



How have we realised the benefits of personalised Care?

Transcript

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My name is Chloe Stewart and I am a health psychologist by background and the personalised care lead for Sussex MSK Partnership.

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Hi I'm Georgie Dalusio-King. I have quite a split role within the service, so I work in different parts. A big part of my history is that I'm an advanced physiotherapy practitioner.

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My name is Helen Patten and I'm a physiotherapist by background and I've been doing that for many years. I have recently taken on a new role within Sussex MSK Service as a joint role as the personalised care lead for MSK.

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What I've realised over time is that in order for staff to be able to put those skills into practice, they have to work within a service or a system which enables and supports that to happen. And I think there is a growing energy. I feel it in Sussex. I'm part of a South-East collaborative for personalised care and this feels like a real movement driving a kind of personalised care agenda, starting with understanding what matters to individuals that use our services, but also what matters to each other and coming together in a very different way. And that feels really exciting.

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So I'm going to take you back to 20 years ago when I was working in Australia and I had to drive 100 miles to visit a couple that were living in the bush. One of them had had a stroke and the other one had two hip replacements and was wheelchair

bound. And they were living in the middle of nowhere. I had to park up and walk past their buffalo to get into their house. And their biggest fear was that they would have to leave their house and move to the city. That was really terrifying and full of people. And they really wanted to stay together and work as a team. And my job for them was to enable that to happen.

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And I guess I guess there was always key moments in life that enable you to see a different way or behave a different way. A huge shift for me was when my mum was diagnosed terminally with cancer. And, you know, it was quite a journey navigating a complicated system. And I held her hand most of the way and tried to find a way of her highlighting to people what she needed at that time. And sometimes it was easy and other times it was really challenging. And at a time where you needed that support emotionally and physically, at times it wasn't there. And I desperately at that point realised that healthcare needed to become more personalised throughout the whole of the systems. And thankfully, I've had such an amazing opportunity to use that life experience myself to try and imprint that within this service. And with every encounter I have, whether it be with an individual or a staff member, Mum's right there in my heart reminding me of that, learning to put that person at the centre and really explore what matters to that individual. And that holds so much weight. And it sounds so simple. And it can be if the language is right and the meaning is right,

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There are different facets, personalised care. We have shared decision making, so supporting people in options about their treatment, we have behaviour change. So having really simple conversations to support people in their health, I think it's about recognising health inequalities. So knowing that everyone comes into our service in a different place and we're treating each person as an individual and recognising what their needs might be. And it's also about connecting with someone as a human being. So your conversation is about what matters to that person in front of you.

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Personalised care is the golden thread really, which runs through Sussex MSK Partnership. I often feel like it's the bright coloured lines in a toothpaste. Our main aim in the service really has been about putting patients in control and we go about that in a number of ways. So firstly, we've really thought long and hard about how do we support patients, to come to a service which might feel quite different. How do we prepare people for what might be a very different conversation? So we get people to think before their appointment about the types of things that they might want to ask in the time that they have.

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My focus for my career, I think, has really been about getting the best out of people. So the patients that I work with, but also my colleagues, I have a real passion for

supporting people through their career to get the best out of them and to really become the best they can be in a job. So that's why I do what I do.

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We have spent time thinking about how we support staff in the service, and an element of that has been formal training in motivational interviewing, some training in supported self-management and behaviour change, and, of course, shared decision making. But we know that training isn't enough to support clinical behaviour change. And so we have supported clinicians by reflective practice. We've done MDT workshops and we've trained a team of clinical champions through a train the trainer program who really provide peer support to their colleagues.

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And what's really important is we're linking in with the NHS long term plan, which has a huge devotion to personalised care. And there's this universal model of personalised care which really focuses on how and what personalised care needs to look like within the NHS and certainly within Helen and I sharing this role, we've thought about shared decision making and the role that Chloe's already done and just bringing that reminding and refreshing and developing that further within the service.

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In terms of the systems and processes, we really need to ensure that these promote and enable personalised care. So an example is the way that we've set up SystemOne, so that within that clinical record, we're really capturing what matters to each individual that enters our service and the appropriate treatment options, given what matters to them and the decision making process. And what's been fantastic is using that information that we capture in the record from that conversation is that we can then create a personalised, patient orientated outcome letter for the patient.

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We have a brilliant team of patient partners, which you might have heard about before. So the patient partners have some amazing projects happening across our service and in our personalised care lead role. We hope to support those and bridge the gap between our clinicians and our service users to look at making the service accessible and looking at diversity and looking at how we contact patients. So our communication is really clear and our work will be involved in collaborating with our patient partners

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And hugely kind of trying to, trying to join the dots between services. So we've got social prescribing and lots of other external community services that we can pull together and try and develop personalised care more within a collaborative role rather than segmentally to kind of making sure that those links are strong.

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The final thing we want to do is to really support the staff. So we are really busy in our working lives and we rarely get the chance to stop and connect with each other. So looking at how we talk to each other and how our appraisal system works, supporting staff to have good coaching conversations so they're getting the best out of each other. So that's the final tick on our focus for the next year.

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There have been some fantastic successes from some of the things that we've done. We know from our staff that they feel more satisfied in the treatment that they provide, that they find that they enjoy the consultations more. Our patients or people that use the service are telling us that they feel more involved in decision making. And we've also seen a shift in the paradigm of care. So by really involving people in treatment decisions, talking to them about the risks, the harms and the consequences which are important to them has meant that more patients are deciding in the first instance to look at conservative management before opting for medical more medical interventions.