Midlothian Wellbeing Service

Beyond medicine: Person-centred support in the GP Practice.

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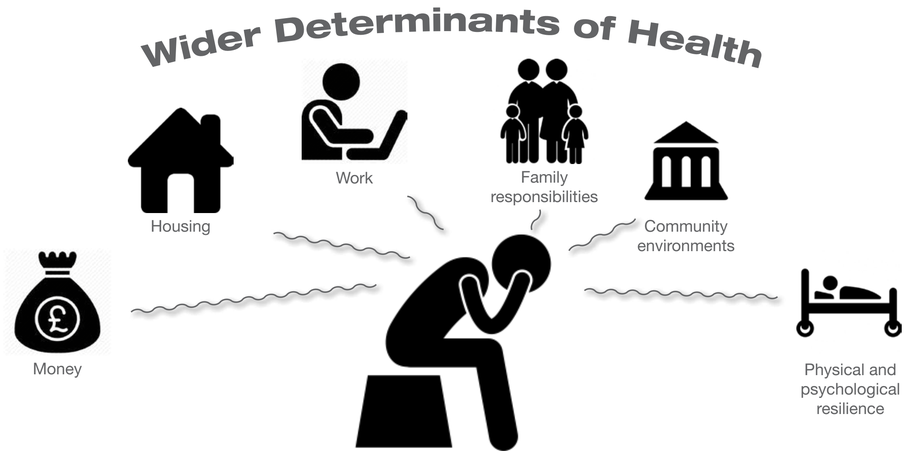
Why establish a Wellbeing Service?

How can we support people to feel empowered around their health if we think in silos and don't appreciate that their health is inextricably linked to other parts of their life?



The Wellbeing Team, which is available in Midlothian GP Practices, is a pioneering collaboration involving the Midlothian Health and Social Care Partnership, GPs, the Lothian House of Care Programme, the Thistle Foundation and NHS Lothian Community Health Inequalities Team. It was recognised that people have complex lives and are trying to manage social, financial, health and other matters which weigh heavily upon them. Self management support, a vital element of person centred care, was hard to access for many.

What does the service look like?

When a person comes into contact with the service they first meet with a health and wellbeing practitioner to have a **'good conversation'** to talk about what really matters to them in life and explore changes they would like to make – their personal outcomes.

The ability to have a **good conversation** is at the heart of the service. The core values and skills of Wellbeing Practitioners enable them to focus on what matters most to people and what they want to achieve. This approach harnesses the role of the person: their strengths, social networks and community supports. People are supported to access local services or facilities such as welfare advice, social opportunities, housing and/or trauma services. The service also recognises the importance of prevention and anticipatory care.

- People can meet a practitioner numerous times (average is currently 5).
- There is one-to-one support and group based support.
- The service is available to anyone over 18 years.
- Most people meet practitioners at their GP practice.
- Practitioners will contact people who do not attend to reassure them that the service is still open to them.

What do we expect to achieve?

The purpose of the service is to improve outcomes for people, their families and the effectiveness of local services. We need services that are connected, efficient and flexible.

With support from Health Improvement Scotland, Midlothian practitioners and managers developed an evaluation framework. This framework uses a theory based approach to evaluation informed by Contribution Analysis. This involved working collaboratively to identify what success looks like for service users and service providers including fewer or more effective use of primary and secondary care appointments; less hospital stays; changes to prescribing; and care which is more preventative and person centred. This was brought together to form outcome chains.

Embedding the approach

Midlothian Health & Social Care Partnership has made a commitment to reduce inequalities, increase self-management and peer support, integrate services, increase the focus on prevention and early intervention and embrace a partnership approach.

To do this the wider workforce is being supported to explore new approaches, learn new skills, and introduce 'good conversations' to their practice. There is formal training, seminars, workshops and networking opportunities for agencies to build working relationships together.

How the service works

Conclusions

People are reporting positive changes to their lives as a result of this service.

We support people to feel empowered around their health if we appreciate that their health is inextricably linked to the wider determinants of health. When we see patients as partners, abandon the silo approach to a presenting condition and work with partner organisations to meet people's individual needs then we will make a notable impact on people's lives, their communities and service demand.

An evaluation report on the service will be available by the end of December 2017.

This is a new approach, and as a result the service is constantly learning and adapting. GPs, practitioners and others all take the opportunity to reflect on and improve the service at regular facilitated learning cycles.