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CSP East Midlands Regional Network

Empower: Working together to showcase the value of physiotherapy in the East Midlands

#CSPexertinginfluence

Welcome

Lucy Cocker

East Midlands Regional Network Co-Chair

Daniel Thompson

East Midlands Regional Network Vice-Chair

Joint Network Honorary Joint Chairs:
Lucy Cocker and Felicity Begley

Email: eastmidlandschair@csp.org.uk

Twitter: [@CSPEastMidlands](https://twitter.com/CSPEastMidlands)

Facebook:
<https://www.facebook.com/CSPEMRN/>



Wi-Fi code: champions





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9:45 Lucy Cocker, CSP East Midlands Regional Network Co-Chair, and Daniel Thompson, CSP East Midlands Regional Network Vice-Chair

- Welcoming remarks and introductions around the room

10:15 Catherine Pope, CSP Chair of Council

- Empowering East Midlands members under the new CSP governance model
- Influencing in the East Midlands through my role as AHP on the Midlands and East LetB and the Notts STP clinical reference group

11:00 Bernadette Armstrong, Extended Scope Physiotherapist

- A presentation of the role of the East Midlands Clinical Senate
- Feedback from the Sustainable Transformation Partnerships (STP) Engagement Event
- A discussion on how we can influence healthcare decision making in the East Midlands

11:15 Networking & refreshments

11:45 Using CSP campaigns to showcase the value of physiotherapy

- Catherine Chappell, CSP Campaigns and Regional Engagement Officer
- A review of Emma Graham and Jackie Danvers' experience at the #RehabMatters Parliamentary Reception
- Cathy Burton, Specialist Physiotherapist
- Using the CSP Older People's Day campaign to influence
- Campaigns workshop – what will you do to showcase physiotherapy?

13:00 Lunch - a buffet lunch will be provided

14:00 Helen Baxter, CSP Head of Improvement and Transformation

- An overview of Helen's role and the CSP's approach to STPs
- An STP workshop

15:00 Rowena Burgess, Clinical Practice Educator/Senior Lecturer

- Patient Experience Project...where hope begins
- A review of about her experience using thinking differently tools from the July event

Followed by a facilitated discussion on how members have used the 'Thinking Differently' tools presented at the July regional event

15:40 Networking & refreshments

16:00 Lucy Cocker, CSP East Midlands Regional Network Co-Chair, and Daniel Thompson, CSP East Midlands Regional Network Vice-Chair

- Leadership at any level - Physiotherapy UK 2017 Review

16:20 Closing remarks/Q&A



STP AND THE ROLE OF THE CLINICAL SENATE

BERNADETTE ARMSTRONG

EXTENDED SCOPE PHYSIOTHERAPIST IMSK -NORTHAMPTONSHIRE
HEALTHCARE FOUNDATION TRUST

MEMBER OF CLINICAL EAST MIDLAND'S SENATE COUNCIL

WHAT IS THE CLINICAL SENATE ?

- “The Senate, an assembly of some three hundred of Rome’s great and good, generally acknowledged - even by those not in it - to be both the conscience and the guiding intelligence of the republic. Membership of this elite was determined not automatically by birth but by achievement and reputation.....This gave to the senate’s deliberations immense moral weight, and even though its decrees never had the technical force of law, it was a brave or foolish magistrate who chose to ignore them” Holland; Rubicon (London, 2003) p37.

The Way forward – Clinical Senate 25/1/13 NHS Commissioning Board

EAST MIDLAND'S SENATE- A CLINICAL OVERVIEW

- Clinical Senates have been established to be a source of independent, strategic advice and guidance to commissioners and other stakeholders to assist them to make the best decisions about healthcare for the populations they represent. There are 12, with our area being East Midlands.
- The Clinical Senate council is a small multi-professional steering group including patient representatives . This group co-ordinates and manages the Senate's business. It will maintain a strategic overview across their region and be responsible for the formulation and provision of advice working with the broader Senate assembly.

<https://www.england.nhs.uk/ourwork/part-rel/cs/>

We are here to give independent clinical advice, to ensure good decisions are being made and to ensure that there is better healthcare within the limited resource envelope

East Midlands Clinical Senate

East Midlands Clinical Senate brings together a range of health and social care professionals, with patients, to provide a source of strategic, independent clinical advice and leadership on how services should be designed to provide the best overall care and outcomes for patients, linking clinical expertise with local knowledge.

We can support you by:

- **Providing clinical advice**, act as an honest broker, and if required, undertake reviews to areas where there may be lack of consensus in the local health system
- **Providing independent clinical advice to commissioners:** Focusing on major service change programmes, to inform the NHS England service change assurance process
- **Improving outcomes and value:** Working with you to identify aspects of health care where there is potential to improve outcomes and value. Provide proactive advice about the areas for inquiry or collaboration, and the areas for further analysis of current evidence and practice

Clinical Senate Assembly

The Clinical Senate Assembly is a diverse multi-professional forum providing the Council with ready access to a pool of experts from a broad range of health and care professions. The Assembly also includes patient representatives and encompasses the birth to death spectrum of NHS care. There are over 250 members of the Clinical Senate Assembly.

Applications are welcome from enthusiastic and passionate health and social care professionals of all disciplines who are actively involved in healthcare delivery and able to command respect of clinical and non-clinical professionals.

To apply for membership of the Clinical Senate Assembly, please send an expression of interest to england.eastmidlandsclinicalsenate@nhs.net

Please provide your name, contact details, role and employing organisation. This should be supported by a statement of no more than 800 words describing your professional background and areas of interest, a statement identifying the reason for applying for membership and describing what you will bring to the Clinical Senate.

Clinical Senate - Work programmes

- We carry out work under three broad headings:

1. Proactive work programmes

Meeting the prevention challenge in the East Midlands

- 7 day services baseline report and ongoing support to 7 day service leads
- Commissioning services for an ageing population and those living with frailty
- Physical activity and exercise medicine
- Supporting clinical commissioning groups to undertake a review of sustainable services
- Review of clinical commissioning group five year plans

2. Clinical advice

Lincolnshire adult vascular surgery review

- Nottingham dermatology stakeholder events
- Hertfordshire and Essex vascular review

3. Clinical reviews of major change programmes

North Derbyshire transformation programme

- Lincolnshire health and care programme (June 2014 and October 2015)
- Leicester, Leicestershire and Rutland Better Care Together programme

<http://emsenate.nhs.uk/work-programmes>

STP AND CHALLENGES

NEGATIVE

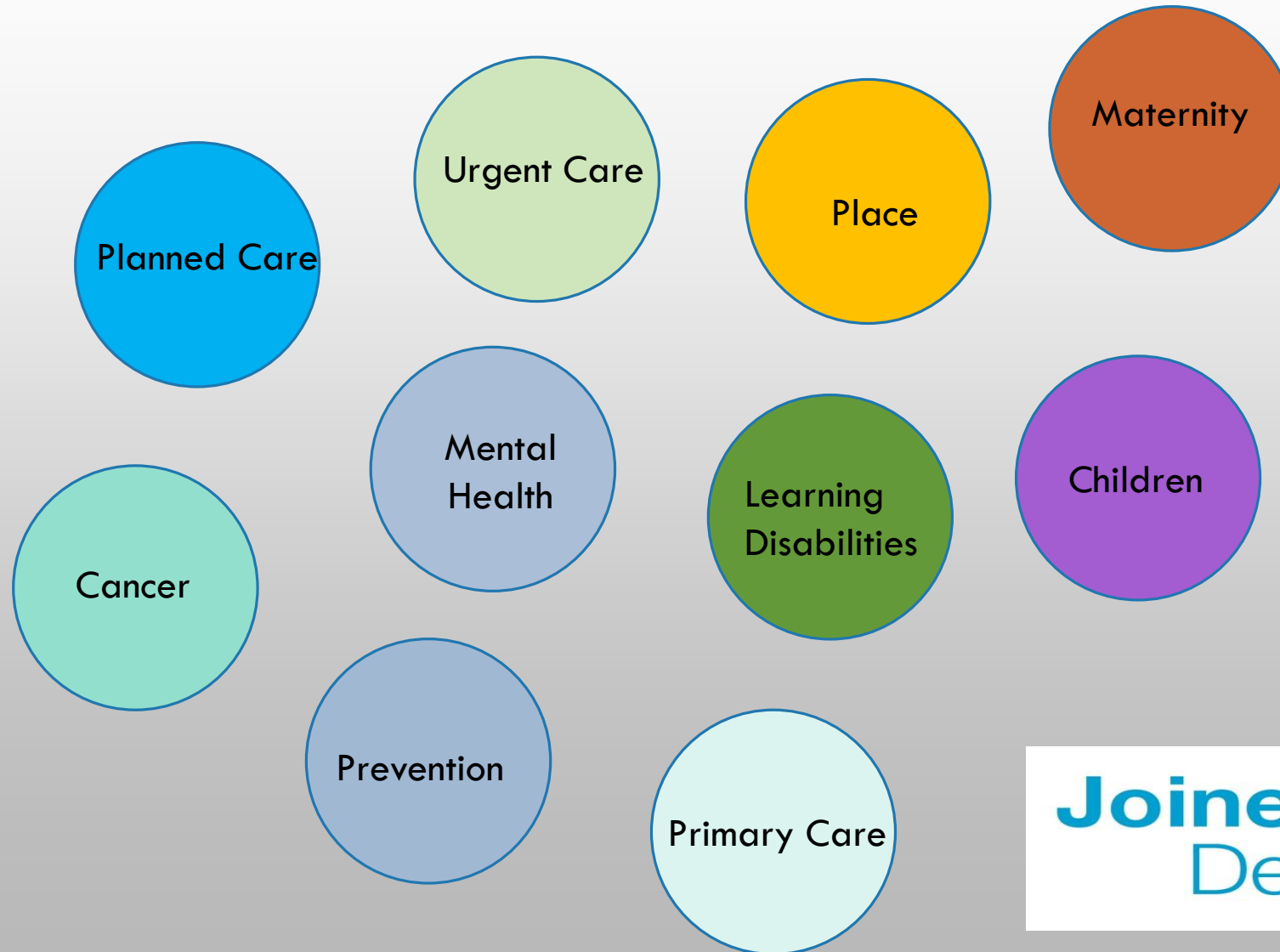
- JARGON
- COST SAVING
- CHANGE

POSITIVE

- SHARED PURPOSE
- CO –DESIGN WITH CLINICIANS
- FUTURE PROOF
- COLLABORATION ACROSS ORGANISATIONS
- PATIENT CENTERED
- REALISTIC – RIGHT PATIENT, RIGHT PARTNER/ CLINICIAN, RIGHT TIME
- INNOVATIVE WORK
- COOPERATION NOT COMPETITION
- DOING RIGHT THING CLINICALLY AND SOCIALLY WITH FINANCES

What's in the plan?

To deliver the priorities there are 10 work areas



Joined Up Care
Derbyshire

Derbyshire-What are our priorities?

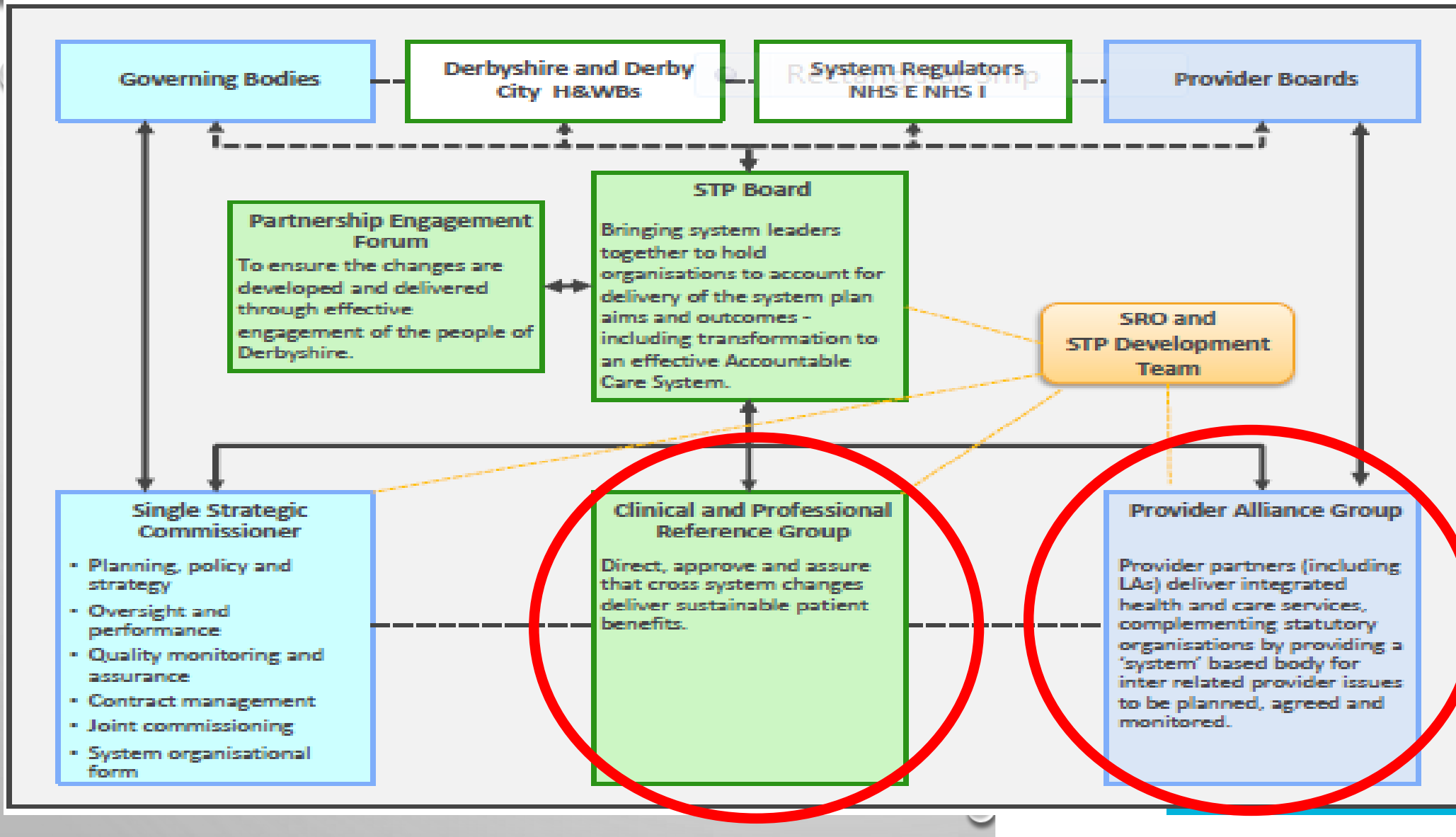
Our priorities:

- 1.To do more to prevent ill health and help people take good care of themselves.
- 2.To tailor services so they look after and focus on people in their communities, so people get better, more targeted care and support.
- 3.To make it easy for people to access the right care, whenever it is needed, so everyone gets better quality, quicker support across the system. This would help keep Accident & Emergency, Minor Injury Units and Urgent Care Centres free for patients who really need them.
- 4.To get health and social care working seamlessly together so people get consistently high quality, efficient, coordinated services, without gaps or duplication.
- 5.To make organisations as efficient as possible so money is pumped into services and care, with running costs kept low.

Joined Up Care
Derbyshire

HOW WILL WE MAKE IT HAPPEN?

ALL PARTNERS AGREED A GOVERNANCE STRUCTURE WHICH WILL HELP AND SUPPORT THE SYSTEM TO MAKE THE CHANGES IT NEEDS.



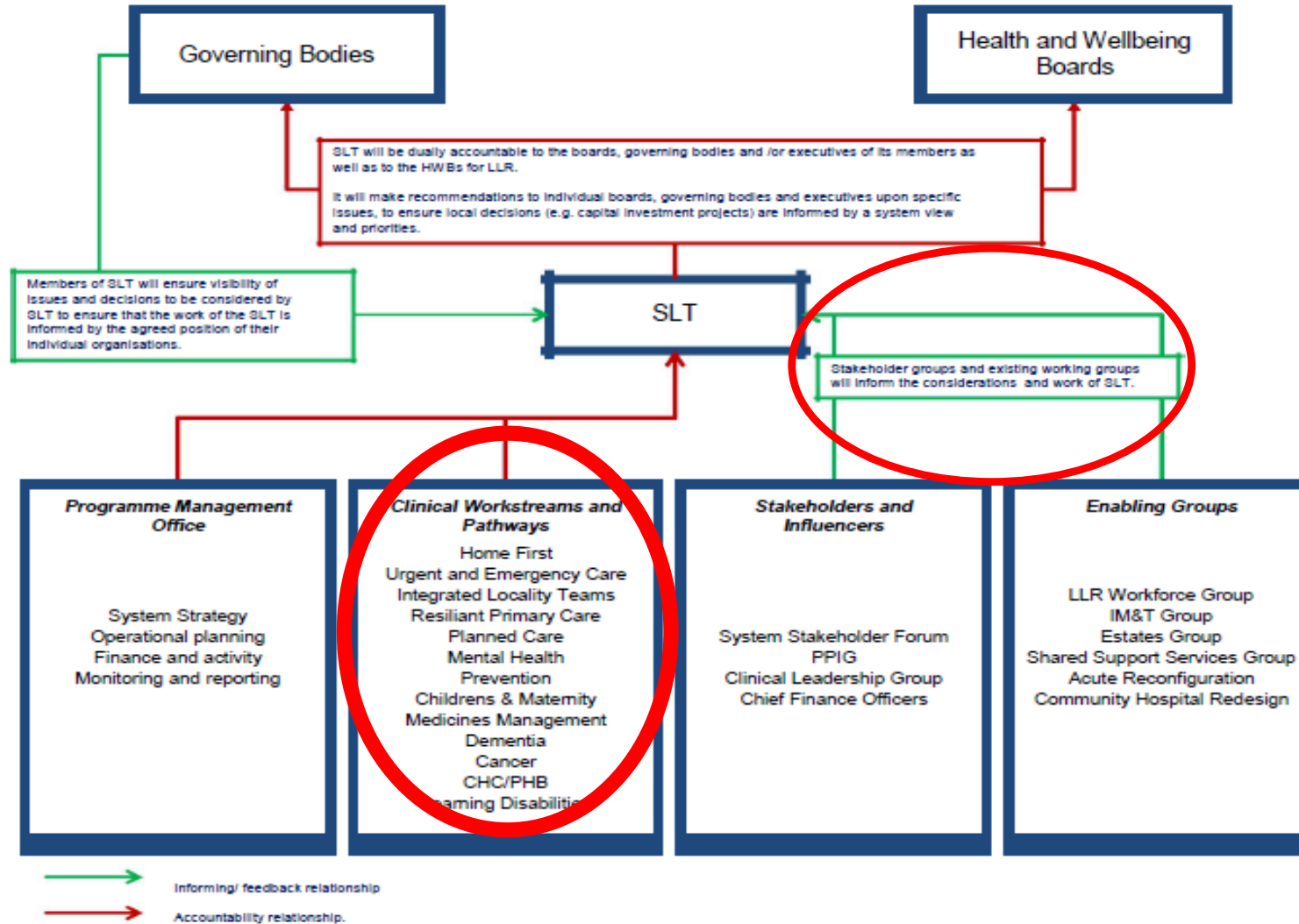


LEICESTER, LEICESTERSHIRE & RUTLAND STP

WHAT ARE THE KEY THINGS WE'VE COMMITTED TO DO THIS YEAR?



LEICESTERSHIRE STP GOVERNANCE STRUCTURE



IMPLEMENTATION PLAN

PLANNED CARE

- FURTHER EXPAND THE MUSCULOSKELETAL TRIAGE ACROSS LLR TO MANAGE ALL MSK REFERRALS.
- DEVELOP PLANS WITH TWELVE SPECIALITIES TO REDUCE THE NUMBER OF OUTPATIENT FOLLOW-UP APPOINTMENTS.
- ROLL OUT FURTHER PRISM PATHWAYS IN PRIMARY CARE AND ADVICE AND GUIDANCE AND DEVELOP PEER TO PEER REVIEWS IN GENERAL PRACTICE.
- COMMENCE JOINT MUSCULOSKELETAL PHYSIO SERVICE.

INTEGRATED CARE

- MOBILISE NEW END OF LIFE CARE PATHWAY
- SUPPORT PRACTICES IN RELATION TO THE TREATMENT OF DIABETES TO IMPROVE DIABETIC OUTCOMES
- CARDIO RESPIRATORY/CARDIO VASCULAR (LONG TERM CONDITION) DEVELOPMENT OF NEW PATHWAYS

IMPLEMENTATION PLAN

CANCER

- START TO SEND OUT BOWEL SCREENING REMINDERS VIA GPS AT PATIENTS 60TH BIRTHDAYS.
- DEVELOP VAGUE SYMPTOMS PATHWAY.

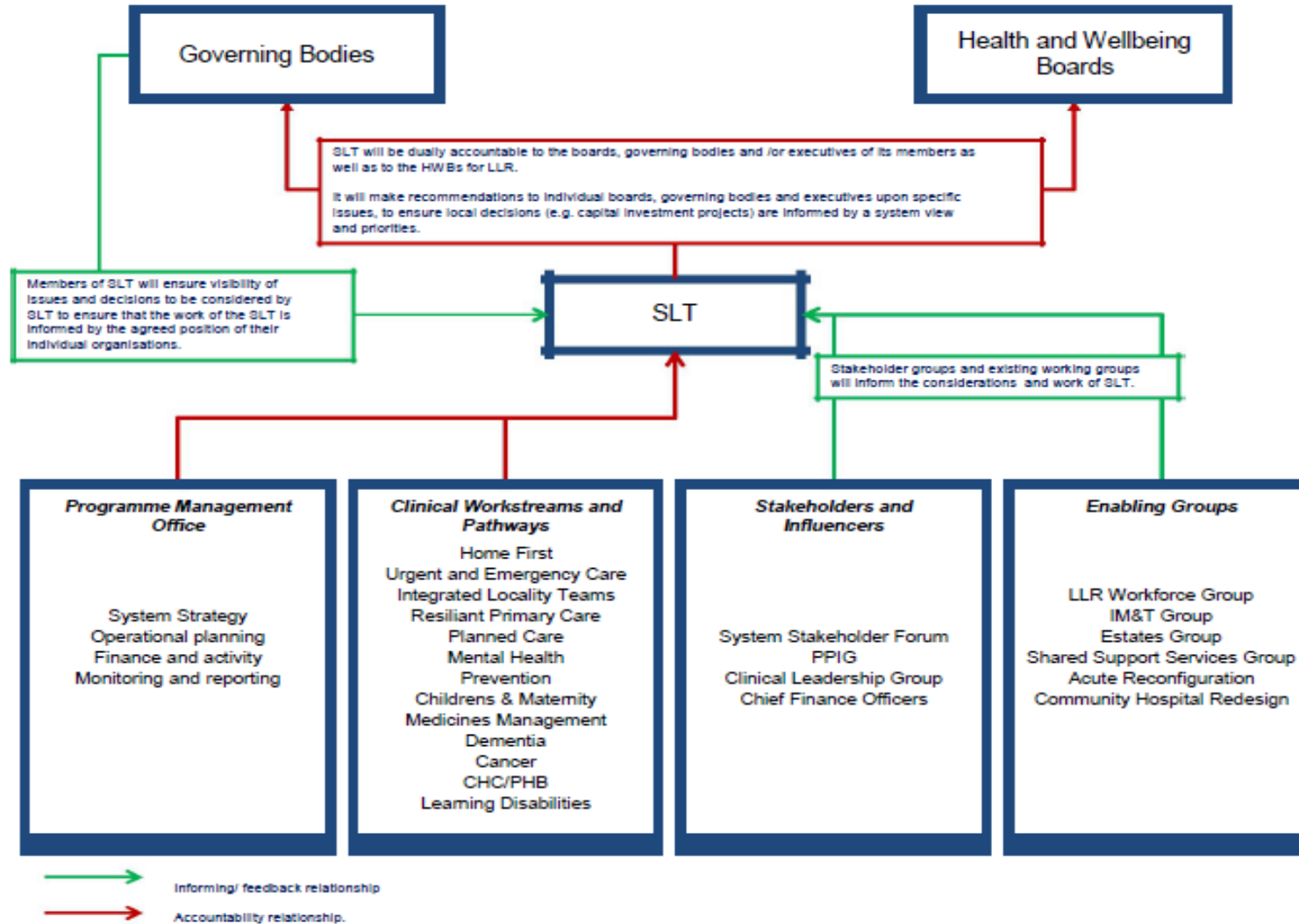
MENTAL HEALTH

- IMPLEMENT FEMALE PICU BEDS LOCALLY
- RESILIENCE AND RECOVERY HUBS IN PLACE

DEMENTIA

- DEVELOPMENT AND MOBILISATION OF INTEGRATED POST DIAGNOSTIC SUPPORT SERVICE

LEICESTERSHIRE STP GOVERNANCE STRUCTURE



The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text is centered on the slide.

LINCOLNSHIRE STP

DR SUNIL HINDOCHA

WHAT ARE THE MAIN ELEMENTS OF THE PLAN?

7 SYSTEM PRIORITIES;

1. NEIGHBOURHOOD TEAMS [PLACED BASED, INTEGRATED CARE TEAMS]
2. GPFV [RESILIENCE & TRANSFORMATION]
3. U&EC TRANSFORMATION [4 HOUR STANDARD]
4. MENTAL HEALTH FV [REDUCING OATS BY FOCUSING ON COMMUNITY SERVICES INCLUDING BEING PART OF NEIGHBOURHOOD TEAMS]
5. PLANNED CARE [DEMAND & REFERRAL MANAGEMENT, MSK, NATIONAL "100 DAY" PROGRAMME]
6. OPERATIONAL EFFICIENCY [PHARMACY & PRESCRIBING, ESTATES RATIONALISATION, BACK OFFICE, WORKFORCE, PROCUREMENT]
7. ACUTE SERVICE REVIEW [U&EC, WOMEN AND CHILDREN, HYPER ACUTE STROKE]

WHAT ARE THE PRIORITIES FOR THE NEXT 12 MONTHS?

- NEIGHBOURHOOD TEAMS AND GPFV ARE OUR “FLAGSHIP” PROJECTS
- ACHIEVE SYSTEM CONTROL TOTAL
- SUPPORT ULHT OUT OF SPECIAL MEASURES
- EXPAND THE ACUTE SERVICE REVIEW
- CONTRACT DIFFERENTLY
- ENHANCE CLINICAL LEADERSHIP AND MORE IMPORTANTLY ACHIEVE CLINICAL OWNERSHIP AT THE HEART OF THE PROGRAM. TO THAT END , WE ARE KEEN TO LEARN HOW THE SENATE/OTHERS CAN SUPPORT



NORTHAMPTONSHIRE'S SUSTAINABILITY & TRANSFORMATION PLAN

LUCY WIGHTMAN

DIRECTOR OF PUBLIC HEALTH

NORTHAMPTONSHIRE COUNTY COUNCIL

GANESH BALIAH

CLINICAL FELLOW, STP LEADERSHIP & STAFF ENGAGEMENT,

KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST

IMMEDIATE PRIORITIES

Urgent & Emergency Care

Mental Health

Primary/ Community/
Social Care

Cancer

System
Development

- **Learning from the past**
 - Whole system working
 - Converting ideas into clinical and organisational practice

NORTHAMPTONSHIRE STP

Short-Term Focus

5YFV Next Steps priorities

LONG-TERM FOCUS

- Health, wellbeing and independence
- A single countywide model for acute/secondary care services
- Primary/community/social care integration
- ACS



OVERVIEW OF THE NOTTINGHAM AND NOTTINGHAMSHIRE STP

CLAIRE WHITE

DEPUTY DIRECTOR OF INTEGRATION

NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST

OUR FOOTPRINT

- LOCAL RESIDENT POPULATION OF APPROX. 1,001,600 PEOPLE
- MULTIFACETED PUBLIC SECTOR
- VIBRANT VOLUNTARY AND COMMUNITY SECTOR
- TOTAL SPEND £3 BN
- DIVERSE, GROWING AND AGEING POPULATION
- NOTTINGHAM AND NOTTINGHAMSHIRE AT THE FOREFRONT OF INNOVATION - HEALTH AND CARE HAVING A DIFFERENT HISTORY OF CHANGE AND CULTURE (NEED TO BLEND THE BEST OF TWO RICH TRADITIONS)
- LOCAL PEOPLE WANT:
 - SUPPORT TO STAY WELL AND INDEPENDENT
 - QUALITY CARE, WITH MORE SERVICES IN OR CLOSE TO HOME
 - JOINED-UP SERVICES, THAT WILL BE THERE FOR FUTURE GENERATIONS





The Nottingham and Nottinghamshire
Sustainability and Transformation Partnership

- We will support both adults and children to develop the confidence and skills to be as independent as possible and look after themselves.
- We will organise care around individuals and their carers, delivering personalised care based on people's needs.
- We will work in multi-disciplinary teams across organisations to deliver joined-up care as simply and effectively as possible, reducing duplication.
- We will work together to shift resources to the most appropriate setting. This may mean spending more on prevention and proactive care in the community and less on services in hospitals.
- We will learn from what works well to spread good practice across the STP area so people can expect the same quality of care and support irrespective of where they live.
- We will deliver care and support as efficiently as possible so we can spend more on improving people's health, wellbeing and quality of life.
- We will place as much value on a person's mental health as we do their physical health.
- We will maximise the positive impact that health and social care services can add to our local communities through the contracting for products and services (known as 'social value').

Priority Workstreams



STP delivery
Nottingham and Nottinghamshire
(excluding Bassetlaw)

Transformation area delivery

- Greater Nottingham Transformation Partnership
- Mid Nottinghamshire Better Together Programme

Supporting Workstreams

Improve housing and environment

Strengthen acute services

Drive system efficiency and effectiveness

Enabling Workstreams

Future proof workforce and organisational development

Maximise estates utilisation

Proactive communication and engagement



DEVELOPMENT OF AN ACCOUNTABLE CARE SYSTEM IN GREATER NOTTINGHAM

CLAIRE WHITE: DEPUTY DIRECTOR OF INTEGRATION

CLAIRE.WHITE2@NUH.NHS.UK

07812 275009


THE STP: THE 'GOAL'

Health and wellbeing

Lower Life Expectancy in Greater Nottingham caused by smoking, obesity, alcohol and drug use.

Healthy life expectancy for men:

57.8 years Nottingham





63.4 years England

Quality and Care


High mortality rates for people with long-term conditions


Example: Cardiovascular deaths

 73 per 100k Nottingham


 42 per 100k England


Older people stay longer in hospital (average length in older people wards)

 16 days actual

 7 days aspirational

Longer waits in A&E: fewer patients seen within four hours)

 80% vs 95% target



Affordability

Funding gap to pay for health and care needs of Greater Nottingham

£47m for 2016/17 vs



£314m for 2020/21



Gaps also exist in key staff groups



Mindset, Culture and Behaviours

 Complex system

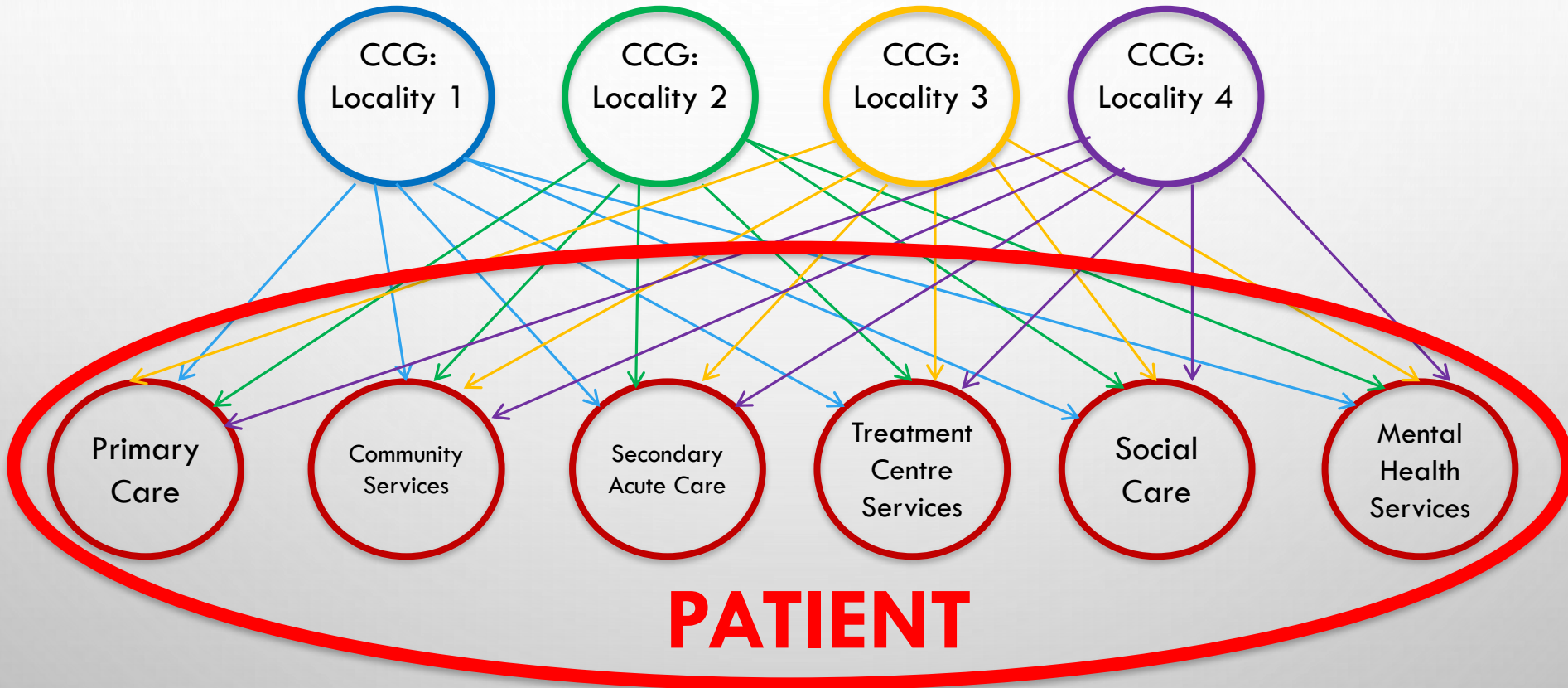
 Multiple providers and commissioners

 Silo organisations

 Fragmented contracts

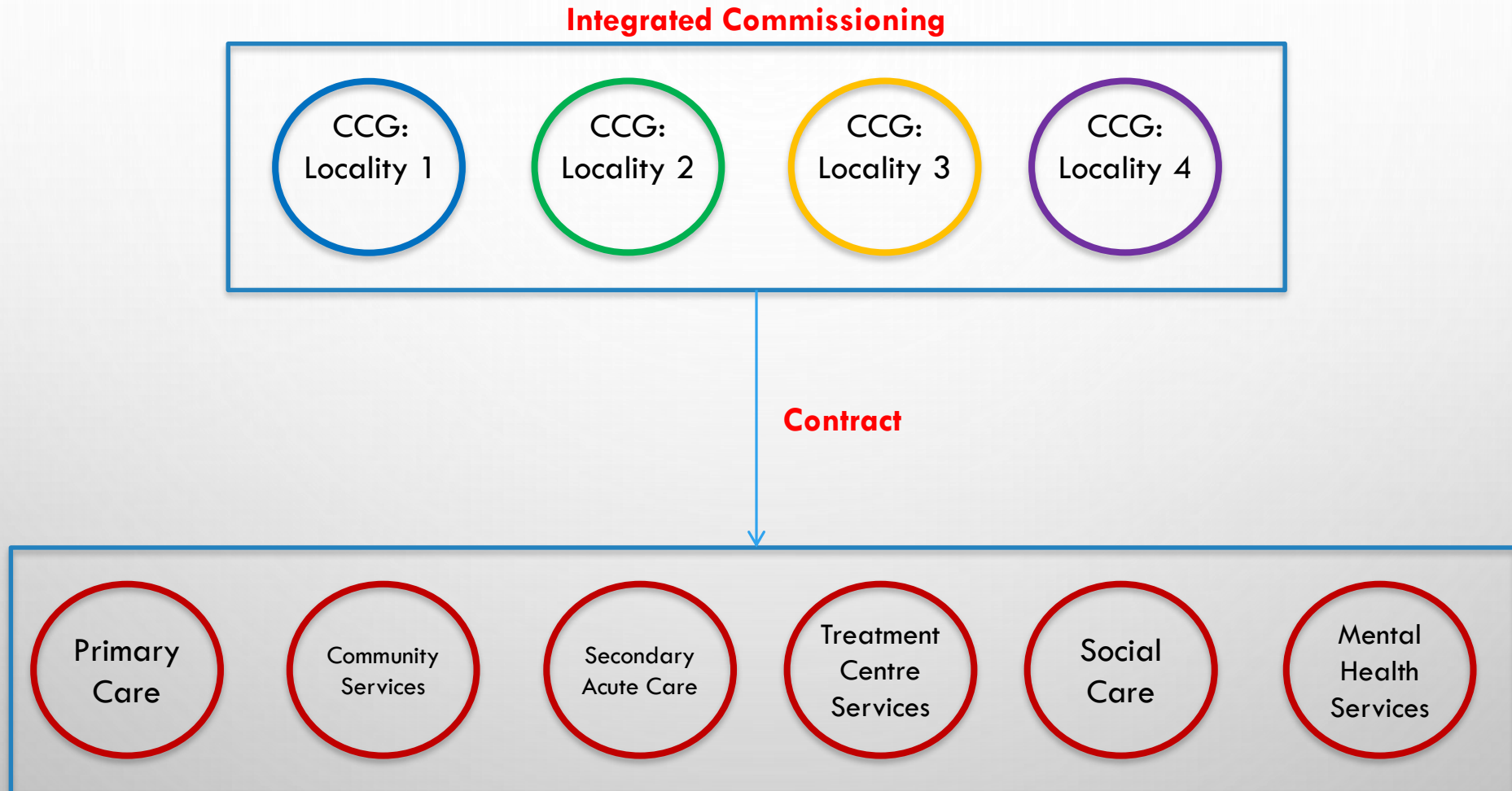
This will only get worse over time...

EXAMPLE OF CURRENT CONTRACTUAL RELATIONSHIPS



No collective accountability for population health outcomes

IN AN ACCOUNTABLE CARE MODEL



ACCOUNTABLE CARE ORGANISATION

(ACO)

- ONE PROVIDER ORGANISATION RESPONSIBLE FOR DELIVERY OF POPULATION HEALTH OUTCOMES

Accountable Care System (ACS)

- A collective arrangement for a number of individual statutory providers to deliver the population health outcomes. Can be delivered through a number of contractual forms

ACS INTEGRATION FRAMEWORK

Indirect Enablers

Defined Outcomes Framework
(Clinical, Process, and Self Reported)

Referral Best Practices Guidelines
(Primary Referrals)

Clinical Practice Guidelines

Community and Social Care Assessments

Reportable Cost & Activity Data

Information Governance

Procurement

Provider Transformation Funding

System Transformation Funding *(Pump Prime)*

Data Exchange and Code Set Requirements
(Standardised version, formatting, criteria)

Patient and Citizen

Key Providers

Primary Care

Community Care

Mental Health

Social Care

Social Housing

Community Pharmacy

All Other Providers

Hospitals

Integration Functions for an Accountable Care System

Patient Care Management
(Patient & Caregiver Focused)

Referral Management & Scheduling Support

Individual Provider Education & Data Quality Support

Provider Decision Support
(Performance Reporting tools)

Workforce Development Support

Health & Care Analytics
(Creating Intelligence from Assessment, Payment, Clinical Data)

Citizen Empowerment & Patient Self-Care

Secondary Discharge Planning

Clinical Utilization Review
(Hospital Focused)

Continuous Quality Improvement

Provider Commissioning & New Payment Models

Financial Management
(Whole Population Budget, Actuarial)

Information Technology & Delivery

Connected Notts

Accountable Care System Governance & Oversight

Cultural Transformation (System and Provider)

CLOSING POINTS....

- NO PRE-DETERMINED OUTCOME FOR THE WORK
- CLINICAL PATHWAY REDESIGN IS THE MOST IMPORTANT FOCUS, THE REST ENABLES THIS
- RELATIONSHIPS ARE VITAL
- NEW AND UNPRECEDENTED TERRITORY WITHIN THE UK
- FOR MORE DETAILS PLEASE CONTACT CLAIRE.WHITE2@NUH.NHS.UK

LINCOLNSHIRE HAS BENEFITED FROM 2 CLINICAL SENATE REVIEWS; OUR LEARNING...

- ALL CLINICIANS TO UNDERSTAND THAT THIS IS ABOUT QUALITY AND EVIDENCE; ACCESS, DELIVERABILITY AND FINANCE ALSO NEED CONSIDERING AS PART OF THE FINAL DECISION ON SERVICE CHANGE. IF THIS ISN'T UNDERSTOOD, THE SENATE RECOMMENDATIONS ARE SEEN AS THE FINAL OUTCOME
- EXPECT "NOISE" IN THE CLINICAL AND PUBLIC COMMUNITIES, EMBRACE IT AS ALL SEE THIS REVIEW AS A CRITICAL GATEWAY
- IF YOU ARE SUGGESTING A NEW MODEL OF CARE, GET YOUR EVIDENCE BASE / RATIONALE CLEAR
- NO NEGOTIATION ON CLINICAL STANDARDS; HOWEVER THE WORLD IS CHANGING AND HOW RISK IS SHARED ACROSS A SYSTEM OPPOSED TO BEING HELD BY A SINGLE ORGANISATION NEEDS TO BE CONSIDERED
- SCHEDULING IS KEY...IF THE SENATE IS REVIEWING SEVERAL SERVICES AT THE SAME TIME; THINK IF ALL PROJECTS WILL BE AT THE SAME STAGE TOGETHER TO GO THROUGH THIS PROCESS
- ASK FOR ADVICE EARLY

Contact us

- You can contact us using one of the following methods:

ENGLAND.EastMidsSCNsandSenate@nhs.net

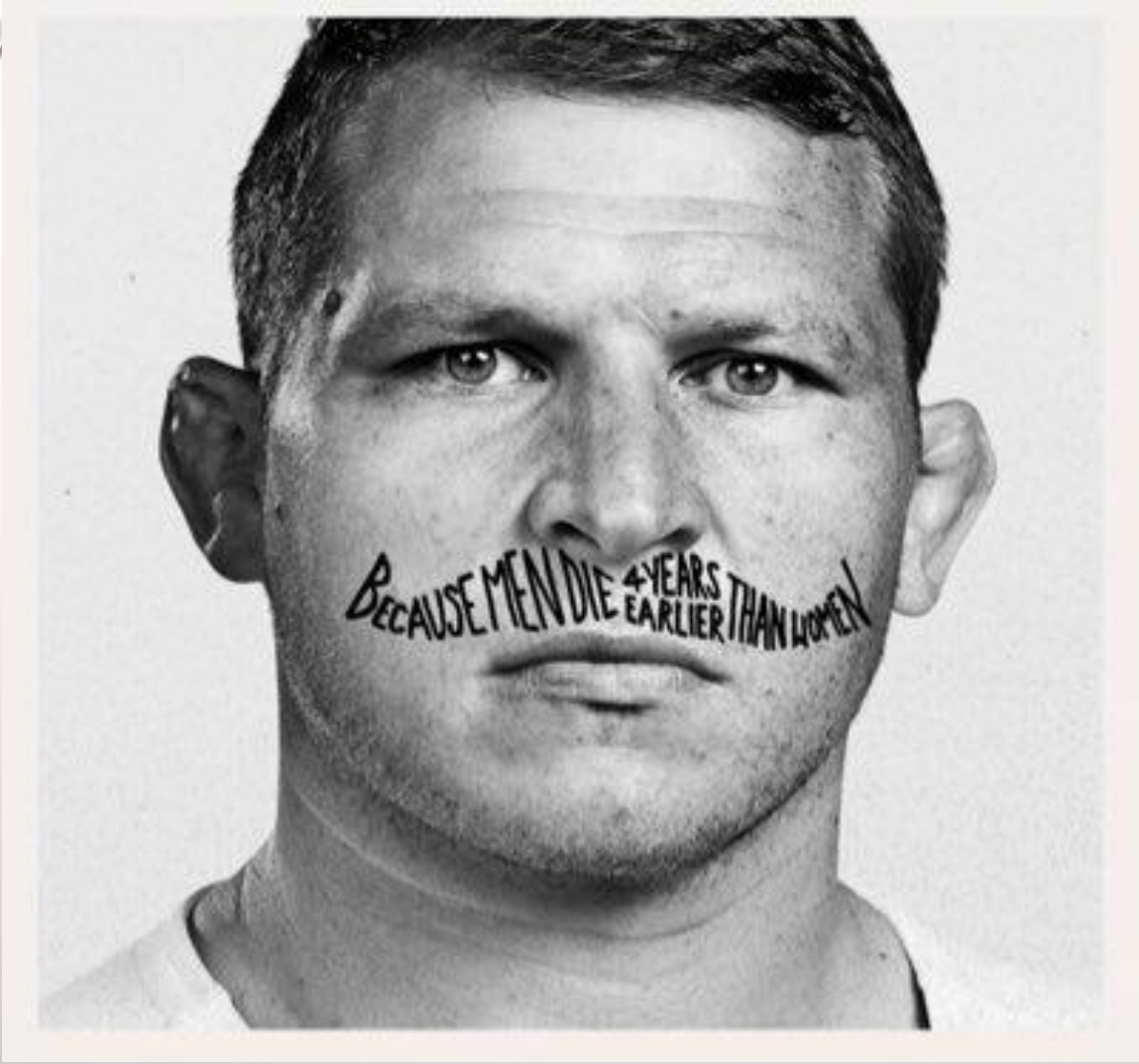
- East Midlands Clinical Networks and Clinical Senate, Fosse House, Smith Way,
Grove Park, Enderby, Leicester, LE19 1SX
 - 0113 825 5342
- Visit each team's pages for specific contacts for each network –
 - Networks
 - Cancer
 - Cardiovascular
 - Maternity and children
 - Mental Health
 - Local priority-End of life
 - Diagnostics
 - Respiratory
 - Learning Disabilities

CHALLENGES

- **CLINICAL ENGAGEMENT AT ALL LEVELS**
- **CULTURE CHANGE**

‘CLUB VS COUNTRY’

Reference Leicester, Leicestershire And Rutland STP Presentation Better Care Together Leicester, Leicestershire And Rutland Health And Social Care



CSP East Midlands Regional Network

Empower: Working together to showcase the value of physiotherapy in the East Midlands

#CSPexertinginfluence

Using CSP campaigns to showcase the value of physiotherapy

Catherine Chappell
CSP Campaigns and Regional Engagement Officer
@CChappellCSP
Tel – 0207 314 7863

influence



Inviting the right audience is key

- MPs
- Commissioners
- GPs or Practice Managers
- Councillors or Mayor
- Healthwatch Chair or Board
- Patient Participation Groups
- Your Trust's Chief Executive



#RehabMatters



The Chartered Society Parliamentary Reception 25th October 2017 by Emma Graham and Jackie Danvers

Rehab Matters

It was a real honour to have been invited by Chris Leslie MP to attend the Rehab matters CSP parliamentary reception and be part of the premiere screening of the short film.



We got the opportunity after the film to speak at length with Maggie Throup MP for Erewash about community paediatric physiotherapy. She was really interested in what we do especially as she had first hand family experience of the impact that physiotherapy can make. Maggie agreed to help support us in our bid to get funding towards a post to help develop CPIP in Southern Derbyshire. We also got to speak to other community physiotherapists, NHS England staff and MPs.



Following our visit to London

- We have received a request for our MP Maggie Throup to visit us and look at the services we offer, we hope to do this in the New Year in one of our special schools
- Maggie Throup seemed to have a great awareness of service constraints , particularly around the transfer (or not) of acute budgets to support work carried out by community teams as an alternative to hospital based therapy/in patient therapy
- Our particular drive is to adopt CPIP hip screening tool for children with cerebral palsy. This tool has a potential cost saving for the acute trust (reduced surgery etc), but an extra staff cost to our community trust, the unpicking of this is quite complex but we remain focussed and continue to try to influence this as much as possible
- A very capable member of our team has written a comprehensive business case to support this transfer of money into our service to support a possible increase in staff resource to enable CPIP to happen... we shall see what outcomes we achieve!
- We look forward to meeting Maggie again she seemed to have a positive and understanding view of community Paediatric physiotherapy.

Grateful for the special opportunity

Plus chance to reflect on their roles

Take time out and feel proud of their Chartered Physiotherapist status



CSP members Sharon Greensill and Samantha Sutherwood meet Kevin Barron MP at the #RehabMatters launch event



- **Rehab Matters** www.csp.org.uk/rehabmatters the campaign has been developed to raise awareness of the impact that rehab has on patients, with the public and decision-makers
- **Ten things about your back** www.csp.org.uk/yourback our new guide gives clear, simple advice on how to manage pain and prevent future episodes. The animation is ideal for GP practices.
- **Think Physio for Primary Care** www.csp.org.uk/primarycare Influencing GPs and Practice Managers at a local level to run first contact physio is a key priority for 2018. The 'Think Physio for Primary Care' document is a great tool to help with influencing.
- **Falls prevention & exercise advice for older people** www.csp.org.uk/opd falls prevention advice and resources designed for patients and decision-makers using bespoke PowerPoint presentations developed with help from AGILE.

FALLS IN UK

ANNUAL PICTURE

MORE
PHYSIO
WOULD
PREVENT
159,200
SERIOUS FALLS
SAVING THE NHS

£252 million

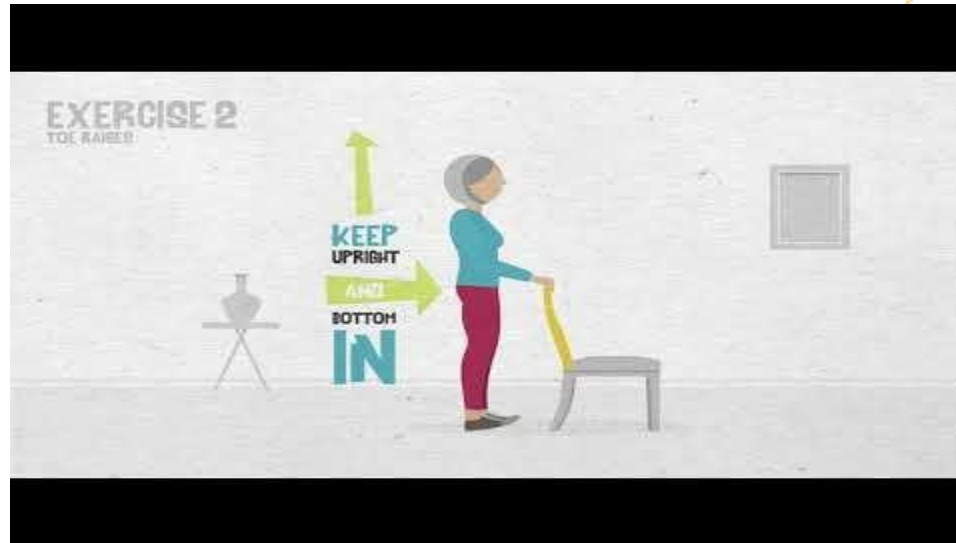
FALLS LEAVE
280,500
PEOPLE IN A&E,
COSTING THE NHS
£1.5 billion



£3 SPENT ON
FOR EVERY
physio
GET BACK OVER **£4**



Older People's Day – falls prevention



Your profession needs you!

- CSP staff are on hand to help
- The tools and evidence are available to empower you to be influential
- A set of campaigns ready for you to use

Now it's your turn...

You have until 12:45 to discuss and note down how you will support CSP campaigns and showcase physiotherapy in the East Midlands.

A spokesperson from each table will need to feedback to the room.

Twitter

PR

Linked-In

Local media

MP Surgery

Facebook

Healthwatch

**The CSP East Midlands Regional
Network**

Organising events

Consultations

Attending events

Elevator pitches

Award nominations

Patient Participation Groups

CCG Community Councils

CCG Governing Body Meetings

Who are your contacts?

CSP East Midlands Regional Network

Empower: Working together to showcase the value of physiotherapy in the East Midlands

#CSPexertinginfluence



Lincolnshire Community
Health Services
NHS Trust

Patient Experience Project

...where hope begins...

Rowena Burgess

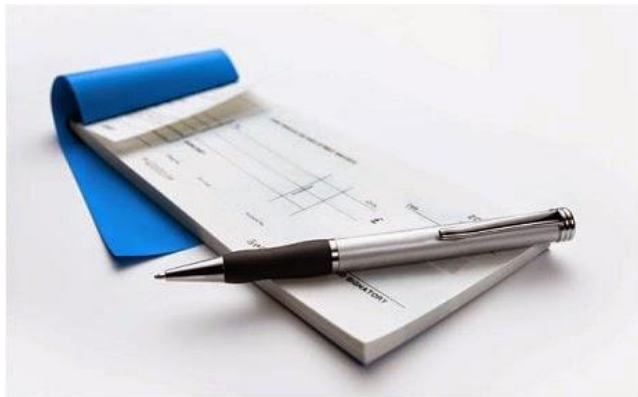
Clinical Practice Educator

Rowena.Burgess@lincs-chs.nhs.uk

Great care, close to home

Background

- Successful application CSP East Midlands Regional Network for £500
- Experience based co design (EBCD) approach based on the Kings Fund toolkit.
- Allowing patients and carers to share their stories freely



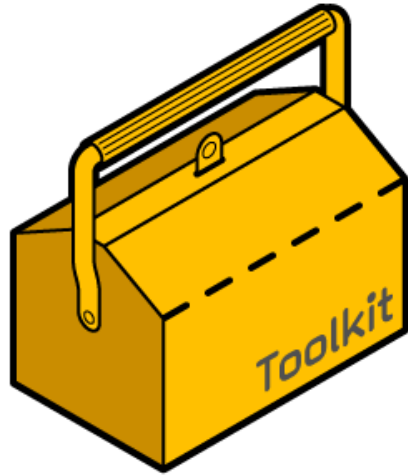
Purpose

- Empower and enable patient and
- Bring staff and patients together
- Work with all stakeholders
- Produce a resource that could be used by any LCHS service

PURPOSE



Approach



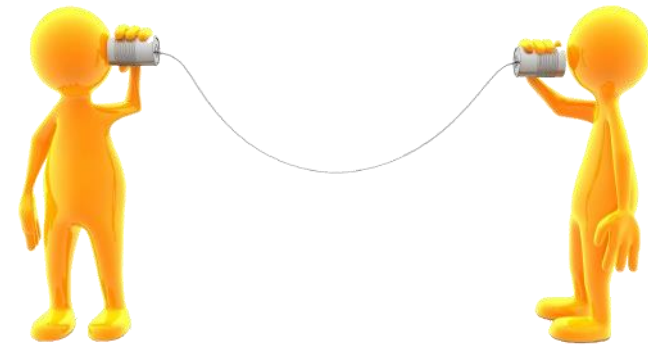
- An action plan was developed based on the Kings Fund guidance
- <https://www.pointofcarefoundation.org.uk/resource/experience-based-co-design-ebcd-toolkit/>

Format of the Programme

- Project steering group
- Staff engagement
- Internal processes
- Identify and recruit patients
- Interview and film patients
- Collate the patient experience intelligence
- Run joint patient and staff session
- Identify areas for improvement
- Establish co design group
- Report, evaluate and celebrate success

Feedback Session

- Welcome and overview of project
- Video and Audio footage
- Round table discussion
- Case Studies & discussion
- Group working
- Consider patient feedback
- Learning points
- Next Steps



Patients talked about the **professionalism** and **expertise of the therapists** but also their **kindness, patience and understanding.** They felt **supported, informed and involved** in their care and communication was deemed to be very good

Findings



- Key to this project was engaged motivated staff
- Six patients and carers were approached
- Both positive and negative feedback
- Recent experiences
- Effort was made to avoid 'the usual suspects'

Quotes

- ***“When the therapist entered our lives that was when hope began.”***
- ***“The therapy decreased my need for analgesia by about 60% and increased my mobility enormously”***
-
- ***“I was able to work with the team to agree short, medium and long term goals.”***
- ***“The care I received has been second to none... the staff are professional, caring and have involved me in the decision making process”***

Room for improvement

- **One common negative theme emerged:**
- Difficulty accessing the service
- **Others:**
- waiting times
- feeling isolated and anxious
- reactive not proactive
- Better coordination with other Trusts needed
- Discharges from out of county acute settings.



What did we learn?

- **What could have been better?**
- **Are other resources needed?**
- **What would we do differently?**
- **What worked well?**

Next steps

- **Improve access to the service**
- Promotion to referrers
- Develop closer links
- Improve in-reach
- ‘Better Together Therapies Group’
- Recommend the adoption of a co-production approach



Thank you!

The image features the words "Thank you!" written in a highly decorative, hand-drawn style. The letters are thick and bubbly, with each letter filled with a different color and decorated with various patterns. The 'T' is orange with a red zig-zag pattern. The 'h' is orange with a red zig-zag pattern. The 'a' is green with a black dotted pattern. The 'n' is purple with a black dotted pattern. The 'k' is orange with a red zig-zag pattern. The 'y' is green with a black dotted pattern. The 'o' is pink with a black dotted pattern. The 'u' is blue with a black dotted pattern. The exclamation point is blue with a black dotted pattern. There are several stylized flowers scattered around the text: a blue flower with a purple center above the 'k', a blue flower with a purple center to the right of the 'k', a pink flower with a yellow center below the 'h', a blue flower with a purple center to the left of the 'y', and a small blue flower with a green center below the 'u'. The background is a light blue gradient.



Thinking Differently Tools

- Service Transformation Project

REDUCING THE LENGTH OF WAITING TIMES AND THE NUMBER OF PATIENTS WAITING FOR COMMUNITY THERAPY

Aims: The aims of this service transformation project are to reduce the average length of waiting times (days), reduce the longest waits (wait list tails) (days) and reduce the number of patients on the waiting list for teams A, C and E. This will be achieved by introducing the Specifically Timed Appointments for Triage (STAT) Model (Harding et al, 2013, Harding and Taylor, 2013, Harding et al 2016) within the community therapy service.

Thinking Differently

- Multi-Analysis Tool

Option	Cost	Patient Safety	Clinical Effectiveness	Patient Experience	Productivity / Efficiency
Ideal Option	None or reduced	Improve	Improve	Improve	Improve

Thinking Differently

- De Bono's 6 Thinking Hats



Data

- Reduced waiting times and lists
- Increased number of new patient assessments
- Improved response time



Feeling and intuition

- Eliminate waiting lists
- Reduce the number of complaints



Negatives

- Not getting additional short term funding to clear existing long waits
- Resistance to change from staff
- Disengagement from stakeholders
- Failure of the project



Positivity

- Standardisation of new patient slots
- Standardise processes



Creativity

STAT Model is a new model and different way of working



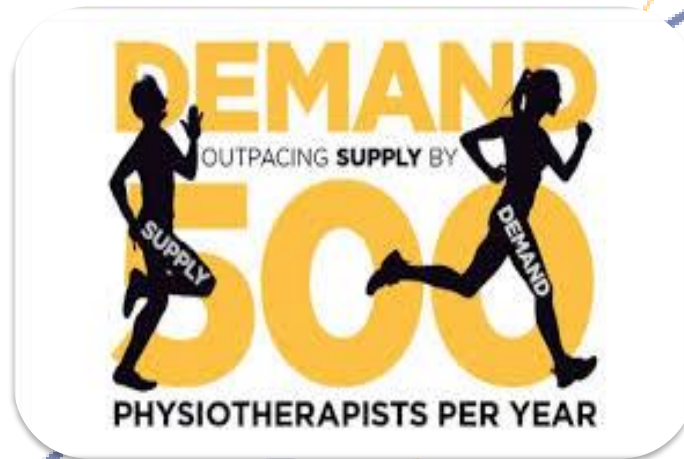
Bigger picture

- Fits with Trust's Strategic Objectives
- Local Sustainability and Transformation Plan
- AHPs into Action

Influencing and working with Sustainability and Transformation Plans/Partnerships

Helen Baxter
Head of Improvement and Transformation

My Role



The challenges we face

Health and wellbeing gap

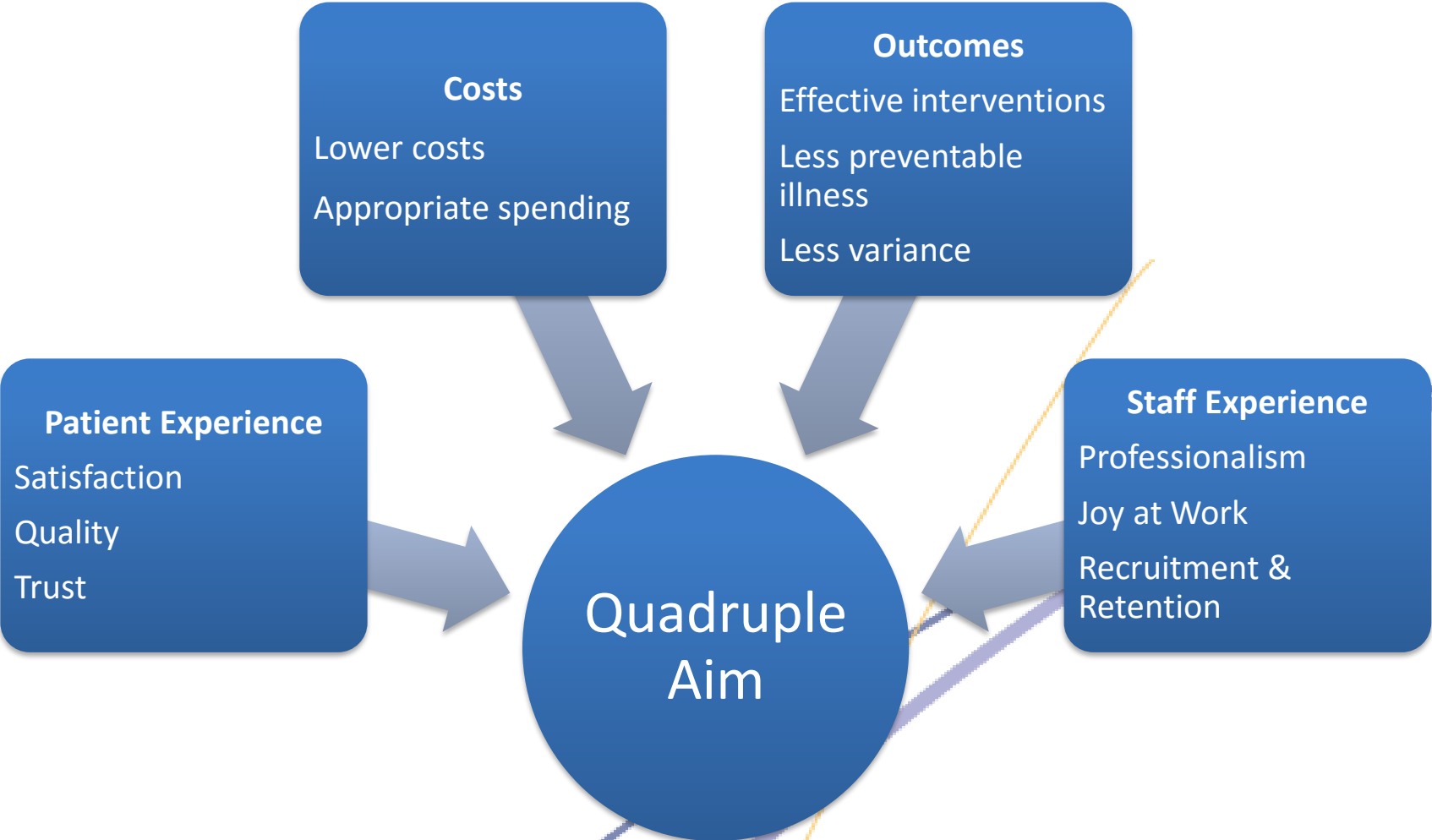
- Radical upgrade in prevention

Care and quality gap

- New care models

Funding gap

- Efficiency and investment



Costs
Lower costs
Appropriate spending

Outcomes
Effective interventions
Less preventable illness
Less variance

Patient Experience
Satisfaction
Quality
Trust

Staff Experience
Professionalism
Joy at Work
Recruitment & Retention

Quadruple Aim

Drivers



AHPs into Action



**Allied Health Professions
into Action**

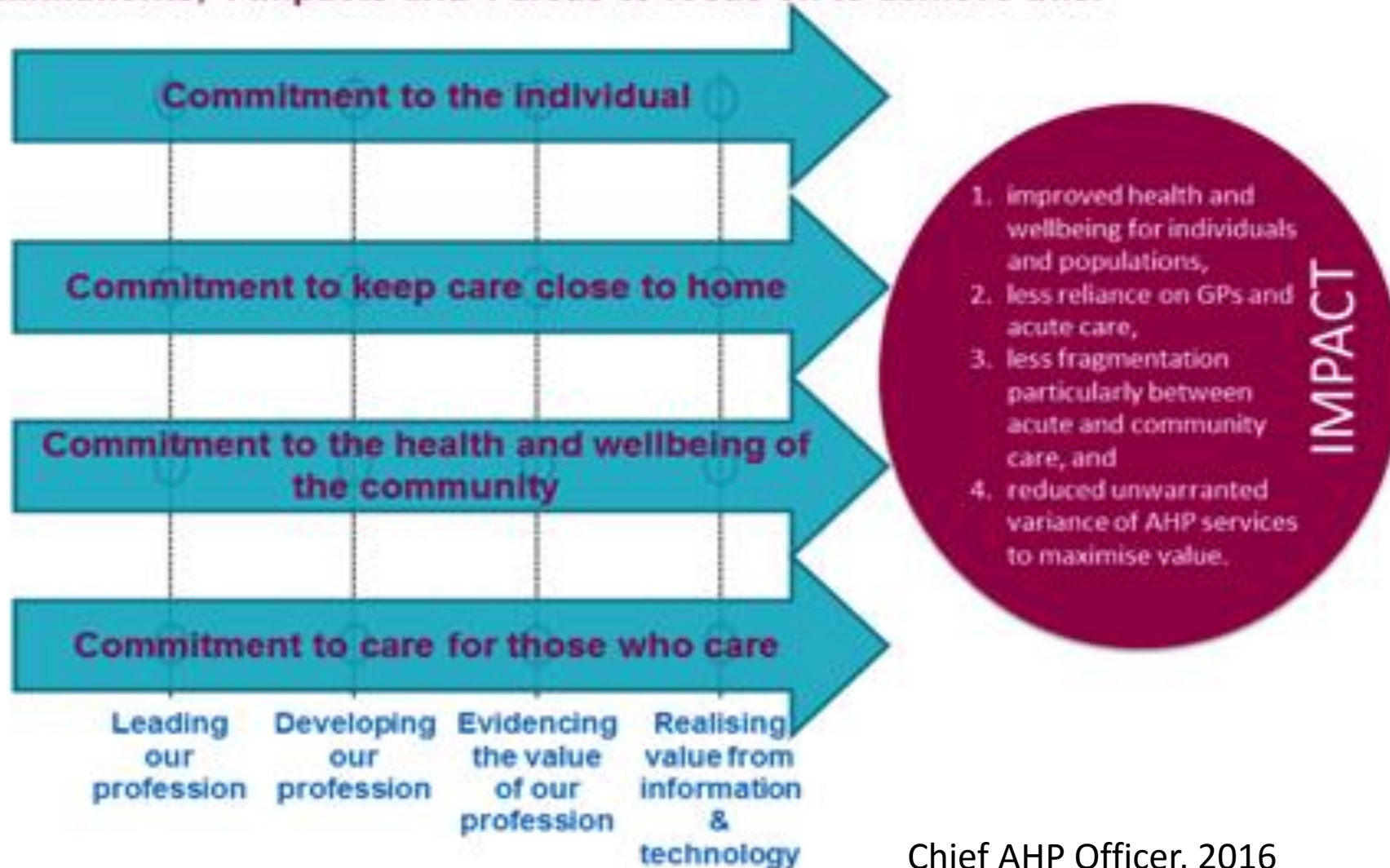
**Using Allied Health Professionals to
transform health, care and wellbeing.**

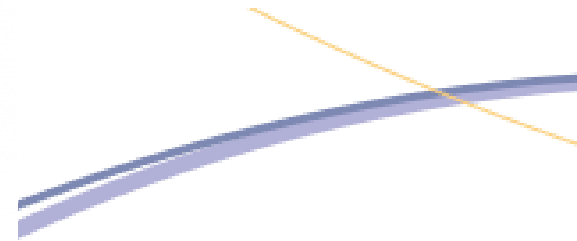
2016/17 - 2020/21

#AHPsintoAction

How Allied Health Professions will transform care.
An emerging mandate for change.

4 commitments, 4 impacts and 4 areas to focus on to achieve this.





Opportunities

Reduce inappropriate hospital admissions

Reduce unnecessary care costs

Faster diagnosis and earlier intervention- eg direct access

HWB -Prevention , Self care and management and health screening

New models of care

Extended skills

Integration

Delivery of services closer to home

Faster diagnosis and early intervention

Parity between physical and mental health

Care co ordination- seamless services

Research evidenced based outcomes

Urgent and emergency care



[The Guardian](https://www.theguardian.com)

7 day services



[Integrated Assessment team UHSM](#)
[Integrated Discharge Team, BSUH](#)
[A workforce for the future](#)



General Practice Physiotherapy posts

A guide for implementation and evaluation in England

July 2017 Version 2

NHS RightCare Approach

PHASE 1

Where to Look

Highlighting the top priorities and best opportunities to increase value by identifying unwarranted variation.

PHASE 2

What to Change

Designing optimal care pathways to improve patient experience and outcomes.

PHASE 3

How to Change

Delivering sustainable change by using systematic improvement processes.

Key ingredients **Indicative & Evidential Data**

Key ingredients **Engagement & Clinical Leadership**

Key ingredients **Effective Improvement Processes**



Place Based Care

Integrated services for individuals, communities and population and provide Right Care, that maximises:

- the value that **the patient** derives from their own care and treatment
- the value the **whole population** derives from the investment in their healthcare

Workforce:

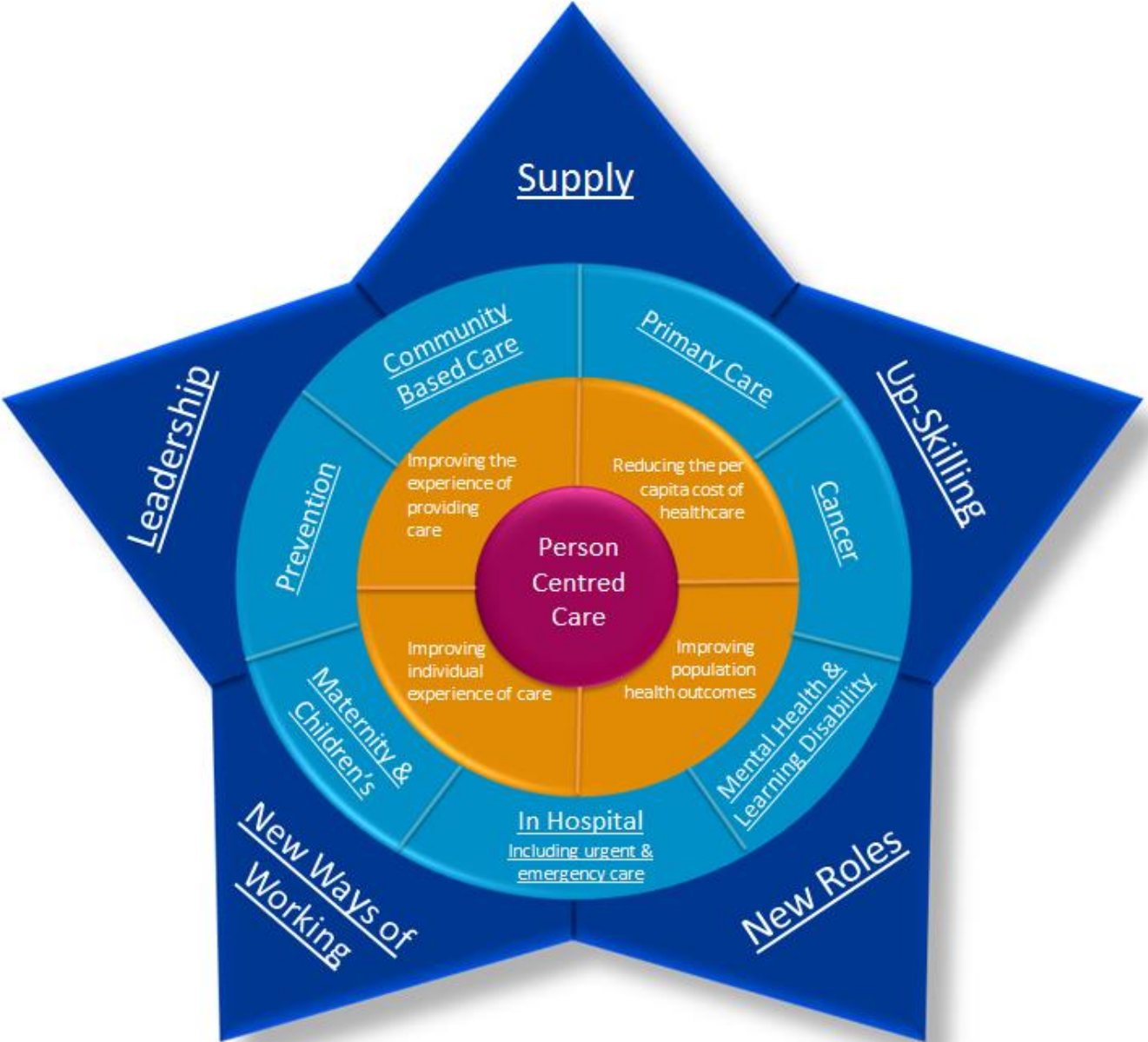
- *People with the right knowledge, skills, values and behaviours*
- *in the right numbers*
- *in the right place*
- *at the right time*
- *for now and for the future*

Can you assess your workforce against these?

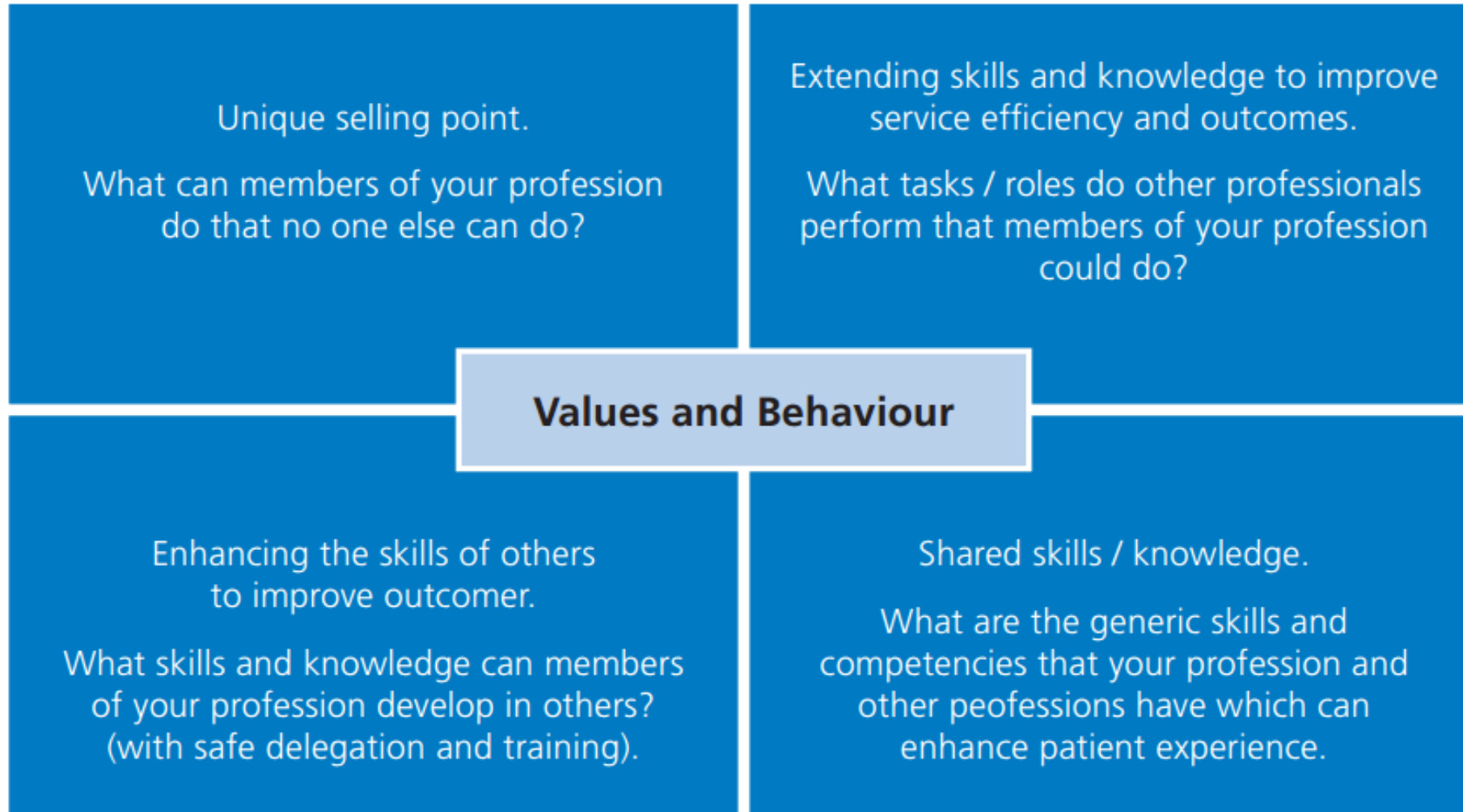
How?

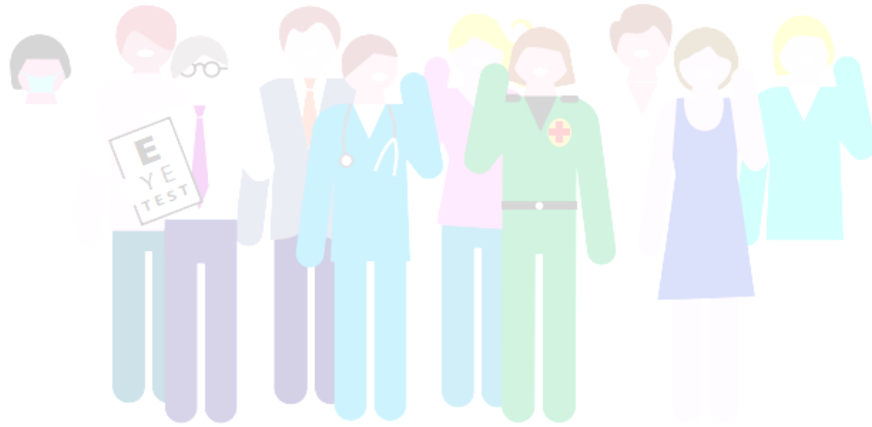
What tools and resources will help?

Health Education England - workforce transformation pillars



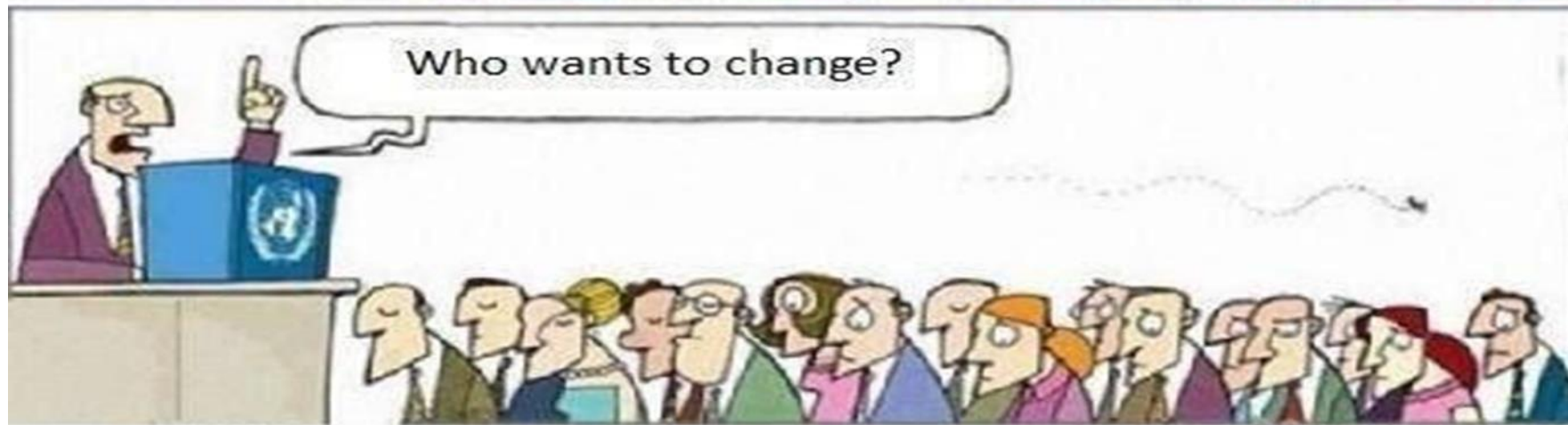
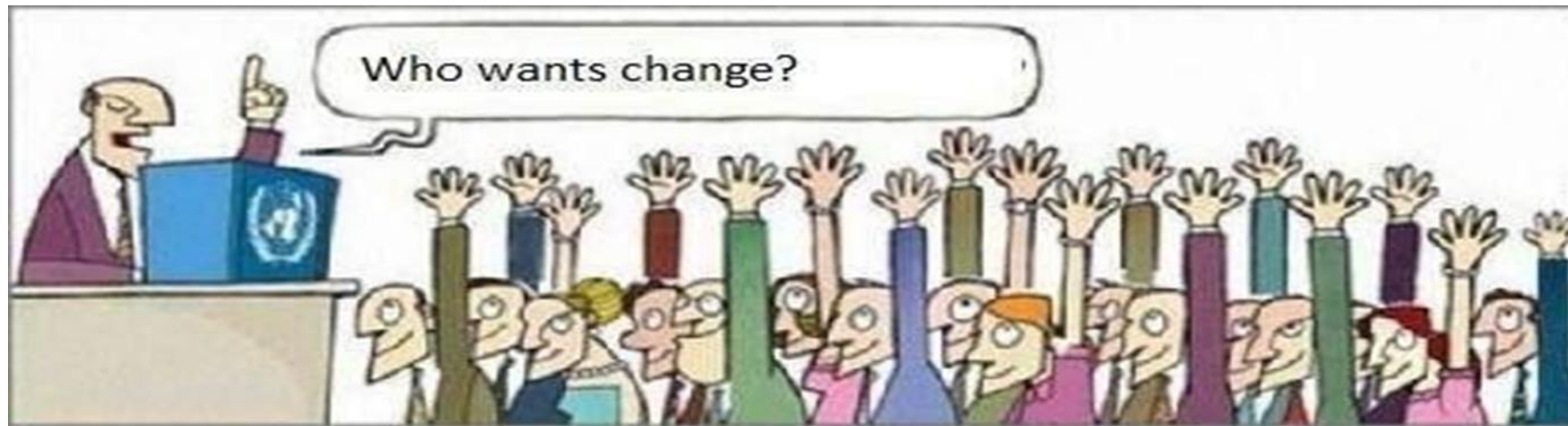
Readiness for future care





‘We can design innovative new care models, but they simply won’t become a reality unless we have a workforce with the right numbers, skills, values and behaviours to deliver it’

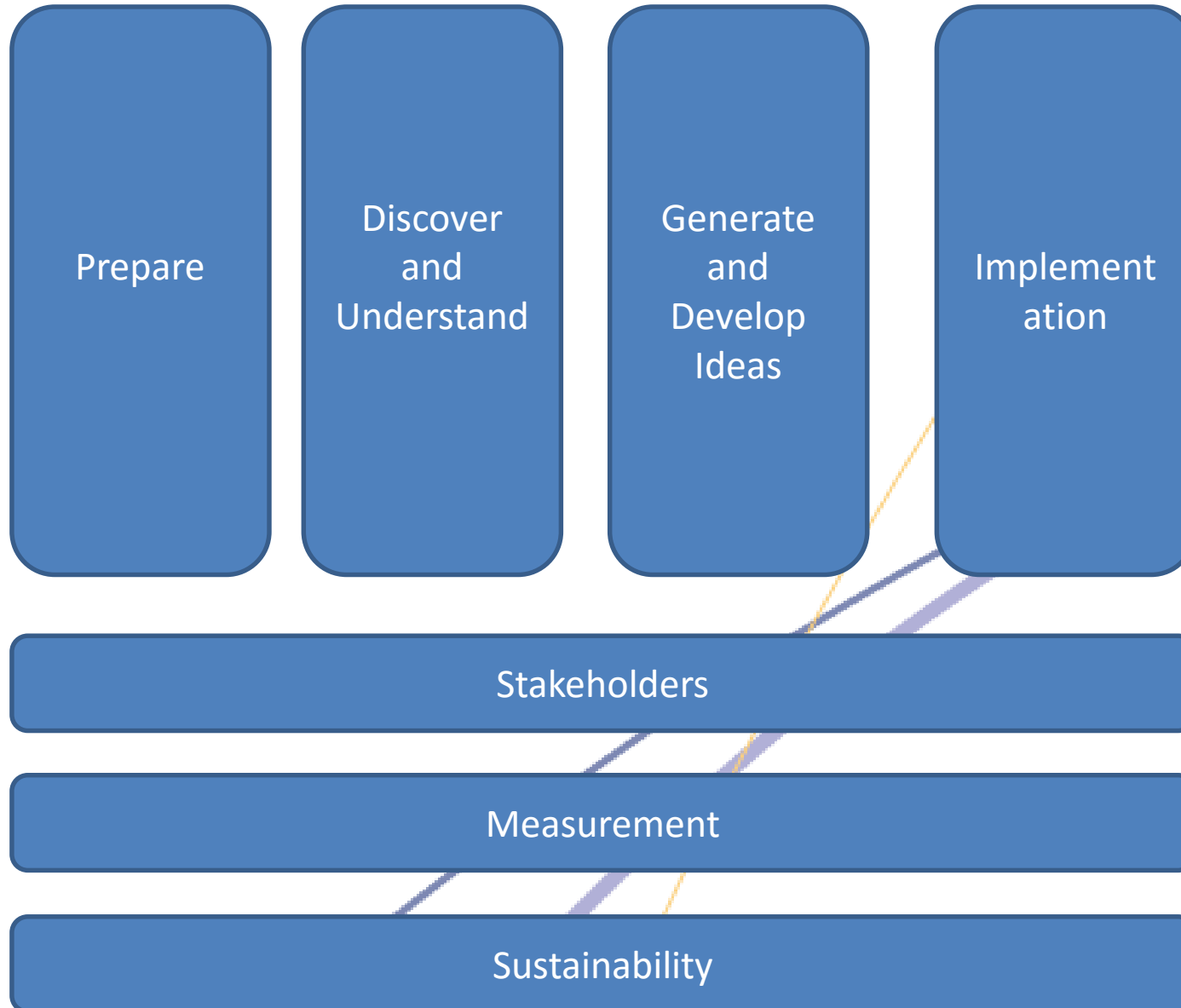
www.england.nhs.uk/ourwork/futurenhs/



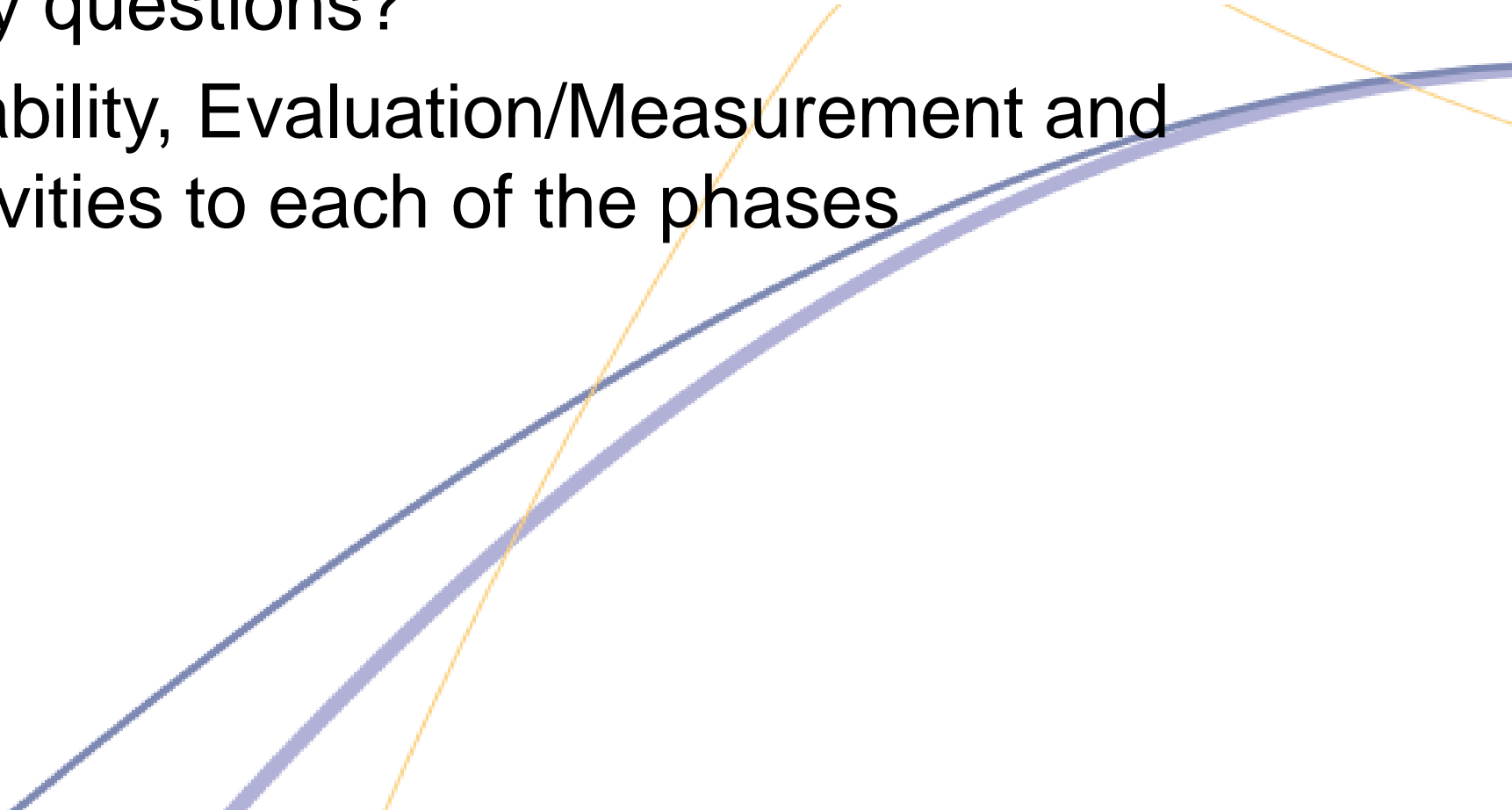
qcme.me/ZGtjZGL

Créé sur Québecmeme

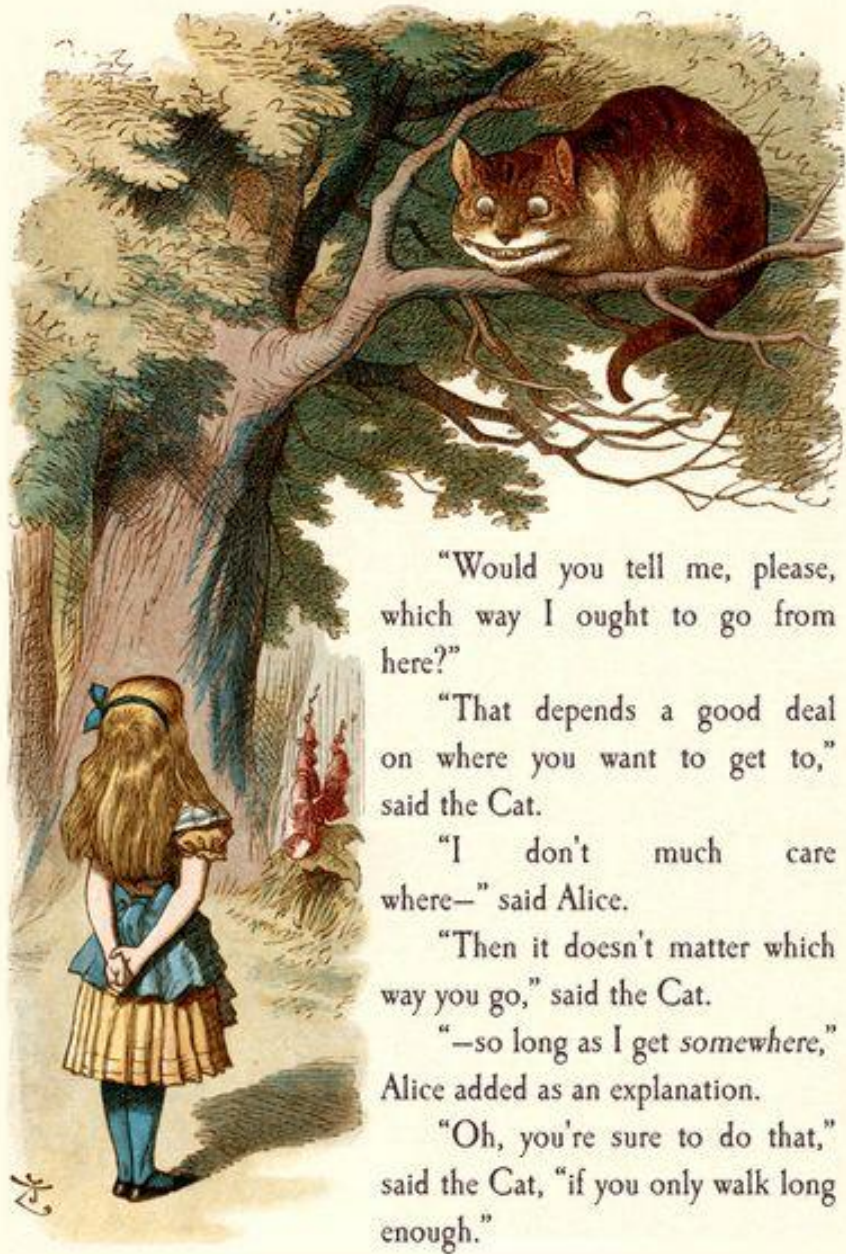
Transformation Approach



For each of the phases, ask:

- What tools do I know of?
 - What are the key questions?
 - Identify Sustainability, Evaluation/Measurement and Stakeholder activities to each of the phases
- 





"Would you tell me, please, which way I ought to go from here?"

"That depends a good deal on where you want to get to," said the Cat.

"I don't much care where—" said Alice.

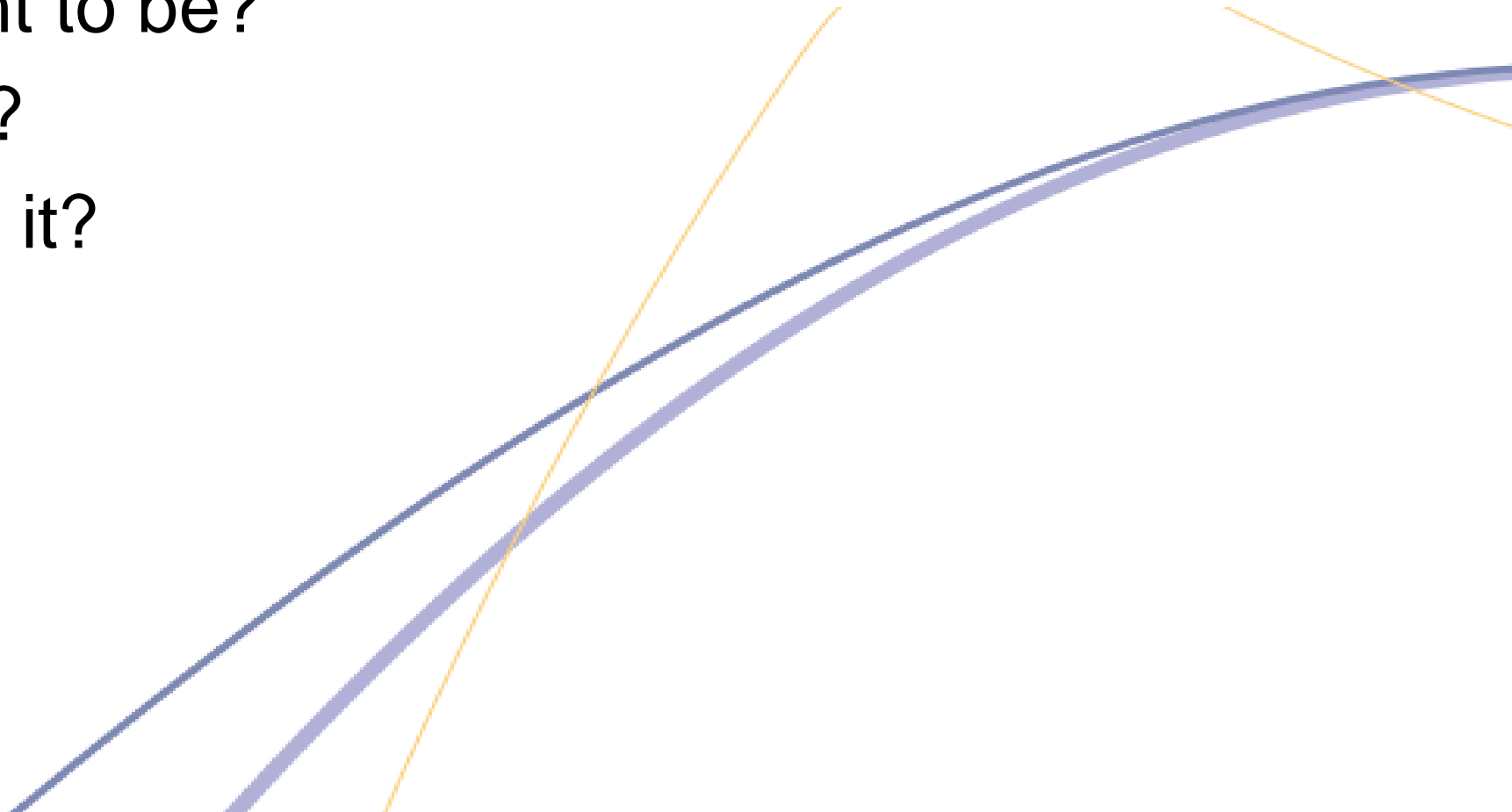
"Then it doesn't matter which way you go," said the Cat.

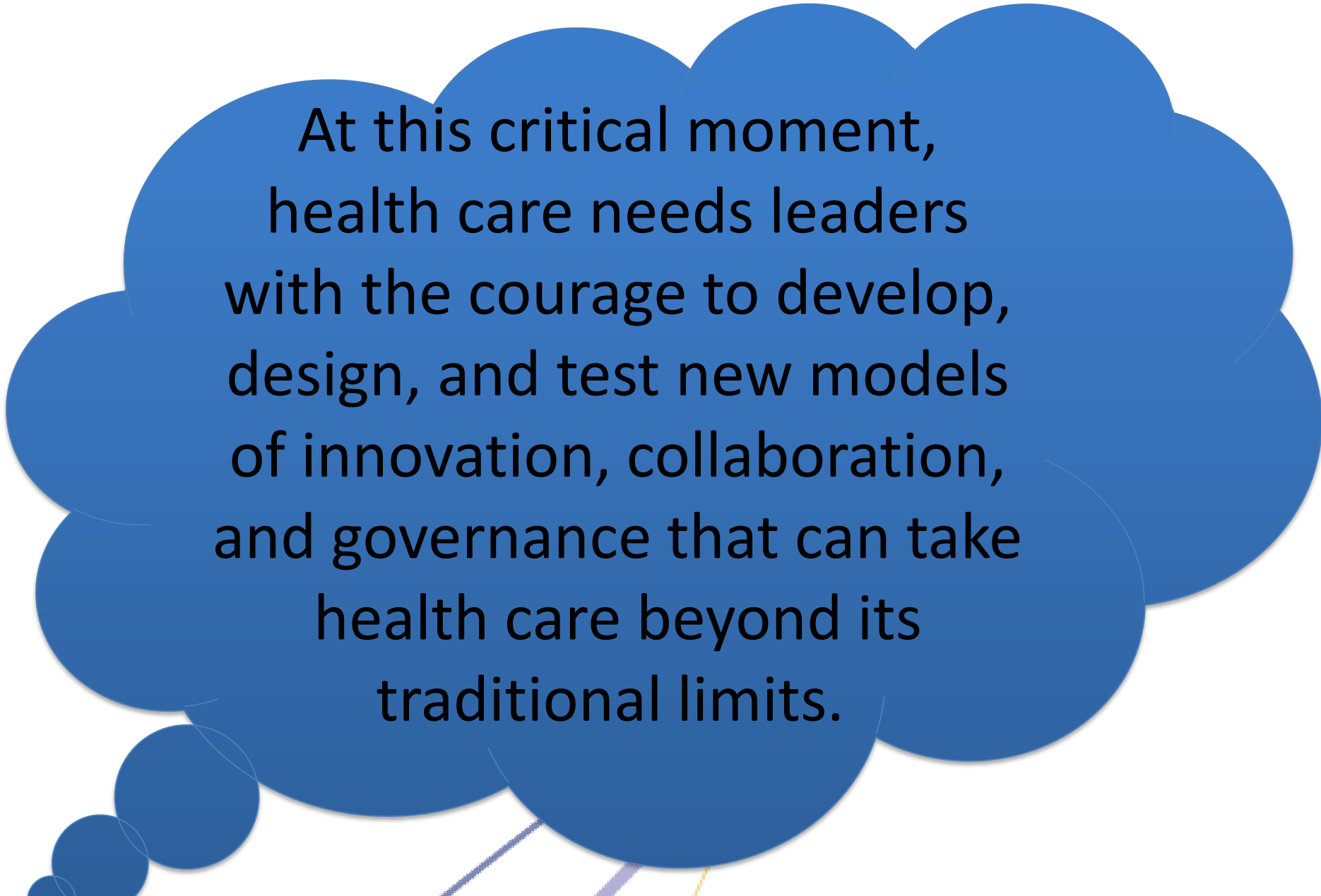
"—so long as I get *somewhere*," Alice added as an explanation.

"Oh, you're sure to do that," said the Cat, "if you only walk long enough."

Source: <https://s-media-cache-ak0.pinimg.com/564x/70/cb/f1/70cbf1b36c3a0f31ba6e4dd89bcxcb4c.jpg>

Reflections

1. What will I do?
 2. Where do I want to be?
 3. How can I do it?
 4. How can we do it?
- 
- A decorative graphic consisting of several overlapping lines. A thick, light blue curve starts from the bottom left and curves upwards towards the right. A thinner, darker blue curve follows a similar path but is slightly lower. Two thin orange lines cross the blue curves: one starts from the bottom left and goes up and right, and the other starts from the top right and goes down and left.



At this critical moment,
health care needs leaders
with the courage to develop,
design, and test new models
of innovation, collaboration,
and governance that can take
health care beyond its
traditional limits.

CSP East Midlands Regional Network

Empower: Working together to showcase the value of physiotherapy in the East Midlands

#CSPexertinginfluence

CSP East Midlands Regional Network Exerting Influence

Lucy Cocker MCSP BSc (Hons)
Chair CSP East Midlands Regional
Network
Senior Physiotherapist DCHS NHSFT



@LCPhysio
@DCHStrust



Derbyshire Community
Health Services
NHS Foundation Trust

Introduction



@LCPhysio
@DCHStrust

My journey so far..

- University of Birmingham
2009-2013
- Harborne Physio
- Blog
- Rotational Positions
- CSP Roles
- Senior Physiotherapist
- Future



“If you always do what
you’ve always done,
you’ll always get what
you’ve always got.”

- *Henry Ford*

Leadership Lessons

- Opportunities- “take a chance don’t always make a plan”
- Mentoring/ Coaching
- Network, Network, Network!!
- Prioritisation
- Understand your stakeholders
- Resilience and Mental Health
- NHS Banding

WHAT WOULD
YOU DO IF YOU
WEREN'T AFRAID?



@LCPhysio
@DCHStrust

Contact: lc_physio@outlook.com

CSP East Midlands Regional Network

Empower: Working together to showcase the value of physiotherapy in the East Midlands

#CSPexertinginfluence

Thank you for coming

Before you leave please go to

www.menti.com

and insert code **56-43-92**

