

**19th Annual Self Care Conference
Imperial College London**

Self Care: The Big Secret

Alyson McGregor

Director

26th September 2017

Who we are and why are we here?

- NHS national network organisation
- We help health services and local people find new ways of working together – improving outcomes, making the most of the resources we have, and making a difference to peoples lives through an evidenced based model of **Collaborative Practice**
- This work makes a difference to everyone's lives – local people and staff (could say we are supporting them to self care)
- WY&H STP Lead for Self Care (Primary Care Work stream)

STPs- the new landscape



- STPs have recognised the need to create new models and approaches which include Self Care
- Opportunity to review and change our existing models of care
- WY &H STP envisages using & valuing the assets in communities
- And recognises the need to develop new models of people centred care in primary care/ community care/ social care
- “*The heart of a good STP is people*” (Rob Webster, STP Lead WYHSTP & CEO SWYPFT)

Our starting point



- **Self-care EXISTS and is EVERYWHERE**
- **Professionals and systems have taken responsibility to introduce and create self care and struggle with how to make it happen**
- **But the BIG SECRET is that self-care exists**
- **Acts of self care are often INVISIBLE & UNSEEN**
- **We don't blame**
- **Our job in health and care:**
 - **See it, value it, nurture and support it**
 - **Connect with the self-care that already happens**
 - **Create the conditions for it to thrive**

How do we create the conditions for self care to thrive?

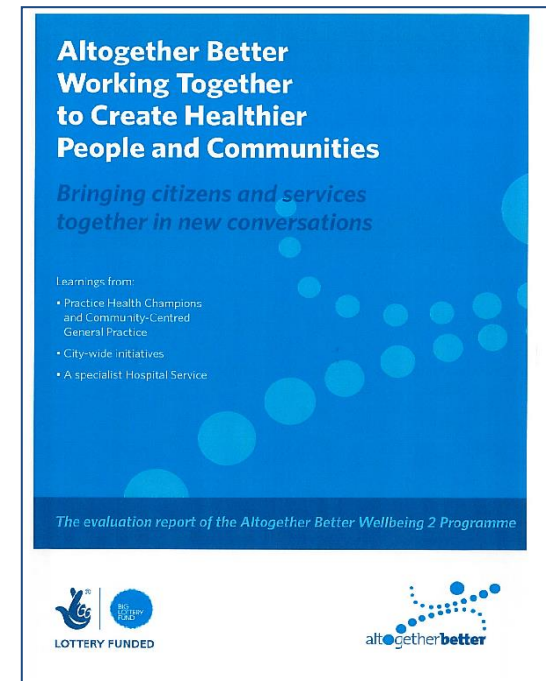
- **Self care starts with us-** how do we create organisations that care for themselves and communities?
- Find the *Connectors, Knowledge Brokers & Inspirers*
- Share stories
- Pay attention to what works
- Respond to the generators not the symptoms
- Work '*with*' people in '*their place*'
- Rethink how we communicate with people
 - Language matters
 - Be in conversation about what matters
 - Forget one way messages
 - Don't blame
- **Measure our success** based on how we grow, support resourcefulness and self organisation
- Myriad of great examples of work to support self care

What we did in primary care



Evolving a new model of Collaborative Practice:

- Over 100 GP Practices in 19 CCG areas
- Stumbled across a new model for general practice, '**Collaborative Practice**', which is designed to meet the challenges we face
- Citizens/patients play a pivotal role in meeting this challenge
- If we want to change the conversation we need to change who is in it - and we need to do it together
- Amazing response from the system nationally



Impact

Evaluation from 30 GP practices including over 500 Champions, and 125 practice staff demonstrated:

- 94% of people reported improved mental health and wellbeing
- Increased resilience and ability to cope with LTCs
- Patients beginning to use services differently
- a new business model for general practice emerges and a new model of care

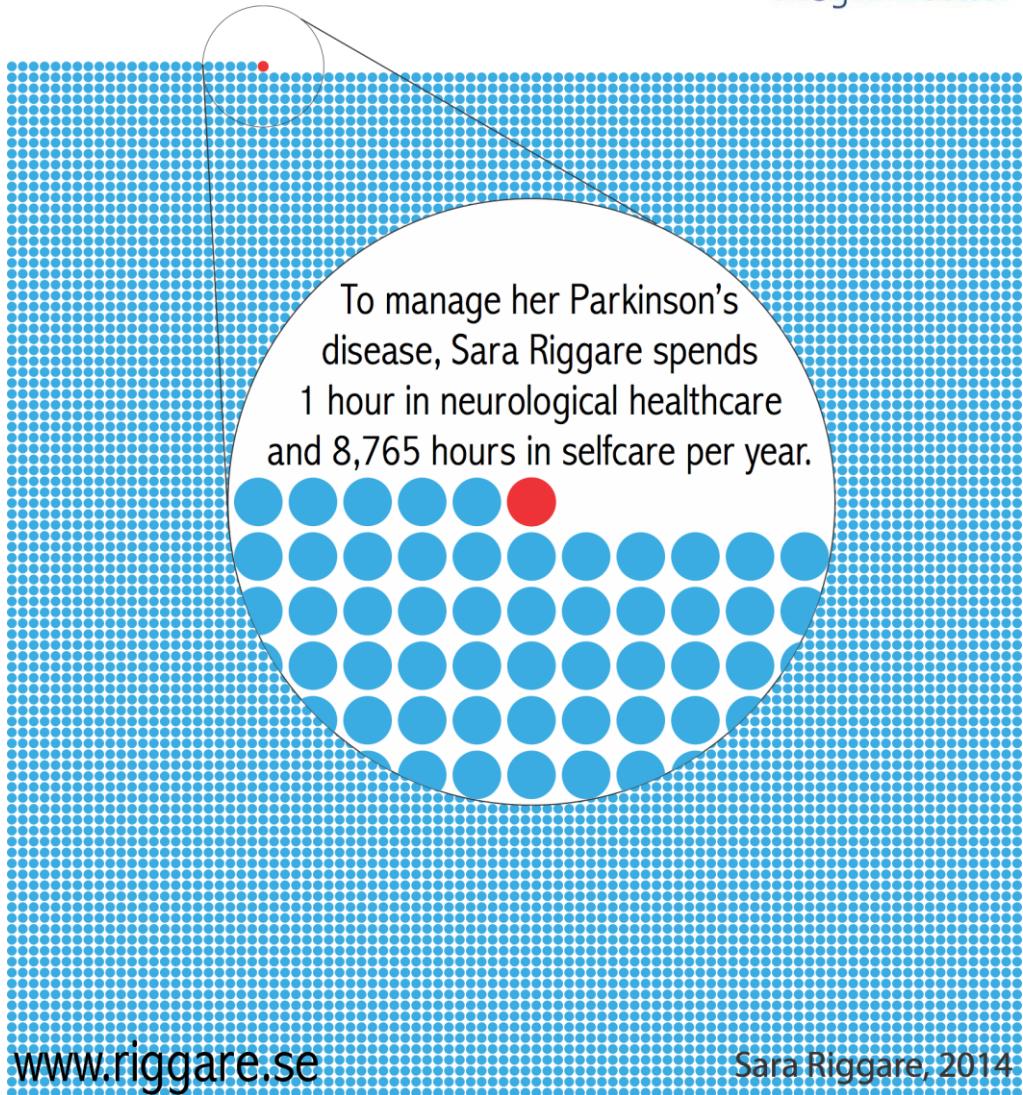
“We have increased our patient list by 4500 people but seen no increase in demand for either primary or secondary care consultations because we do things differently”

**Mev Forbes , Managing Partner
Robin Lane Medical Centre, Leeds**

Real life for people with a LTC

“I see my neurologist twice a year, about half an hour...that’s **one hour per year in healthcare** for my Parkinson’s Disease.

“During the same year I spend **8,765 hours in self-care**, applying my knowledge and experience together with what I get from my neurologist to manage a difficult condition as best I can.”



To manage her Parkinson’s disease, Sara Riggare spends 1 hour in neurological healthcare and 8,765 hours in selfcare per year.

www.riggare.se

Sara Riggare, 2014

In a GP's working week



- **10-15%** minor ailments – pill, sore throat, headache
pharmacist , a wise granny
- **10-15%** depressed, anxious, stressed, fatigued. Need a job, some friends, a loving partner, not antidepressants or counselling
- **10%** obesity & lifestyle related – type 2 diabetes, hypertension, heart disease
- **5%** lonely and we are the only social contact
- **5-10%** just getting old! Lots of problems, no cure

"It's a rotating door - they just come back again, patients need people not pills."

"I estimate that 40-55% of patients I see every week could be better supported by someone else – they don't need to see someone with 5 degrees"

Dr Niall Macleod
GP, Exeter

A new mind-set

“Health is the ability to adapt and self manage in the face of social, physical, and emotional challenges” (Huber, 2011)



- Systems organise around a purpose
- To change a system we need to agree a new purpose, often best formulated as a **question** we can organise around:

How do we support people to adapt and change in the face of social, physical and emotional challenges?

Changing identity leads to culture change



Work on what matters & create new Functional relationships



Change the flow of information



Changing identity leads to culture change



Bring people together with diverse perspectives

What happens?



Over **56** champions delivering **15** regular weekly offers/activities
.....**63** types of offers

“the great story is that lives are transformed. We reach hundreds and hundreds of people every week. People are no longer isolated; they have made new friendships and use services differently”

Linda Belderson
GP, Robin Lane Medical Centre



216 types of activities and counting....



- Signposting
- Conversation club
- Increasing screening uptake
- Quilt making & cross stitch
- Singing for the brain for people with dementia
- Flu clinic
- Carers support
- Reception welcomers
- Gardening
- Local history
- Coffee mornings
- Christmas lunch!!

...you name it!



- Community Choir
- Ukulele group
- A poem & a pint
- Glass painting
- Dancing...belly, ballroom, circle!
- Film matinees
- Improving the consultation
- Painting

What REALLY happens?



We see *transformational change*; change from the inside out

Changing members of the family transforms the family:

- it changes the very nature of the family
- it changes what the family does
- it changes what the family knows
- it changes what we notice and how we see the world
- it changes 'who' the family know & spend time with
- it changes how the family behaves and the language we use

It works...for staff

- Staff morale improves & workload shifts
- People come out of silos and organise around a purpose
- The practice can offer alternatives
- Practice list size increases
- Clinical consultations go down
- Receptionists take leadership role
- It becomes embedded and is sustained without ongoing funding



“Whooo-hoooo....this is the bestest workplace in the world, proud to be part of it...such a good team.”

Primary Care Nurse
Gateshead

It works...for people



- Better health outcomes
- Patients are supported to live well with LTCs
- Patients better understand how to use services
- Growing community cohesion
- **94%** increased levels of confidence & well-being
- **94%** acquired new knowledge related to health and well-being
- **99%** increased involvement in social activities and social groups

“It really helped me get back on track...it was about isolated and lonely people...and I was one of them, basically left to rot. When you invited me that day, it saved my life.”

Balanced between two world views

The 'Life world'

- *People* with myriad and unique skills, interests, values, beliefs, needs
- Multiple and fluid identities
- Human interaction
- Flexibility, improvisation
- Stories
- Relationships
- Non-monetary, fluid ideas of exchange and reward
- Emergent order

Collaborative Practice

Formal Systems/Institutions

- Roles, qualifications, titles
- Fixed and legitimised identities
- Processes & structured interaction
- Protocols and pathways
- Fixed definitions
- Data
- Hierarchy, authority
- Monetary economy, fixed ideas of currencies and exchange
- Planned order

This work is ...



- Gentle and subversive organisational development which changes general practice
- Improves lives of people in practices and in local communities
- Modelling a third way of working
- Changing the 'practice team /family', becoming simply 'how we do things around here'
- Amplifying and connecting existing offers, linking into the existing social prescribing programmes and offers from the 3rd sector
- Sustainablewithout continual funding

**is work creates the conditions for
lf care to thrive**



Q to speakers

How do we engage & empower people that have no confidence in looking after their own health and wellbeing?

- We don't engage – we invite
- We don't believe its in our gift to empower – we see ourselves as equal partners
- We look to people for the offers they make not for the problem they present (eg Kate Grainger's request that people see Kate not her disease)
- We make no assumptions about why they may struggle with their health – we ask them what matters

We have fun and make a difference

Chat to us altogetherbetter.org.uk
<http://twitter.com/altogetherbeter>

