Janet Anderson



## HANDS OFF...



**Susan Sloan** 

Michelle McAuley AND HERE WE GO!

**Emma Jackso**r

WELCOME TO WIGTOWNSHIRE



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THI 2020 Triple Vision Aim

Pop 28, 570

12 WEEKS TO REACH:

SELF MANAGEMENT SIGN POSTING JOINT SERVICE IMPROVEMENT FEED BACK FUTURE

## Background:

Increasing referrals from Wigtownshire' integrated 'flow' meeting to the Rehabilitation Day Unit (RDU) highlighted that services were often accessed at crisis point, with people feeling they lacked confidence, support, knowledge and tools to manage chronic conditions independently. Aims

- Person-led service modernisation
- Preventative, Holistic, Signposting
- Independent health & wellbeing management

"Here, I feel like I don't have an illness, **I'm not ill,** I'm iust Mrs X"

With Grateful Support from...

League of Friends **RDU staff Physiotherapy** Occupational therapy SALT Dietetics **GP liaison officer** Pharmacy Social services—FIAT team Telecare **Merrick Leisure Centre** Health and wellbeing team **Capability Scotland** Compass **Psychology Podiatry Family and carers** Cavers & Co Solicitors Flow meeting **Specialist nurses:** Stroke, Parkinson's, Continence Food train

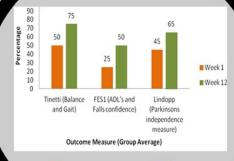
"I can help others in similar situations by Sharing tips, it makes me feel more useful"

"I have stored all the **information** in my folder...I don't need it now, but might next week"

## Methods:

Through service user feedback we jointly planned a Chronic Condition's Day Pilot (n=6, 12 weeks) with a Parkinson's focus using appreciative inquiry tools.
Each week consisted of an evidence based exercise programme, guest speaker and questions/feedback session. Outcome measures were recorded at week 1 & 12—Tinetti, FES1 & Lindopp Parkinson's Score

Results





"It has made me feel more **CONFICIENT** to ask for help when l need it"

**Transport services** 

What we did next...

Whiteboards, criteria, & self
referral form developed &
introduced with service users.

Staff training in Re-ablement,
Tai Chi & Appreciative Inquiry
Shadowing of MDT,
GP's & 3rd sector

Self-Management "Packs" created
3 Chronic Condition Days planned
Renamed "Community Link Unit"

Over 12 weeks balance, mobility and confidence improved by 25%; and independence by 20%, at no additional cost. NHS transport use reduced by 80%.

## Community Link Unit

References: 1000, Otago Gercise Programme: to prevent falls in older adults, 2003. Unternet Available at <a href="http://www.acc.co.rz/PRO\_EXT\_GSMP/groups/enternal\_providers/documents/publications\_promation/prd\_ext bit8334.pdf;">http://www.acc.co.rz/PRO\_EXT\_GSMP/groups/enternal\_providers/documents/publications\_promation/prd\_ext bit8334.pdf;</a> Toward B and Cook F12014) Oeveloping compassion through a relationship central deadership programme. Horse Education Today(internet) Available as http://www.acc.co.or.z/PRO\_EXT\_GSMP/groups/enternal\_providers/documents/publications\_promationship central for Parkinson Suisease KNGF/
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