View results

Respondent

7 Anonymous

61:43
Time to complete

Title and contact details

1. Title of Initiative (please ensure this is a good description of your initiative in no more than 90 characters) *

Powys Living Well Service

2. Name of organisation and region (please state context, ie general practice, community care etc) *

Powys Teaching Health Board, Wales (Secondary care service)

3. Name of person or team involved in the self-care initiative *

Powys Living Well Service

4. Timeframe and dates of initiative *

Relaunched in April 2025, now moved to Business as Usual

5. Contact name for entry *

Tim Smith

6. Contact email for entry *

timothy.smith2@wales.nhs.uk

About your self-care initiative

7. Describe the problem you were facing and your objective(s) in tackling this. (1200 characters max) *

Powys Living Well Service supports people with persistent pain, chronic fatigue, Long Covid and obesity across a large rural population. Historically, support was delivered through separate condition-specific pathways. While these worked in isolation, they did not reflect the reality that many people live with multimorbidity and need more joined-up, personalised care. Service data showed clear problems with engagement and access. Non-engagement rates were around 30%, did-not-attend rates were 12–15%, and waiting times were approximately 16 weeks. Qualitative feedback highlighted additional barriers, including long travel distances, fatigue, work and caring responsibilities, and difficulty attending frequent appointments. Staff also recognised that pathway separation made it harder to provide holistic support. Our objective was to redesign the service around the person rather than the condition: improving access, reducing avoidable non-engagement and delays, and creating a more flexible, person-centred model that better fits people's lives in a rural area.

Please enter at most 1200 characters

8. Outline your initiative, explain your planning and execution of the project. (1200 characters max) *

Our initiative was a full redesign of the Powys Living Well Service to create a more person-centred, flexible model of care. We replaced separate condition-based pathways with a single whole-person approach built around the Six Pillars of Wellbeing (Move, Sleep, Eat, Choose, Be, Connect) and a Prepare–Engage–Maintain pathway to support people from referral to long-term self-management. Planning was led by a multidisciplinary team including allied health professionals, psychology, dietetics, exercise specialists and digital facilitators. We used service data, staff learning, user feedback and personas to understand barriers such as travel, fatigue, social isolation and low digital confidence. This helped us design a model that reflected people's real lives rather than organisational boundaries. Execution focused on introducing a more flexible offer, including one-to-one support, group programmes, digital resources and face-to-face options. Enabling roles were embedded to improve access, continuity and engagement. The redesign was implemented collaboratively and iteratively, ensuring the service was shaped by lived experience and practical learning throughout.

Please enter at most 1200 characters

9. What were the challenges and how did you overcome these? (1200 characters max) *

The main challenges were rurality, increasing demand and redesigning a service while maintaining day-to-day delivery. People often faced long travel distances, fatigue, work or caring responsibilities, and varying levels of digital confidence, all of which affected access and engagement. At the same time, referrals were rising and the existing condition-specific pathways could feel fragmented for people living with multimorbidity. We overcame these challenges by redesigning the service around a whole-person model and a flexible Prepare-Engage-Maintain pathway. Blended delivery, including virtual support and group programmes, reduced travel burden and improved choice, while digital facilitation and enabling roles helped people access and stay engaged. We used lived-experience feedback, personas, PREMs, PROMs and service data to test and refine changes through PDSA cycles. This allowed us to respond quickly, improve accessibility and create a more joined-up, person-centred service.

Please enter at most 1200 characters

10. Did you collaborate with other local partners, if so, who and why were they chosen? *

Yes. Collaboration with local partners was an important part of making the model accessible and person-centred in a rural county. We worked closely with Powys County Council Library Service, Accessibility Powys, Versus Arthritis and the PLWS Experience Panel because they brought expertise the clinical service could not provide alone. The Library Service offered trusted community venues, device loans, connectivity and digital hubs across Powys. Accessibility Powys provided specialist accessibility support, including tailored help for people needing more individual support. Versus Arthritis supported Move Well by recording a chair yoga session, helping widen access to practical self-management content. These partners were chosen because they had trusted local reach and complementary skills in digital confidence, learning, community support and prevention. The PLWS Experience Panel was particularly important in providing feedback from service users, helping us understand what mattered to people and refine the model in response. Working together reduced duplication, widened access and linked healthcare more effectively with community resources.

11. Would you describe your initiative as "innovative", if "yes" please tell us why. (800 characters max) *

Yes. The initiative is innovative because it moved beyond traditional condition-specific services to create a single whole-person model for people living with multimorbidity and long-term conditions. It combines the Six Pillars of Wellbeing with a Prepare–Engage–Maintain pathway, blended delivery, enabling roles, and routine use of PREMs, PROMs and service data. This is innovative not because each element is new on its own, but because they were brought together into a practical, scalable model that improves access, shared decision-making and experience for people in a rural setting.

Please enter at most 800 characters

12. Did you use any of the Self-Care Forum's free resources as part of your initiative? Provide details *

None used

Impact, outcomes, and evidence

13. Who was the initiative directed at and what were the benefits to the targeted group or individuals? (1200 characters max)

The initiative was directed at people across Powys living with long-term conditions and multimorbidity, particularly those accessing support for persistent pain, chronic fatigue, Long Covid and obesity. It was especially beneficial for individuals whose circumstances made traditional service models harder to use, including people affected by rural travel distances, fatigue, work or caring responsibilities, social isolation and lower digital confidence. The benefits were greater access, choice and involvement. By replacing condition-specific pathways with a whole-person model and flexible Prepare–Engage–Maintain pathway, people received support that was more joined up and better matched to their lives. Blended delivery reduced travel burden, improved convenience and helped more people stay engaged. The approach also strengthened shared decision-making and experience, with over 95% of people reporting involvement in decisions about their care. Alongside reduced waits and lower non-attendance, this created a more realistic, person-centred and supportive experience for people living with complex, long-term health needs.

Please enter at most 1200 characters

14. Please quantify the impact of your initiative. (e.g. cost improvement, numbers of people helped, time saved) ((1200 characters max))

The initiative delivered measurable impact at both person and service level. In 2024/25, Powys Living Well Service supported around 900 individuals, rising to nearly 1100 in 2025/6 without any additional staffing. Around 90% of contacts are delivered virtually, helping people across a rural county access support closer to home. This reduced the need for many to make average round trips of around 37 miles for care. Did-not-attend rates reduced from 12–15% to under 5% (and to 3.8% in 2025/26), while non-engagement reduced from 30% to 20%. Waiting times reduced from around 16 weeks to 10 weeks, despite a reported 30% year-on-year increase in referrals. Engagement with the Six Pillars programmes increased by over 120% in 2025/26. Experience also improved, with over 95% of people reporting involvement in decisions about their care. Together, these changes improved access, reduced wasted appointments and created a more efficient and person-centred service.

Please enter at most 1200 characters

15. Do you have formal or anecdotal evidence of success? (e.g. qualitative, quantitative, informal feedback?) (1200 characters max)

We have both formal and anecdotal evidence of success. Formal evidence includes routine service data, PREMs and PROMs collected at key points across the pathway. This shows measurable improvement in access and engagement, reduced did-not-attend rates, lower non-engagement, shorter waiting times, increased participation in the Six Pillars programmes, and high levels of shared decision-making. PROMs are collected at baseline and follow-up to understand change over time, while PREMs are collected automatically after one-to-one appointments and group programmes to capture experience. Qualitative feedback also supports success. Free-text feedback and wider lived-experience work consistently show that people value being listened to, better understand their health, and feel clearer about what to do next. People have also described the benefits of flexible support that reduces travel and fits around fatigue, caring responsibilities and rural living. This combination of quantitative data and real-world feedback has allowed us to refine the service continuously and demonstrate that the model is both effective and meaningful to the people who use it.

Please enter at most 1200 characters

Learning and sustainability

16. What was the cost of this initiative in time, money, and other resources? Please be as specific as you can. (1200 characters max) *

The Six Pillars Programme required an estimated £78.8k investment to design, develop, and launch a reusable, multi-format learning model. This equates to around £13.1k per pillar on an equal split basis, although actual costs likely varied due to differing complexity and shared development activity across pillars. The Six Pillars Programme required a 6–8 month development period, covering planning, production and phased launch. It drew on a mix of staff and technical resources, including: Dedicated project and digital staff to manage delivery and create digital content; Clinician time for design, planning and content review; Filming and production resources to develop pre-recorded sessions; Creation of learning materials, including presentations, workbooks and participant packs; Programme build and launch activity to establish a reusable blended learning model. Overall, the initiative required a sustained investment of multidisciplinary staff time, digital capability, and content production to create a scalable, reusable programme rather than a one-off intervention.

Please enter at most 1200 characters

17. Were there any learnings from the initiative, if so what were they? (1200 characters max) *

We learned that person-centred care needs to be designed into the whole service. A shared framework such as the Six Pillars creates consistency without removing professional flexibility, helping different team members work towards the same goal from different perspectives. We learned that engagement problems are often access problems in disguise. Travel, fatigue, digital confidence, social isolation and competing responsibilities can all reduce someone's ability to participate, even when motivation is high. Addressing these through blended delivery, digital support and clearer preparation improved both experience and outcomes. We learned that whole-person care is practical, not abstract. The Six Pillars provided a simple but robust way to structure conversations about health that reached beyond symptoms and diagnosis. This made shared decision-making easier and helped people identify goals that felt meaningful and achievable in their own lives. Finally, we learned that enabling roles matter. Digital facilitators, business support and pathway coordination were essential to maintaining contact, reducing avoidable drop-off and making the redesigned model work at scale.

Please enter at most 1200 characters

18. Are you continuing to implement the initiative, please give details. (1200 characters max) *

Yes. The initiative is continuing and is now part of routine service delivery rather than a time-limited pilot. Powys Living Well Service continues to use the Six Pillars of Wellbeing and Prepare–Engage–Maintain pathway across its core pathways, with around 90% of contacts delivered virtually and face-to-face options retained where needed. We continue to expand the model by developing additional group programmes, standalone online modules, new in-person group activities, and have recently relaunched an upgraded bilingual public learning platform. Ongoing work includes refining personalised planning, strengthening shared decision-making, maintaining digital inclusion support such as device loans and tailored assistance, and using PROMs, PREMs and dashboard data to improve access, flow and experience. The service is also sharing learning more widely, with potential for adoption across other services supporting long-term conditions and rural populations.

Please enter at most 1200 characters

And finally .....

19. How easy will it be to replicate your initiative and do you have top tips to share? (1200 characters max)

The model is highly replicable because it does not depend on one profession, one condition or major new infrastructure. Its core components—a simple whole-person framework (Six Pillars), a clear pathway (Prepare–Engage–Maintain), blended delivery, enabling roles, and routine use of PROMs, PREMs and service data—can be adapted to other services supporting long-term conditions, multimorbidity or rural populations. Replication is easiest where services are willing to redesign pathways rather than add another programme. Our top tips are: start with lived experience and real service data; design for access from the outset, including digital inclusion and non-digital options; involve enabling roles early, not just clinicians; test changes through small PDSA cycles; and create a shared language that the whole MDT can use. We also learned that replication works best when digital content is reusable, support is blended rather than digital-only, and improvement is treated as continuous rather than a one-off project.

Please enter at most 1200 characters

20. Please let us know the social media addresses of those involved in the initiative.

n/a

21. Why do you think this initiative deserves to win the award? (800 characters max)

This project deserves recognition because it shows that person-centred care can be designed at service level, not left to individual practice. Powys Living Well Service reshaped its core model around what matters to people living with long-term conditions in daily life. The model also responds to the realities of rural Wales by reducing travel, fitting around fluctuating symptoms and caring responsibilities, and combining digital and face-to-face support in an inclusive way. Feedback shows that people feel listened to, better understand their health, and know what to do next. It shows how multidisciplinary teams can redesign care around whole-person wellbeing while maintaining measurable impact. For these reasons, it is a strong example of person-centred care in practice.

Please enter at most 800 characters

22. Do you have an image, materials or weblinks to supplement your application? Please supply no more than 2 images which may also be used to promote your application if successful. Ensure images are square (ie height and width dimensions are the same). Please email information to selfcare@selfcareforum.org including the name title of your initiative (as in Q1).

https://pthb.nhs.wales/plws

23. Your application may be chosen to be uploaded to the "best practise" page of the Self-Care Forum website to share self-care excellence with others who might want to use the learnings in your application. We will also include your email address so that people may get in touch with you. Please confirm your preference below. *

- (●) I am happy for the Self-Care Forum to add our entry to the website **with** my email address
- ( ) I am happy for the Self-Care Forum to add our entry to the website **without** my email address
- ( ) I would rather our entry was not included on the Self-Care Forum website

24. Would you consider becoming a self-care champion? *

- ( ) Yes
- ( ) No
- (●) Maybe, I'd like to know more