

**HELLO &  
WELCOMIE**

# Who we are

Julie Van Ruyckevelt	Co-Lead Patients in Control Programme: Midlands & East Region
George Rook	Patient Leader Patients in Control Programme
Sheila Williamson	Workshop Facilitator
Viv Walton	Workshop Facilitator

# How we work together today

- Can I ask for usual things like phones switched to silent etc...
- Can I ask that you respect each other's space to speak and permission to manage that if we go off track!
- Although we have a bit of 'information sharing' this is very much meant to be participatory session so please interrupt me at any time
- Anything else?

# Pair and share



# Activity

- What does Patients in Control (PiC) mean to you as a commissioner?
- What does it mean to patients?

# 'Patients in Control' (PiC)

## What is 'Patients in Control' all about?



# 'Patients in Control' is about...

Working with patients and carers to provide...

What matters to patients/carers?

Our programme is based on existing national research, and...

Midlands and East research:

- online patient survey based on existing key themes
- follow-up telephone interviews
- in-depth case studies

Insights gathered from focus groups





# Learning from our Research 2

Patients struggle the most with

- emotional well-being
- pain management



Link between physical pain and emotional difficulties

Strong link between emotional ill-health and chronic conditions

# Learning from our Research 3

Those patients who are doing better are:

- Patients with only one condition
- Self-educated patients
- Patients who are active within the community and do volunteer work
- Patients who have taken up alternative, non-medical interventions and activities



# Learning from our Research 4



Those who struggle most with self-management are:

- Carers – particularly carers of people with mental health issues
- Mental health patients
- Patients with more than one condition
- Patients who struggle with pain

# Most important to patients and carers by priority:

- Easy access to specialist teams
- GPs having better knowledge of my needs and conditions
- Personalised care plan
- Easily accessible information
- Emotional support
- Education and training
- Accessing exercise to keep mobile
- Increasing access to non-medical options
- Contributing to paid or unpaid work
- Organised activities
- Access to peer support

## What would make a difference?

'Personal Involvement  
with development of my  
care plan'

'Join a **user led  
support group** so I  
can learn from  
similarly affected  
people how they are  
coping and exchange  
ideas '

'**Socialisation  
and access to  
new learning  
opportunities**'

'Already manage diet  
but hard to keep to  
approved diet and  
exercise regime  
**without some  
feedback and support  
over time** '

'**Clear communication**  
between the patient, carer  
and medical support -  
**information** should be given  
to the carer to enable ongoing  
support to be appropriate '

## Putting 'Patients in Control' is NOT:

- Just consulting about a CCG service plan
- Just telling patients to take responsibility for their health
- Just talking to patient participation groups
- Just sending a patient on an expert patient course
- Just measuring patient experience

## Putting 'Patients in Control' IS:

- Commissioning and providing what patients say they need to live well....
- Practical support
- Coaching
- Social prescribing
- Easy access to advice
- Emotional support
- Information
- Shared decision making

In summary – a quick quiz!



# How many people in England have one or more long term conditions?

- 5 million
- 10 million
- 15 million



# What % of NHS budget do we spend on care of people who have long term conditions?

- 25%
- 40%
- 70%

# How many hours per year does a person with a long term condition have contact with a health professional?

- 10 hours
- 12 hours
- 3 hours

# What % of GP appointments do people with long term conditions account for?

- 25%
- 50%
- 70%

**Based on feedback from recent research  
which of the following things are reported as  
being important to patients:**

- Emotional and peer support
- Easily accessible information
- Personal care plans

# In recent research what % of patients had involvement in a personal care plan?

- 35%
- 25%
- 3%

# How much could the NHS save each year from non-medical, social interventions?

- £500 million
- £10 million
- £4.4 billion

# NHS policy proposes that all people with a long term condition should have:

- A free bus pass
- A personalised care plan
- Additional pension

# Making the Case for ‘Patients in Control’ “It’s everyone’s business”!





# The political and regulatory drivers

- Five Year Forward View plus planning guidance (2014)
- Putting Patients First NHSE 2014 Business Plan
- Better Care Fund
- Co-commissioning
- Equality and Diversity
- Health & Social Care Act (2012)
- NHS Constitution (2013)
- The NHS Mandate(2013)

# Demographic and Financial Drivers

- 15 million people with one or more long term condition.
- Number of people with multiple conditions rising.
- Impact on resources against a back drop of potential financial shortfall.
- Patients with long term conditions account for 50% of all GP appointments.
- Current position unsustainable.





# Patients in Control is...

- A process by which patients are put at the forefront of their health and care.
- A partnership between individuals, families and services which enables patients to retain control of their health and make informed decision about their care. *(National Voices 2014)*

**Underpinned by an active partnership between patient and clinician** *(Reform 2015)*

*The drivers for 'Patients in Control' are compelling.....*

# 'Patients in Control' and your CCG

- ◆ *What are the commissioning opportunities that could be considered using the PiC approach?*
- ◆ *Focus on possibilities and options not solutions!*

# Co Production

*“Co-production is working with patients to design and provide services in ways which support patients to take control of their care and their lives”*

- How can it work?
- Two videos to illustrate the theory and practice



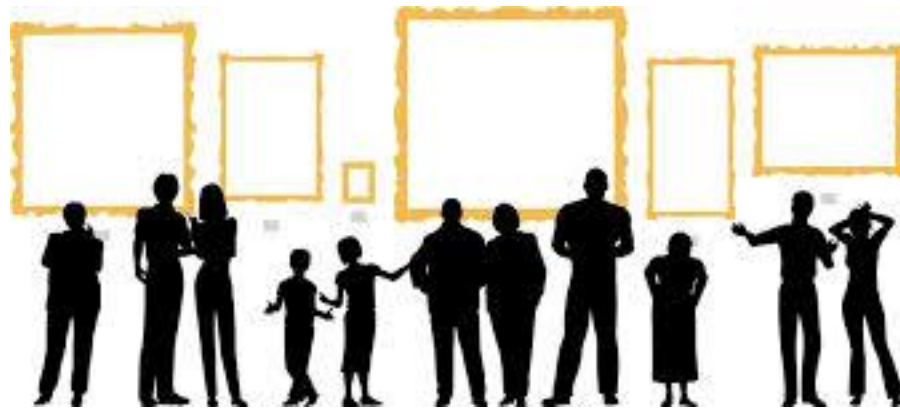
# Action Planning

**IDEAS**  
*into*  
A·C·T·I·O·N



# Examples of real 'Patients in Control' interventions

## Gallery walk



# SO.... are you up for it?

- Generate a long list of ideas that could put 'Patients in Control' in your CCG



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# Making things happen!

- What are the three areas to work on?

Go to the flip chart of each area and establish:

- The area of work
- How does this put patients more in control?
- What will you do next?
- What resources will be needed?
  - How urgent: Short/Medium/Long Term
  - Degree of difficulty  
High/ medium/low



# Making it happen

- Who will take the lead
- What is the next action
- Timeframe



# Patient Magna Charter



*We commit to enshrining the principles of putting "Patients in Control" in our role as commissioners of health care for our population living within our CCG. Whenever possible we will:*

## *Whenever possible we will:*

- Work with patients & clinicians as valued partners
- Include shared decision making as a vital part of patient care
- Provide information for patients, families and carers
- Focus on person centred as opposed to condition centred
- Acknowledge and address differing levels of activation and respond to meet their individual needs in supporting self-management
- Reflect needs and enable people to live as well as possible and are informed by patient stories
- Require providers to ensure that personal care plans are a key element of the delivery of patient care
- Evaluate services with patients carers and families to further develop care that puts "patients in control"
- Adopt a co-design approach, working with patients and





# South East CSU – further support

- Website/Toolkit
- Future help and support

# Evaluation