

Facilitator Guide

STP Table: Shropshire, Telford & Wrekin STP and Staffordshire & Stoke-on-Trent STP

Facilitator Name:

Please list the group contributors:

Kam Gill
 Rachel Young.
 MARK SMITH
 Dr PARATWARA
 MARK FEATON
~~MARIE JAMES~~
 MANDEE
 KARA RYE
 WORRAU

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

What are the service and outcomes gaps for patients with gastrointestinal and liver conditions in our locality and what are the opportunities for transformation and sustainability? Consider workforce, demand, capacity, quality, configuration and budget implications.

Key observations

- ① Inappropriate liver pts have a gastroenterology referral.
- ② Underdeveloped CNS < IBD liver disease.
(also IBD-related +, diet/med/ pharmanst)
- ③ Interface to GPs.
How far GPs should work up pts before referral - keep in 1st care NAFCD.
- ④ Liver MDT on ward.
inc. palliative care - DIC etc..
- ⑤ NHS is about manpower - developing further. -
Chuzem.

STP Table: Coventry and Warwickshire STP

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Key observations

MDT - Management - Improve IT infrastructure / to see pts results across Trust and GIP border

Optimising referral pathway across CoV + Warwickshire partnership -

Standardise referral pathways -

STP Table: Bedfordshire, Luton and Milton Keynes STP and Northamptonshire STP

Facilitator Name:

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ASAT VBLM KCM - Consultant
Sue Broughall NGH.
Megan Faulkner NGH - Endoscopy

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Key observations

Patient care pathways

- cancer services / surgery CT scans etc.

Ambulatory services for GI patient & chronic illnesses

Endoscopy resources at risk.

Which examples of improved outcomes and value are best suited to meet our local STP challenges and how can they be implemented? How might we adapt these ideas? Consider workforce, demand, configuration and budget issues.

Key observations

FCP pathways 

STP Table: Black Country and West Birmingham STP (table 2)

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Key observations

Better Information on IBD patients
- Baseline data

Pathway mapping with standardisation
- Hot Clinics

Maximise clinic capacity
- Triage / Stratify (help lives)

Role of Primary Care / Self Care
(RCGP) (w remote monitoring)

Therapeutic Drug Monitoring / Biosimilars

