

Wilmington  
Healthcare

# SEDTSN 1<sup>st</sup> November 2017

Table discussion notes

## TABLE FACILITATOR GUIDE

STP Table: Surrey Heartlands STP and Kent & Medway STP

Facilitator Name:

Please list the group contributors:

In order to utilise the discussion periods effectively we are inviting pre-selected table facilitators to guide the conversation. Delegates will be seated by STP region, on tables of circa 6-8 people from a mix of organisations and backgrounds.

This will involve:

- Introduce yourself briefly and get everyone around the table to introduce themselves
- Ask for a volunteer or nominate someone to present the findings during the feedback session
- Keep a record of the table discussions and any key themes emerging on the flip chart/notes form provided (to be collected by Sarah and Jacqueline at the end of the meeting) These are kept afterwards in order for us to publish the outcomes from the discussion.
- Remind people of the key objectives of the session if necessary
- Encourage everyone to participate, enable people who have not had opportunity to speak by asking them what they think e.g. quiet individuals
- Keep the conversation flowing by asking key questions or reflecting back to people what they have said.
- A 5 minute time remaining warning will be given as a prompt

We appreciate your support and contribution to this network meeting.

Paul Midgley  
Director of NHS Insight, Wilmington Healthcare



Healthier You / OPP / <sup>Prinley Health STP</sup> Assess  
TRM

- one size fits all  
(or it doesn't)
- time off work difficult

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Reternal Process - incentives

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Possibilities / evening / weekend courses

- make access to course easier  
employment law - lowest  
2es two classes
- alternative method of delivery  
- online / TV /

## IMPROVE OUTCOME OF T2DM

LONG TERM VIEW - INVEST TO SAVE

IMPROVE ACCESS TO EMAIL / PHONE FOR  
ADVICE  
FROM 1<sup>o</sup> CARE.

DATABASE + VIRTUAL CLINIC SEEMS GOOD  
IDEA.

HbA1c > 85 being a 'DISEASE SUB GROUP'

HAVING IT INTEROPERABLE

INVESTMENT IN 'PSYCH' SERVICE eg: Personality  
disorder.

EDUCATION TO "HIGH" REFERERS

FLEXIBILITY OF APPOINTMENT / eg Phone / Skype  
for younger patients.

① SOCIAL DEP / POOR DIET / FUNDS

② MULTICULTURAL

③ ENGAGEMENT USING COMMUNITY CHAMPIONS

④ DIGITAL + DIFFERENT

FORMATS OF HEALTH  
EDUCATION

⑤ FUNDING ? STRAIGHT

⑥ POLITICAL

## Workshop 2

→ Moved Money from PBR → 1<sup>o</sup> care  
to fund service

→ Education Programme

↳ You couldn't refer to 2<sup>o</sup> care

↳ DSNs / went to 1<sup>o</sup> care  
conv.

## Step 1

↳ Need to overcome budget issue  
for Surrey Heartlands

(Big Population)      ↳ 3 CCGs  
   ↳ 2 / Acute Trusts  
   ↳ 11 Organisations

## Step 2

↑ Communication and agreement  
of strategy between 3 Acute Trusts

→ Pre-diabetes Registers in Place

→ Postcode Lottery for strategies

& support

↳ Gym memberships / Walking Groups

↳ Education in Marquis

→ Need coordination of messages &  
support

→ Distribution → Community Pharmacy  
→ School Education

→ Involve local Patients in ideas

# Workshop 1

## Good Work

- ↳ Pre diabetes registers
- ↳ Gym memberships - But not free
- ↳ Walking groups, different levels
- ↳ Education in Mosques

\* Postcode lottery for support

## Change

- Need coordination of messages & support
- Distribution → Community Pharmacy  
→ School Education
- Involve local Patient groups more to support ideas



Family  
HEALTH  
SIP

## SCALING UP PREVENTION

- IMPROVING COSTS TO GENERAL PRACTICE → SELL THE CONCEPT
- OPT-OUT → PROVIDER TO CREATE RESPONSE OPTIONS.
- COORDINATE THE RANGE OF TIER I SERVICES ↑
- CREATE VOLUNTARY CAPACITY (GAPS) - PUBLIC HEALTH

- \* Searching GP registers
- \* Clear referral ~~sets~~ instructions
- \* Disappointing take-up.
- \* Good retention whilst on course
- \* Is the programme too medical? seek other ways. peer groups? Digital?
- \* Are the most at risk people attending courses?

- \* What are we doing with people who have declined the course?
- \* What support do people get after course completion to sustain + benefits
- \* +/- of opt in / opt out methodologies
- \* Prevention / self supported care in one place