

**The 13<sup>th</sup> National Health Summit  
Dublin**

# **Collaborative Practice**

*A new model of care*

**Alyson McGregor**

**7<sup>th</sup> February 2017**

# About Altogether Better



- NHS national network organisation
- Diverse team of community engagement experts, clinicians, OD & system designers and academics with regional, national & international experience
- Award-winning, evidenced based approach
- Using theoretical models of organisational development and evidenced based practice we have prototyped and scaled a radical system intervention which offers a new model of care
- Working in Primary Care, Acute (A&E) , Mental Health settings and system-wide
- Working to develop both vertical (Paediatrics) and horizontal integration (Social Care)

# Impact



Evaluation from 30 GP practices including over 500 Champions, and 125 practice staff demonstrated:

- 94% of people reported improved mental health and wellbeing
- Increased resilience and ability to cope with LTCs
- Patients beginning to use services differently
- a new business model for general practice emerges and a new model of care

***“We have increased our patient list by 4500 people but seen no increase in demand for either primary or secondary care consultations because we do things differently”***

Mev Forbes , Managing Partner  
Robin Lane Medical Centre, Leeds

© Altogether Better 2017

# Why change?



- NHS facing **unprecedented challenge**
- NHS **set up to treat infectious disease** – organised around a ‘medical model’ but the **nature of disease has changed**
- **New demands** – supporting people to adapt and cope with long term conditions, loneliness, isolation, anxiety, old age
- Primary care **no longer sustainable** – **NHS and social care under pressure**
- Policy backdrop requires a “more engaged relationship with patients, carers and citizens”
- Clinicians **need to see the right patients**
- Need to develop new models of care
- Need for a new social model of health

# In a GP's working week



- **10-15%** minor ailments – pill, sore throat, headache  
pharmacist , a wise granny
- **10-15%** depressed, anxious, stressed, fatigued. Need a job, some friends, a loving partner, not antidepressants or counselling
- **10%** obesity & lifestyle related – type 2 diabetes, hypertension, heart disease
- **5%** lonely and we are the only social contact
- **5-10%** just getting old! Lots of problems, no cure

*"It's a rotating door - they just come back again, patients need people not pills."*

*"I estimate that 40-55% of patients I see every week could be better supported by someone else – they don't need to see someone with 5 degrees"*

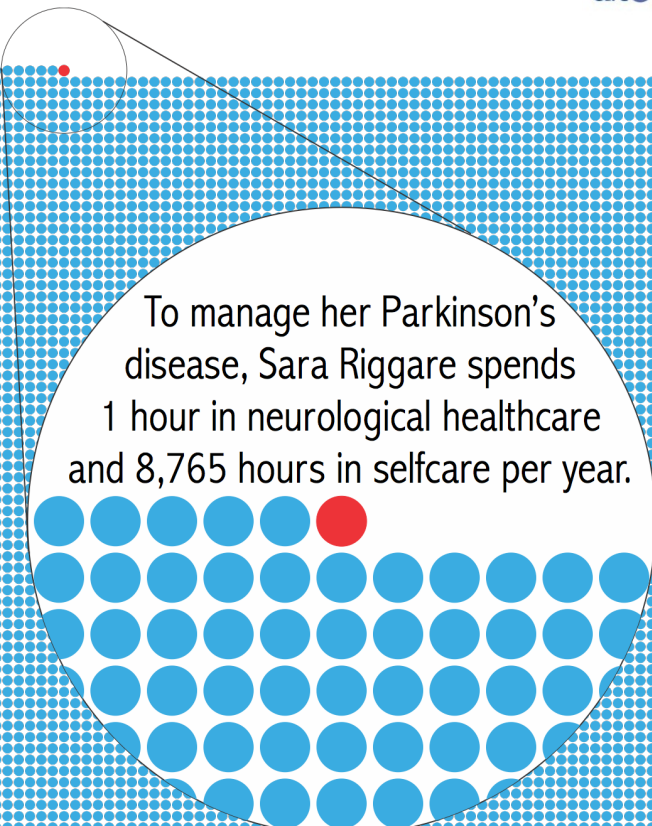
**Dr Niall Macleod**  
**GP, Exeter**

# Real life for people with a LTC



“I see my neurologist twice a year, about half an hour...that’s **one hour per year in healthcare** for my Parkinson’s Disease.

“During the same year I spend **8,765 hours in self-care**, applying my knowledge and experience together with what I get from my neurologist to manage a difficult condition as best I can.”



To manage her Parkinson’s disease, Sara Riggare spends 1 hour in neurological healthcare and 8,765 hours in selfcare per year.

[www.riggare.se](http://www.riggare.se)

Sara Riggare, 2014

# A new mindset

*“Health is the ability to adapt and self manage in the face of social, physical, and emotional challenges” (Huber, 2011)*



- Systems organise around a purpose
- To change a system we need to agree a new purpose, often best formulated as a **question** we can organise around:

*How do we support people to adapt and change in the face of social, physical and emotional challenges?*

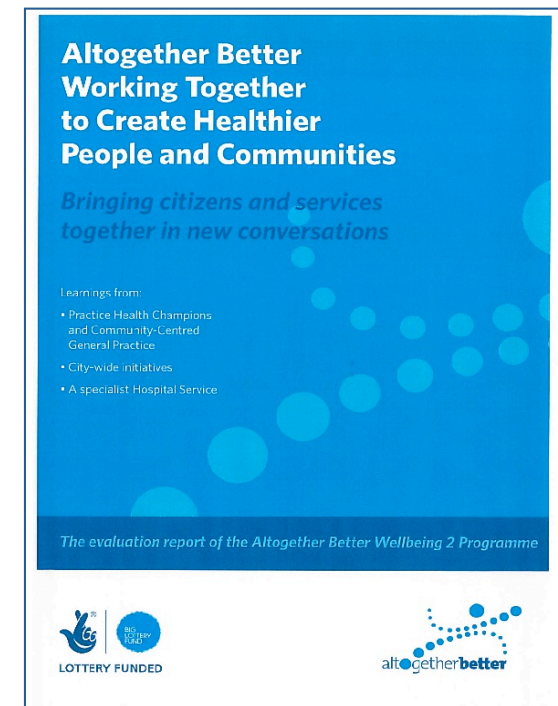


# What we did in primary care



## Evolving a new model of **Collaborative Practice**:

- 90 GP Practices in 18 CCG areas
- Stumbled across a new model for general practice, '**Collaborative Practice**', which is designed to meet the challenges we face
- Citizens/patients play a pivotal role in meeting this challenge
- If we want to change the conversation we need to change whose in it - and we need to do it together
- Amazing response from the system nationally





# What happens?



Over **55** champions delivering **15** regular weekly offers/activities .....  
**63** types of offers

*“the great story is that lives are transformed. We reach hundreds and hundreds of people every week. People are no longer isolated; they have made new friendships and use services differently”*

**Linda Belderson**  
**GP, Robin Lane Medical Centre**



# 216 types of activities and counting....



- Community Choir
- Ukulele group
- A poem & a pint
- Glass painting
- Dancing...belly, ballroom, circle!
- Film matinees
- Improving the consultation
- Painting

- Signposting
- Conversation club
- Increasing screening uptake
- Quilt making & cross stitch
- Singing for the brain for people with dementia
- Flu clinic
- Carers support
- Reception welcomers
- Gardening
- Local history
- Coffee mornings
- Christmas lunch!!

***...you name it!***

# What **REALLY** happens?



We see *transformational change*; change **from the inside out**

**Changing members of the family transforms the family:**

- it changes the very nature of the family
- it changes what the family does
- it changes what the family knows
- it changes what we notice and how we see the world
- it changes 'who' the family know & spend time with
- it changes how the family behaves and the language we use



# It works...for staff



- Staff morale improves & workload shifts
- People come out of silos and organise around a purpose
- The practice can offer alternatives
- Practice list size increases
- Clinical consultations go down
- Receptionists take leadership role
- It becomes embedded and is sustained without ongoing funding



***“Whooo-hoooo.....this is the bestest workplace in the world, proud to be part of it...such a good team.”***

Primary Care Nurse  
Gateshead

© Altogether Better 2017

# It works...for people



- Better health outcomes
- Patients are supported to live well with LTCs
- Patients better understand how to use services
- Growing community cohesion
- **94%** increased levels of confidence & well-being
- **94%** acquired new knowledge related to health and well-being
- **99%** increased involvement in social activities and social groups

*“It really helped me get back on track...it was about isolated and lonely people...and I was one of them, basically left to rot. When you invited me that day, it saved my life.”*

# When it works the practice evolves



- **Stronger link** between practice and community
- The **practice evolves** new ways of doing things
- The recognition of the **resource and resourcefulness** and generosity of citizens who use their services leads to the possibility of changing the way that they provide services
- **Amplifies and connects** voluntary and community organisations to practice
- It becomes ***“how we do things around here”***

*“We’re a  
community  
centred  
practice  
now”*

Practice Nurse  
Newcastle

# What Altogether Better learnt



**Quantitative evaluation:** Over 500 champions & over 100 practice staff

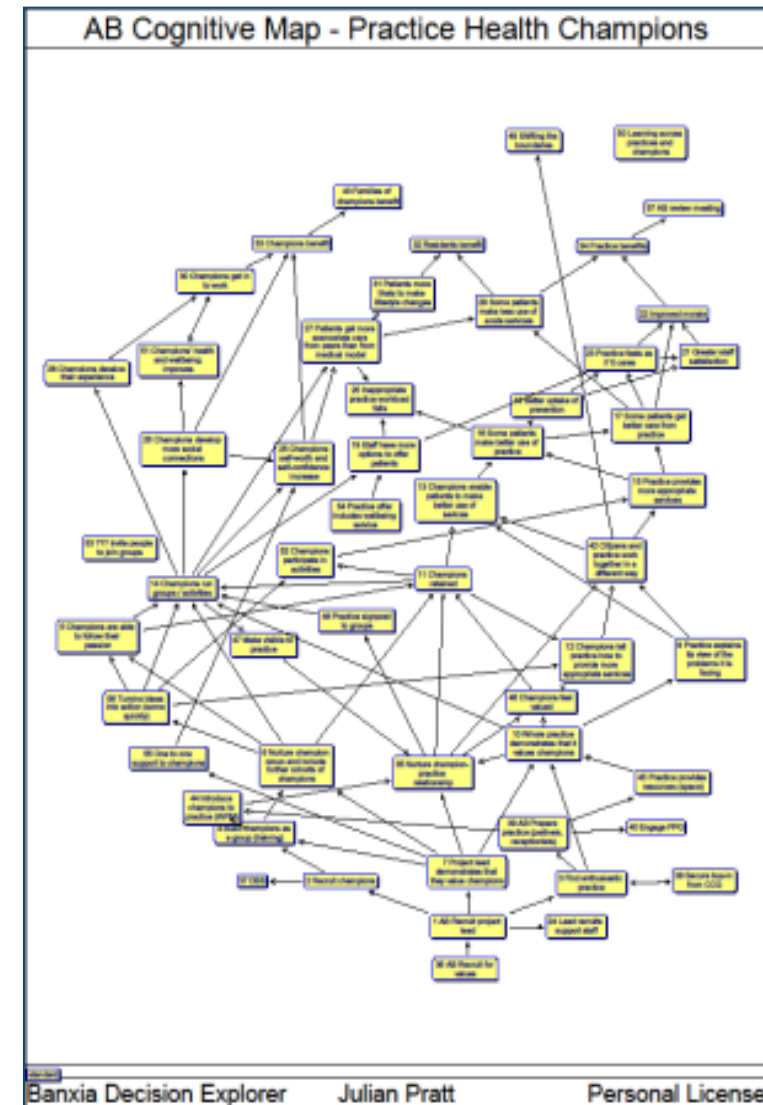
**Qualitative evaluation:** 142 depth interviews, discourse analysis, ethnography, surveys

**Altogether Better : Working Together to Create Healthier People and Communities: Bringing citizens and services together in new conversations’.**

Available at [www.altogetherbetter.org.uk/publications](http://www.altogetherbetter.org.uk/publications)

## Key Lessons

- **Complexity** – paradigm shift in the way we work as facilitators of change
- Developed a useful framework for **evidencing individual mental wellbeing** connecting 216 champion activities to the **5 Ways to Wellbeing**
- The challenge of working in **liminal space**





# Balanced between two world views



## The 'Life world'

- *People* with myriad and unique skills, interests, values, beliefs, needs
- Multiple and fluid identities
- Human interaction
- Flexibility, improvisation
- Stories
- Relationships
- Non-monetary, fluid ideas of exchange and reward
- Emergent order

## Formal Systems/Institutions

- Roles, qualifications, titles
- Fixed and legitimised identities
- Processes & structured interaction
- Protocols and pathways
- Fixed definitions
- Data
- Hierarchy, authority
- Monetary economy, fixed ideas of currencies and exchange
- Planned order

## Collaborative Practice

# Why it works



- We change the conversation by changing who is in it
- We work on the things that matter
- We follow the energy in the room
- We focus on what works
- Everyone matters
- We work alongside people
- Everyone brings unique offers and insights
- We don't walk in other people's shoes - we invite them to join us
- We do things with people ...not to or for people
- We create the conditions – invisible glue
- Relationships matter
- We don't ask what's wrong. We ask: *What's possible?*
- **It is meaningful and fun!**

# This work is...



- Gentle and subversive organisational development which transforms general practice
- Modelling a third way of working
- Changing the 'practice team /family', becoming simply 'how we do things around here'
- Amplifying and connecting existing offers, linking into the existing social prescribing programmes and offers from the 3rd sector
- Sustainable ....without continual funding

**This is meaningful and fun.....**







Chat to us [altogetherbetter.org.uk](http://altogetherbetter.org.uk)  
<http://twitter.com/altogetherbeter>