Co-creating Health

‘Person-centred integrated care’ during an emergency hospital admission?

3 stories from a respiratory ward

Dr Louise Restrick
Integrated Consultant Respiratory Physician
Whittington Health & NHS Islington
NHS London Respiratory Team Co-Lead
Whittington Health

Integrated Care Organisation formed April 2011
Whittington Hospital, NHS Haringey & NHS Islington community services

Provide care to inner city population of ~ 500,000
Multi-ethnicity
High levels of deprivation
- High smoking prevalence
- High rates mental illness
- Multi-morbidities
- High premature death rate

Acute general teaching hospital
- ‘Beds’ (inc intensive care, maternity & children)
- Clinical skills, knowledge and experience
- Operating teams and facilities

1 in 5 in-patients smoke tobacco
1 in 3 in-patient smokers also smoke cannabis
Londoners dying from smoking

Respiratory Disease
Cancer
Cardiovascular disease
Mental illness
...usually in combination

‘1 in 5 deaths due to smoking’
As a respiratory physician … what makes me ‘tick’?

✓ Delivering best outcomes possible for my* patients as people
✓ Improving outcomes for my* patients
✓ Mastery of (new) skills
✓ Quality of working day
✓ Affirmation from patients and families
✓ Peer opinion and respect

? Pay

? ‘Length of stay’

* ‘Under my care’ … local population/all patients … with respiratory disease
Improving Patient Outcomes

**Right Care**

*Doing the right things and doing things right*

Right diagnosis including severity

**Care Planning**

**Value framework**

Outcomes defined by patients & their families

✓ Asking/listening/talking to... patients & families

✓ Working with patients and families

**Co-Creating Health**
Value Framework

Health Outcomes
Patient defined bundle of care

Value = Health Outcomes / Cost of delivering Outcomes

Cost

Porter ME; Lee TH NEJM 2010;363:2477-2481; 2481-2483

London Respiratory Team
Improving the experience of all Londoners with COPD and minimising the impact of the disease
COPD ‘Value’ Pyramid

What we know…. Cost/QALY

- **Triple Therapy**: £7,000-£187,000/QALY
- **LABA**: £8,000/QALY
- **Tiotropium**: £7,000/QALY
- **Pulmonary Rehabilitation**: £2,000-8,000/QALY
- **Stop Smoking Support with pharmacotherapy**: £2,000/QALY
- **Flu vaccination**: £1,000/QALY in “at risk” population

Support to stop smoking is key treatment for sick smokers …

Many sick smokers are in our hospital beds
‘Co-creating Health’

Health Foundation programme
- Clinician skills & confidence in support & motivation
- Patient skills & confidence in self-management
- Quality Improvement programme

Aim to transform:
- patient-clinician interaction into collaborative partnership
- healthcare for people with long-term conditions by making self-management an integral part of care
Why CCH in Respiratory Care?

Behaviour change skills essential to:

- Deliver evidence-based support for patients to stop smoking as key treatment for sick smokers
- Support patients to live better with disabling & frightening breathlessness
- Enable patients to benefit from pulmonary rehabilitation
- Reduce waste in NHS inhaler spend
A respiratory provider manifesto

I am a long term conditions clinician

I care about value

I know how to assess and support patients and drive improvements

I personally deliver high value care
Person-centred integrated care in hospital?

Clinical & communication skills to

- Elicit and interpret stories from patients and families
- Make *Right* diagnoses, severity & risk assessments
- Deliver *Right* treatment for respiratory failure
- Care for & about sick smokers, people with mental illnesses, dementia, multi-morbidity
- Support behaviour change, self-care and carers
- Work across organisational and professional boundaries
Person-centred integrated care in hospital?

Systems that work for & incentivise high value care

Use admission to:

- deliver quit smoking support & medication as treatment for sick smokers in hospital
- diagnose & optimise care of underlying long-term conditions ... to prevent next admission

What happens during hospital stay more important that length of stay...

- Days at home/year or bed-days right measure not LOS
Value of Care Planning Conferences
One way to deliver person-centred integrated care during an emergency hospital admission

I am grateful for your kindness and professionalism. I appreciated too the care conference where so many of you took time to understand my mother's situation — even though it made me cry! I think this was because I felt such relief that someone else cared about her enough to take on some of the responsibility for her quality of life.
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Londoners dying from smoking

1 in 5 deaths due to smoking

Legend
- Local authority area
- Rate per 100,000 population (directly age-standardised) aged over 35 years, 2008-2009 by national quintiles:
  - 118.72 to 156.38 (best quintile)
  - 156.39 to 177.27
  - 177.28 to 203.48
  - 203.49 to 243.13
  - 243.14 to 360.28 (worst quintile)

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WH Diabetes Team
2011 Award
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