

Commissioning 'Care for Me'

Accelerating Outcomes and Equity



Themes to explore today

- Co-morbidity is the 'norm' with significant inequities in outcomes and experiences
- Traditional approaches to commissioning of healthcare services are not doing enough
- Commissioning for co-morbidities is very difficult
- Vulnerable people and underserved communities are accepting poor care experiences
- We cannot separate care outcomes and experiences
- There are tools and techniques out there, but a significant mindset shift is needed from commissioners and system leaders
- How do we do better at commissioning 'Care for Me'?



Meet Jill

- 83-year-old lady living semi-independently
- Very poor kidney functionality, low mobility, fragile mental health, hypertension, polypharmacy, adult hydrocephalies
- Frequent attender at the ER
- Co-ordination and oversight of care managed by family
- Admitted to the acute unit with pneumonia and further deterioration of kidney function to dangerous levels. She pulled through
- Discharged to home at 8 pm, home environment ill-prepared
- Fell and broke hip
- Pain management medication after the operation caused kidney failure, and Jill passed away through failures to integrate care

Individually, the commissioned services 'worked' as intended

Collectively, they failed Jill and her family



66% of Adults over 65 have at least one co-morbidity
25% have more than four
Prevalence of comorbidities in elderly cancer patients,

Alfa Wenkstetten-Holub MD, Maria Fangmeyer-Binder MD & Peter Fasching MD, 2021

About Me

- Professional Records Standards Body (PRSB) created by Department of Health to develop clinical content standards within UK
- Standards are used to create FHIR profiles and encoded within digital health solutions
- The 'About Me' standard was seen as critical for the delivery of high quality holistic care
- PRSB now accredits vendors for compliance

"The vision from the start was to get proportionate, About Me information at the forefront of every health and social care record

About Me will be understood for what it is, an essential building block for integrated care and support with benefits for all concerned."

Keith Strahan, Clinical Informatics Lead, NHS Digital



Conformance status

Name	Graphnet Health Limited
Standard assessed	About Me Standard
System	Graphnet Health System
Version	1.3
Level attained	3

<https://theprsb.org/>

Changing discharge management

Inadequacy in discharge planning, preparation of readiness, and unplanned readmissions are closely linked and could cause misutilisation of hospital services.

We know:

- Almost a quarter of social care providers say information about discharged patients is “rarely or never sufficient.”
- Poor discharge management leads to patient suffering and significant excess costs to the system
- The discharge process determines the future of the patient’s health
- The discharge process is about listening to the patient and taking into consideration the patient’s understanding of the information
- A good patient discharge process ensures that there is a coherent care chain

There is early work on the changes to discharge management in the UK

Discharge letters will be written to patients and carers and copied to primary care.

A fundamental but simple change in mindset will have huge implications on the way people and patients see the health system.

The Discharge Process—From a Patient’s Perspective, [Maura Krook](#), RN, MSc, [Marie Iwarzon](#), PhD, and [Eleni Siouta](#), PhD, Jan 2020

Poor Discharge Management Leads to Patient Suffering, NICE, 2015

How do we do better at commissioning care for me?

- **Leadership mindset.** Make people the centre of commissioning thinking and make it real
- **Building blocks.** There are a lot of the pieces out there, but it is rarely put together
- **Processes.** Care navigation and advocacy, Case Management, Health Coaching, and Carer support. Capturing the lived experiences and responding when things don't go well
- **Data.** Understanding what is expected, understanding what is experienced
- **Technology.** Shared Care records, encoding transfer protocols, clinical decision support systems, communication

