

## Learnings from the HSJ Summit 2018 Interactive Discussion Groups

**Session Theme:** Cardiovascular and Respiratory

**Session Leader:** Pfizer

### **Key Questions Posed**

How can the NHS work with partners to:

1. Deliver a radical upgrade in prevention: Identifying and addressing the causes of ill health, to ease the growing strain of an ageing population faced with multiple co-morbidities?
2. Redesign and improve services: To reduce health inequalities and improve health outcomes in a way that enhances the patient experience and suits their personal needs?

### **Outcomes and Learnings**

- Common theme of system wide integration that supports education, exercise, diet, society engagement and self- management approach that would support private sector relationships to support this work
- Prevention can take place at any time but earlier the better but it should be built into all parts of a pathway
- Secondary care can also engage in prevention strategies by making every touch point meaningful for lifestyle changes
- The focus for prevention should support wellness not illness – when a person has become a patient prevention has not been early enough
- Engaging communities from neighbourhoods up does work better than imposing a policy from top down – we need a good understanding of the importance of being healthy within local populations
- Understanding population variation is key and risk stratification to support how to invest differently and shift the finances
- The potential of having a care co-ordinator role to navigate the journey and integrated systems which are broader than just health on behalf of patient, this could avoid A&E admissions but would be expensive and benefits not realised short term
- There is a lot of best practice already evidenced by guidelines that are still not being adhered to which results in variation of outcomes and inconsistency across systems. There should be agreement to rigorously adhere to guidelines
- Need to disinvest from unnecessary procedures or procedures offered at late stage which may have no impact – this involves joined up thinking across care settings

- Too many patients are dying in hospital - services need to evolve to ensure patients' wishes are included and that community services are engaged in supporting late stages in a pathway
- Tertiary centres should be seeing most complex patients and working with communities to support wider determinants of health
- Patient informed choice and opinion is key to improving services and outcomes and where patients have been fully involved in decisions relating to their disease or how they can flow through a pathway results in more effective use of resources
- Making choices about a truly integrated pathway works best where a system total budget has is agreed but this is not always easy to achieve
- It takes a while to make the changes and the benefits aren't realised in year so a longer term plan is welcome
- Integrate use of technology into services and self-management and embed this as part of health care – HCPs do recommend apps to patients and wearables can add a greater sense of personal accountability and support better self-management
- Engaging communities at neighbourhood level to drive ownership and adoption of simple cohesive guidance – bottom up approach
- Sharing best practice via strawman approach versus finished solution where localities can tailor and champion works better to engage stakeholders – allowing time to build on an existing idea rather than reinventing the wheel is time well spent.