Caring for people; keeping people well

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

Long Term Conditions Workshop

14th November 2014

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

www.cardiffandvaleuhb.wales.nhs.uk/home

Contents

- Agenda ..... Page 2
- Introduction ..... Page 3
- Why are we here today? ..... Page 4
- Services for Long Term Conditions ..... Page 5
- Service User Experiences - Visual Minutes ..... Page 6
- Clinical Services Principles ..... Page 7
- Services of the Future ..... Page 15
- Next steps ..... Page 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**
Clinical Lead for Long Term Conditions

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, Long Term Conditions Workshop.
- The aim of the afternoon was to begin to describe what, if we work together, services for long term conditions could look like in the future . 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 Ramsey Sabit, Consultant Chest Physician, the session really began to build momentum as those in the room who have used our services for long term conditions 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?

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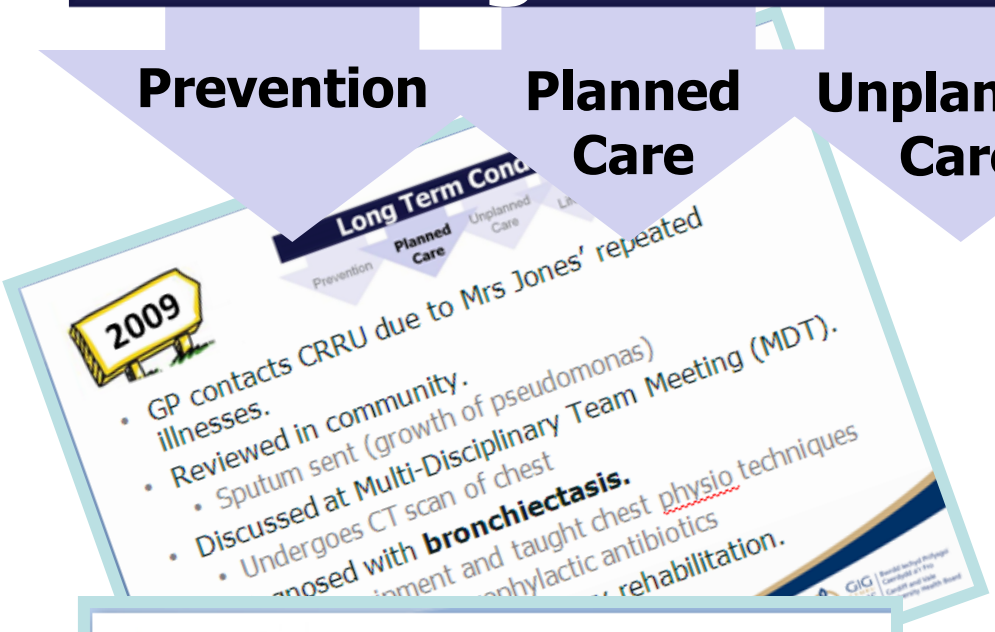
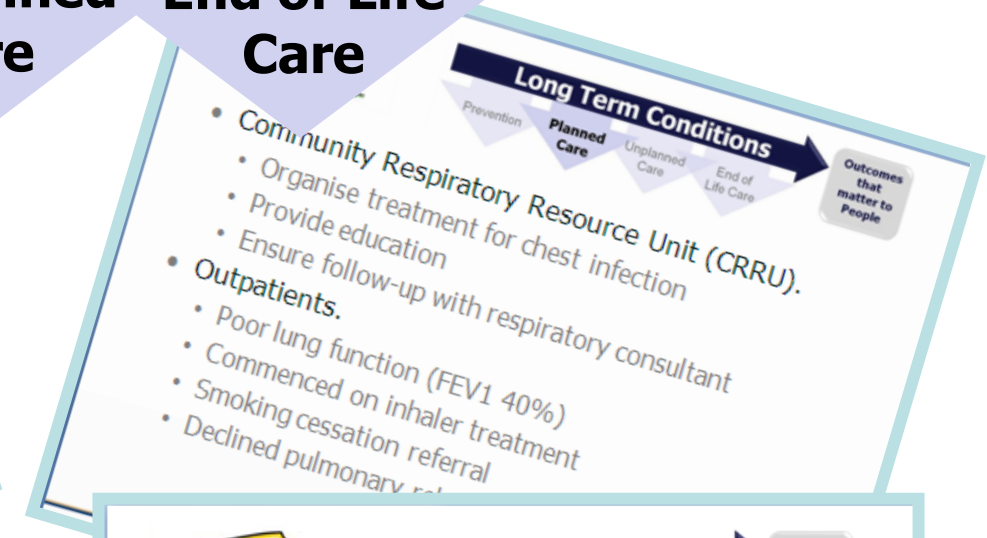
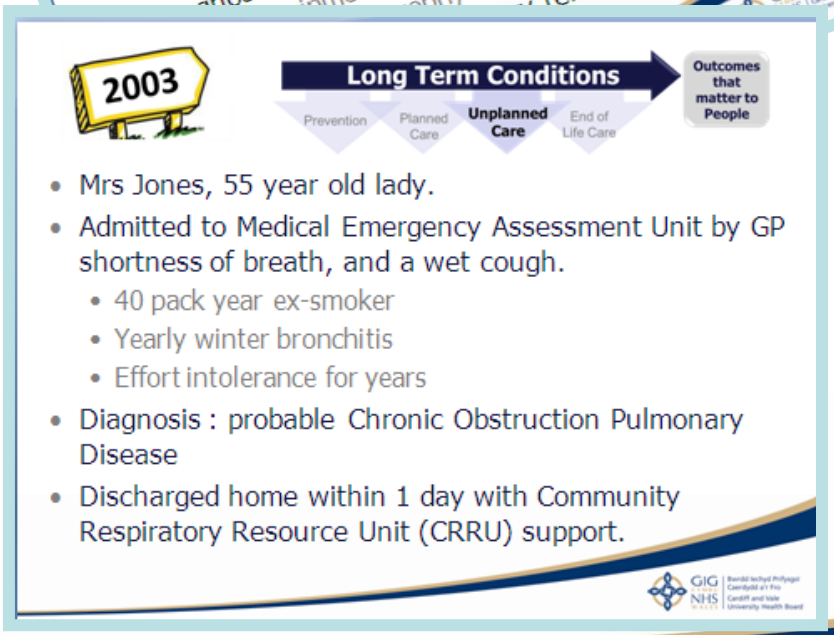
Long Term Conditions

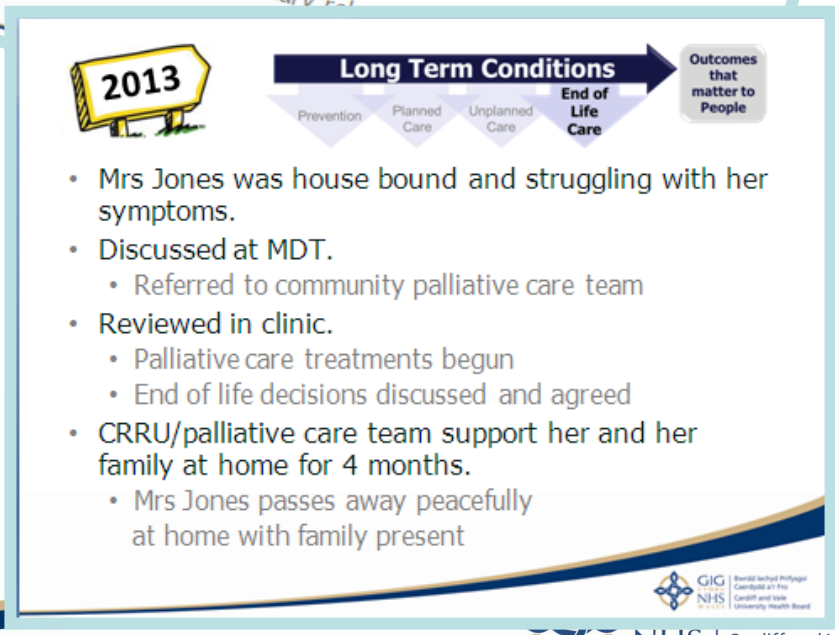
Outcomes that matter to People

Prevention | **Planned Care** | **Unplanned Care** | **End of Life Care**

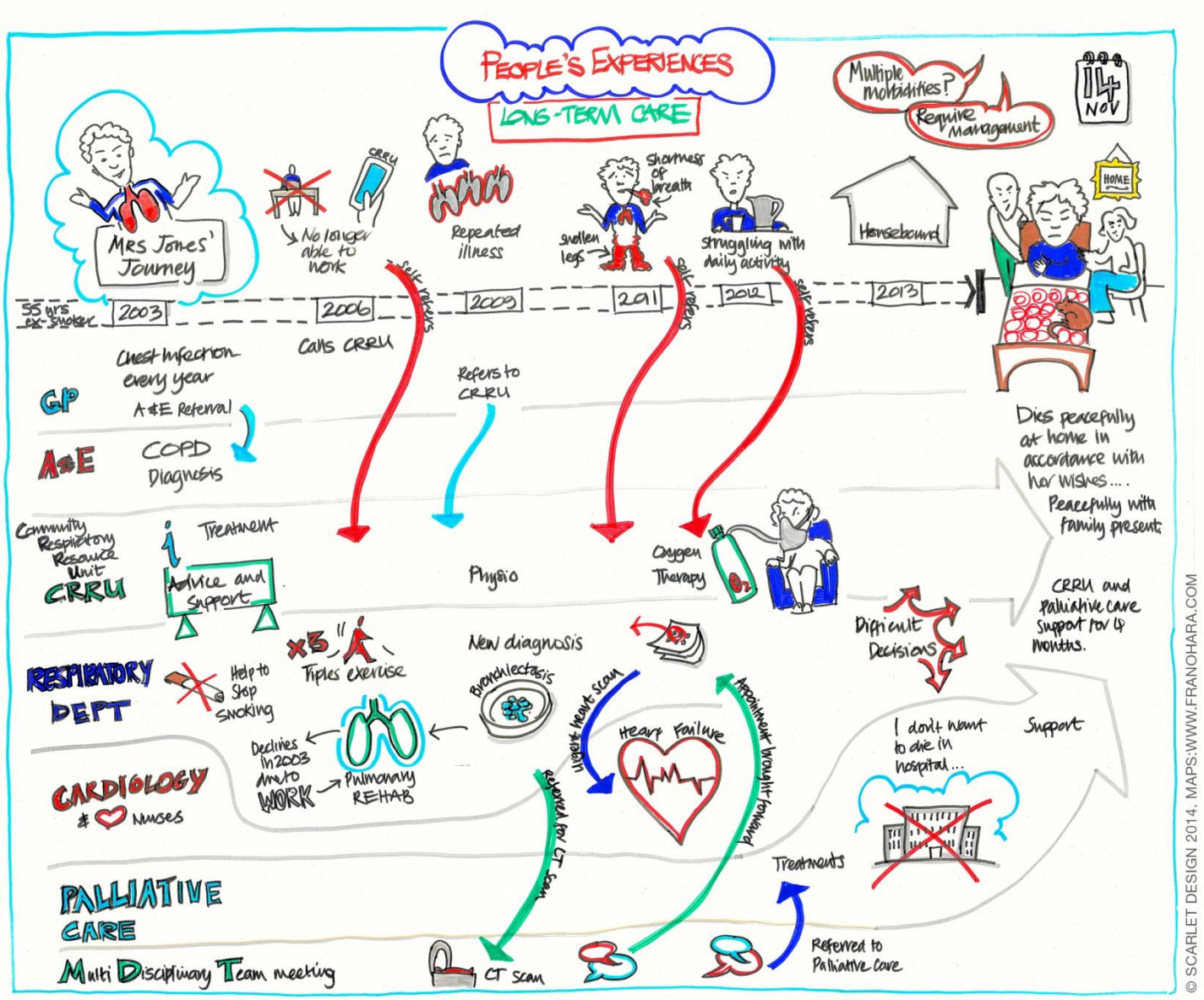








Service User Experiences



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.

Empower the Person

Participant Feedback

- Providing the opportunity, including knowledge and skills, to enable people to take responsibility for their own health.
- Enable people to make their own decisions about treatment and accept the patient choices.
- Where to seek help/at what threshold should I seek advice?
- To be able to self manage conditions in a way that suits me and my family, and encourages independence.
- Information that is relevant to me and only given to me when I need it.
- Enabling access to the right services and treatments.
- Consider the range of barriers that prevent people leading healthy lifestyles. E.g. social deprivation, poverty, education.
- Being able to choose where and how to receive services e.g. home, GP, hospital, clinic.
- Ensure that support package agreed upon in hospital actually happens on discharge.
- Availability of professional helpline 24 hours a day to give patient confidence in managing problems which may arise.

Home first

Participant Feedback

- Give patient confidence and knowledge to coordinate self-management of conditions.
- Signposting for education/information.
- Must consider where to get support/contact if home first.
- MDT increased to allow home care team.
- Potentially greater cost if care at home.
- Need ease of access to GPs when appointment needed.
- Need good range of local community services.
- Remember long-term conditions also affect children and young people and their families.
- Carer's role in user empowerment.
- Good home environment, adapted as needed.
- Inequalities mean different abilities to self care/work with clinicians.
- Shared decision-making early in diagnosis.
- Joined up services to reduce duplication, role of key worker.
- Flexible care. Home visit versus out of hours appointment.
- Shared IT systems such as single e-record.

Outcomes that matter to People

Participant Feedback

- Living a meaningful life.
- Reduced pain.
- Increase in activities of daily living.
- Operation worked.
- Back to leisure activities.
- Easy access parking.
- See me as a whole person.
- Feeling well.
- Risk managed.
- Fears are allayed.
- Choices.
- Long life.
- Reduce harm.
- Treat me quickly.
- Signpost to correct person, reducing waiting time.
- Access to educational information.
- Managing expectations.

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Avoid harm, waste and variation

Participant Feedback

- Review of routine appointments, as many are unnecessary.
- More effective communication with sharing of information.
- Education.
- One system for information.
- Using the most cost-effective medicines for equivalent outcome. Prescribing right drug first time.
- Agreed prescribing messages across primary and secondary care i.e. have the same agenda.
- Advanced care planning.
- Prudent healthcare principles to be applied in clinical practice.
- Designated chronic conditions nurse for each community team.
- Ask what matters to the patient and family and provide enough treatment and intervention to achieve shared goals.
- Check what patient needs before medical products are bought to them, as the products may not be needed.
- Don't do things just because we can, but consider fair use of resources.

Promote equity between the people who use and provide the service

Participant Feedback

- Sharing of knowledge between users and providers.
- Local accessible services for all.
- Can we provide care in different places and not just health sites? Be imaginative about where we deliver care.
- Language and culture accessibility.
- Patient and clinician partnership with a shared vision.
- Equality to speak and be listened to.
- Specialist makes time to understand all my needs and the outcomes I want.
- Service built around users not providers, patient used as an expert.
- Facilitate multisource user feedback of services.
- Multidisciplinary working providing holistic care.
- Detailed transition planning between child and adult services.
- You keep your promises to me and I keep my promises too.
- Using data and analysis to assess state of service and measure change and therefore promote change.

Future Services

People

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

"The patient is the most undervalued resource in medicine"

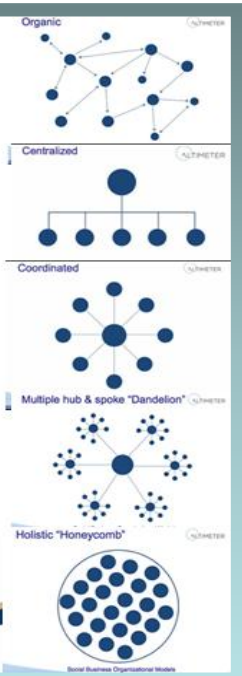
1970s -1980s

NOW

Technology and **Communication**

New Ways of Working

- Networks/Alliances and Partnerships
- New Flexible Roles



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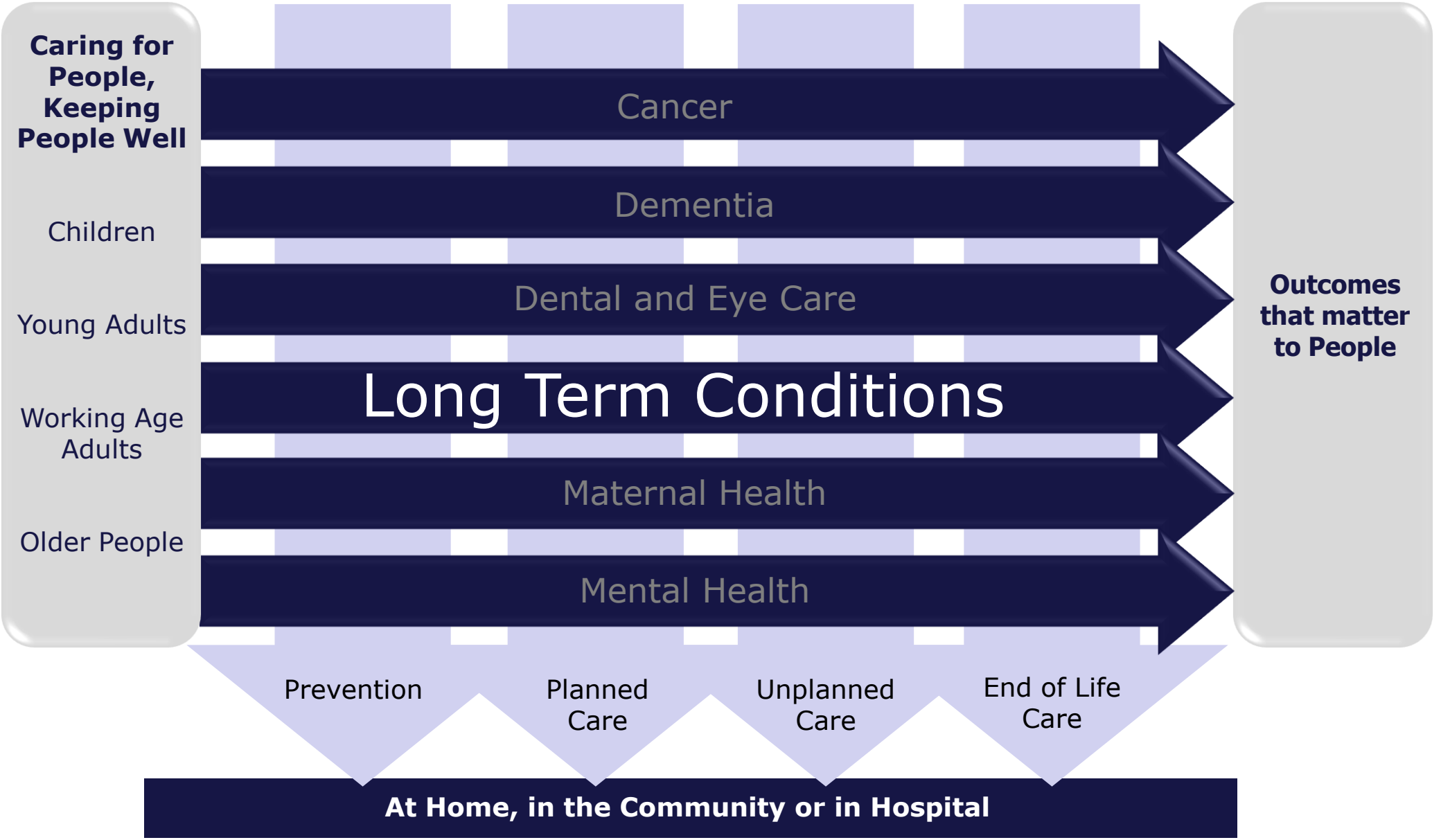
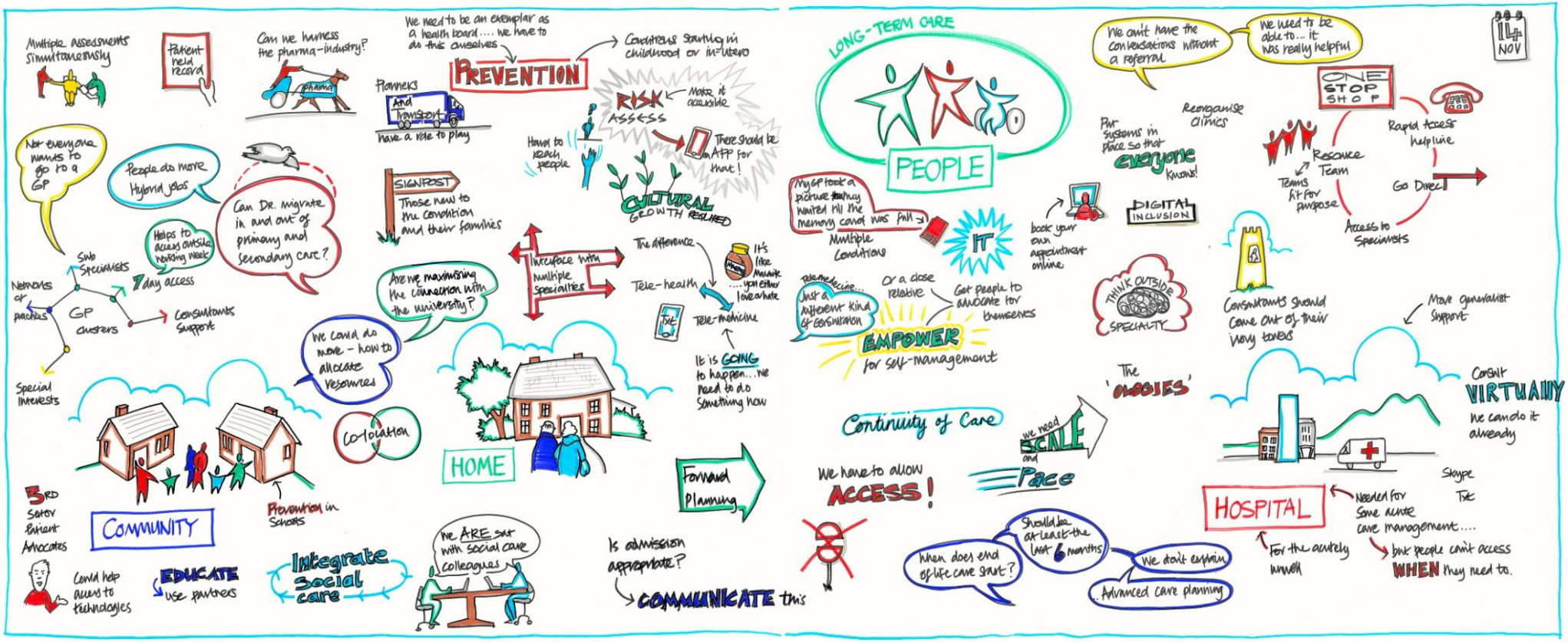
Clinical Services Framework



Working together, what could our 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**