

Poster

Leading Innovation and Improvement

1 ESTABLISHING THE EVIDENCE BASE FOR 'MULTIPLE SITE SINGLE SERVICE' (MSSS) MODELS OF CARE

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Background In England plans for service reconfiguration increasingly include options for clinical services which are delivered across more than one clinical site, often in differing geographical locations or towns. The rationale for such models include the difficult and often conflicting balance between exacerbating inequalities in access to clinical services for patients whilst at the same time trying to improve quality and outcomes through consolidation.

Aim The East Midlands Clinical Senate in partnership with Public Health England (PHE) established a proactive work-stream to review the clinical evidence for 'multiple site, single service models of care' (MSSS) to support clinical senates, commissioners and providers of services better assess the evidence base for these types of models of care.

Methods Systematic review (SR) undertaken. Framework developed to Support Clinical Senates through qualitative data collection and consultation with national and local clinical senate meetings to consider the experience of MSSS models and where they have worked successfully to improve outcomes.

Results SR identified 18 papers for inclusion. Evidence on this topic was largely service-specific and heterogeneous in study design and outcomes. We found evidence of 10 key enablers and barriers to implementation of MSSS models. There was no universal definition for MSSS models in the literature, but shared characteristics were identified which enabled the development of a descriptive framework. Mortality was the most frequently reported outcome and no study reported increased mortality as a result of service change. 4 studies reported on patient experience related to service change, with some evidence of improvement in patient satisfaction with care delivered via a MSSS model

Conclusion Using the systematic review findings and the qualitative feedback, a clinical outcomes based framework has been developed to utilise when reviewing these types of models of care.

2 THE CANCER TAPESTRY

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Cancer is a common disease of our era. The diagnosis can be devastating and therapies can have a high morbidity profile. However, treatments have evolved and discussion on quality of life issues, 'what matters to me' at every step of the cancer journey and survivorship with and beyond cancer are very important topics. Raising public awareness on such a common disease, discussing treatment and celebrating survivorship is key. Art can be the vehicle to initiate and promote these conversations. We present 'The Cancer Tapestry', a global piece of work led by the well known artist Andrew Crummy, a cancer survivor who designed The Great Tapestry of Scotland with the support of an oncologist and a surgeon. Our aim is like The Great Tapestry Of Scotland to involve at the very least 1000 volunteer stitchers, this time telling cancer stories 'stitch by stitch'.

The Cancer Tapestry project was launched on the 4th February 2019 at the Scottish Parliament with The Health Minister putting in the first stitch. The Cancer Tapestry is starting to create new partnerships between patients, families, clinicians and senior leaders, raising public awareness of cancer.

Within a short period of time the work done on the initial tapestry creations have been shared on social media and are starting to initiate a much wider level of interest in the project.

The tapestry will initiate a patient centered conversation throughout the country and will allow patients, carers, health-care workers and researchers to contribute stories related to their lived experience that surrounds cancer, cancer therapy, resilience and survivorship. It will be exhibited in galleries, hospitals and public areas and act as an educational tool.

3 SAFE TIMELY PERSONE CENTERD CARE – STEP

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Our organisation noted a reduction in performance in our patient experience survey Results and realised that our clinical governance framework needed to be refreshed and refocus the organisation towards patient centred care. Projects and work that were planned or already underway were mapped back to the framework, which we called STEP- Safe, Timely Person Effective Person centred care. Existing scorecards, polices and procedures were changed. Position descriptions, onboarding processes and performance appraisals were all rewritten to ensure our staff understood the elements of our new clinical governance framework. STEP was the result of our five clinical governance domains; leadership and culture, consumer