

Caring for people; keeping people well

Shaping Our Future Wellbeing –
Developing the UHB's Clinical Services Strategy

Cancer Workshop
5th November 2014



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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

www.cardiffandvaleuhb.wales.nhs.uk/home

Contents

- AgendaPage 2
- IntroductionPage 3
- Why are we here today?Page 4
- Cancer ServicesPage 5
- Service User Experiences - Visual MinutesPage 6
- Clinical Services PrinciplesPage 7
- Services of the FuturePage 15
- Next stepsPage 19

Agenda

- 12:00 **Welcome Service Users and Carers**
Introduction to the afternoon and each other
- 1:00pm **Welcome to Clinical Staff and Partners**
Director of Planning to Welcome everyone to the workshop
- 1:20pm **Setting the Scene**
Assistant Medical Director for Cancer Services
- 1:40pm **What does it feel like to use the UHB's services?**
Service User Story
- 2:00pm **What do the Clinical Services Principles mean to you?**
Attendees describe and discuss what the Principles mean to them
- 2:40pm **Coffee**
- 3:00pm **Working together, what could the services of the future look like?**
Putting the service user at the centre, attendees draw a service model of the future considering the impact of technology and new ways of working
- 4:00pm **Sharing the service models developed by each table**
Attendees present and debate their service models of the future
- 4.45pm **Next Steps**

Introduction

- It was fantastic to welcome such a variety of people; service users, staff and 3rd sector partners, to our recent Shaping Our Future Wellbeing, Cancer Workshop.
- The aim of the afternoon was to begin to describe what, if we work together, cancer services of the future could look like. Ultimately, the output of the session will support the development of a Shaping Our Future Wellbeing – Clinical Services Strategy for Cardiff and Vale University Health Board.
- Having had the scene set by Abigail Harris, Director of Planning and Dr Meriel Jenny, Assistant Medical Director for Cancer Services, the session really began to build momentum as those in the room who have used our Cancer Services described their journeys.
- This report, the presentations from the day and the storyboards generated during participants discussions, will shortly be available on-line. The website will also provide an insight into the breadth of engagement work underway and track progress through to the publishing of Shaping Our Future Wellbeing – Clinical Services Strategy in September 2015.

Rachel Rayment



Clinical Lead, Shaping Our Future Wellbeing

Why are we here today?

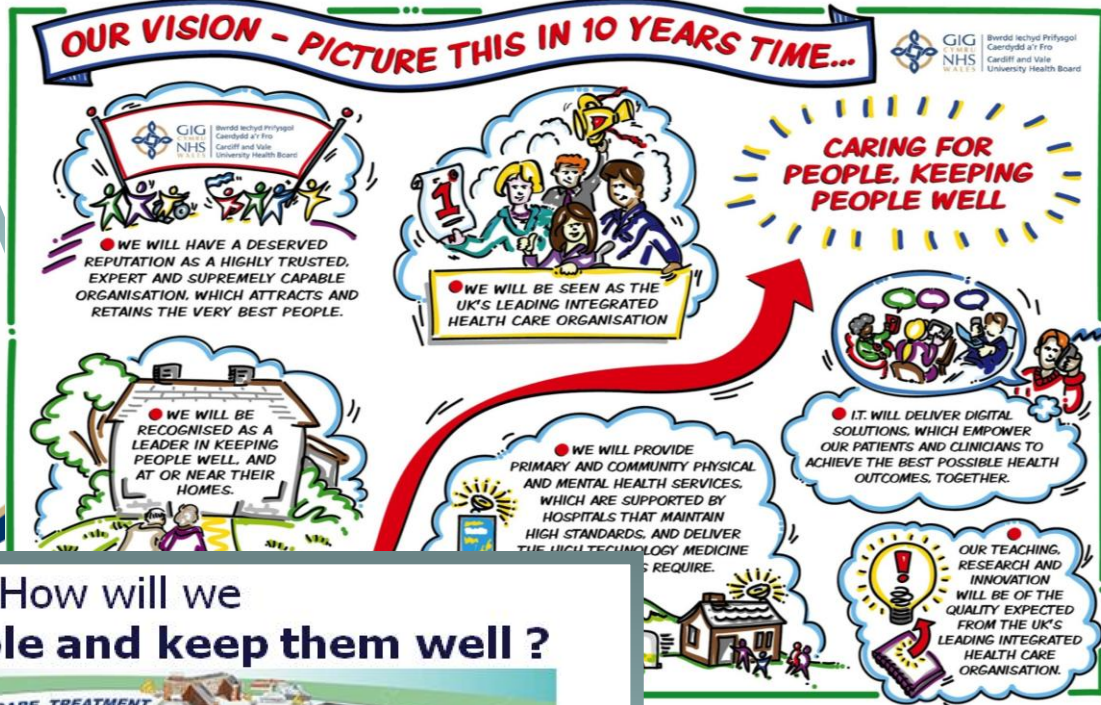


We are working on **getting our house in order** but we need to build a new house for the future

The challenges we face aren't going away

- Demographic changes
- Epidemiology
- Financial climate
- Workforce
- Changes in clinical practices and innovation
- Technological impact

OUR VISION - PICTURE THIS IN 10 YEARS TIME...



- WE WILL HAVE A DESERVED REPUTATION AS A HIGHLY TRUSTED, EXPERT AND SUPREMELY CAPABLE ORGANISATION, WHICH ATTRACTS AND RETAINS THE VERY BEST PEOPLE.
- WE WILL BE SEEN AS THE UK'S LEADING INTEGRATED HEALTH CARE ORGANISATION
- WE WILL BE RECOGNISED AS A LEADER IN KEEPING PEOPLE WELL, AND AT OR NEAR THEIR HOMES.
- WE WILL PROVIDE PRIMARY AND COMMUNITY PHYSICAL AND MENTAL HEALTH SERVICES, WHICH ARE SUPPORTED BY HOSPITALS THAT MAINTAIN HIGH STANDARDS, AND DELIVER THE HIGH TECHNOLOGY MEDICINE THAT WE REQUIRE.
- IT WILL DELIVER DIGITAL SOLUTIONS, WHICH EMPOWER OUR PATIENTS AND CLINICIANS TO ACHIEVE THE BEST POSSIBLE HEALTH OUTCOMES, TOGETHER.
- OUR TEACHING, RESEARCH AND INNOVATION WILL BE OF THE QUALITY EXPECTED FROM THE UK'S LEADING INTEGRATED HEALTH CARE ORGANISATION.

CARING FOR PEOPLE, KEEPING PEOPLE WELL

How will we
Care for people and keep them well ?



By becoming the UK's leading integrated care organisation

INTEGRATED HEALTH AND SOCIAL SERVICES

health system

Cancer Services

Outcomes that matter to People

Prevention

Planned Care

Unplanned Care

End of Life Care

Cancer Services

Prevention

Planned Care

Unplanned Care

End of Life Care

- Up to 40% of cancers may be the result of unhealthy living. (Cancer Research UK)
- The challenge facing C&V
 - Obesity
 - Smoking
 - Alcohol
 - Physical activity
 - Drug misuse
- 20% adults, 10% children smoke
- 22% population smoke
- 44% drink over daily allowance
- 26% active on 5 days a week



End of Life Care

Outcomes that matter to People

- Care Priorities are defined for guiding last days of life (Care Priorities Document).
- Use of Rapid Discharge Pathway to speed up discharge and prevent readmission.
- Ongoing education around palliative care and end of life care.

End of Life Care

Cancer Services

Planned Care

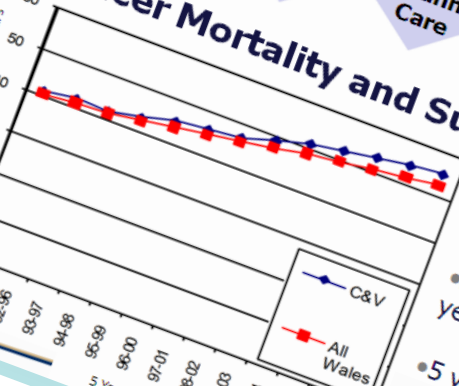
Unplanned Care

End of Life Care

Outcomes that matter to People

Cancer Mortality and Survival

% of patients with cancer surviving at 5 years



- Cancer mortality rates continue to fall.
- Improvement in 1 and 5 year survival rates
- 5 year survival rates

Cancer Services

Prevention

Planned Care

Unplanned Care

End of Life Care

Outcomes that matter to People

Wales Cancer Patient Experience Survey

Some good

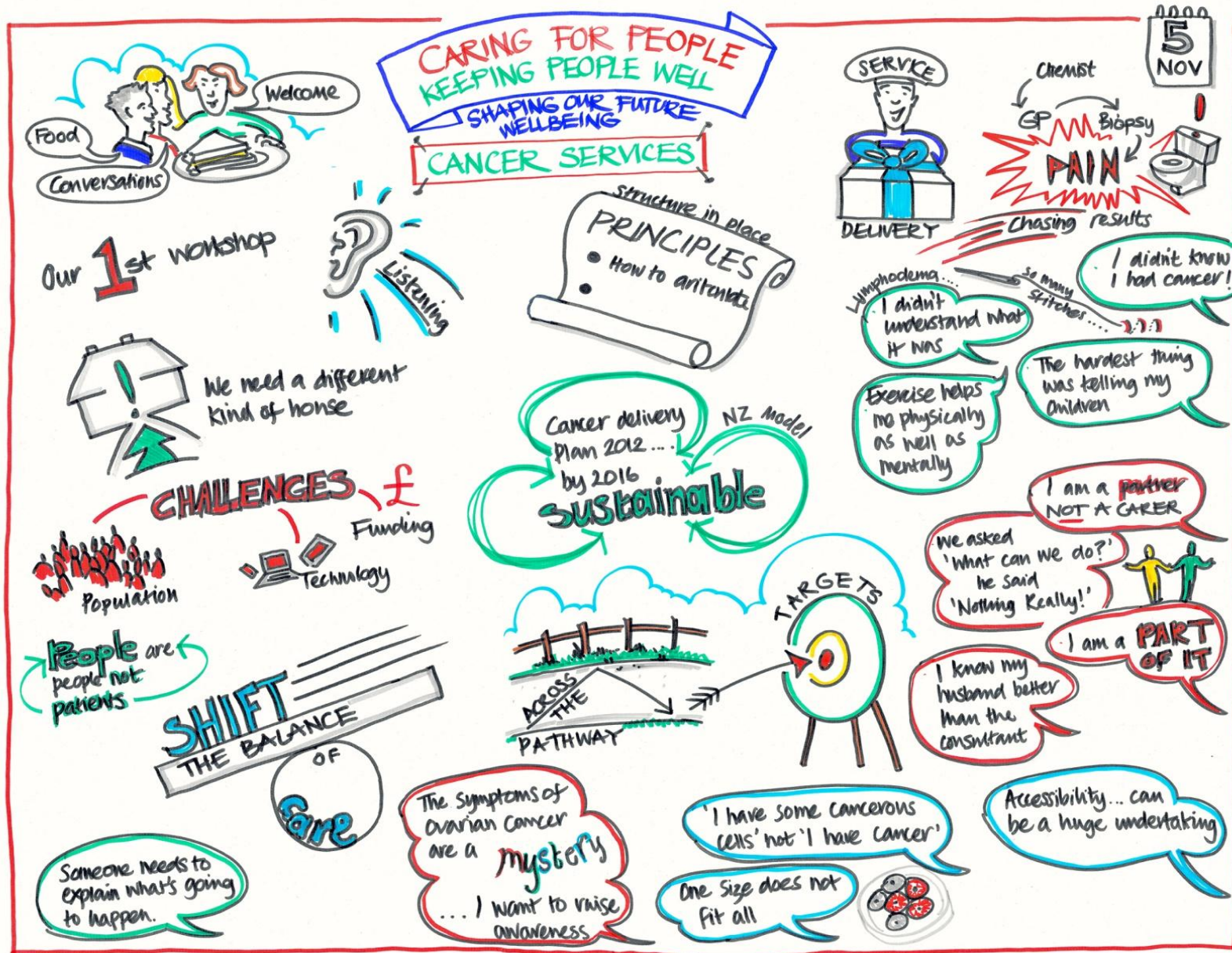
- Assigning a clinical nurse specialist/key worker
- Giving enough info about psychological support
- Confidence and trust in ward nurses

Some areas needing improvement

- Info on potential long term side effects
- Providing written care plans
- Offering help and guidance on financial issues

- Health Board working with Partners to improve patient experience

Service User Experiences



Clinical Services Principles



What do the Clinical Services Principles mean to you?



A wordle 'word cloud' generated identifying the words used most frequently on the participants post-its.

Participant Feedback

- Timely information
- Time in clinic for patient to fully understand and ask questions
- Clinicians understand my problems as well as clinical priorities
- Empowerment during survivorship
- Give people options don't decide treatment plan before speaking to service user
- Shared decision-making
- Support from people who have experienced my cancer
- Trying to stop your diagnosis being your life
- What can I do to help myself
- Help to make the person feel in control
- Sharing experiences
- Prevention health education
- Detox alcohol and smoking cessation
- No barriers across working with third sector
- Signpost to support



Participant Feedback

- Online/Telephone appointments with relevant education and tests done pre-appointment.
- Specialist roles within the community to provide support. E.g. Use of patients who have completed treatment.
- Cancer nurse specialist home visit.
- Tele-surveillance.
- Access to community palliative care beds for patients who need admission rather than acute beds.
- Improved access to social services for care packages and access to physiotherapy/occupational therapy support to prevent admission.
- Parking!
- Hub and spoke model for testing services, with results by post.
- Improved communication between hospital and home, especially clear plan at discharge.
- Community phlebotomy and practice nurse service every day, and out of hours weekend cover.



Participant Feedback

- Health promotion
- Shared outcomes, may be different to family, may be different to professionals.
- Importance of psychological support for patient and family
- Telephone support 24/7
- “Key worker” coordinated care with all services working together
- More clinical trials
- Individualised treatment based on patient values
- Acknowledgement that it is not always a death sentence
- Managing expectations
- Follow-up as needed not always routine.
- Honest discussion of risk with respect for patient choice
- Pain and symptom control as well as survival/cure
- Accurate timely diagnosis, avoid over diagnosis



Participant Feedback

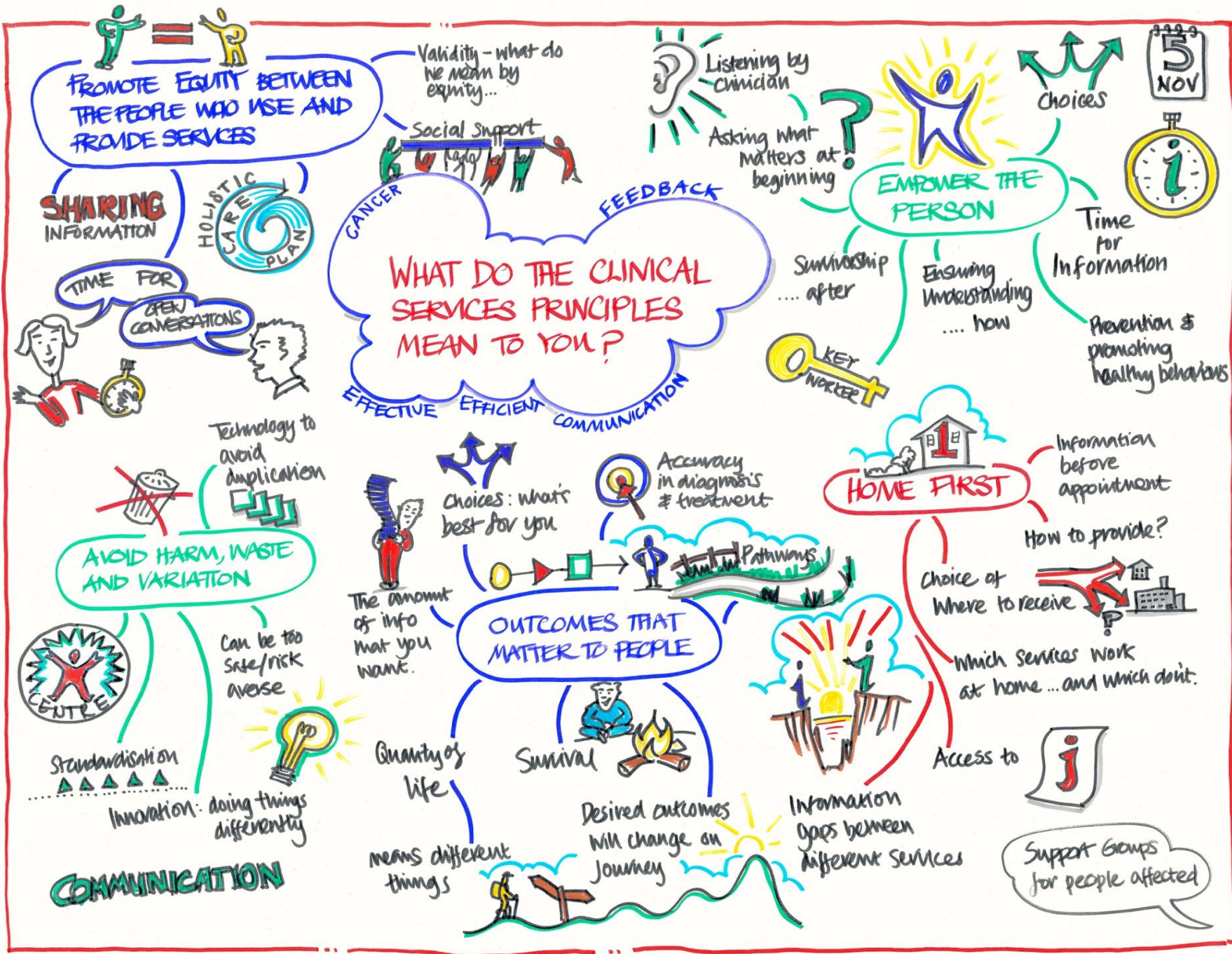
- Balancing risks and benefits
- Effective communication between all parties
- Increase medical practitioner awareness/training
- Adopting a new attitude
- Access to good evidence base
- Standardising practices
- Innovation to avoid waste
- Feeling in control for both patients and providers
- Focus on the patient and care
- Optimise expected benefits
- Listen to the patient
- Reduce waste around appointments
- Identify the barriers to doing what is intuitively right
- Best use of resources time, staff, services, etcetera



Participant Feedback

- Right information for the right person at the right time
- People empowered to identify what care they want
- Honesty and openness
- Listening
- More emphasis on partnership in care
- Supported self-care and management
- Coproduction of services
- Opportunity for the person to discuss their needs and be listened to-not just a treatment plan-but a care plan and to have a written copy of the agreed plan to take away
- Able to be responsive to change
- Support for professionals to change practice/perspectives
- Wherever you are diagnosed with cancer that you get the same psychological support
- Accountability and responsibility for outcomes shared
- Family should be the unit of care
- Equity of access involves doing more in areas where people have the poorest health





Future Services

People

- A different level of engagement with our communities
- Patients as the experts



"The patient is the most undervalued resource in medicine"

1970s -1980s



NOW

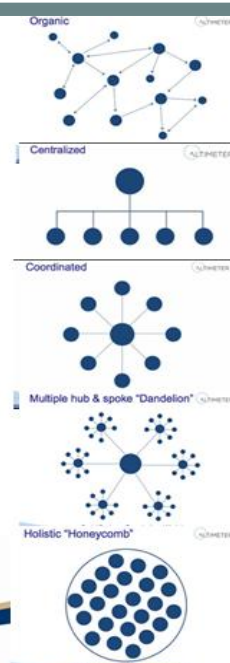


Technology and Communication

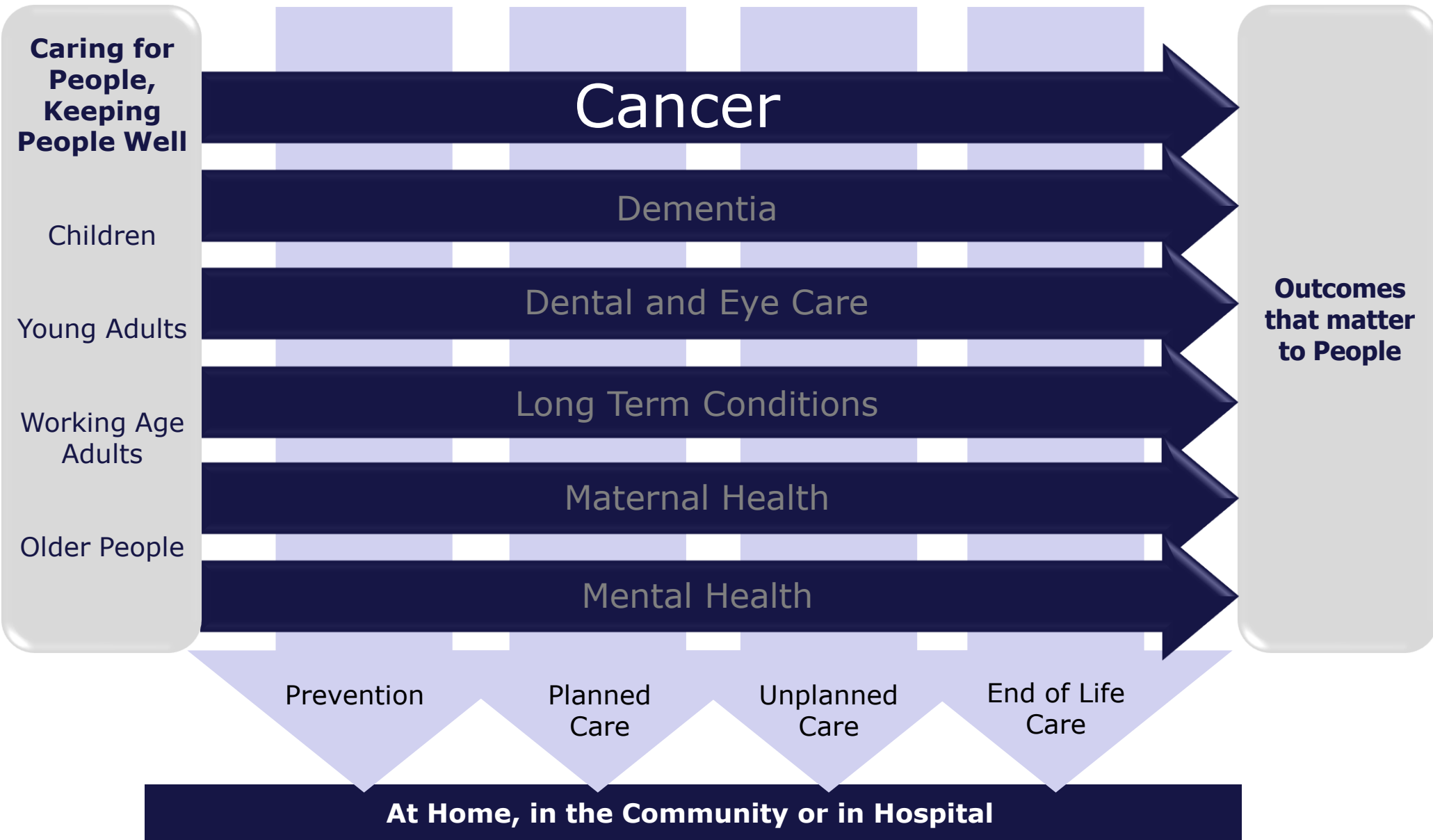


New Ways of Working

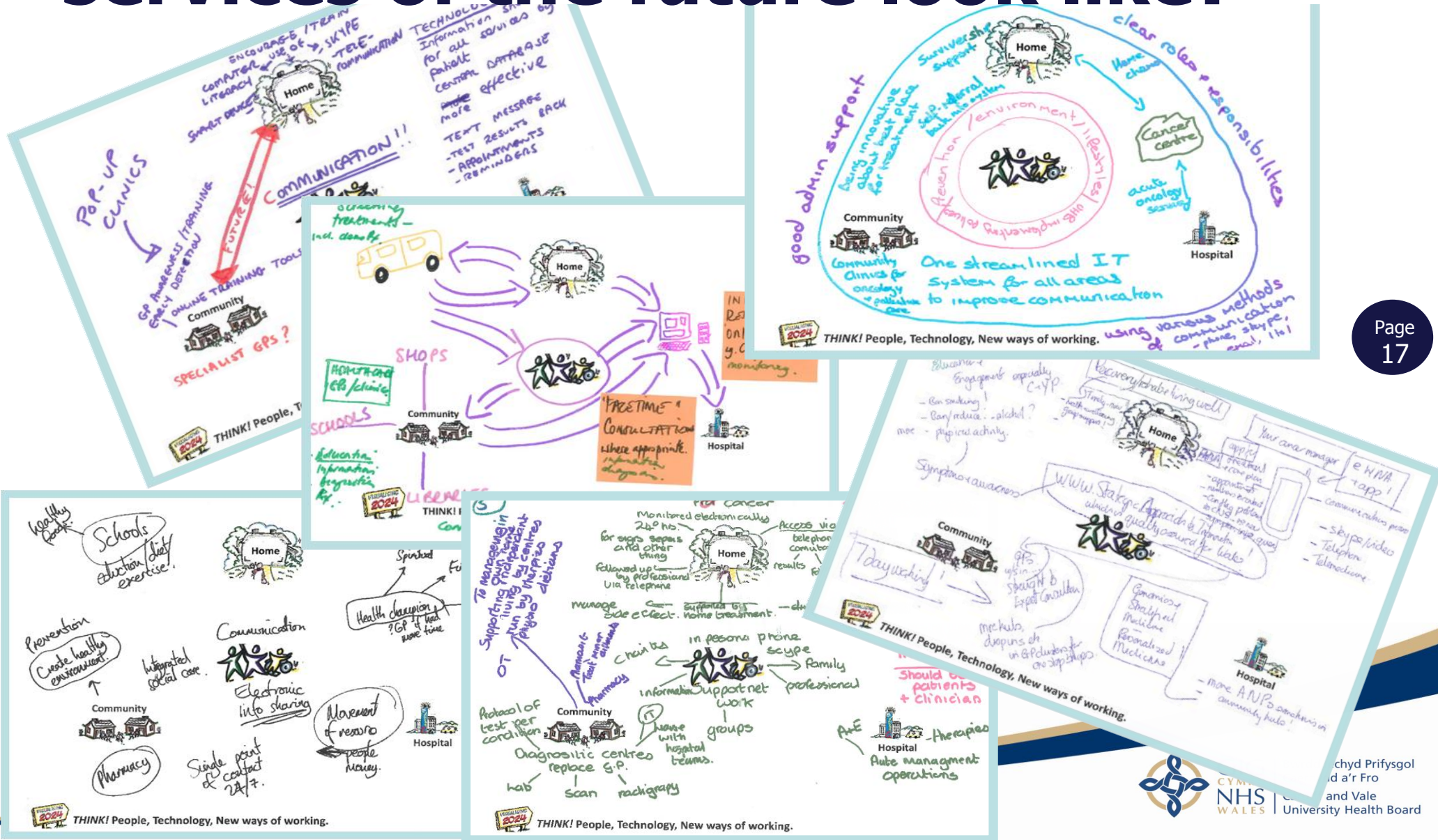
- Networks/Alliances and Partnerships
- New Flexible Roles



Clinical Services Framework



Working together, what could the services of the future look like?



Cross-boundary working
No email at present!

Access to information

Monitoring
e.g. Post-demonotherapy

Rapid response

Follow-ups

Palliative care

Do they want to stay at home?

More specialist support at home

Triage

Manage by phone or Skype

Sharing

Accountability

Patients a major resource

Personal care plan that they carry

Our services don't link up at the moment

For the sick

STILL NEED

FACE TO FACE

Proper IT support and infrastructure

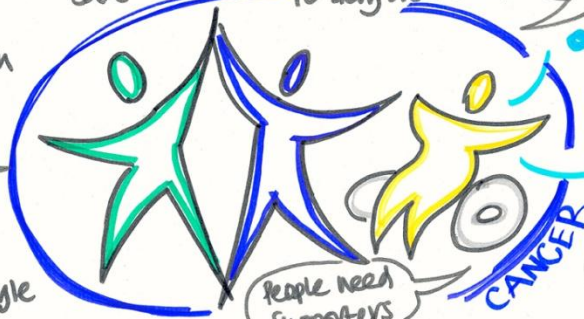
We're going round again!

Individualised needs assessment

Online prescribing

Empower people to analyse information

Specialisation of services and better clinical management



People need supporters

Patients & clinicians sharing information

Social media

Confidentiality

Online self-assessment

For acute care only

HOSPITAL

as an afterthought

Remote services ... send photos from GP

24 hour Surgery

More fluid skills needed tends to be either hospital or community based

EXTENDING ROLES

A new cancer centre Co-located

Hub: Different practitioners in One-Stop Shop

Better links

Services in shops schools and libraries

Environment

Lifestyle

Blood tests

People come to you

mobile units

Regain normal lifestyle

Survivorship

IT access

Address SOCIAL = Prevention & Education

COMMUNITY

Specialist GPs

Diagnostics

Health literacy & lifestyle education

Diet & Healthy Living

Where are GPs and social workers in workshop?

Single point of contact

Awareness



Quality Assured patient information

Do a few things really well

Share good practice

Next Steps

- Within the month, provide **you** with the **output of today's workshop** ✓
- **Refine** the workshop output through **key interest groups**
- At the **Feb Clinical Senate**, and at **Feedback Session 13th March** provided combined feedback on all the workshops
- **Engage** on a draft Clinical Service Strategy document
- **UHB Board** approve Clinical Service Strategy **September 2015**