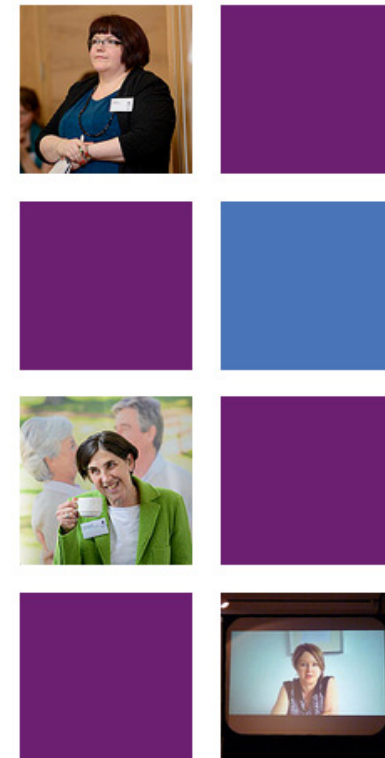# Empowering 'Patients' in the NHS – Why it Matters

Cath Cooney
Director of Development and Improvement

Gerry Power
Director of Integration

ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Our vision is for a Scotland where people who are disabled or living with long term conditions and unpaid carers have a strong voice and enjoy their right to live well

2083 total memberships

Corporate Members 9

Standard Members 300

Professional Associates 1333

Associate Members 158

Involvement Network 98

Individual Supporters 283

ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Christie Commission 2011

"…Unless Scotland embraces a radical, new, collaborative culture throughout our public services, both budgets and provision will buckle under the strain…"

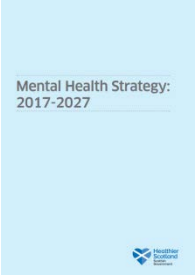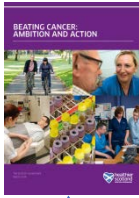*Commission on the Future Delivery of Public Services (2011)*

www.gov.scot/resource/doc/352649/0118638.pdf

Self Management Strategy

- First Self Management Strategy in Scotland in 2008

- Driven not by policy makers, but by people themselves

"Gaun Yersel!"

The Self Management Strategy for Long Term Conditions in Scotland
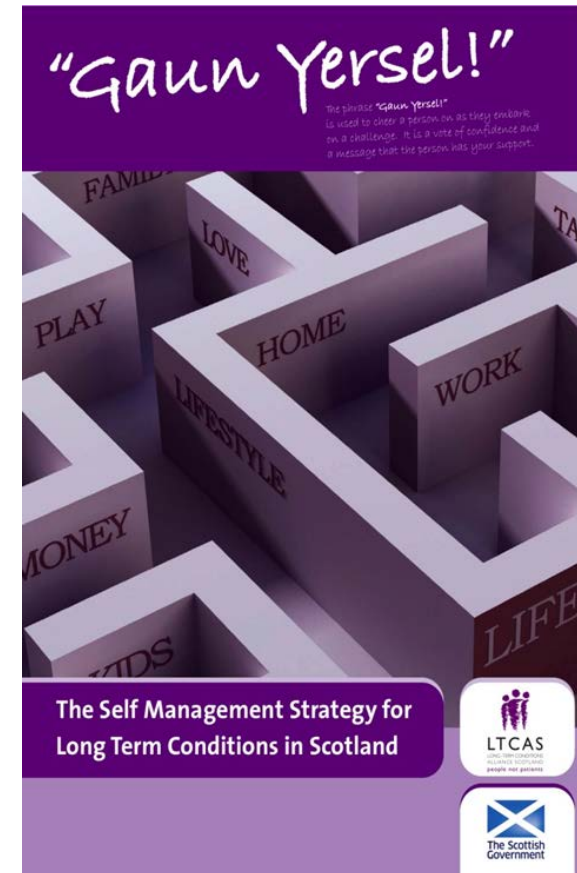
The purpose of support is to ensure that people have what they need to be able to live (and die) well on their own terms with their long-term condition(s).

Entwistle VA, Cribb A, Watt IS et al, Supporting people to live well with long term conditions: a brief account of a refreshed way of thinking about support for self-management. Manuscript in preparation shared 6 August 2015

Realistic Medicine and Improving Healthcare

- **…combining the expertise of patients and professionals in a more equal relationship; through building a personalised approach to care; increasing shared decision making;** reducing unnecessary variation in practice and outcomes; reducing harm and waste; managing risk better; and improving innovation

- Realising Realistic Medicine…with widespread support and contributions from national and international clinicians, leaders in medicine and public health and **stakeholders representing the public and patient voice**

Extract from THE 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND November 2017

Primary Care – People as Partners

Ensuring primary care networks are built around people

The Scottish Government's Realising Realistic Medicine makes clear its aspiration that people who access support and services are at the heart of decision making and experience a personalised approach to their care that is timely and welcome. It is more crucial than ever that people who access health and social care are engaged as equal partners in co-producing healthcare solutions, evaluation development and in spreading this learning.

The Health and Social Care Alliance Scotland (the ALLIANCE) seeks to work together with others to ensure a strong voice of lived experience, person perspective input on how to develop **primary care services** as part of a broader transformational approach that reflects a core set of person-centred, asset based, transformational principles which are human rights focused.

The ALLIANCE welcomes the opportunity to be part of a primary care collective formed to pursue a common goal in this most important arena. The 21 Principles contained within the recently published **Future of primary care in Scotland: a view from the professions** document are helpful in defining the specific and collective roles working towards the development of a common understanding of primary care in Scotland. Under principle 3, the ALLIANCE welcomes the acknowledgement of the breadth of partners in the primary care landscape that includes people and their families; and third and independent sectors.

Working with a **collective** of primary care facing partners to better understand what needs to be done in terms of: building a network; developing an advisory role; and uncluttering the landscape, seems like a productive first step.

This document highlights a range of the ALLIANCE's primary care facing programmes including:

- **Scotland's House of Care**
- **The National Links Worker Programme**
- **A Local Information System for Scotland (ALISS)**
- **Our GP**

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people at the centre

Do we want to do it?

If you assume patient-centered co-design means patients will ask for the moon, think again
http://bit.ly/2zK6yd6 @DerekFeeleyIHI
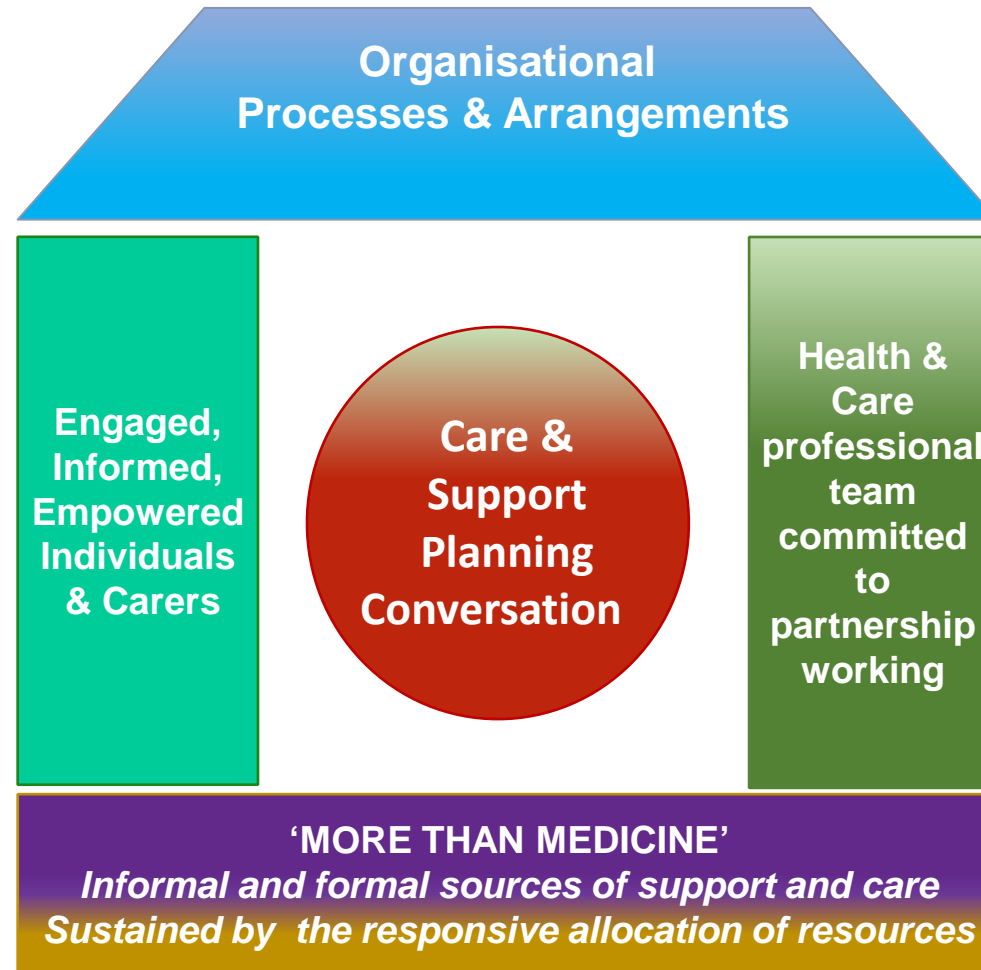
ALLIANCE 4 Nations Event October 2017
…Don't waste a good crisis…

Can it be done?

A fundamental shift in the relationship between person and professional that supports that person to be in the driving seat of their health and social care, with self-management at the heart

HoC and WHO Power Themes

1. Power Over: Fix-it approach

2. Power to: Supported self management

3. Power with: Co-production; care & support planning conversation

4. Power within: Self management; empowerpoint

Scotland's House of Care

Care & Support Planning Conversation

1. Clear information provided to people
2. Mutually agreed upon goals
3. An active role for the person
4. Positive affect - empathy and encouragement from staff

Five Provocations

1. Courageous Leadership
2. Target Culture
3. Nurturing Transformation
4. Emphasising Humanity
5. Ceding Power

One of the Health and Social Care Academy's
[Five Provocations for the Future of Health and Social Care](#)
is 'ceding power', which highlights the need for a shift
in the balance of power between individuals and communities
and statutory services.

Through services embracing shared decision
making it allows the focus to be on what matters to the individual
and for the individual to lead the design and delivery of the service
they are accessing.

Question:
In order for people to feel confident about playing this role – how
might they feel empowered and have the skills and tools to make this
a reality?

Power on Power

Gerry to summarise key points

Background to Co-production Week Scotland.

Monday 27th November marks the beginning of Co-production Week 2017, which brings together people from across Scotland for a series of events and discussions on how to ensure co-production is a reality. This year's theme is 'Power', and the organisers of the week [Scottish Co-production Network (this link will take you away from our website)](#) are asking:

How can we address power imbalance through co-production?

What are the barriers that inequality of power brings?

How do we ensure power is shared equally?

Key GCPH Questions which workshops may wish to consider in both the brief presentation and the discussion (but please don't feel you have to stick rigidly to these):

- Reflections on the plenary presentations and the animation?
- What are the opportunities/barriers for redistributing power in the context in which you work/within the theme of the workshop – the NHS/H&SC ?
- What helps and hinders this?
- What needs to change if power is going to be redistributed more widely? And who needs to be involved?