

# What matters to me – Empowering people

27<sup>th</sup> June 2019

NHS England and NHS Improvement



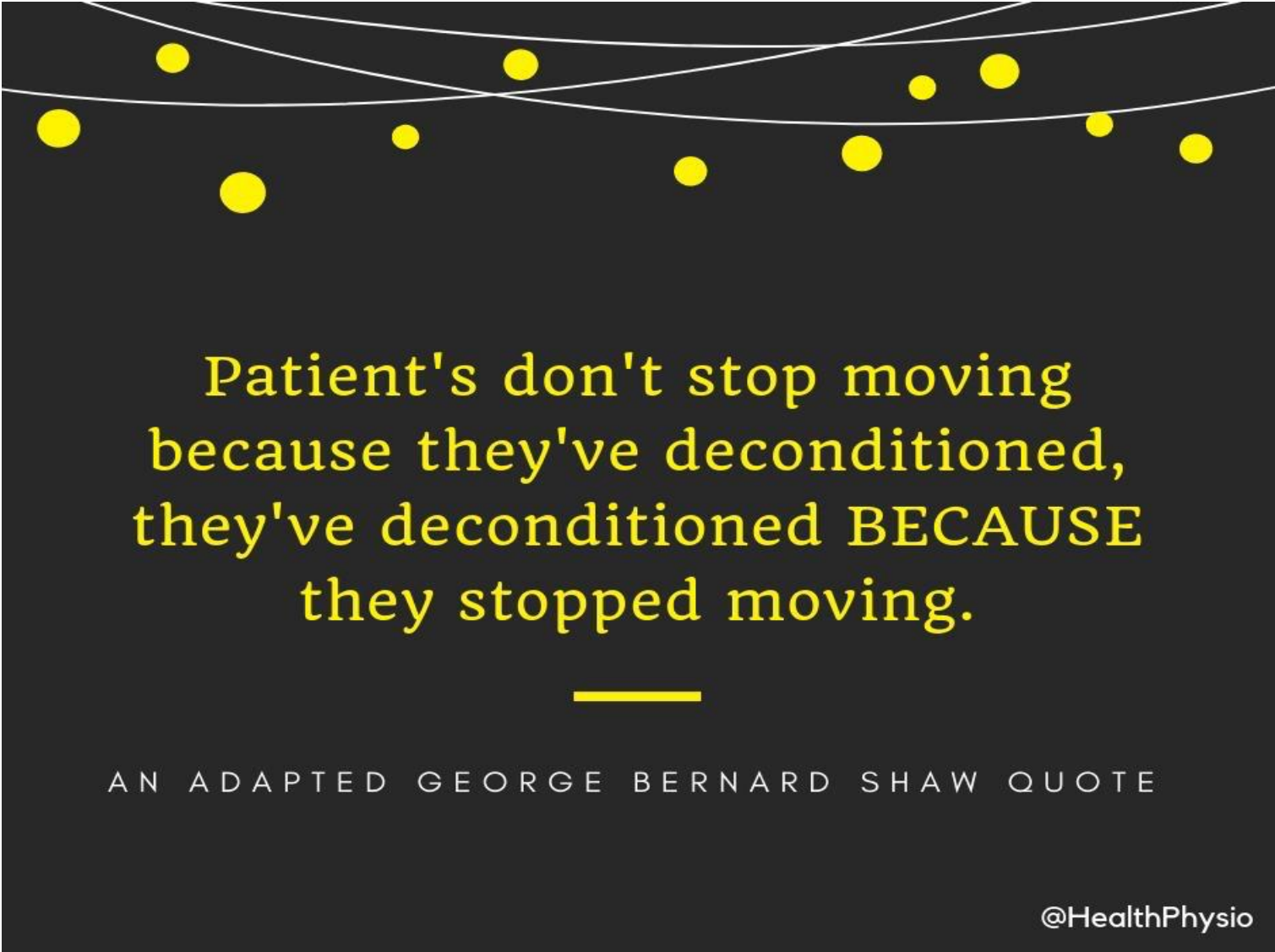
# Why this important

- Hospitals are not safe environments unless you are acutely unwell, needing treatment and care only available in an acute hospital
- 48% of people over 85 will die within 12 months of their first hospital admission
- The onset of frailty and impact of deconditioning during hospital stays are well documented and evidenced
- Most people want to remain in their own homes if possible
- Only 30% of the issues that lead to people being admitted to hospital or requiring long term care are medically/clinically related
- The current models and ways of working will not be possible with the increasing numbers of older people
- We need to start now with everyone over 50, we cant wait
- THIS IS ALL OF US if we are lucky enough to live to a ripe old age!

# A personal story

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**Patient's don't stop moving  
because they've deconditioned,  
they've deconditioned BECAUSE  
they stopped moving.**

AN ADAPTED GEORGE BERNARD SHAW QUOTE

@HealthPhysio

# What people should know

## 4 Questions patients and their loved ones should know



*Do I know what is wrong with me or what is being excluded?*

*What is going to happen now, later today and tomorrow to get me sorted out?*

*What do I need to achieve to get home? 'Back to baseline' is rarely a useful phrase.*

*If my recovery is ideal and there is no unnecessary waiting, when should I expect to go home? 'expected date of discharge' (EDD) which should be set along with the 'clinical criteria for discharge'*

# Home First



# Get the balance of risk right...

- What does the person want?
- Did they come in from their home and how were they managing before?
- Was a Rockwood or similar score done on admission that was based on how they were two weeks before they were admitted^

What matters to 'me'  
Tell me the risks of staying in hospital  
or going #homefirst



[Embracing risk video with Doug - click to view.](#) 5:33mins

Click above to  
download

**'SAFE'**

**THE MOST DANGEROUS WORD IN  
HEALTHCARE**

**#ENDPJPARALYSIS #HOMEFIRST**



# Complex System Change

Need design principles, simple rules

There is an evidence base of what we know makes systems of care work well they are:

- Person Centred
- Networks of Care
- Blurred organisational and professional boundaries
- Easy access to services
- Easy flow of information across the system
- Effective, timely assessment (if required)
- Proactive planning
- Continuous evaluation and feedback loops

Chris Foote  
BMJ 2001

Presentation title

# Together - with who and where?



# What needs to change

- Societal views of ageing - Ageism?
- We need to challenge:
  - assumptions, perceptions and myths
- We need to change:
  - The way we communicate with people
    - Understand what matters to them
    - Empower people to tell us what they need and listen
  - The way we approach management of risk – embrace risk, enable choice
  - The way we make decisions about long term care before people are discharged
  - Where and when we undertake functional assessments
  - We need to empower people and their families/carers by giving them clear, timely information
  - Our language and focus on assets not deficits
- We need to simplify pathways and blur professional and organisational boundaries
- Prevent admissions
  - Advanced planning prior to a crisis
  - Embrace technology
- We need to truly put the person at the centre

*Mobility Vs Falling*

**If you risk nothing,  
then patients risk  
losing everything**

**An adapted Erica Jong quote**

#endPjparalysis #HomeFirst #BedRestIsBad

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‘To dare is to lose one’s footing momentarily, not to dare is to lose oneself’

Pippa Kelly

