

# Feedback from Breakout Sessions

# What are your main reflections from what you heard this morning?

## View on AC Toolkit

- Variation in how practices have taken forward toolkit
- Change in attitudes towards toolkit as time went on
- Would be helpful to look at practice characteristics

## Impact of KW

- Local & individual benefits of keep well (e.g. Previously undiagnosed, accessing – surprised at lack of population level impact)
- Positive impact on wider practice activity - e.g. improved uptake of screening programme
- Engagement with hard to reach patients within KW and wider Practice
- Learned about the Link worker programme

## Loss of capacity & skills

- Concerns of impact of keep well disinvestment on loss of dedicated/additional practice capacity
- Concern of loss expertise and programme memory with staff changes/ retirement

# Overall, what do you think Keep Well achieved during its eight years of operation?

## Changes in culture

- AC toolkit providing a focus whole practice approach – should be made available to wider practices
- “gets people to look at their health in a preventative way rather than reactive” not just dealing with illness
- More person centred

## Reach and engagement

- Reaching patients who would not typically access the practice-
- Highlighted deprivation and inequalities issues
- Responding to unmet need – e.g .undiagnosed conditions, Literacy and income maximisation
- Greater awareness of social determinants of Health e.g. Welfare rights
- Improved referral pathways and access to service information
- WebEx well received and appetite to apply more widely as a means to support practice networking and meetings

# How will you take learning from your participation in Keep Well forward in your Practice?

- Build on skills of wider practice team e.g. reception staff and HCSW
- Flexible appointment systems
- Including elements of KW within new patient assessment
- Telephone appointments
- Apply prioritisation and improvement process within wider practice activity
- Monthly MDT LES practice meetings
- Adopting effective patient engagement methods
- learning from outreach role within Links worker model
- Change in ethos of HBC approaches e.g. Alcohol and mental health issues
- Continue to support staff to access training e.g. learnPro
- Variation in ability to embed learning - e.g. practice size

# Do you have any views about the fact that Keep Well has come to an end?

- Loss of complimentary programmes e.g. SAAC and outreach
- Concerns over potential loss of dedicated capacity / support within HI teams
- Frustrations that practices had signed up to mainstream programme
- Disappointment on loss of focus on prevention
- Loss of opportunity cost of the keep well health check and individual patient level
- Managing patients exceptions for health reviews
- Recognition that funding needs to be prioritised to effective interventions
- loss of funding – challenge in protecting practice developmental time

# Now that Keep Well has ended, what do YOU think its main legacy will be?

- Improve feedback from HI service referrals
- Networking opportunities with other practices and HI service providers
- Better team work and partnerships working
- Built bridges between practices and community services
- CDM higher on practice and patient agenda
- Promoting HBC
- Greater understanding on prevention and inequalities
- Better understanding and application of engagement approaches - reducing DNA's
- Building on lessons for future initiatives - e.g. programme marketing and engagement

# Some key points

- Overall positive view of keep well on patient level impact on inequalities, prevention and early detection
- Increased awareness and engagement of community services
- Whole team approach
- Better relationships with patients

# Some quotes

“this has been a beneficial journey”

“All good things come to an end”

“keep well became less about income and more about patients”

# Conclusions

- Toolkit successfully identified ‘starters for ten’
- Webinars worked well
- Practices engaged well with approach to problem solving
- Appetite for joint solutions focused approach
- CDM programme should move forward as a collaborative
- Build on learning from KW legacy year
  - Specific
  - Programme level