

Putting the patient at the centre of their LTC

Dr Robert Stewart
Clinical Design Director



Integrated Care in treatment of people with LTC

- ◆ **Citizen** at the centre
- ◆ **All providers** must communicate real time
- ◆ **Today** use modern technology revolution
- ◆ **Agreed care plan** Patients / carers should know the plan
- ◆ **Integrated care** should be seamless – no gaps or duplications
- ◆ **Health and social care** working together with the person
- ◆ **Move** from a medical model to a supported self care model

Helping people to manage LTC

- ◆ **Technology** there to support not to replace care
- ◆ **Join up** providers not competition
- ◆ **Care**, understanding and advice
- ◆ **Shared care plans** – agreed blueprint for all providers to follow
- ◆ **Apps**, Telehealth/care, Utube, expert patients and carers
- ◆ **Independence** not slaves to multiple medical processes
- ◆ **Co-ordinate care 24/7** Who is accountable? Francis? GP?

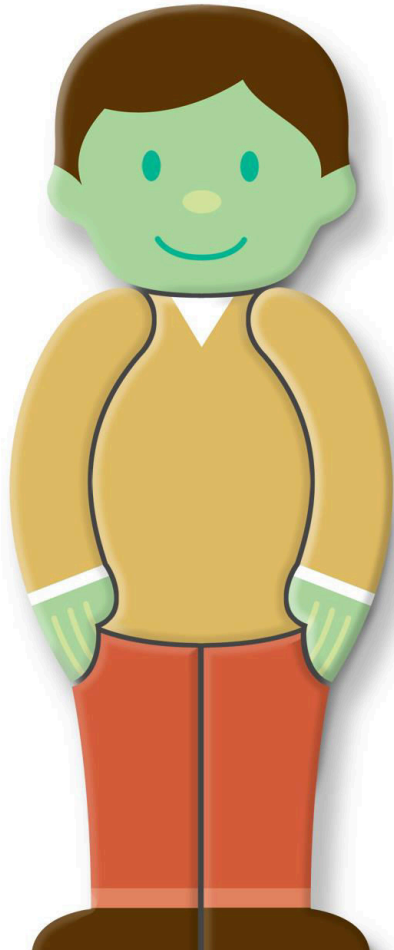
Collaborative approach between CCGs and Local Authorities

- ◆ **CCGs responsible for 80%** of commissioning
- ◆ **LAs responsible for** Health and Well Being boards
- ◆ **Opportunity** for CCGs and LA to ensure best results for the population – good agreements across Kent and Medway
- ◆ **Primary care must link with social care** to provide the 24/7 response to reduce need for crisis admission & improve lives
- ◆ **Shift investment** towards improved community services – empowering patients to have high quality care at home
- ◆ **Acute Hospitals** to focus on high quality specialist and acute care – hotter and smaller

Innovations in telehealth/care to manage LTC – no cure

- 🟢 **Citizen at the centre** – major provider of care and monitoring
- 🟢 **Clinicians** must access care plan / telehealth especially in crises
- 🟢 **Virtual ward** – hospice now but why does the patient need to travel to specialist, GP or pharmacy, televideoconference, apps,
- 🟢 **Challenge** consultation sacred cow – diagnoses made by investigation
- 🟢 **Free the citizen** from the shackles of the medical world – make them less dependent on doctors and outpatient appointments
- 🟢 **Give the patient control** of the information – Patients Know Best
- 🟢 **No information about me** without me knowing about it!

Whole person

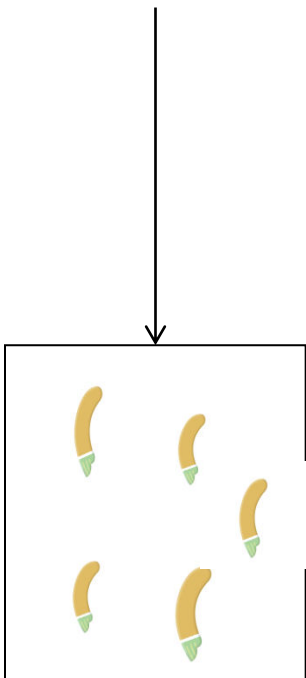


Medical view Dismembered patient

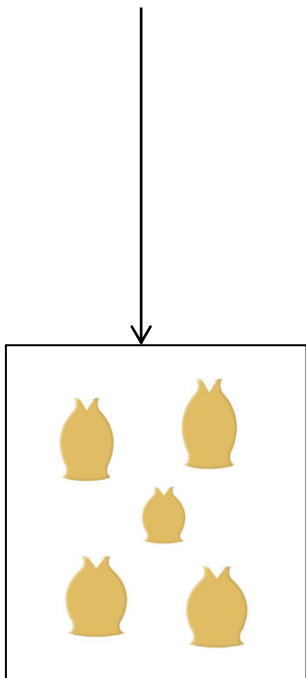


Patient – where am I and where do I go – who cares for me?

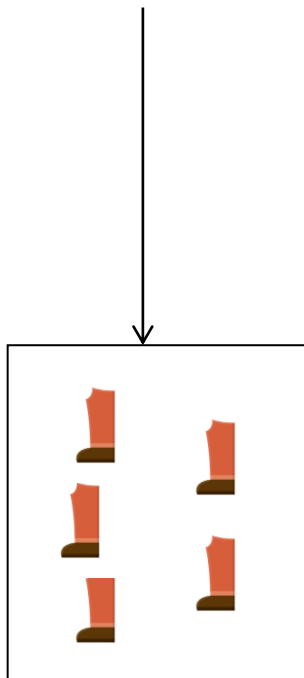
Team A



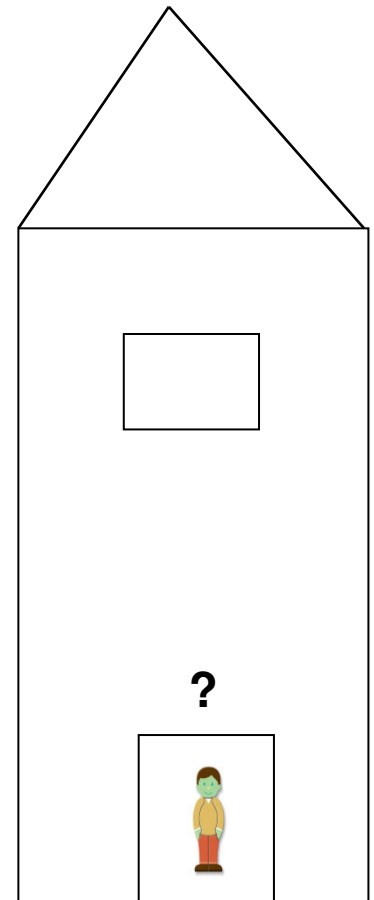
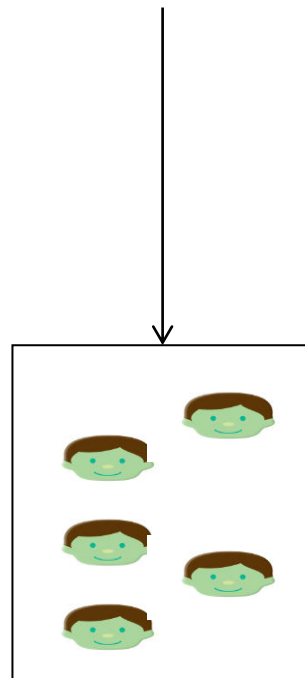
Team B



Team C

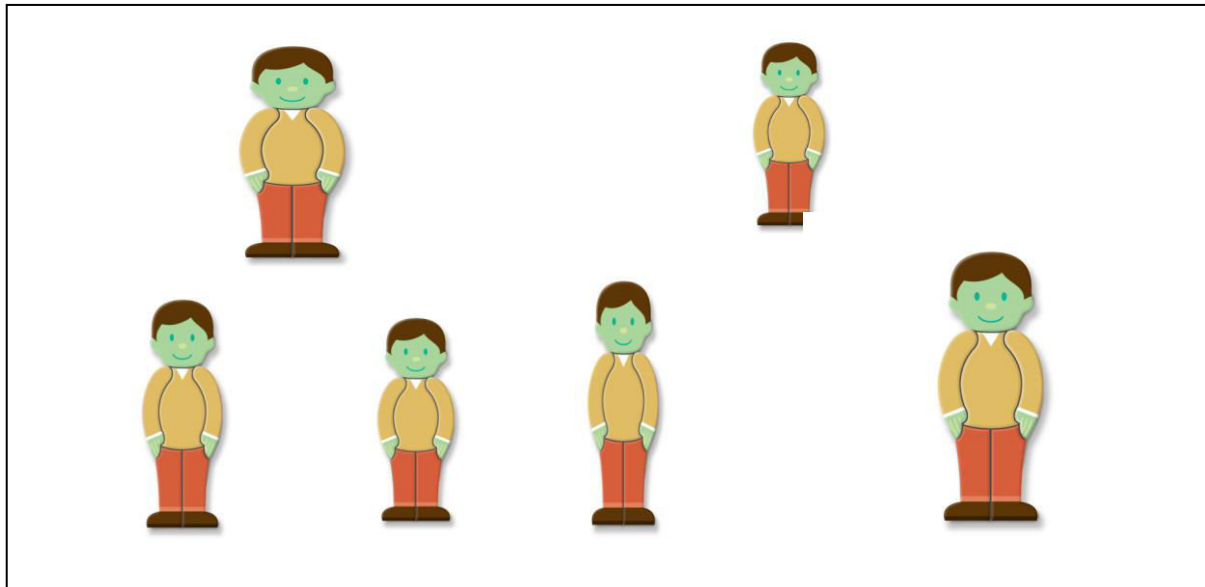


Team D



Citizen at the centre – we care and patient and carer knows!

Integrated Neighbourhood Care Team with specialist input, advice and care when needed



Patients Know Best

- ◆ **Patient ownership** of supported self care
- ◆ **Give** them the information
- ◆ **Many** have this already eg cancer and mental health
- ◆ **Power and accountability** to determine who should have access
- ◆ **Join up** all providers including acute, community, mental health, social care and third sector
- ◆ **No need** to change information systems
- ◆ **Permission** there already – obligation by 2015, access available now, sometimes included

I want....

...less time in hospital

...fewer trips to see specialist

...independence

...empowerment

...understand own condition

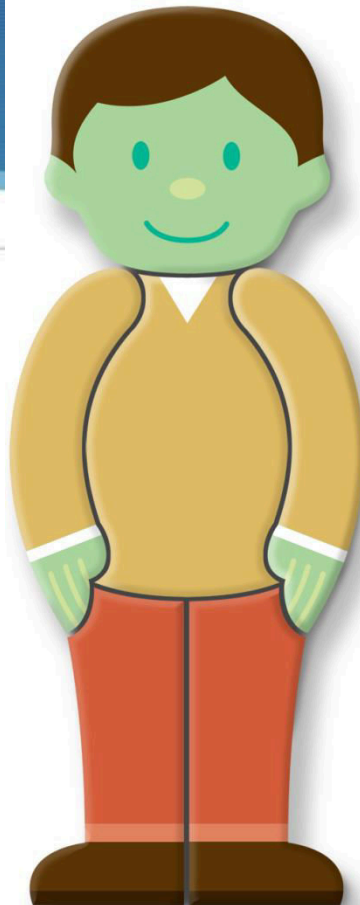
...own bed

...more time

...prevention of exacerbation

...freedom

...in control



Thank you

- ◆ Dr Robert Stewart
- ◆ Clinical Design Director
- ◆ Robert.stewart@wgd.co.uk
- ◆ “Putting the citizen at the centre”