Learning from Others
Optimising Patient Wellbeing

Chair - Geoff Cooper
Programme Manager, Improvement Coach
and Patient Engagement Lead

Wessex Patient Safety Collaborative
When patients are ignored, they are most at risk

Robert Francis - February 2013

The NHS should be ‘engaging, empowering and hearing patients and their carers all the time’. The most important goal of a modern health service is to listen and act: this is the essence of care – and to do so transparently so that poor patient experience does not go undetected and excellence can be celebrated. (Don Berwick)

NHSE - December 2013
Knowledge or implementation gap?
Engagement and Empowerment

Empowerment

Individual

Representative

Engagement

NHS England - Participation

CLAHRC – Health & Social Research

NHSE (Wessex) - Commissioning

The Health Foundation – Shared Decision Making

Sign up to Safety – Patient Safety

Patient Engagement in Patient Safety: A Framework for the NHS
May 2016

Kings Fund - Leadership

Patient-centred leadership
Rediscovering our purpose

Nicola Hartley, Director, Leadership Development, The King’s Fund

The King’s Fund - look that change health.com

Twitter: #kfflead

NHSE (Wessex) - Participation

CLAHRC – Health & Social Research

The Health Foundation – Shared Decision Making
The Wessex ARISE+ model (Aims, Recruit, Integrate, Support & Evaluate) is a practical approach to co-production. It has been designed (with improver feedback) to support the integration of patient and carer representatives within Quality Improvement projects.

The model supports the process of patient engagement from the “why do it”, through the “how to do it” to the “how well did we do it”.
AIMS
What do we want our patient / carer reps to do?
How can we assess culture, identify good practice and address coercive behaviours?
Are any engagement difficulties due to a knowledge or implementation gap?
Do we know where the patient / carer reps are (in our own organisation) and what to do if we don’t?

RECRUIT
What is the best selection / appointment process for patient / carer reps?
Why do our patient / carer reps want to get involved (values)
Can one patient / carer represent any other / all patients / carers?
Should our patient / carer reps be remunerated?

INTEGRATE
How can we help our teams to work together, improve multidisciplinary communications in meetings and consider whether there is a need to establish role boundaries?
How do we allow for differences in staff attitudes and patient / carer reps background?

SUPPORT
What are the development and support needs of our patient / carer reps?
How can we train / coach / educate our patient / carer reps?
What resources are available to help us develop patient / carer reps?

EVALUATE
Have we met our aims and objectives for our project?
Have we achieved meaningful engagement between professionals, people using services and their families?
Have our patient/carer reps been empowered to work as equal and effective partners in the project?

The ARISE approach
Optimising Patient Wellbeing

**Dr Caroline Ellis-Hill**, Senior Lecturer (Bournemouth University) & **Caroline Bagnall**, Clinical Specialist Speech & Language Therapist (RBCH); *The Humanising Care project*

**Emily Diment**, Senior Public Health Intelligence Analyst & **Mark Smith**, Business Development Manager (DHUFT); *Going Smokefree at Dorset Healthcare*

**Dr Clare Mander**, Clinical Lead for Accessible Information (Solent NHS Trust); *A Trust-wide approach to Accessible Information Support*