What are the major challenges for the NHS?
The NHS remains in middle of the longest funding squeeze in its history (for now...)

- £4 billion gap in 2018/19 only half filled in Nov 2018 budget, leaving a c£20 billion gap by end of this parliament

© The King’s Fund 2018
Demand pressures

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

(baseline year of 2013/14 = 100)

- Number in contact with NHS adult secondary mental health and learning disability services: 104
- Total clinical staff FTE: 104
- Total NHS FTE: 106
- A&E attendances: 107
- Non-elective G&A admissions (FFCEs): 108
- Elective G&A admissions (FFCEs): 108
- Emergency admissions: 110
- GP referrals seen (all specialties): 111
- All first outpatient attendances (G&A): 112
- *Mental health average daily occupied beds: 114
- Number of emergency calls presented to ambulance switchboard: 115
- Diagnostic tests: 119

The King's Fund
Figure 1: Population pyramids, 1966, 2016 and 2066 (principal projection), UK
Demographic pressures

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

<table>
<thead>
<tr>
<th>Year</th>
<th>under 16</th>
<th>16 to 64</th>
<th>65 to 74</th>
<th>75 to 84</th>
<th>85 and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>1966</td>
<td>15</td>
<td>45</td>
<td>30</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>1991</td>
<td>18</td>
<td>40</td>
<td>35</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>2016</td>
<td>20</td>
<td>40</td>
<td>40</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>2041</td>
<td>25</td>
<td>45</td>
<td>45</td>
<td>30</td>
<td>20</td>
</tr>
<tr>
<td>2066</td>
<td>30</td>
<td>50</td>
<td>50</td>
<td>40</td>
<td>30</td>
</tr>
</tbody>
</table>
Burden of disease

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

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

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

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

From Long-term conditions and mental health: the costs of co-morbidities
http://www.centreformentalhealth.org.uk/long-term-conditions

© Centre for Mental Health, 2015
Figure 1: What do you see as the most/other important issues facing Britain today?
Figure 2: Public satisfaction with the NHS, 1983-2018

- **Very or quite satisfied**
- **Very or quite dissatisfied**
- **Neither satisfied nor dissatisfied**
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 Heath 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

Transforming lives through healthcare innovation

2011
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.
**System:**
Buckinghamshire, Oxfordshire, Berkshire West (BOB) ICS
1.8m population
Strategic Collaboration of Partners across scale

**Place:**
Berkshire West Integrated Care Partnership
600,000 population
Transformation and Integration of local services

**Locality:**
3 localities in line with LA geographies
c.150,000 population
Design of local delivery options

**Neighbourhood:**
14 neighbourhoods
30-50,000 population
Wraparound integrated care
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)
The Tokenism Cycle

- Involvement under-valued...
- it is done badly...
- it makes little impact
- and is further devalued...

Adapted from Jenny Popey
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 to 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*

Care responsive to and respectful of the needs preferences and values of individuals
Person centred care: central to the quality of care

- Experience: Care responsive to and respectful of the needs, preferences, and values of individuals
- Safety
- Effectiveness
Organisational care

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**

**BMJ systematic review**
Stacey 2011
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

It makes difference!

BMJ systematic review
Stacey 2011
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

27 It makes difference!
Appreciative Inquiry

Asset Based

Look at what we’ve got!!

Look at what we’re missing!!

Deficit Focused

© J. Logan 2012
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
<table>
<thead>
<tr>
<th>Clarifying the problem</th>
<th>Cause</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erosion more rapid than expected</td>
<td>Why</td>
</tr>
<tr>
<td>Caustic cleaning agent</td>
<td>Why</td>
</tr>
<tr>
<td>Starling &amp; sparrow droppings</td>
<td>Why</td>
</tr>
<tr>
<td>Food source – spiders</td>
<td>Why</td>
</tr>
<tr>
<td>Food source – midges</td>
<td>Why</td>
</tr>
<tr>
<td>Behaviour – light source</td>
<td>Why</td>
</tr>
<tr>
<td>Time of turning the lights on</td>
<td>No specific or required why</td>
</tr>
<tr>
<td>Observation</td>
<td>Problem</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------</td>
</tr>
<tr>
<td>The Lincoln Memorial is eroding more rapidly than expected</td>
<td>The lights are being turned on too early.</td>
</tr>
</tbody>
</table>
Co-production: the components

Why?
**Why are you involving people:**

**What skills or experience do you need?**

<table>
<thead>
<tr>
<th>Skills or experience</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• What it is like to have a specific condition, use a specific service, be part of a particular community</td>
<td>Experts by experience</td>
</tr>
<tr>
<td>• Representation for a specific condition or community: patient/public organisations or groups eg charities</td>
<td></td>
</tr>
<tr>
<td>• Views outside the system: General public, citizens, lay people</td>
<td></td>
</tr>
<tr>
<td>• Involvement methodology: professionals who work in involvement</td>
<td></td>
</tr>
</tbody>
</table>
## Ways to reach people

<table>
<thead>
<tr>
<th>Type of person</th>
<th>Ways to reach them</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experts by experience:</strong></td>
<td>• Healthcare professionals</td>
</tr>
<tr>
<td></td>
<td>• CVSE organisations and charities</td>
</tr>
<tr>
<td></td>
<td>• Organisational website</td>
</tr>
<tr>
<td><strong>Patient/community groups:</strong></td>
<td>• Local CVS umbrella organisation</td>
</tr>
<tr>
<td></td>
<td>• Local groups eg PPGs a BME community group</td>
</tr>
<tr>
<td></td>
<td>• Consumer health groups eg Healthwatch</td>
</tr>
<tr>
<td></td>
<td>• National Voices - coalition of charities</td>
</tr>
<tr>
<td></td>
<td>• AMRC – research charities</td>
</tr>
<tr>
<td><strong>General public, citizens</strong></td>
<td>• Personal connections, social media, public engagement events or even people on the street etc etc</td>
</tr>
<tr>
<td><strong>Involvement methodologists</strong></td>
<td>• Trust/CCG engagement/experience leads</td>
</tr>
<tr>
<td></td>
<td>• INVOLVE - part of the National Institute for Health Research</td>
</tr>
</tbody>
</table>
Using Experience
Desire paths

User experience

Design
Why observation matters – patient experience
...and staff 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..

‘An extremely valuable learning experience. I am a better nurse because of it.’

‘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.’
“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

**Healthwatch**
- **Membership**
  Patients, carers and the public informed about what’s happening
- **Involvement**
  Active members of focus groups, projects, working groups etc.
- **Leadership**
  Members of strategic groups / boards

**The public**
- **Not paid**
- **Travel & Expenses**
- **& time**

Voluntary & community sector
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
Thank You!
Have a safe journey home