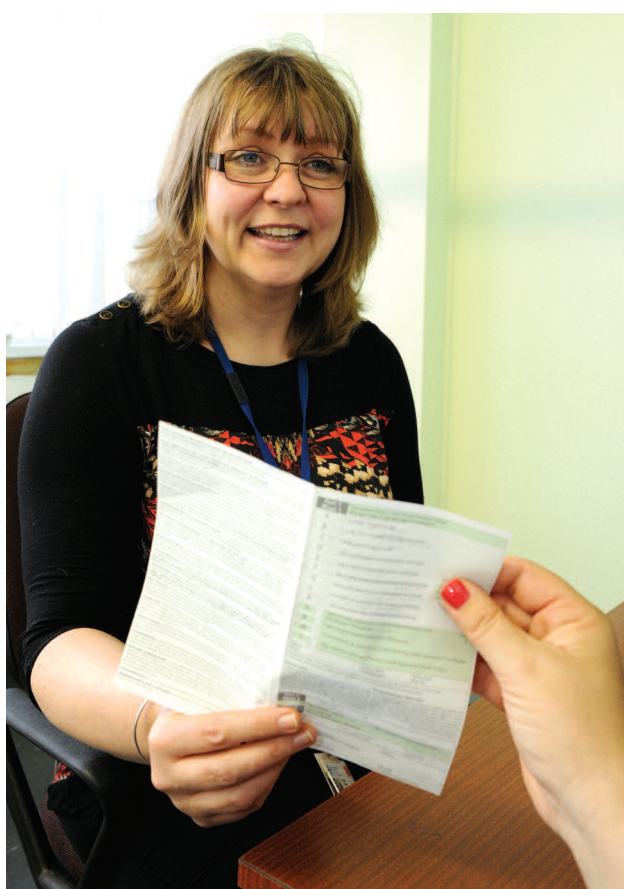
Over summer 2015 the programme ran for 3 days a week for 4 weeks across 5 Community First areas. It provided children with a healthy breakfast, food and nutrition activities, sporting activities, creative and educational play. The nutrition education package was developed and delivered by the Public Health Dietetic Team, with all activities being mapped to National Curriculum and the Wales Numeracy and Literacy Framework. A hot lunch was provided that complied with the Healthy Eating in Schools (Wales) Legislation. Parents and siblings were invited to join the children for lunch once a week.



The programme was evaluated as part of wider UK research by Northumbria University. Evidence and experience from the Cardiff pilot has allowed the project to be extended both within Cardiff and across four other local authorities in 2016.

The project has been awarded with the PS100 Health and Nutrition Award and the Public Health England Award for contributions to public health.

### Computerised Outpatient Prescription Printing System (COPPS)



*Printed prescriptions improve patient safety, flexibility and experience*

A system has been installed in various outpatient clinics across the UHB and a rollout plan for 2016/17 is being agreed.

COPPS is a computerised outpatient prescription printing system for prescriptions which can be dispensed at the local community pharmacy which means the patients can attend clinics and visit their local pharmacy for dispensing the medication.

It aims to:

- improve the quality and safety of service, as patients will be provided with a legible, complete prescription to take to a community pharmacy of their choice. Patients requiring specialist medicines will have their medicines dispensed more promptly by the hospital pharmacy or medicines home care provider. The software will ensure prescriptions contain all the required information to allow safe dispensing, reducing frequency of delays. Hospital pharmacy staff will have more time to explain their medicines to patients, promoting shared decision making and improved adherence, leading to better health outcomes and reduced waste and harm;
- provide information at the time of prescribing to increase adherence to agreed care pathways and prescribing practice. It will facilitate attribution of prescribing, improve governance and be more easily audited and reported.

Aims and objectives of system:

- To improve the outpatient experience
- To improve the quality of outpatient prescriptions
- To enhance patient safety
- To improve the information available on outpatient prescribing
- To make better use of resources:
  - By facilitating the use of agreed care pathways
  - By using the most cost effective route of dispensing.

The medical staff use the system and have commented; 'I don't know how we managed to do it the old way and we could not imagine going back to the old way of doing it'. The system has been proven to save clinical time which can be redirected to allow more direct patient care.

## Get Up and Go Day!!



*Service user John Kennedy puts Nordic walking into practice*

Exercise can have a significant and positive impact on behavioural and psychological symptoms of dementia<sup>(12)</sup>, improving cognitive function and mood, which can reduce the need for pharmacological intervention<sup>(13)</sup>. Not only that, but poor balance, which can result from de-conditioning, is known to increase the risk of falls which can be improved by physiotherapy-led exercise<sup>(11)</sup>. This was the driver behind Physiotherapy Technician, Shirley Rees, organising a “Get Up and Go Day” at the Assessment and Recovery Unit (ARU), University Hospital Llandough which provides care and support for older people with mental health illnesses including dementia, anxiety and depression. The Physiotherapy Team invited patients to take part and learn about the key benefits of regular exercise. They also received a taster session of Nordic Walking from Age Cymru’s Nordic Walking programme, available locally and information on the “Walk for Health” programmes, which offer support and social interaction. The national target of two and a half hours exercise per week could be broken down into achievable chunks. Just a short 10 minute walk can increase mental alertness, energy and positive mood and quality of life for people experiencing mental health problems. “We wanted to work with our patients to show them that they don’t need to do intense physical activity to feel the benefits, as a short brisk walk is a great cardiovascular exercise,” Shirley explained.

11. Christoforetti G, Oliani MM, Gobbi S, et al. A controlled clinical trial on the effects of motor intervention on balance and cognition in institutionalized elderly patients with dementia. *Clinical Rehabilitation*. 2008;22(7):618-26.

13. Lawlor B. Managing behavioural and psychological symptoms in dementia. *The British Journal of Psychiatry*. 2002;181(6):463-5.

12. Cerga-Pashoja A, Lowery D, Bhattacharya R, et al. Evaluation of exercise on individuals with dementia and their carers: A randomised controlled trial. *Trials*. 2010 13 May;11(53).

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