

Caring for people; keeping people well

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

Dental and Eye Care Workshop
12th November 2014



GIG
CYMRU
NHS
WALES

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

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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**
Clinical Leads for Dental Services and Ophthalmology 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, Dental and Eye Care Workshop.
- The aim of the afternoon was to begin to describe what, if we work together, dental and eye care 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, Professor Ivor Chestnutt, Honourary Consultant in Dental Public Health, and Mr Kadaba Rajkumar, Consultant Ophthalmologist, the session really began to build momentum as those in the room who have used our Dental and Eye 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.

How will we
Care for people and keep them well ?



By becoming the UK's leading integrated care organisation

Diagram illustrating the integrated health and social services provided by the GIG health system, including:

- SPECIALIST CARE TREATMENT
- LOCAL AMBULANCE SERVICES
- QUICK ACCESS ADULT SERVICES
- CONSULTANT
- MATERNITY SERVICES
- SPECIALIST HOSPITALS
- PHARMACY
- COMMUNITY PHARMACY
- GENERAL PRACTICE
- COMMUNITY NURSING
- INTEGRATED HEALTH AND SOCIAL SERVICES
- CHILDREN'S SERVICES
- URGENT CARE CENTRE
- ACTIVITY CP SERVICES
- REHABILITATION SERVICES

Dental and Eye Care

Outcomes that matter to People

Prevention

Planned Care

Unplanned Care

End of Life Care

Local Oral Health Plan (2013-18)

- Jointly developed.
 - Dental Clinical Board
 - PCIC Clinical Board
- Identifies 20 actions/objectives
 - Where we are now
 - Where we need to be
 - Action plan / timescale

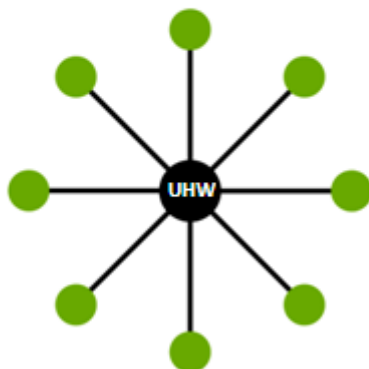


Ophthalmology Services

Prevention

Planned Care

Unplanned Care



Community Optometrists

Hub and Spoke Model of Eye Care

UHW as HUB
Optometrists as spokes

- Improved communication and referral pathways needed.
- Movement of services out into the community.
- Help reduce duplication of work.

Dental Plan

Planned Care

Unplanned Care

End of Life Care

Outcomes that matter to People

- Improving oral health
- Health Promotion Campaigns
- Oral cancer prevention
- Life style advice
 - Tobacco control action group
 - Drinking
 - HPV Vaccination



Service User Experiences



Clinical Services Principles



What do the Clinical Services Principles mean to you?



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

Participant Feedback

- Develop an understanding of pressure on patients.
- Education of the person, family and clinicians about diseases, treatment and the help available.
- Educate on genetic predisposition to a disease or a problem in terms of race, family history etc.
- Value healthcare so that people will access it even if there is a fee involved and not just because it's free.
- Recognising difficult needs/starting point e.g. inequalities, deprivation.
- Enabling people/the person to take ownership of their health and their family.
- Reassurance but this requires time.
- Politicians need to be more honest with people about what is possible.
- Need access to appropriate services in a timely fashion.



Participant Feedback

- All elements of care working in unity.
- Not interfering so greatly with day-to-day living for patients and families.
- Treatment delivered within GP setting.
- Educate health centre/care home staff and the community.
- Local "drop in" emergency clinics close by.
- Give the patient all the facts and all the options.
- Educate patients to live healthy lives and manage their own health condition i.e. drops for eye problems don't work if not used or unable to use.
- Making the patient responsible for their own oral health.
- Ensuring standards in the hospital and community to eliminate poor practice and variation.
- Support by phone or Internet.
- Patient IT record.
- Expert patient groups for support and education.
- Access to health care in more community-based settings and out of hours (GP practices, community health centres, optometry practices).



Participant Feedback

- Choice.
- Social and cultural appropriateness.
- Respecting patient time.
- Meeting expectations.
- Quality of life e.g. pain control, eating, drinking, social function, talking etc.
- Providing services close to where people live.
- Equity, fairness, equality, patient centred.
- Look at best practice i.e. contract in dental.
- Communicate with us how we want (phone, email, letter).
- Supported control (i.e. patients supported to control their own health needs), patient centred care.
- Access, convenience, timeliness, appropriateness.
- Ability to plan and meet people's needs.
- Appropriate care through robust data use, forming a plan.
- Cost/affordable balanced with equality.
- Clearly signposted phone number and website for advice.



Participant Feedback

- Need to understand the process to identify potential for harm and waste.
- Ownership of process – someone who does procedure does process mapping.
- Centralise where possible and share resources.
- Community ODTc.
- Hub and spoke model. Train teams at hub and migrate to ODTc.
- Increased communication to patients, checking needs are met.
- Build teams of allied health professionals.
- Ensure patient/carer is empowered to clearly demonstrate their understanding or knowledge.
- Ensure patient can ask questions/access information.
- Guidelines/standards.
- Patient centred or focused care.
- Avoid harm by informing patients of inevitable waiting time to decrease patient anxiety.





PROMOTE EQUITY BETWEEN THE PEOPLE WHO USE AND PROVIDE SERVICES

A more equal partnership between patient and clinician

12 NOV



CONFIDENCE

EMPOWER THE PERSON

Political Honesty!

EDUCATION

- Patient
- Family

Legislation to support

Access Enabling



Environment

DENTAL AND EYE

FEEDBACK

WHAT DO THE CLINICAL SERVICES PRINCIPLES MEAN TO YOU?



Wasted TIME Patients' & clinicians'

PROCESS

- Ownership
- How to monitor
- Standardising.... we're bad at... we should share good ones



AVOID HARM, WASTE AND VARIATION

COMMUNICATION

Guidelines

Robust DATA

TIME differs with patient needs



Equality Fairness



OUTCOMES THAT MATTER TO PEOPLE

COMMUNICATION

- Accessibility
- Timely
- Appropriate

choices

How do people want us to communicate with them?

IT We can't talk to each other digitally! links



HOME FIRST

Local Clinics

EDUCATION

How to access? where? when?

- Appropriate training

STANDARDS

Parking Attendance Rates

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

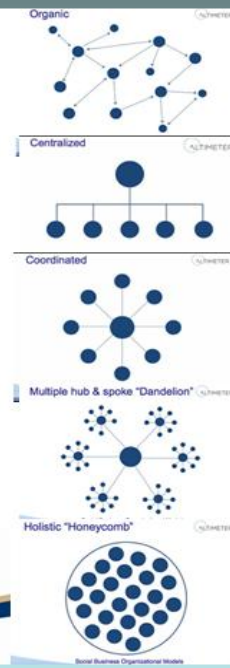
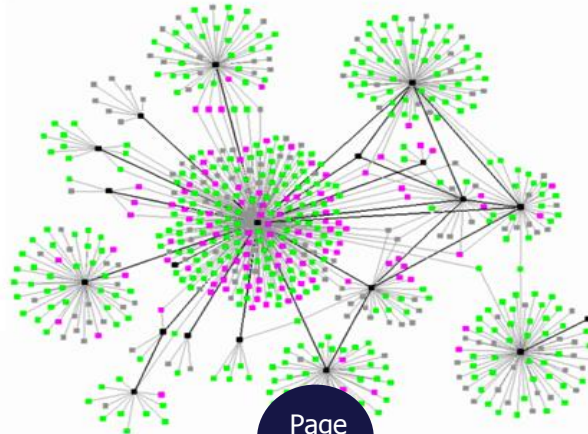


Technology and Communication

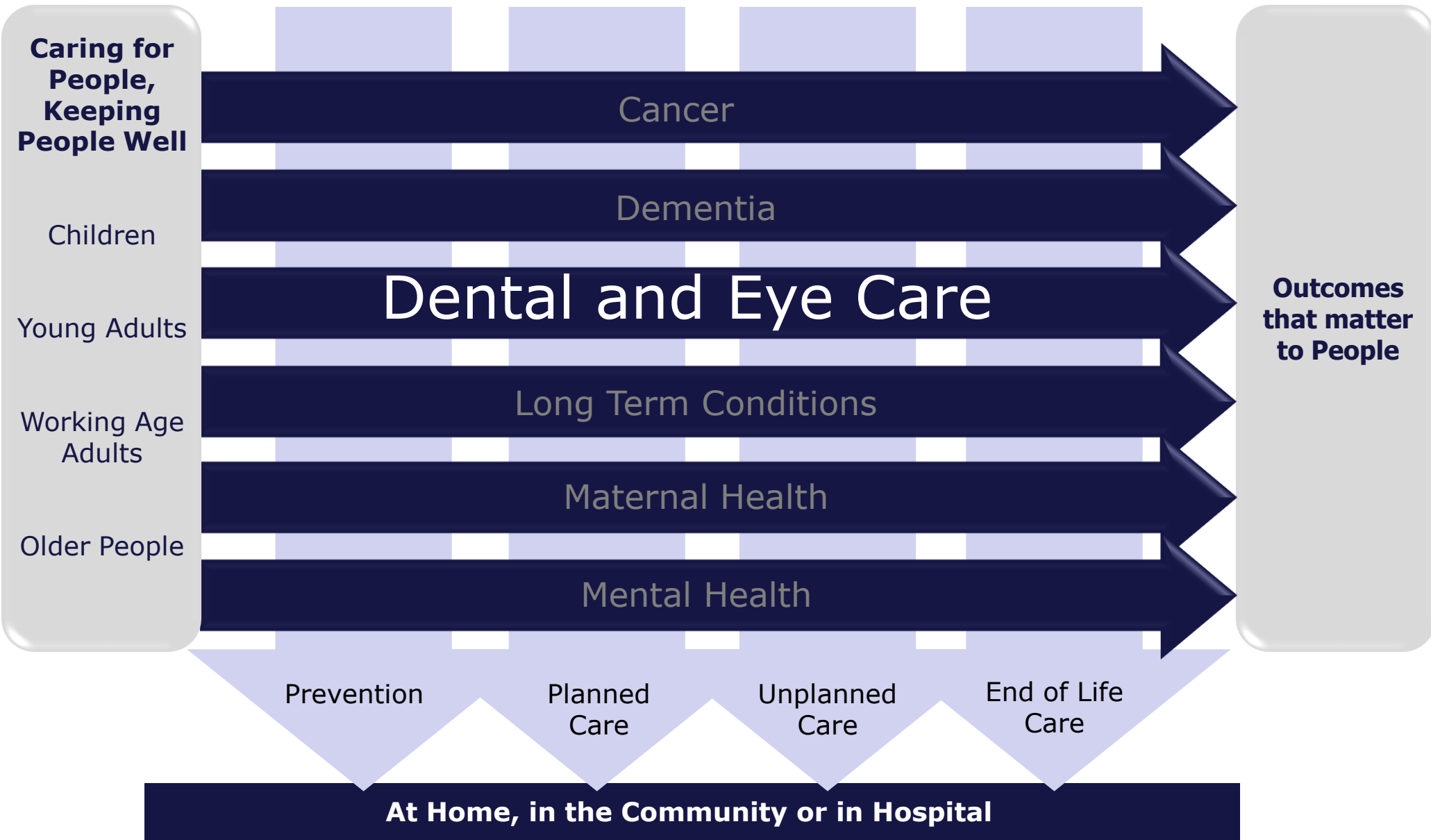


New Ways of Working

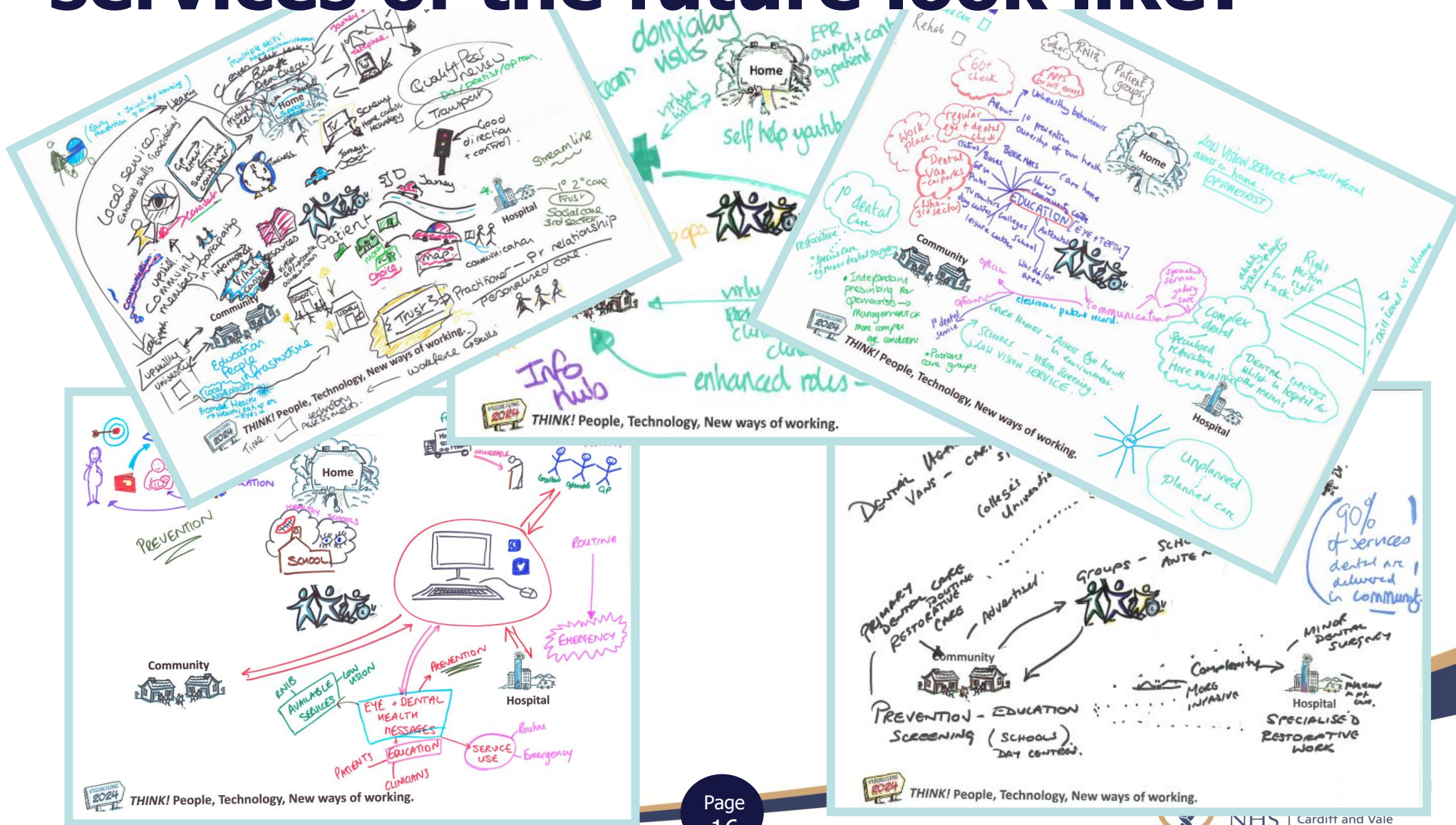
- Networks/Alliances and Partnerships
- New Flexible Roles

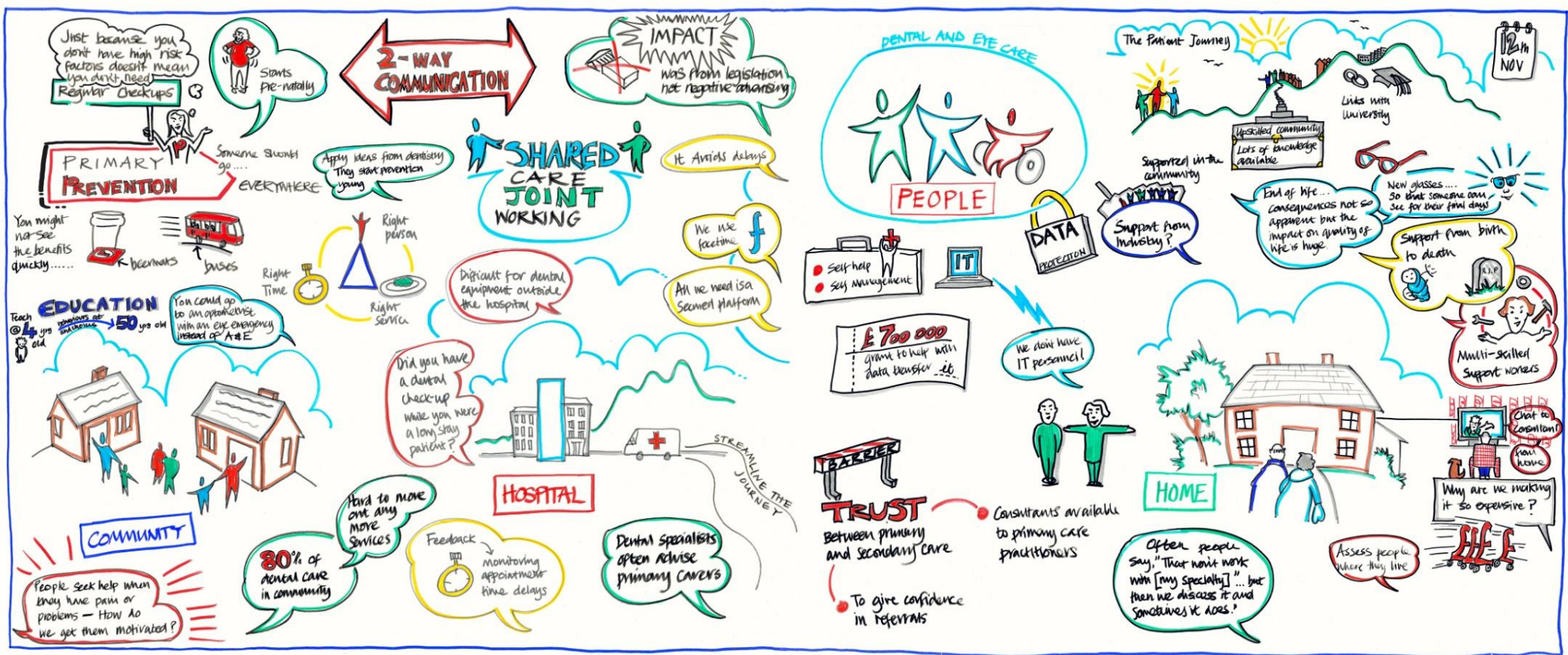


Clinical Services Framework



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





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**