



Keep Well Local Enhanced Service

Dissemination of Practice Learning and Future Plans

Report from Hampden Event

Tuesday 11th November 2014

Background:

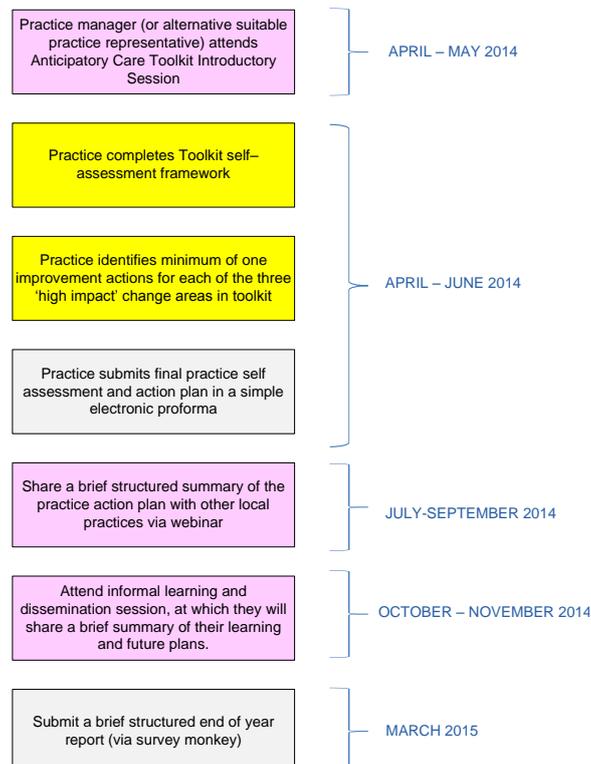
In December 2013, the Scottish Government announced its decision to discontinue funding for Keep Well, ending in March 2017, with incremental reduction in funding over the intervening period.

This announcement clearly had major implications for the design of the Keep Well programme in NHSGCC.

The Keep Well primary prevention health checks were replaced with a programme of structured developmental activities.

The practice income from Keep Well in the 2013/14 contract year was protected, subject to completion of the activities detailed below

Overview of Keep Well LES Practice Activities:



Codes for types of activity:

MEETING PARTICIPATION

WRITTEN REPORT

INTERNAL PRACTICE ACTIVITY

Purpose of Report:

The Anticipatory Care Toolkit

We wanted to ensure that Keep Well leaves a lasting legacy by applying some of its learning to the wider spectrum of Anticipatory Care, specifically to Chronic Disease Management.

The Toolkit captured important Keep Well evaluation findings and was incorporated into practical actions that were identified in the Action Plans that were populated by participating practices in the Keep Well 14/15 LES.

Part of the Practice Activities included in the LES was the attendance of a member of staff from each participating practice to an informal learning and dissemination event where practices could share progress of their Action Plans in a wider arena.

The event was held at Hampden Stadium.

The following report will summarise the presentations given at the event and will also detail the discussions and feedback from the Breakout sessions.

Progress of Keep Well LES 2014/15:

Milestones 1: April – May 2014

- ✓ Practice Manager attended an Anticipatory Care Toolkit Introductory Session
- ✓ 6 Information Sessions were delivered throughout GG&C
- ✓ Allowed Practice Managers time and support to help plan the way forward

Milestone 2: May – June 2014

- ✓ Practice completed Toolkit Self Assessment framework
- ✓ Practice identified minimum of one improvement actions for each of the High Impact Areas in the Toolkit
- ✓ Practice Submitted self assessment and Action Plan Electronically

Milestone 3: June – November 2014

- ✓ Practice shared their Action Plans via Webinar

- ✓ Attend learning and dissemination session and share learning and future plans

Milestone 4: December – February 2015

- Submit a brief structured end of year report via Survey Monkey

Dissemination of Practice Learning and Future Plans
Event Summary:



Participants:

GPs
Practice Managers
Practice Nurses
Health Care Support Workers

Break Out Area Facilitators/Scribes:

Keep Well Coordinators
Health Improvement Teams
Community Renewal Team

Services in Attendance:

Financial Inclusion
Live Active
Smokefree Services
Careers Nurses
Cancer Research UK

Event Programme Summary and Presentations

Welcome

Dr Linda de Caestecker, Director of Public Health

Keynote Speakers

“The Journey”

Sandra Barber, Health Improvement Senior, (North West)

- Sandra came into post in 2008 to deliver Keep Well programme for North West Glasgow and her presentation covered her journey with Keep Well from 2008 till the present Legacy Year



'The Journey'.pdf

Building the Keep Well Legacy: Synthesis of Practice Action Plans

Dr Anne Scoular, Consultant in Public Health Medicine

- Dr Scoular analysed all the power point slides populated by all participating Practices used during the practices WebEx meetings and delivered a presentation discussing her findings



LEARNING FROM
Keep Well.pdf

How can health engage more effectively with diverse communities?

Dr Marisa de Andrade - Programme Director and Lecturer, Interdisciplinary

Social Sciences in Health, University of Edinburgh

Marisa's presentation included her findings from her Black Minority Ethnic (BME) Feasibility and Ethnographic Study in the Southside of Glasgow



Dr Marisa De
Andrade.pdf

Breakout Session

Dissemination of Practice progress and future plans

Questions discussed

Facilitation by Keep Well/Health Improvement Team

Initial Feedback from Breakout Sessions

Heather collated the initial feedback from the breakout sessions and delivered the initial findings to the participants

Heather Jarvie, Public Health Programme Manager

Keep Well Legacy in NHSGGC

Alex Mackenzie, Director of Glasgow City CHP

Close

Lunch and Networking

Feedback and post analysis from Breakout Sessions

In a breakout session participants were allocated into groups based on their WebEx clusters. Each group contained two to three clusters taken from different sectors across NHSGGC.

There were 4 breakout areas each hosting three groups with approx 10 people in each group.

The Facilitator asked the group to discuss the following questions:

- 1. What are your main reflections from what you have heard this morning?**
- 2. Overall, what do you think Keep Well achieved during its eight years of operation?**
- 3. How will you take learning from your participation in Keep Well forward in your Practice?**
- 4. Do you have any views about the fact that Keep Well has come to an end?**
- 5. Now that Keep Well has ended, what do YOU think its main legacy will be?**

At the end of the session a facilitator's group was convened to provide immediate feedback and summarise group discussions. Their summary was presented to the wider audience as the final presentation of the day.



Initial Feedback from
breakout sessions.pdf

Post Analysis of Breakout sessions

A more considered analysis of the feedback has since been undertaken and is summarised as follows:

People identified some key aspects of KW that have impacted on their practice.

Staff knowledge and skills

The Keep Well programme including the use of the Anticipatory Care Improvement Toolkit (the Toolkit) seemed to have a positive effect on knowledge and skills and staff felt better informed about:

- the workings of their own practice (roles and remit of colleagues)
- local HI services
- new methods and approaches around patient engagement
- The ethos and practice of holistic patient care.

Some of this has become embedded into good practice over the KW years but there was expressed concern that learning of this kind, as an ongoing process, will be lost over time without the focus that the KW programme allowed.

A contributing factor to staff knowledge and skills were the networking opportunities afforded by KW and these were valued by the majority of participating practices.

Staff Roles

Keep Well funding allowed practices to employ additional staff to fulfil specific KW roles. During the completion of the Toolkit it became apparent that these roles allowed staff to develop valuable skills that could be shared and utilised within practices. Furthermore, the Toolkit in particular, helped some practices to take a whole team approach to improving patient engagement. This shared understanding of roles and skills will be crucial to the immediate post-KW period when practices are faced with how best to capitalise on learning and streamline staff resources.

“All good things come to an end”

Anticipatory Care

Keep well highlighted and promoted anticipatory care and encouraged practices to build early prevention strategies into their routine practice. A number of participants mentioned cases of new diagnoses of LTCs (e.g. diabetes) as a result of the KW health check. This is closely linked to effective engagement without which practices would be unable to reach specific patient groups for whom anticipatory care can be most relevant (e.g. patients who are registered but who have little or no contact with their GP or the practice; patients for whom language is a barrier to engagement with primary care).

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

Person-centred practice

This too is linked to improved patient engagement, particularly in terms of creating more patient-centred appointment structures. Practices reported stronger efforts to communicate better with patients (e.g. by reviewing their contact records; extending access to the surgery; using text alerts) in a way that is more inclusive and meets a variety of patient need. The health checks allowed longer consultation time giving practitioners the opportunity to explore the determinants of health at an individual level. In short, practices reported interest and use of systems and practices that enable them to know their patients better and respond to their needs both in terms of access to their GP and provision of relevant and tailored information and advice.

Some participants reported a changed ethos across their practice in which there was better understanding and provision of holistic patient care.

Keep Well – local models

There was concern voiced over the abrupt withdrawal of Keep Well and the impact that could have on the continued efforts to improve anticipatory care. While much of the learning is being used in relation to CDM this does not reach those who remain distant to primary care and undiagnosed. Participants spoke of ways to retain the principles and practice of KW by its expansion into COPC, continuation of KW style health checks tailored to individual practice capacity and need, and use of a Link worker as an aid to better engagement.

“This has been a beneficial journey”

Negative perspectives

Participants were largely positive about the experience and legacy of Keep Well. However, some resistance was expressed particularly in relation to what was seen as the limited potential benefit to small practices. The patient response was also experienced as negative by a few participants both in terms of raised expectations of primary care and persistent unwillingness to engage.

Next Step

The final stage of this year's Keep Well LES will be the completion of an End of Year Questionnaire which will be sent electronically via Survey Monkey to each participating practice which will need to be completed and returned by 28th February 2015 to the Keep Well Project Manager which will then trigger Quarter 4 and final payment.

This questionnaire will include a series of questions and the completion of one case study from each High Impact Area.

Once all the submissions are completed and submitted an end of year report will be produced and circulated.