Comisiwn Bevan Commission

Bevan Commission Adopt & Spread Programme

Catalogue of Bevan Exemplar Innovations

What is the Adopt and Spread programme?

Over the next two years the Bevan Commission, working in collaboration with health organisations will test approaches for the adoption and spread of innovation.

In practice, we will take seven Bevan Exemplar Innovations and support each of those innovations to be adopted in three new sites each.

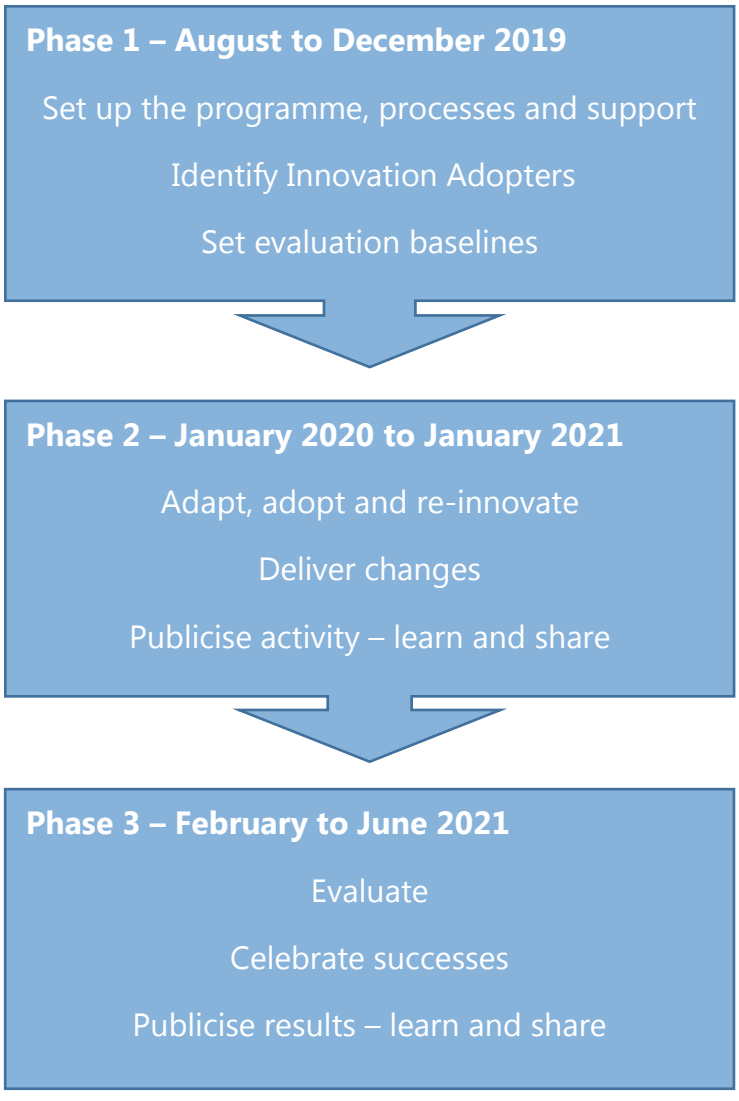
Who can take part?

Anyone who is interested in adopting and spread an Exemplar innovation that will improve health service delivery.

About this catalogue

This is a catalogue of all the Bevan Exemplar innovations available for adoption. It provides information about each Exemplar innovation to help you decide if you would like to find out more.

Outline Plan



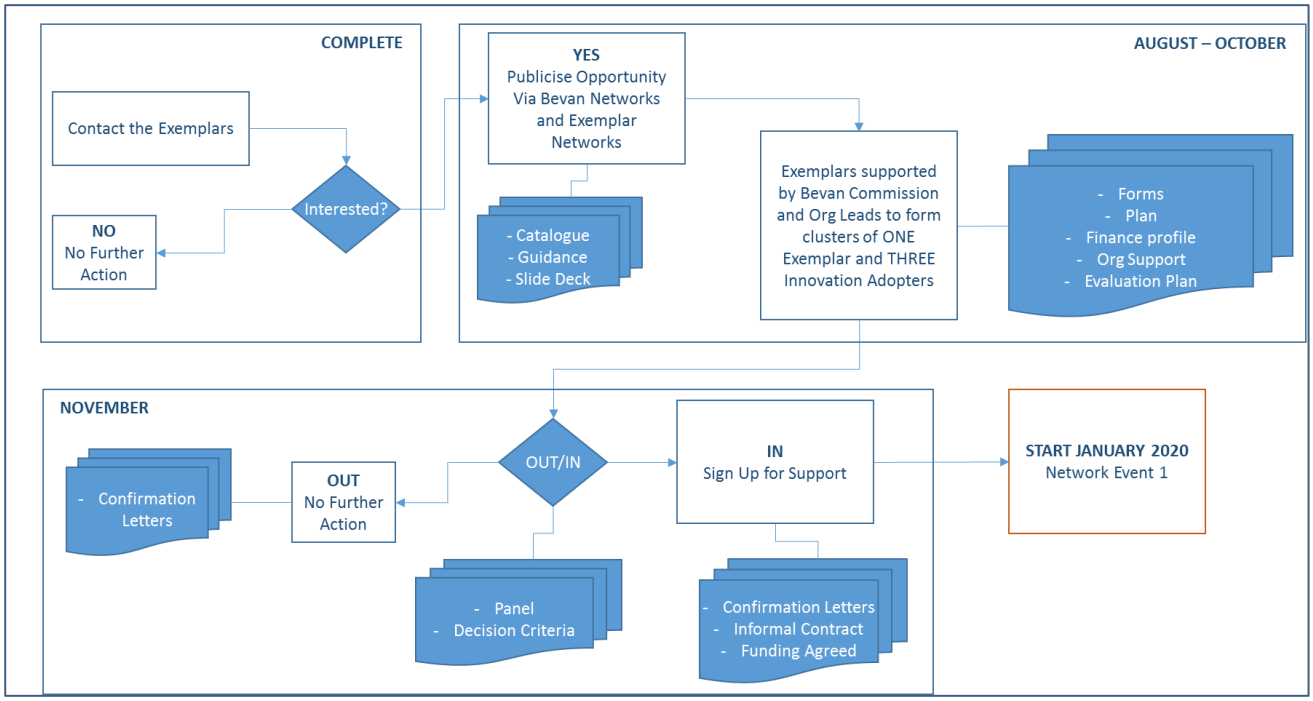
How will it work?

Step 1 Browse through the catalogue to see if you find something of interest

Step 2 We will put you in touch with the Exemplar, who will be able to answer your questions about their innovation

Step 3 Work with the Bevan Commission team and the Exemplar to seek approval for participation (by November)

Step 4 Adopt the innovation



Why be an Innovation Adopter?

- Adapt an innovation to your local context and needs, and make it better than it was before – in so doing make a difference to how health and care services are delivered in Wales.
- Enhance your CV and career progression by participating in a Bevan Commission and Welsh Government flagship programme.
- Contribute to international understanding about what works and what doesn't when it comes to the adoption and spread of innovation.

The Bevan Commission will support you by:

- Providing tailored network events to support you and encourage peer-support networks
- Connecting you with senior leaders, including Bevan Commissioners, to coach and mentor you
- Providing you with bespoke training and personal development
- Helping you to resolve delivery issues
- Promoting and publicising your work widely
- Enabling access to funding to support the process of change

How do I find out more?

You can contact your organisation's lead for the Adoption and Spread programme:

Organisation	Lead Name	Email
Aneurin Bevan University Health Board	David Thomas	David.Thomas15@wales.nhs.uk
Betsi Cadwaladr University Health Board	Lynne Grundy Adrian Thomas	lynne.Grundy@wales.nhs.uk adrian.thomas@wales.nhs.uk
Cardiff & Vale University Health Board	Ruth Jordan	Ruth.jordan@wales.nhs.uk
Cwm Taf Morgannwg University Health Board	Tom Powell Kelechi Nnoaham	thomas.powell2@wales.nhs.uk Kelechi.nnoaham@wales.nhs.uk
Hywel Dda University Health Board	Jill Paterson	Jill.Paterson@wales.nhs.uk
Powys Teaching Health Board	Howard Cooper Emma King	howard.cooper@wales.nhs.uk Emma.King2@wales.nhs.uk
Public Health Wales NHS Trust	Rhiannon Beaumont-Wood	Rhiannon.Beaumont-Wood@wales.nhs.uk
Swansea Bay	Christine Morrell	christine.morrell@wales.nhs.uk
Velindre NHS Trust	Phil Webb	philip.webb@wales.nhs.uk
Welsh Ambulance Services NHS Trust	Grayham Mclean	grayham.mclean@wales.nhs.uk

Alternatively, please get in touch with Siôn Charles at the Bevan Commission:

07791 024 021

sion.charles@swansea.ac.uk

Bevan Exemplar Innovations Available for Adoption

Implementation of an innovative palliative and end of life care education programme into nursing homes

Theresa Richards

Betsi Cadwaladr University Health Board

This project delivers an education programme that improves care quality and outcomes for patients and families. The programme covered end of life discussions, assessment care planning and review, coordination of care and care in the last days of life. The project has won numerous awards, including the social care Wales Gold award for palliative care work in Care homes.

The team have delivered training to 77 care homes in total.

Outcomes included:

- Improvements in knowledge, skills and confidence of staff taking part
- Increase in the number of residents with an advance care plan in place
- Increased number of residents with a key worker identified.
- A reduction in the number of unscheduled and out of hours admissions
- More bereavement support offered to other residents

Tags: Education; Nursing Homes, End of Life, Care Planning

An app to support community dementia triage

Clive Thomas

Swansea Bay University Health Board

This project used CANTAB Mobile to triage for clinically significant memory impairment, highlighting where there was a need for further in-depth cognitive testing. The app is 100% sensitive and 92% specific in detecting Alzheimer's disease.

Outcomes included:

- A reduction in unnecessary referrals to specialist memory services
- The use of the app by qualified and unqualified staff
- Helping to broach the subject of dementia with family
- The ability to carry out the test in the patient's own home

Tags: Dementia, Triage, Memory impairment, Apps, Cognitive testing

Complexity thinking in healthcare associated infections

Mike Simmons

Hywel Dda University Health Board & Public Health Wales

This project used the principles of complexity science to engage multiple audiences, including public, press, politicians and professionals, to gain personal ownership of issues relating to infection prevention and management. The personal ownership element is key to behavioural change and does require the adoption of narrative reporting by a local microbiology service.

Outcomes include:

- Using urine sample numbers as a marker, the project observed specimens fall by 12,000 in the first 18 months and 5 years in, this is now 24,000.
- More recently, there has been a significant drop in positive samples which has coincided with a fall in E coli bacteraemia rates, suggesting there may be a real decline in UTI's, the cause of 50% of E coli bacteraemias.
- The resource release calculated for Hywel Dda is now £290,000 pa.
- The project has also demonstrated spread to North Wales and in 1 year, have a decline of 24,000 urines, which suggests an NHS resource release of >£500,000 pa

Tags: Complexity science, Infection prevention, HCAI, behavioural change, UTI, bacteraemia, E coli, microbiology

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The Low FODMAP Diet: A new direction for IBS

Debbie Thomas

Cwm Taf Morgannwg University Health Board

The low FODMAP diet is an evidence based intervention for patients with IBS (irritable bowel syndrome) provided by a Dietitian in primary care. It improves symptoms in over 75% of sufferers and therefore quality of life. Over 300 patients and Health Board staff have completed the treatment.

Outcomes include:

- Over 75% of patients reported a reduction in symptoms of bloating, abdominal pain, diarrhoea with urgency or constipation
- An 83% reduction in IBS related GP visits, post-intervention
- A reduction of 15% in prescribing of antispasmodic medication

Tags: IBS, irritable bowel syndrome, FODMAP, low FODMAP diet, Quality of life, Dietitian, patient education

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Advanced Practitioner Physiotherapists in Primary Care

Cathy Wynne

Betsi Cadwaladr University Health Board

This project simplifies the Musculoskeletal (MSK) referral pathway in GP surgeries by making advanced Practitioner Physiotherapists (APP) the first point of contact for MSK conditions in Primary Care, releasing GP capacity.

Outcomes include:

- APPs saw a total of 6120 MSK primary care patients, 524 as a first point of contact
- New approach viewed as excellent by the majority of patients.
- 14 Advanced Physiotherapy Practitioners undertaking First Contact Practitioner (FCP) roles
- Activity - 84190 patients seen
- Cost savings for first point of contact = £185861
- Currently in 67 GP practices across North Wales
- MSK referrals into secondary MSK services show a reduction
- For 10% of patients, the team use their prescribing skills
- 3% of patients are sent to radiology
- 5% use the team's injection therapy skills

Tags: Cost avoidance, MSK, Primary Care, Advance Practice, Physiotherapy

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A Rubbish Project: Recycling Innovation

Peter White & Chris Davies

Aneurin Bevan University Health

This project used a 'Sterimelt' machine to process polypropylene wrap from CSSD and Theatres, turning it into a sterilized block of commercial polymer with a commodity value.

Outcomes include:

- Avoidance of costly clinical waste disposal
- Consistent revenue stream
- Positive environmental impact

Tags: Recycling, Clinical Waste, Waste Disposal, Carbon Emissions, Income Generation

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TalkCPR and Future Care Planning Wales

Mark Taubert

Velindre University NHS Trust and NHS Wales

This project produced public on-line videos and a website to encourage conversation about the subject of CPR, in order to improve patient/professional interactions. The videos were developed jointly by patients, relatives and a range of clinical staff. The resources encourage open discussion about CPR and future care planning when people are facing a palliative illness. This is a key part of advance/future care planning, and it can reduce distress at a later stage in a person's illness.

Next steps include:

- Aim for improved communication and teaching around Future Care Planning, including DNACPR decisions, Advance Decisions to Refuse Treatment, Records of Best Interest Decisions
- National Future Care Planning conference for Wales to inform a strategic direction
- An accessible Electronic Patient Record which facilitates writing and uploading of Advance/Future Care Plans and easy access for staff incl paramedics, who need such information quickly when a person is unwell
- Electronic version of DNACPR forms and Advance Future Care Planning records

Project outcomes:

- The online videos are freely available online and on Byw Nawr's YouTube channel. The training is now a national information package, rolled out across the whole of NHS Wales.
- Rechargeable hand-held video media pads were sent to all GP practices in Wales to help GPs have these discussions with patients who want to think about their future care.
- The project has won numerous awards for innovation, including the Royal College of Physicians 2019 Excellence in Patient Care Award
- Improved communication about patient preferences and important advance/future care planning wishes

Tags: End of life care, DNACPR, advance care planning, future care planning, communication

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Reducing Medicines Waste in Care Homes

David Minton, Anne Sprackling & John Dicomidis

Aneurin Bevan University Health Board

This project introduced an alternative way of care homes ordering ‘as required’; medications, made routine medication ordering more efficient and improved the ordering process for care homes.

Outcomes included:

- A decrease in medicines wastage
- A reduction in order ordering of medication
- Increased ownership and understanding of medicines amongst staff

Tags: Care homes, Medicines management, Waste reduction, Pharmacy

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Good News 4 Home

Christian Subbe

Betsi Cadwaladr University Health Board

The National Early Warning Score (NEWS score) is used to identify patients at risk of deterioration. This project uses NEWS scores to determine a patient’s stability and identify patients who are able to be discharged safely from hospital.

Outcomes:

- The project has analysed data from 1,451 patients to generate a ‘patient stability index’ (PSI)
- The PSI was tested in simulation in a sample of patients
- The PSI has been presented in two focus groups

Tags: NEWS Score, safe discharge

STANCE: Diabetes Foot Health Engagement and Empowerment to Self-care

Angela Jones

Cardiff and Vale University Health Board

This project provides foot health education and healthier lifestyle support to patients with diabetes. It aims to increase the patient’s confidence and knowledge to self-care, promoting patient activation to reduce their risk of diabetic foot disease. The project is developed for use within NHS Podiatry. However, working in collaboration with Education Programmes for Patients Cymru (EPP), it can be delivered to patients who are newly diagnosed or have a low foot risk in Primary Care.

Project outcomes included:

- A greater number of patients with increased health literacy regarding their foot health and their role in maintaining it.

- A more effective and tailored treatment planning between patients with increased understanding, and the podiatrist working more holistically.
- A reduced burden on the demand for patient appointments with the podiatry team, instead working on a walk in basis for a foot in crisis.
- Average reduction in patient contact hours to 302 hours per month over a 12 month period, compared with 399 over same period in 2017 and 381 in 2016
- An additional average 194 appointments per month. Cost saving is £87/appointment, £16,878/month or £202,536.00
- Winner of the UK Advancing Healthcare Awards 2019 and Finalist in the Abbvie Patient and Partners Awards 2017

Tags: Diabetes, Foot care, Podiatry, Education, Lifestyle, Health literacy

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Waiting in Pain? Access to Palliative Radiotherapy

Steve Hill

Velindre University NHS Trust

This project identified a need to develop a rapid-access service onto Palliative Radiotherapy by creating a radiotherapy-led service for urgent/ emergency palliative radiotherapy.

Project Outcomes include:

- Improved patient experience
- Upskilled radiotherapy staff

Tags: Radiotherapy, Palliative care, Cancer,

Improving capacity and patient access in primary care

Arfon Williams

Betsi Cadwaladr University Health Board

This project increased capacity and improved patient satisfaction at a struggling GP surgery. The team triaged and signposted all phone calls, trained and upskilled their staff and changed the skill mix of the practice.

Outcomes:

- Patients are very happy with the service, being able to pre-book appointments
- There has been improved morale amongst practice staff
- Patients report satisfaction with having their concern dealt with by a clinician in a prompt manner

- Empowered staff, through delegation of roles and an ‘open door’ policy, with supervision and continued learning at the heart of what the surgery does.

Tags: GP, Primary care, Triage, Appointment system

Total knee replacement through day admission surgery

Balasundaram Ramesh

Betsi Cadwaldr University Health Board

This Project harnessed technology enabled patients to feel less pain, less sickness and enabled them to move their knee immediately following surgery, allowing them to be discharged within a single day. The project used pain modifiers and Telemonitoring devices to monitor physiotherapy progress.

Outcomes

- Potential to reduce length of stay by 4 days
- Improving the patient experience – feedback has been positive

Tags: Knee replacement, Day surgery, Physiotherapy

Providing a local serial casting service for children and young people in Powys

Ellen Thompson

Powys Teaching Health Board

This project provided a physiotherapy led local serial casting service for children and young people, where historically this treatment could only be provided out-of- county. The main groups of clients who benefit from this conservative treatment are children and young people with cerebral palsy and who are idiopathic toe walkers. The main benefits are to improve calf muscle length and walking patterns. Serial casting is advocated in NICE guidance and has a strong evidence base as an effective modality to improve calf muscle length.

This project provided a fully mobile service, using trolley bags and mobile beds so that treatment could be provided in a variety of settings including client’s homes and schools, as well as local hospitals. Local provision has resulted in better access to treatment, as well as better co-ordination of packages of care and continuity of care.

Outcomes from the first 29 months of the project:

- 29 clients received treatment; 182 contacts and 72 episodes of care provided; 168 casts applied.

- 316 miles saved per client or 50 miles per contact as compared to accessing out-of-county. Time saving of 1.8 school days per client.
- Significant cost savings of £39,358 compared to out-of-county provision.
- Good outcomes in terms of improved range of motion & excellent feedback from client questionnaires.

Tags: Serial casting, Local services, Paediatrics, Physiotherapy, Travel, Mileage

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Educating and activating patients for better healthcare through digital innovation

Phil Webb

Velindre University NHS Trust

This project developed the world's first 'virtual assistant' trained in Oncology. The AI-enabled dialogue agent has been developed using Watson technology trained by Velindre clinical staff, patients, carers and family members to discuss, engage and answer questions on a broad spectrum of areas relating to oncology. It has the ability to hold conversations with a large amount of people at the same time and as a virtual assistant, it will largely be unique in its use of natural language processing, and tonal/emotionally based responses. It will be available through browser, iOS or android access and will have response options in Welsh or sign-language. Not bad for a robot.

Outcomes include:

- Improved patient activation, engagement and understanding;
- Improved access to timely, relevant and good quality information at a time and place convenient to patients;
- 24/7 communication tool to reduce patient stress and anxiety;
- Improved health literacy

Tags: Oncology, AI, Virtual assistant, communication

Providing palliative care for heart failure patients at home

Clea Atkinson

Cardiff and Vale University Health Board & Velindre University NHS Trust

This project enables heart failure patients to live out the final stages of their illness at home by introducing the use of subcutaneous Furosemide infusions.

Outcomes include:

- 101 patients were referred to the service over 3 years
- 100% of patients said they felt listened to and that they could discuss their thoughts and feelings.
- 90% of patients said they would recommended the service to someone in the same position as them
- 90% of patients said that the care they received was compassionate and coordinated
- 80% felt symptom control was improved, found the service supportive for carers and that integration of care with the cardiology heart failure team was beneficial
- Preferred place of death was achieved in 100% of patients over a 12 month period
- An average of 1 hospital admission avoided per patient
- An average of 13 hospital bed days avoided per patient

Tags: End of life care, heart failure, palliative care, Patient experience, Furosemide

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Integrating services to provide community-based care for 999 calls

Jeff Morris & Annette Davies

Welsh Ambulance Services NHS Trust & Swansea Bay University Health Board

This project gave a local Acute Clinical Team access to 999 calls, enabling them to provide community based care instead of sending patients to A&E.

Outcomes:

- Admission to acute hospital was avoided in 92% of cases
- Collaborative working has fostered trust and respect
- High patient and carer satisfaction

Tags: 999, Enhanced Care, Acute care, Community care

Using technology to remind vulnerable people to drink enough water in hospital

Rebecca Thomas

Cwm Taf University Health Board

This project introduces innovative talking mugs to wards and care homes to remind vulnerable people to drink water. Claimed to be the world's first talking aide memoire hydration aid.

At its heart is the Droplet® Light and Sound Reminder Base. It is an intelligent, programmable base that will talk to the user if they are not drinking enough, and will

alert the carer at the same time. With a simple twist, it attaches to either the Droplet® Mug or Droplet® Tumbler. The Droplet® Flow Control Lid fits easily to the top of the mug or tumbler to help people who are coping with tremors or swallowing problems.

The project is now testing in a care home over a longer period and has been successful in gaining funding to undertake a study focused on reducing frailty by improving hydration; testing the feasibility of education and/or an innovative prompting cup to reduce frailty in a catheterised community-dwelling population through empowering district nurses to improve hydration.

Outcomes to date:

- An average increase of 1000ml in oral fluid intake
- Improved hydration linked to decrease in average length of stay and hospital-acquired infections

Tags: Hydration, Wards, Care homes, Community

Connecting community paramedics to GPs to reduce hospital admissions

Vince Baglole

Welsh Ambulance Services NHS Trust

This project enabled community paramedics to work with GPs to avoid unnecessary hospital visits and reduce pressure on emergency services.

Outcomes include:

- Patients receive a full clinical assessment in the community without the need for hospital admission
- Acutely sick patients can be managed at the scene
- Clinical decisions are made in consultation with the GP
- Patients receive the most appropriate care from the most appropriate clinician in the most appropriate place

Tags: Paramedics, Community, Care closer to home

Turning stories into numbers: Gathering data to inform and transform health and social care systems across Wales

Vic Ellis, Susan Griffith, Amanda Rutter, Jason Ellis

Hywel Dda University Health Board

This project uses a standardised scoring template to capture patient stories using the ANGEL scoring system, a summary of an individual's Activities, Needs, Goals, Escalation and Location including a measure of the severity and urgency of the patient's situation.

Outcomes include:

- Standardisation of how services assess and communicate need in the context of a person's life.
- Multiple layers of data collected – enabling analysis and patterns of population need to be identified, informing workforce redesign and transformation strategy.
- Safe delegation of work and service governance
- Appropriate Deployment or flow of work and skills across a whole integrated health and social care system
- Capacity planning and caseload acuity intelligence.
- Improved collective decision making with reduced cognitive bias and standardised language.

Tags: Complexity, Needs, Holistic, Stories, emergence, nonlinearity, entropy, complexity science, patterns of organisation. Nested system theory, scales ,evolution, acuity, ethnography, cognitive bias.

Addressing preventable morbidity and mortality in long-term steroid use

Mohamed Ahmed Adlan

Aneurin Bevan University Health Board

This project addresses poor knowledge of the safety aspects of long-term steroid use among patients and healthcare professionals with an '8-Point plan'. The plan includes education around warning signs and symptoms, education packs and the registration of patients at risk of developing hypoadrenalism because of long-term steroid use.

The project aims to reduce the variable provision of services to this important group of subjects.

Tags: Steroid, Education, Warning tools

Trauma Ambulatory Care unit

Oliver Blocker

Cardiff and Vale University Health Board

This project delivers a dedicated unit for the assessment and management of ambulatory trauma patients in hospital. This new clinical model allows patients to be treated using existing hospital facilities during working hours, in order to provide a better patient experience, reduce admission rates and make the most efficient use of operating theatre resources.

Outcomes include:

- Reducing inpatient bed stays
- Improving patient experience
- Maximising the use of planned trauma operating lists while reducing the burden of ambulatory trauma patients on major and frail elderly trauma operating.
- Changes will be part of the Major Trauma Centre reorganisation in Cardiff, comply with national GIRFT (Get It Right First Time) project objectives and be an innovative change to patient care, based upon existing successful Ambulatory Emergency Care models in medicine and surgery.

Tags: Trauma and orthopaedic surgery, Ambulatory care, Virtual inpatient, GIRFT

Management of population health and healthcare resource utilisation in the Rhondda GP cluster by means of a population segmentation and risk stratification model

Kim Cann

Cwm Taf Morgannwg University Health Board

This project combines intelligence from primary and secondary care, and seeks to incorporate wider health and social care datasets, to understand the holistic needs of the population and inform patient care and system-wide planning of health services. It uses population segmentation, risk stratification, predictive modelling of service use and variation analyses to improve understanding of current and future healthcare need. This enables us to identify new models of care focused on a preventative approach and facilitate targeted interventions for the population groups that are most likely to benefit.

Outcomes of the project include:

- Population segmentation
- Risk stratification
- Predictive modelling of service use and variation analyses at individual patient level.

This information will be available to General Practices to inform patient care and to the Local Public Health Team to inform the development of new models of care and the identification of effective interventions.

Tags: Population health, Public Health, Data, Risk Stratification, Prevention

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Developing a co-production model of problem identification to guide treatment between practitioners and the young person and their family/carers: Formulation Training for Specialist Child and Adolescent Metal Health Services (S-CAMHS) Practitioners

Euan Hails

Aneurin Bevan University Health Board

This project delivers psychological therapy training to enable professionals to formulate a young person's needs and identify the most appropriate interventions.

Project aims:

- Enables patients to have a more active role in their assessment choice
- Therapy delivered within the core CAMHS team
- Address treatment variance
- Improve access to psychological therapies and address long waiting times across Wales to access talking therapies.
- To develop a community of practice to enhance, research and audit ongoing delivery.

Tags: Formulation, CAMHS, psychological therapies, talking therapies

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'Be Here, Be Clear': a preventative intervention to address communication and behaviour in the early years

Catherine Pape

Powys Teaching Health Board

This project delivers a preventative, targeted Speech and Language Therapy intervention for families with children likely to be at risk of language difficulties. It targets adult-child interactions using video feedback and coaching as an effective way of changing parents' behaviour and improving outcomes for children.

Outcomes include:

- Positive feedback from families
- Improved interaction skills
- Reported changes in their child's communication.
- Improvements in measurements such as parents being face-to-face with their child and allowing the child to take the lead in conversations

Tags: SALT, Speech and Language Therapy, Early Years, Communication

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A programme to optimise hospital stock management and clinical use of group O RhD negative red cells

Alister Jones

Welsh Blood Service, Velindre University NHS Trust

This project ensures that O- blood cells will always be available for patients with a genuine clinical need. It works collaboratively with hospitals in Wales to moderate demand through stock management, monitoring inappropriate use and excessive ordering and stockholding.

Outcomes include:

- Following a Wales wide survey of the fate of O D negative red cells (in hospitals), the key demand drivers were identified, and three of these were selected for further action: Wastage due to time expiry of red cells, Issue to non O D negative patients to avoid time expiry of red cells and Emergency issue
- A task and finish group was set up to produce a set of guidance on the prudent management of O D negative red cells which will contain specific aims with recommendations on how to achieve them and measures for evidencing success.
- The recommendations will be taken to the Wales hospital transfusion laboratory community for consultation, and then taken to a pilot phase, in anticipation of being published by the NHS Wales Blood Health National Oversight Group.

Tags: O-, Blood Cells, Stock Management, Blood Health, Waste, Clinical

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Delivering vital eye care out-of-hours through telecommunications technology

Ophthalmology team Abergele Eye Unit and Tony David (Spectra UK Limited)

Betsi Cadwaladr University Health Board

This project aims to deliver better and fairer eye care for patients using teleophthalmology. Patients with an urgent eye problem out-of-hours may currently need to travel to an on-call ophthalmologist. This project centres on the easy acquisition of high quality retinal and slit lamp photographs which can be sent to the ophthalmologist allowing a diagnosis to be made remotely thereby reducing the need for patients to travel.

Tags: Ophthalmology, Telecommunications, Teleophthalmology, Out-of-hours, Eye care, Retinal, Slit lamp

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Using video conferencing to extend the benefits of pulmonary rehabilitation to rural communities

Michelle Dunning

Hywel Dda University Health Board

This project delivers pulmonary rehabilitation to patients with COPD living in rural communities. It uses video conferencing

Outcomes include:

- Demonstration that virtual pulmonary rehabilitation is feasible and safe
- Reduction in travel times and miles travelled for rural patients
- Positive post-intervention outcomes for patients including increased strength and a reduction in symptoms
- Virtual rehabilitation as effective as standard rehabilitation in the short-term

Tags: Pulmonary rehabilitation, COPD, Rural, Video Conferencing, Technology

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CUSP Project

Julia Wilkinson

Hywel Dda University Health Board

The aim of the CUSP project is to provide coordinated support by the third sector to support people to live well and independently. It is for those who are on the cusp of needing care and support from statutory services where often a small set back can tip them over the edge. This project will look at ways to build resilience and practical help through the links in the community, third sector groups and other assets.

Tags: Third sector, Independent living,

Improving Health Literacy in Schools

Ffion Williams & Ffion Jones

Betsi Cadwaladr University Health Board

This project sees GPs coproducing with school pupils to devise a programme to improve health literacy for year 7 pupils. There is also scope for others to coproduce with the pupils.

Project outcomes will be measured using health literacy assessment tools.

Tags: Health literacy, Primary care, GP, Schools, Coproduction

Person Centred Care in Diagnosed and Emerging Dementia: Impact of Personal Profiles on an Inpatient OAMH Ward

Melissa Layden & Andrea Evans

Hywel Dda University Health Board

This project brings together 3 person-centred documents into a personal profile which can aid, and support person centred and holistic care for people living with a diagnosed or emerging dementia on a mental health ward. All patients with a diagnosed and emerging dementia will have a personal profile up to 10 days after admission and this will be growing and developing along with the person during their stay. The project is demonstrating proof of concept with an inpatient trial. The future scope is spread of the compiled knowledge and hence quality of dementia care, between and across all sectors of care and domicile such that this profile pack becomes a universal tool for quality care provision for people with dementia.

Expected outcomes include:

- An increase in the level of confidence and knowledge skills of staff and carers
- A higher quantity of meaningful interactions between staff/carers and people living with dementia.
- An increase in the rating of the quality of life of people living with dementia.

Tags: Dementia care, Personal profiles, Inpatient, Wards,

Optimising the care of vulnerable adults & children in primary care through the development of safeguarding peer support groups

Rowena Christmas

Aneurin Bevan University Health Board

This project brings together primary care safeguarding leads to form an expert group who meet quarterly. The group is multidisciplinary & covers a range of safeguarding issues. There are currently 12 GP practices involved in the project. Informal support & advice is available between meetings & occurs on average 3 times a month.

The meeting starts with a safeguarding presentation, the group then shares ideas for best safeguarding practice, and the most valued time is discussion of complex cases in a challenging but mutually supportive safe space. It provides a variety of opinions and overall feedback demonstrates that the discussions have improved care and supported doctors making difficult decisions.

The project has demonstrated

- A reduced GP workload by sharing protocols, power point presentations and templates
- Doctors involved gain Primary Care based Level III Safeguarding accreditation
- Feedback is extensive & consistently positive, with excellent attendance at meetings.

Tags: Safeguarding, Primary care, Vulnerable adults, Vulnerable children,

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Nurse Education – A change in culture and compliance

Hannah Russon & Angela Voyle- Smith

Velindre University NHS Trust

This project uses Virtual Reality to provide alternative teaching methods to the traditional classroom. It delivers training and education allowing the nursing workforce to remain up to date with the latest treatments, evidence based practice and mandatory and statutory training requirements.

Project Outcomes include:

- Having the flexibility of staff being able to attend Virtual Reality (VR) training or engage in teaching on the intranet at any time limits time the health professionals are away from the clinical area and patients compared with if they were attending a scheduled classroom-based session
- Supporting the NHS in Wales in planning, developing and providing a workforce that is required to meet the needs of patients in Wales by providing evidence based care and upskilling the workforce to deliver the very highest standards of care.
- If attendance and compliance of teaching increases then more of the health professionals are trained to a higher level and practicing using the current evidence increasing benefits to the patients.
- By engaging in inter-professional learning, decreasing unnecessary repetition of classes this makes better use of resources
- Joint use of new technology (VR&AI)

Tags: Nursing, Education, Virtual Reality, VR

Implementation of a commercially available app for the management of Asthma in adolescents

Victoria Richards-Green

Aneurin Bevan University Health Board

This project uses the ‘My m health’ app to target adolescent patients that are at the point of taking over the management of their conditions, in particularly Asthma

Anticipated Outcomes include:

- Improved patient experience, as patients will have access to all of the information they require, in a format that is in keeping with the technology that is part of their everyday life.
- a positive impact on the patients’ quality of life and ability to do everyday tasks.
- decreased variation as the access would be the same irrespective of the location of the patient.
- Better management of uncontrolled conditions, as the data within the app would allow those that are not controlled to be highlighted and picked up, before a resulting hospital admission.

Tags: Asthma, Adolescents, App, Chronic conditions, Condition management

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Using a ‘Stonebreaker’ to tackle salivary stones

Simon Jones

Aneurin Bevan University Health Board

This project uses StoneBreaker, an innovative surgical technology allowing minimally invasive treatment of salivary stones, avoiding the need for open surgery.

Tags: Maxillofacial surgery, Salivary stones,

The Virtual ward

Owen Thomas

Cwm Taf Morgannwg University Health Board

This project takes an MDT approach to patient care in the Primary care setting by the use of a Virtual Ward scheme based in a practice or practices within a locality.

The project started at St John’s Medical Practice working in Partnership with a range of stakeholders who meet physically for two hours every Tuesday. Current stakeholders include Occupational therapists, Clinical pharmacy, Practice and District nurses, a Social worker, a community co-ordinator, a GP, A manager and Care and repair. Other stakeholders come and go according to need and by invitation, or if they need to bring patients to the group for discussion and wider management. It identifies patients in real-time who are difficult to manage in a GP consultation alone, or require more than one of the MDT team as part of joint management. Stakeholders can vary and it is much more important to have the right person rather than specific roles – the needs of the practice population vary geographically.

Anticipated outcomes:

- Facilitate MDT working for the benefit of the practice and working environment
- Expanding the range of service and skillsets available to patients
- Improve patient care and outcomes
- Reduce demand on GP appointments and house-calls
- Create an environment of mentorship and trust where professional roles can be blurred and the most appropriate person can manage the patient rather than all roads leading back to the GP
- Making General Practice feel fun and sustainable!
- Creating a team based around the concept of personalised care, where sharing information becomes integral to individualising and more effectively delivering care.
- You may accidentally reduce Hospital admissions and OOH demand!

Tags: MDT, GP, General Practice, partnership, Primary care, Virtual ward

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Confidence with continence

Caroline Davies & Claire Hurlin

Hywel Dda University Health Board

This project introduces a peer-led education programme allowing people living with low-level continence problems to implement evidence-based self-care. Developed in partnership with patients, NHS educators and Specialist Continence Nurses, it is an introductory session for anyone with continence problems or for anyone who would like to know more about continence issues and its management.

People living with low-level continence issues leave the session with good quality information on how some small behaviour changes may eradicate their continence issues.

The programme can be delivered in a variety of ways:

- In areas with Education Programmes for Patients: in the local community for people living with continence issues e.g. small group sessions in community halls.
- Added to the end of other programmes delivered locally such as the Pain Management Programme in the community.
- Targeted at Residential Nursing Homes /Supported Living /Day Service Centres or alternatives where a large group of people would be likely to be living with continence issues.
- As an integral part of the Continence care pathway in Health Boards, by identifying all routine referrals and offering the education in partnership with a continence clinical nurse specialist. Before offering a high end clinical

appointment and /or prescribe a medication without basic behaviours being addressed to establish the true level of continence issues in the patient.

- Work in partnership with a GP cluster to deliver a programme as a joint venture.

Anticipated outcomes include:

- Cost effective approach as group sessions –can see 20 people in 2.5 hours
- Frees up CNS time to see those with the greatest need
- Reduction in Referral to Treatment Time
- Improves quality of life for people as it is early intervention /care
- Peer support and role modelling

Tags: Continence, Education Programmes for Patients, EPP, Self- management, Care pathways

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