

Public health context for personalised care – So what? Why? What difference does it make?

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“What matters to you” ?

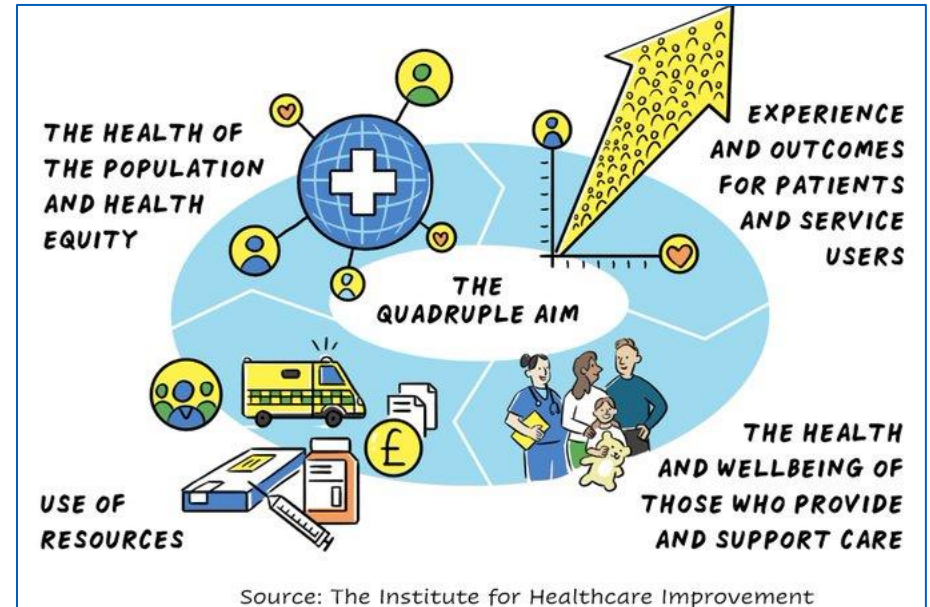
**What drew you to becoming a
physiotherapist?**

*Use the chat function to type comments and
reflections*



Learning outcomes/Outline

- Understand the link between population health management, personalised care and health inequalities
- Share examples that physiotherapists can use in clinical practice on this



“Physiotherapy helps restore movement and function when someone is affected by injury, illness or disability.

The profession helps to encourage development and facilitate recovery, enabling people to stay in work while helping them remain independent for as long as possible.”

Top tips for physiotherapists- things to consider

Know your data – on PREMs outcomes- what do your patients say about their experiences of personalised care approaches?

Know your data- on population health needs of your area, in your services and plan improvements and transformation around that

Ask “**what matters to you**” in consultation (EBM includes patient preferences)

If part of the care plan includes supported self management, consider whether **knowledge**, **skills** and/or **confidence** are required to optimise outcomes of care

Ask “**how confident are you to self-manage this 0-10? And what would enable that more?**”

Remember hierarchy of evidence of effectiveness in supporting self management includes: **structured self management education** → **health coaching approaches** → **peer support networks**

What are these things?

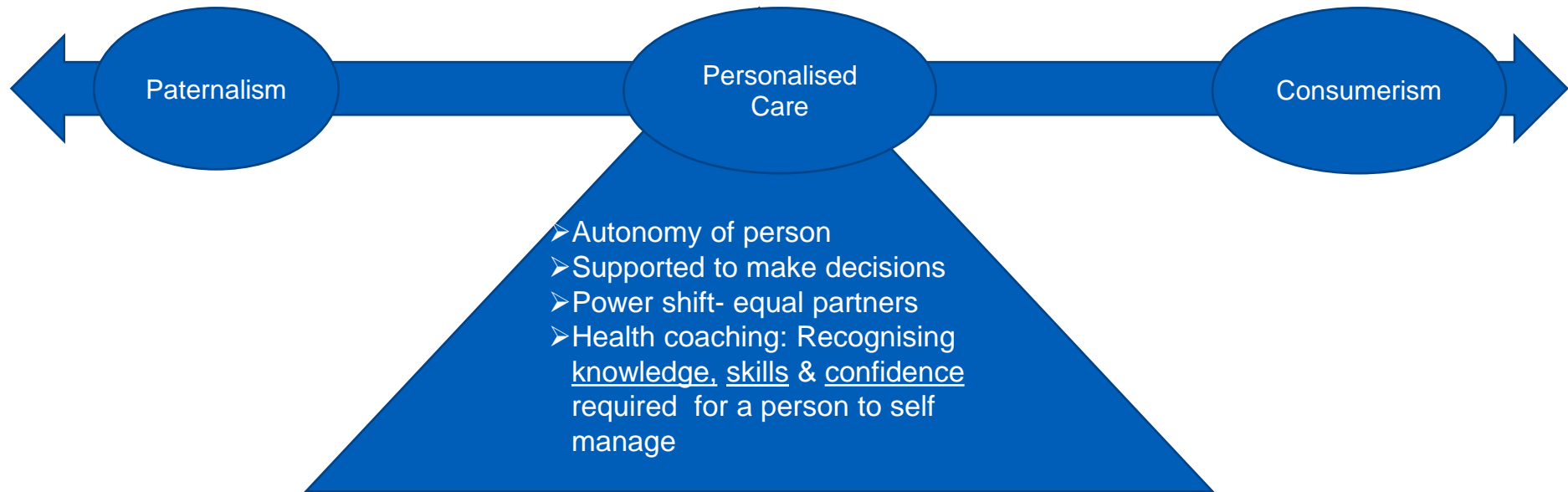
Population health management

Personalised care

Health inequalities

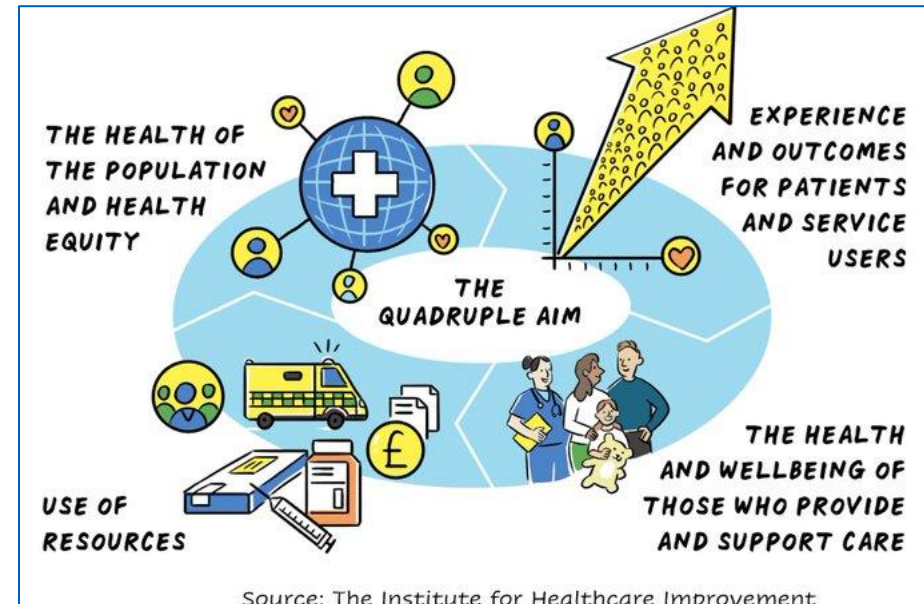
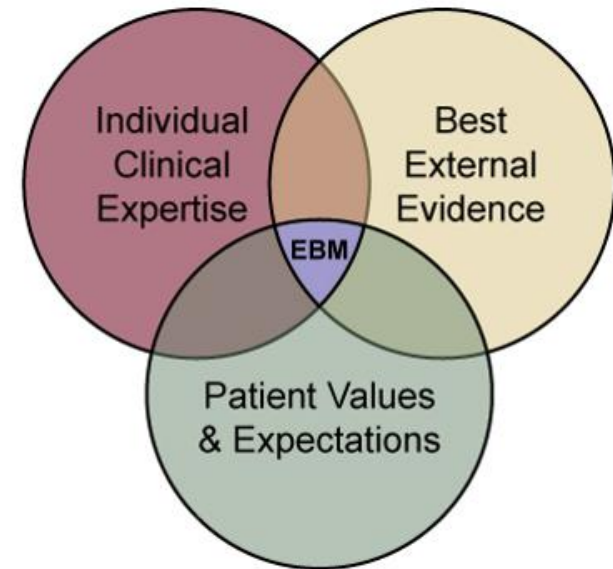


Personalised Care is enabling a shift away from paternalism, towards supporting a person's agency



WHY is Personalised Care so important? So what?

1. People/patients want their preferences understood, respected and acted on.
Moral, ethical imperative
2. **Evidence based healthcare** = evidence + clinical expertise + individual patient preferences
3. **Medico-legal imperative** - with patient “as decider” (change in Tort law post Montgomery)
4. **Patient's over-estimate treatment benefits and under-estimate harms** (as do clinicians)
5. Multimorbidity, treating the person as a whole, **optimizes VALUE** including reducing health inequalities
6. **Staff experience** and job satisfaction higher in cultures that demonstrate value of person centered approaches over productivity



Source: The Institute for Healthcare Improvement

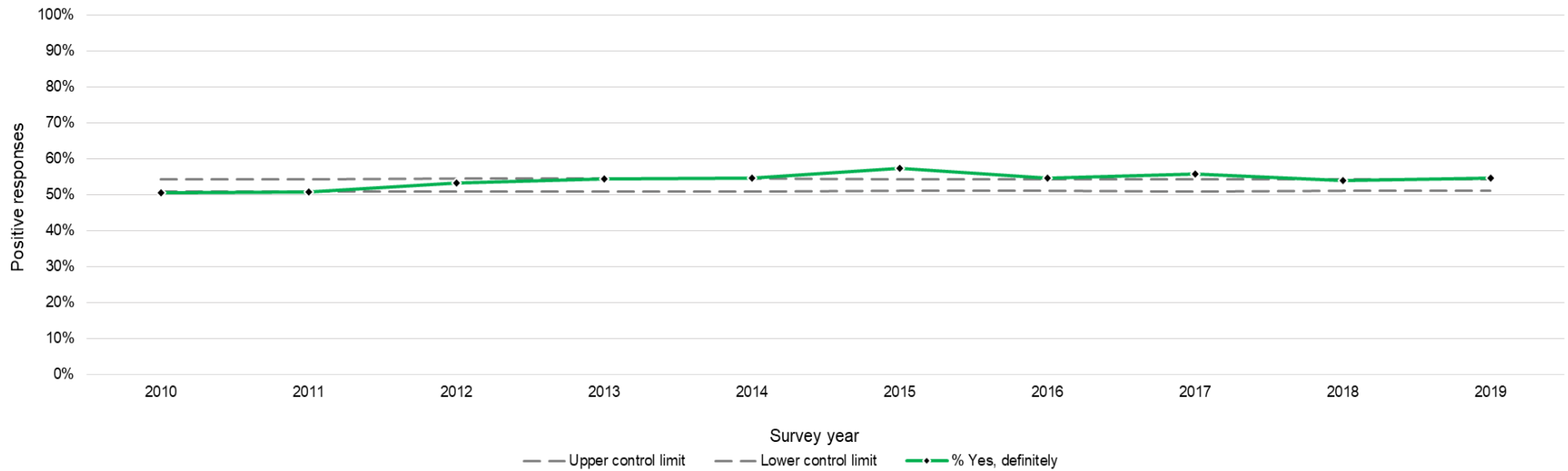
People Context

- 1 in 7 people have “post decision regret” in England
- ... leads to poor outcomes of care (including PREMs data) and higher proportion of litigation
- Also a root cause in terms of public inquiries (Paterson, Ockendon)

Policy Context

- [Long Term Plan](#)
- NHSE annual Operational planning guidance (annual strategies recommended) – [2022/23](#)
- Other policy/white papers
 - [Elective Recovery plan](#)
 - [Overprescribing review](#)

Q34: Were you involved as much as you wanted to be in decisions about your care and treatment?



Healthy life expectancy at birth - Male
North East



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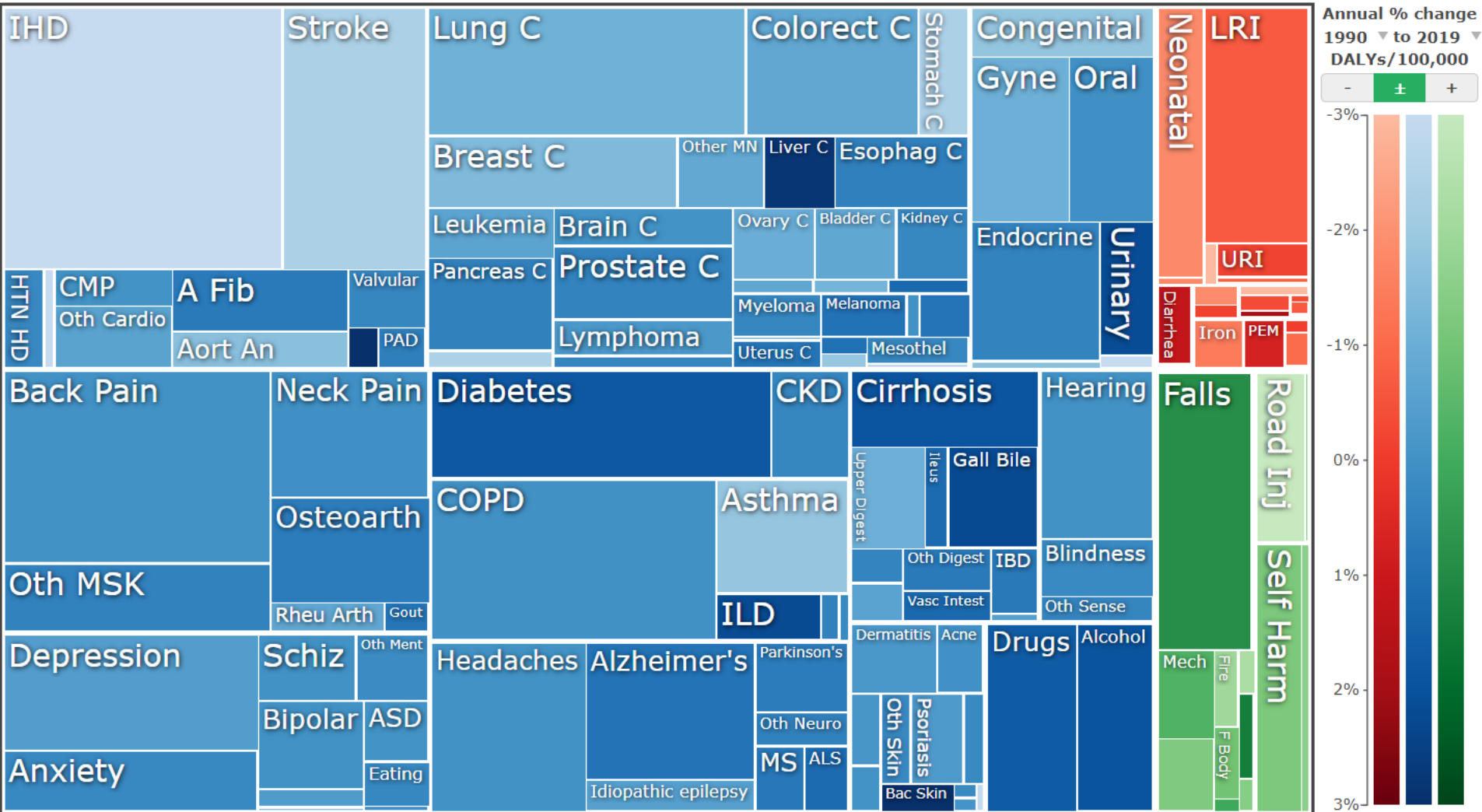
Not how long,
but how well you
have lived is the
main thing.

— *Seneca*



Global burden of disease: Disability Adjusted Life Years (DALY)

England
Both sexes, All ages, 2019, DALYs



Global burden of disease: Risk factors to Disability life years (DALY)

Qualitative Impact



North East England, Both sexes, All ages, 2019

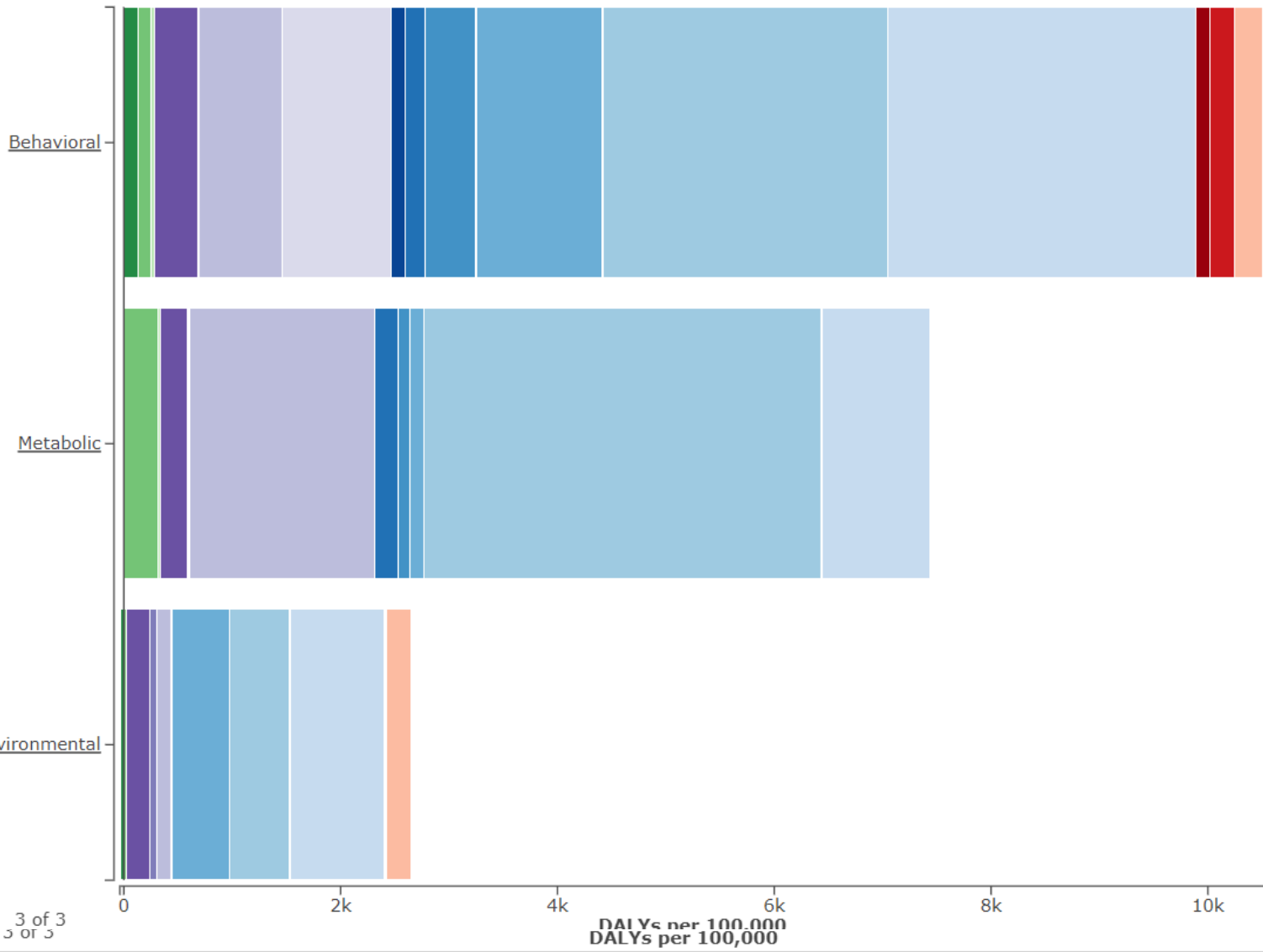


Switch cause group

Add cause

- HIV/AIDS & STIs
- Respiratory infections & TB
- Enteric infections
- NTDs & malaria
- Other infectious
- Maternal & neonatal
- Nutritional deficiencies
- Neoplasms
- Cardiovascular diseases
- Chronic respiratory
- Digestive diseases
- Neurological disorders
- Mental disorders
- Substance use
- Diabetes & CKD
- Skin diseases
- Sense organ diseases
- Musculoskeletal disorders
- Other non-communicable
- Transport injuries
- Unintentional inj
- Self-harm & violence

[Clear selection](#)



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3 of 3

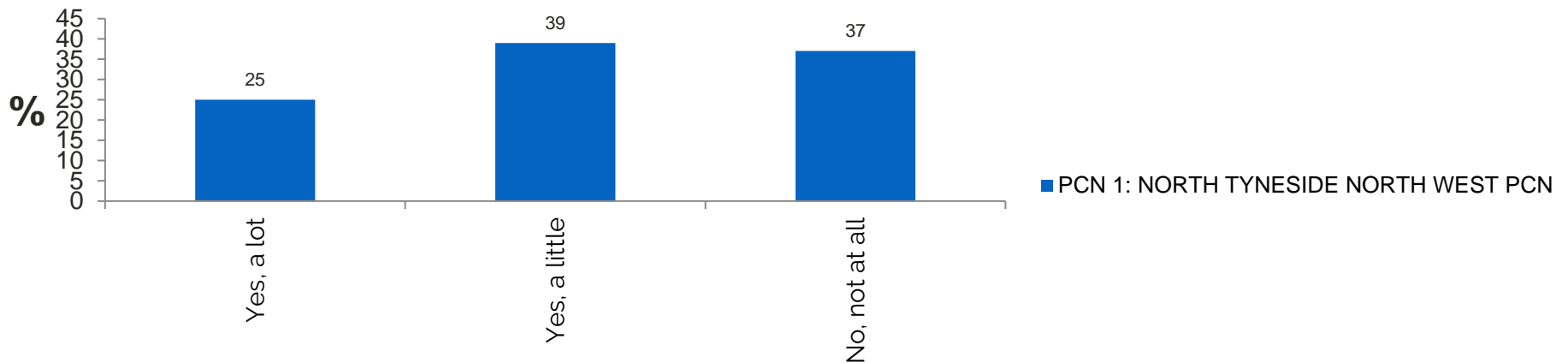
DALYs per 100,000

Primary care survey 2022 data: A North Tyneside PCN

Showing full results - Q38. Do any of these conditions reduce your ability to carry out your day-to-day activities?

Filters: No filter applied

Showing weighted data



Base: Asked of patients with a long-term condition, illness, or disability

Unweighted Base: PCN 1 (590)

Weighted Base: PCN 1 (464)

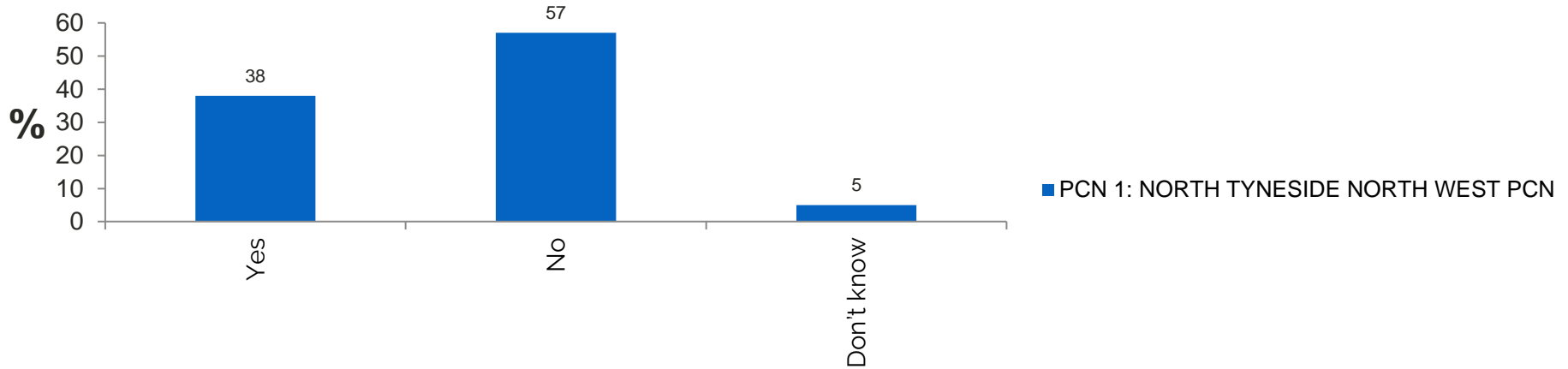
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Primary care survey 2022 data: A North Tyneside PCN

Showing full results - Q41. Have you had a conversation with a healthcare professional from your GP practice to discuss what is important to you when managing your condition (or conditions)?

Filters: No filter applied

Showing weighted data



Base: Asked of patients with a long-term condition, illness, or disability

Unweighted Base: PCN 1 (586)

Weighted Base: PCN 1 (462)

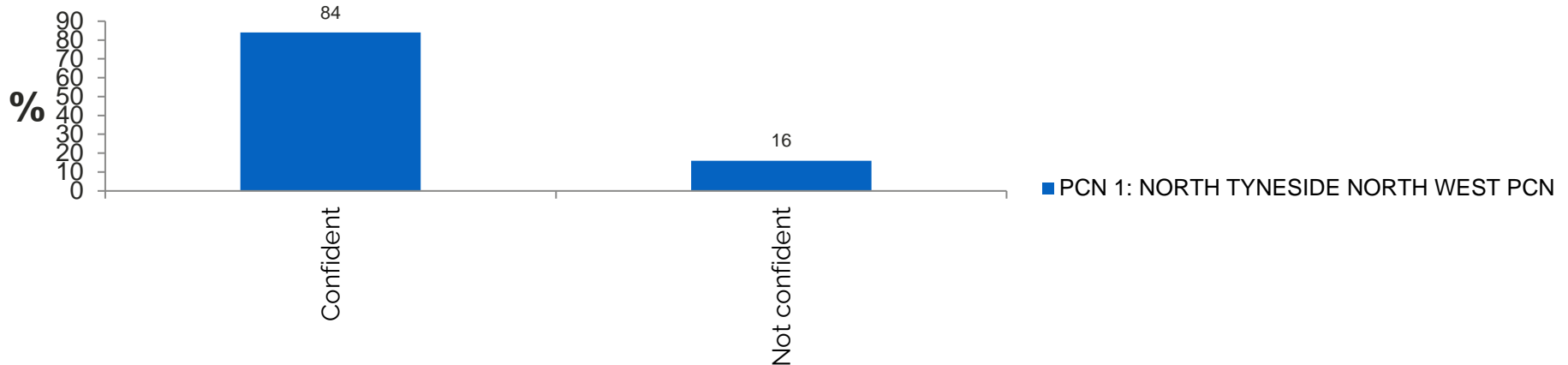
Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

Primary care survey 2022 data: A North Tyneside PCN

Showing summary results - Q39. How confident are you that you can manage any issues arising from your condition (or conditions)?

Filters: No filter applied

Showing weighted data



Base: Asked of patients with a long-term condition, illness, or disability. Patients who selected "Don't know" have been excluded

Confident = Very confident + Fairly confident. Not confident = Not very confident + Not at all confident

Unweighted Base: PCN 1 (583)

Weighted Base: PCN 1 (456)

Excluding those who said "Don't know" (weighted): PCN 1 (14)

Note: Differences may not be statistically significant, particularly at practice level due to lower numbers of responses.

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



Target population

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



CORE20 PLUS 5

Key clinical areas of health inequalities



1 MATERNITY
ensuring continuity of care for **75%** of women from BAME communities and from the most deprived groups



2 SEVERE MENTAL ILLNESS (SMI)
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)



3 CHRONIC RESPIRATORY DISEASE
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



4 EARLY CANCER DIAGNOSIS
75% of cases diagnosed at stage 1 or 2 by 2028



5 HYPERTENSION CASE-FINDING
to allow for interventions to optimise blood pressure and minimise the risk of myocardial infarction and stroke

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

CORE20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



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Target population

CORE20 PLUS 5

Key clinical areas of health inequalities

1



ASTHMA

Address over reliance on reliever medications and decrease the number of asthma attacks

2



DIABETES

Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & Increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3



EPILEPSY

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



ORAL HEALTH

Address the backlog for tooth extractions in hospital for under 10s

5



MENTAL HEALTH

Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

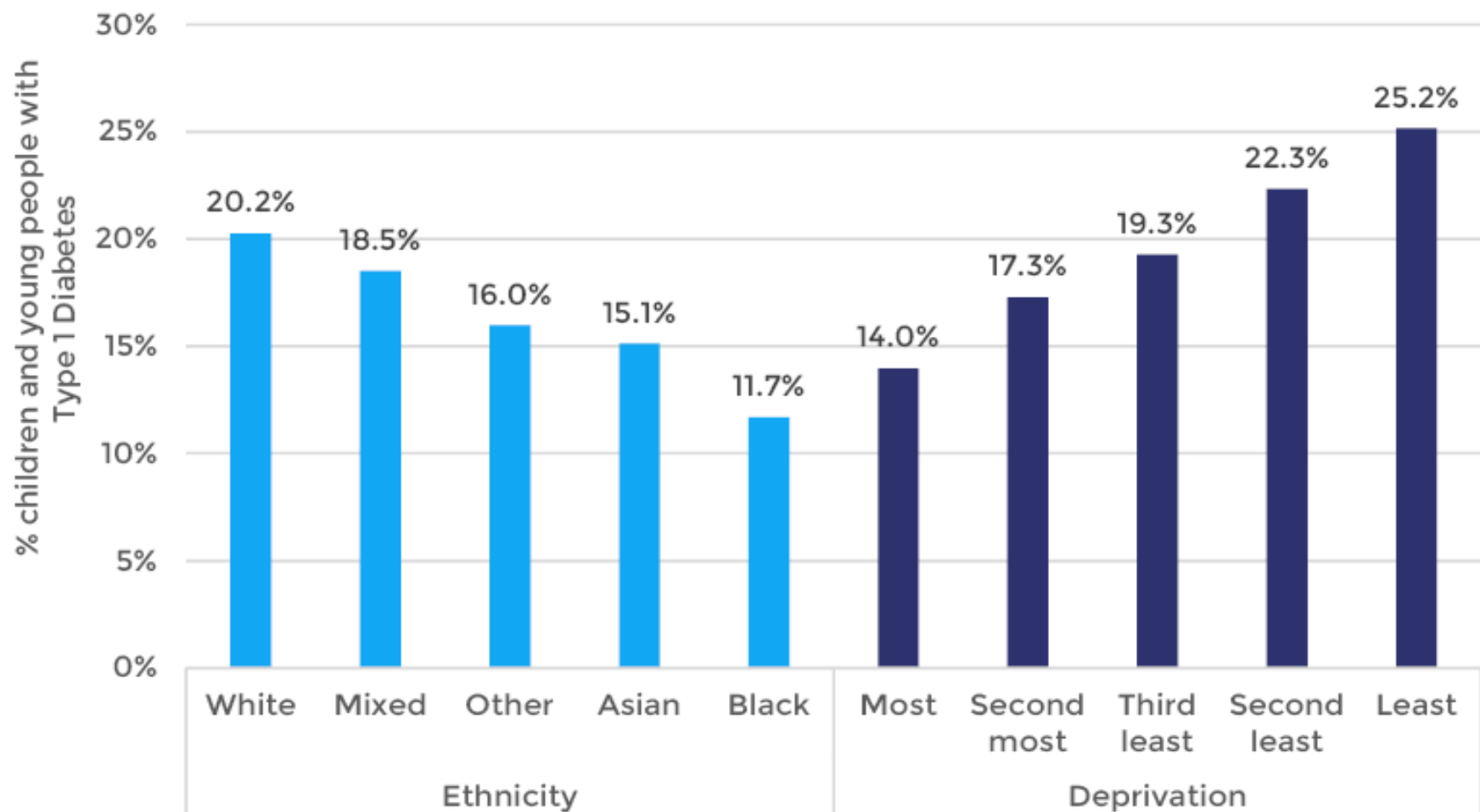
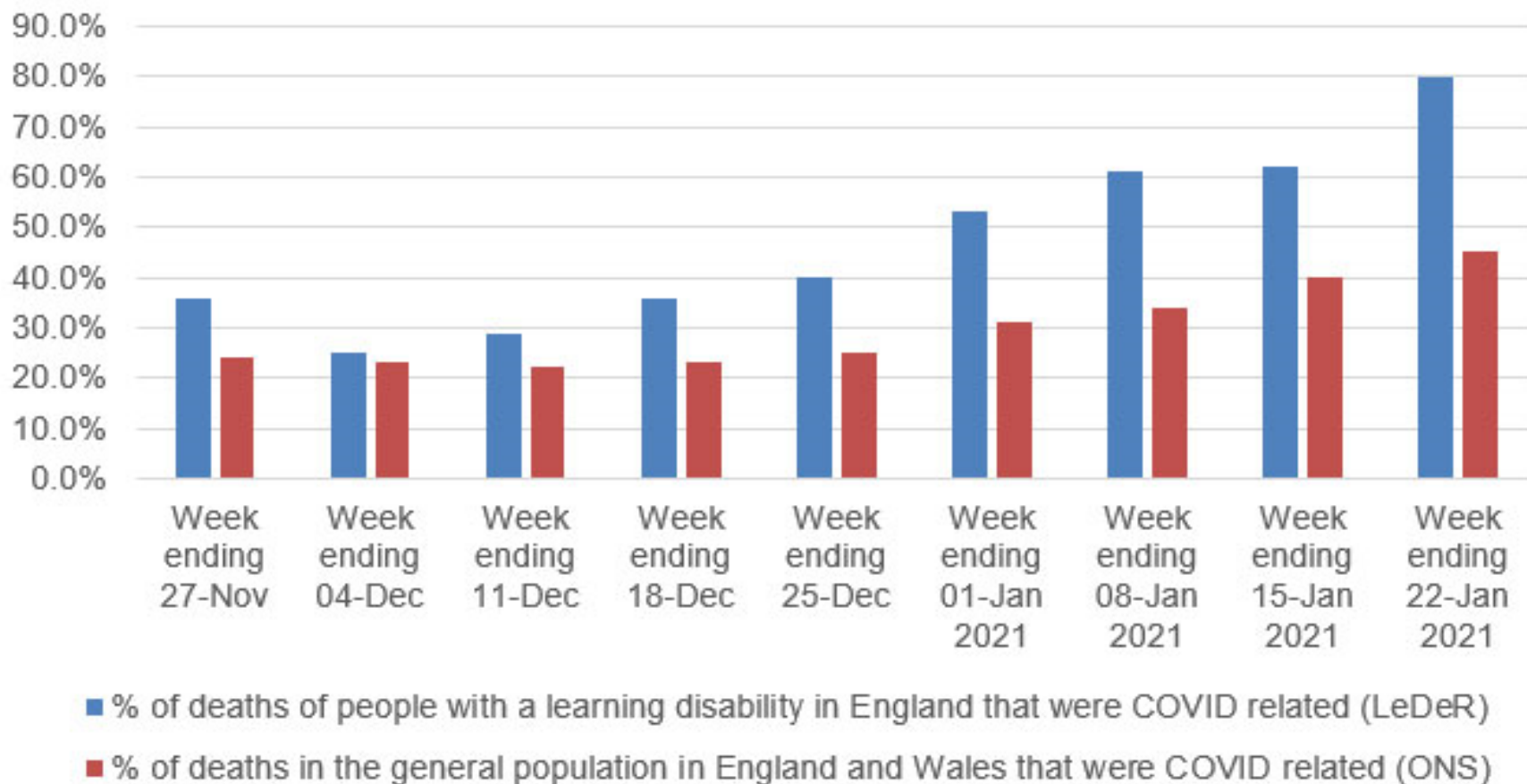


Figure 1. Percentage of children and young people with type 1 Diabetes using a rtCGM by ethnicity and level of deprivation (RCPCH, 2021).

Proportion of COVID deaths of people with a learning disability compared to the general population





MSK HEALTH EQUALITIES

REPORT OF ROUNDTABLE

30 SEPTEMBER 2021

EQU
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HEALTH
EQUALITIES

There are inequalities in the currently lengthy waits for orthopaedic surgery. We know that length of the wait matters. Longer waits lead to poorer outcomes. In the least deprived areas 4% wait more than a year.

That figure is almost double in the most deprived. A range of factors impact this.

*Health services in these areas were hit hardest with covid so impact will last longer. **Health literacy** also affects whether you get to secondary care and the length of your wait. To address this we need to break down data on waiting times by deprivation, ethnicity, disability, etc to enable us to address this. The same is true in recovery of MSK services. **In the most deprived areas access is still significantly impaired.** If we are to tackle MSK health inequalities, restoring NHS services inclusively needs to be a top priority.*

The difference rehab makes

Whether Mary has timely access to rehab will affect her social life, financial security and happiness, as well as her health. Without the rehab she needs she can get stuck in a downward spiral. This is what drives health inequity

Mary's GP diagnoses her with COPD. She gives Mary advice on managing her condition and how rehab and exercise can benefit her. She refers Mary to a local rehab service .

Mary continues to work and exercise, following advice from the rehab service at her appointment.

Mary attends her holistic rehab needs assessment at the local gym – carried out by a physio who is part of a clinical MDT.

The assessment considers Mary's needs. She agrees options for treatment that fit around her work, a mix of online and group rehab at the gym.

Mary's progress is reviewed. She feels confident to manage her breathlessness and has maintained her activity levels and work. She is reassured she can self-refer to rehab if she needs to in the future.

Mary, 44 works full time. She loves to exercise but has been experiencing breathlessness and has smoked in the past

Mary's GP diagnoses her with COPD. She tells Mary it's irreversible, caused by her smoking. She gives her a leaflet about the condition, but says she can't refer her for rehab until her condition deteriorates.

Mary stops exercising. Her COPD gets worse and eventually she needs admission to hospital. Once home she has de-conditioned and has developed back pain.

Mary has to take many sick days and as a result loses her job but eventually manages to get a lower paid, insecure job.

Mary's breathlessness worsens, she is depressed and her back pain is affecting her mobility. She now sees two different consultants. She has to leave work due to deteriorating health.

Mary has another COPD exacerbation. She spends five days in hospital worrying about how she will pay her rent this month.

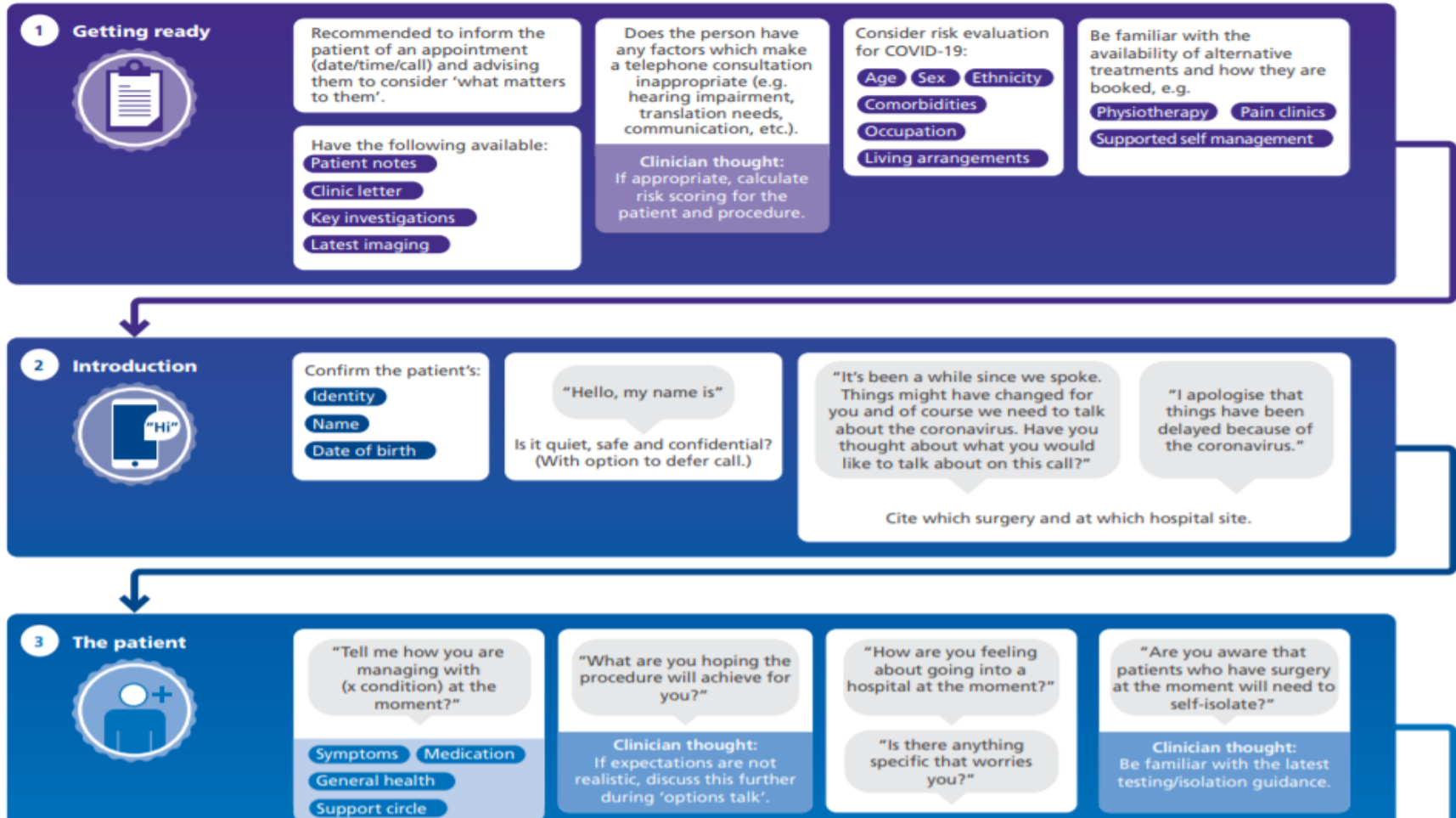
Mary's appointment for rehab has come through. She thinks it is too late to help her, so she doesn't take up the offer.

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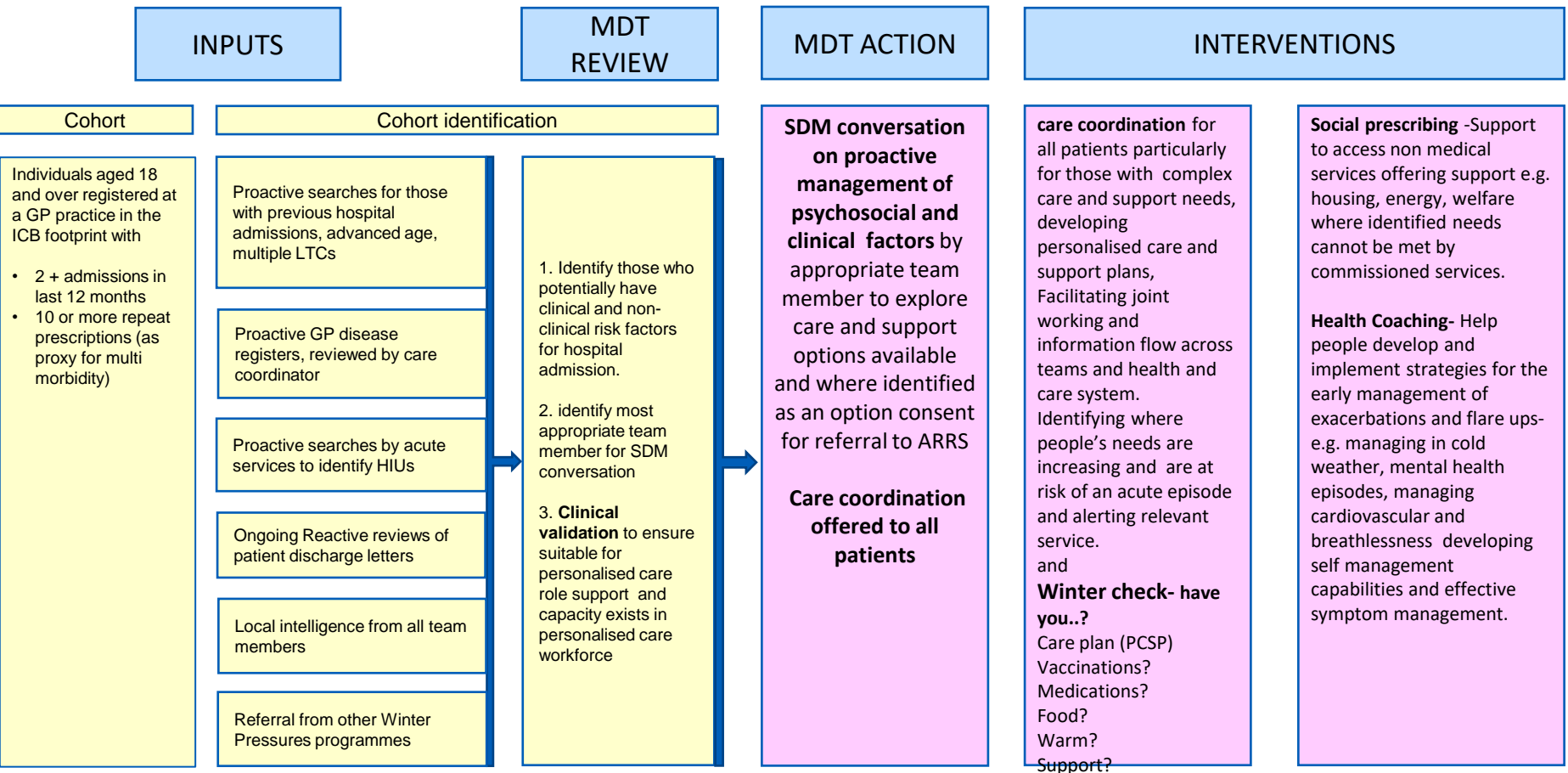
Variation in care is rarely a problem of recalcitrant doctors and nurses being unwilling to learn or resistant to change, but rather is the result of a system that has evolved to perpetuate variation.”

Examples...

Shared Decision Making for patients on surgical waiting list



Example of proactive case-finding for support from social prescribing link workers, health and wellbeing coaches and care coordinators and other ARRS



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So my challenge to us all is this...

Are we really delivering Personalised Care- what does the data say?

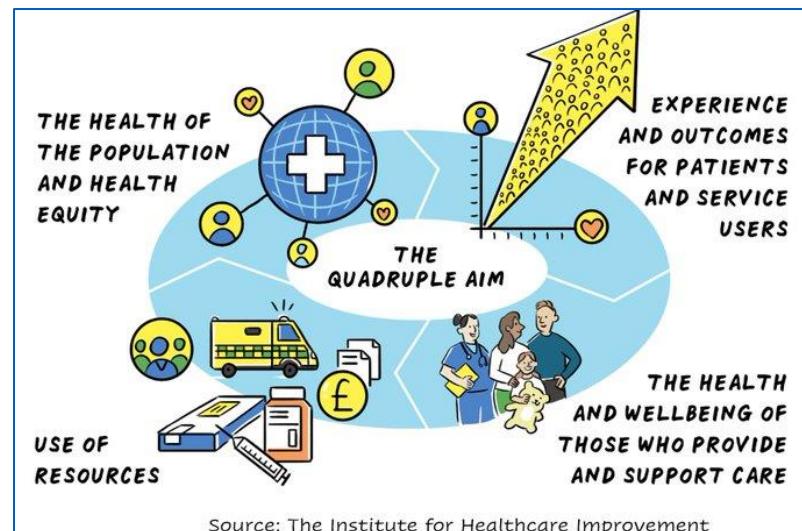
And importantly, can we afford NOT to adopt a “what matters to you” approach in how we deliver care to our populations?

Lord Darzi's Vision



An NHS that gives patients and the public more information and choice, works in partnership and has quality of care at its heart

High Quality Care for All



If you want more...



Support peer leadership to grow → Peer Leadership Development Programme

Link:

<https://www.futurelearn.com/courses/peer-leadership-foundation-step-1>

FREE 4 step modules for developing peer leaders skills, knowledge and confidence in peer leadership

Support clinical workforce skills, knowledge and confidence → Personalised Care Institute (PCI)

Link:

www.personalisedcareinstitute.org.uk

FREE learning for clinicians on personalised care

Accredited training providers to deliver training in local areas

Development of system leadership skills for us all → System leadership in personalised care

Link: <https://twitter.com/Leadership4PC>

FREE system leadership skills development on how to implement personalised care at meso level, in the complexity of systems