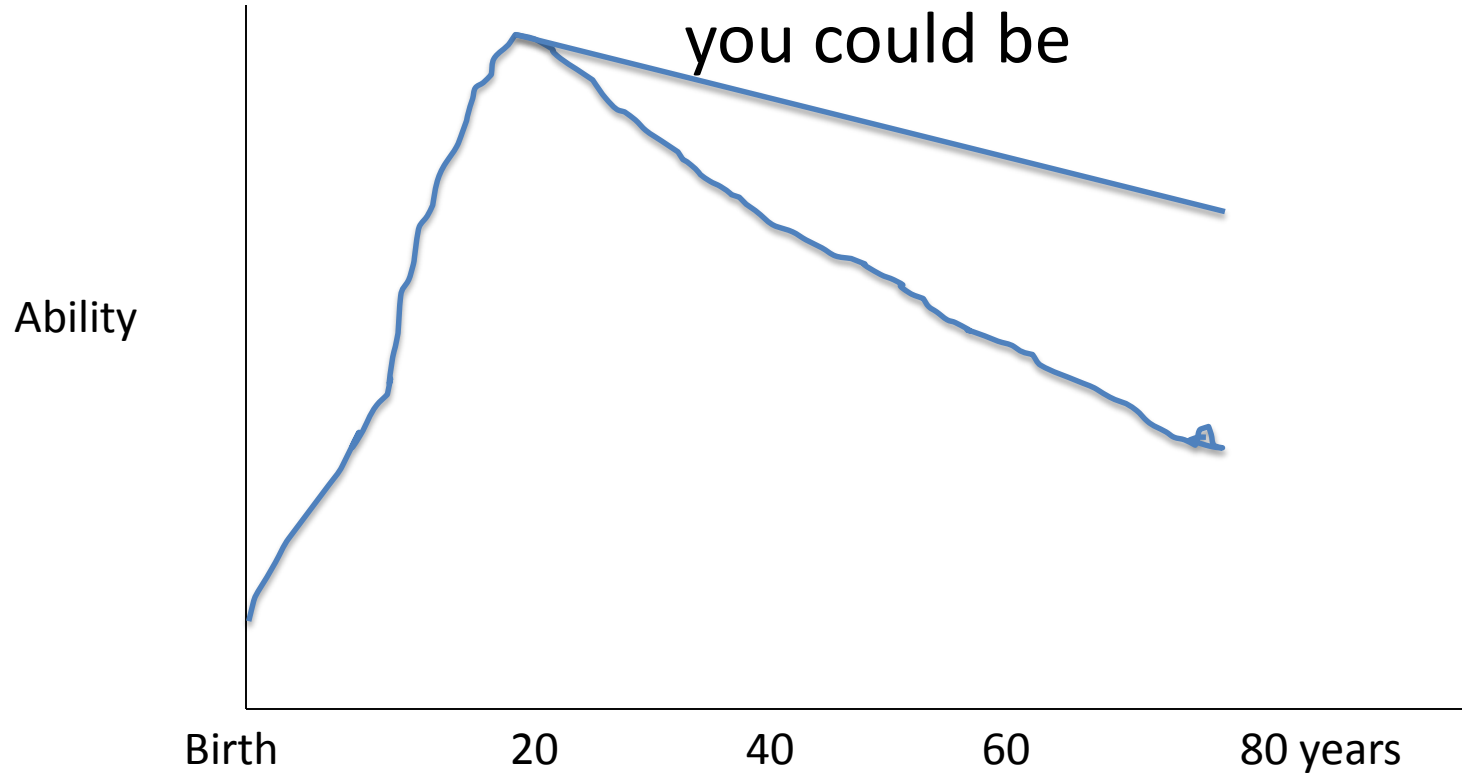
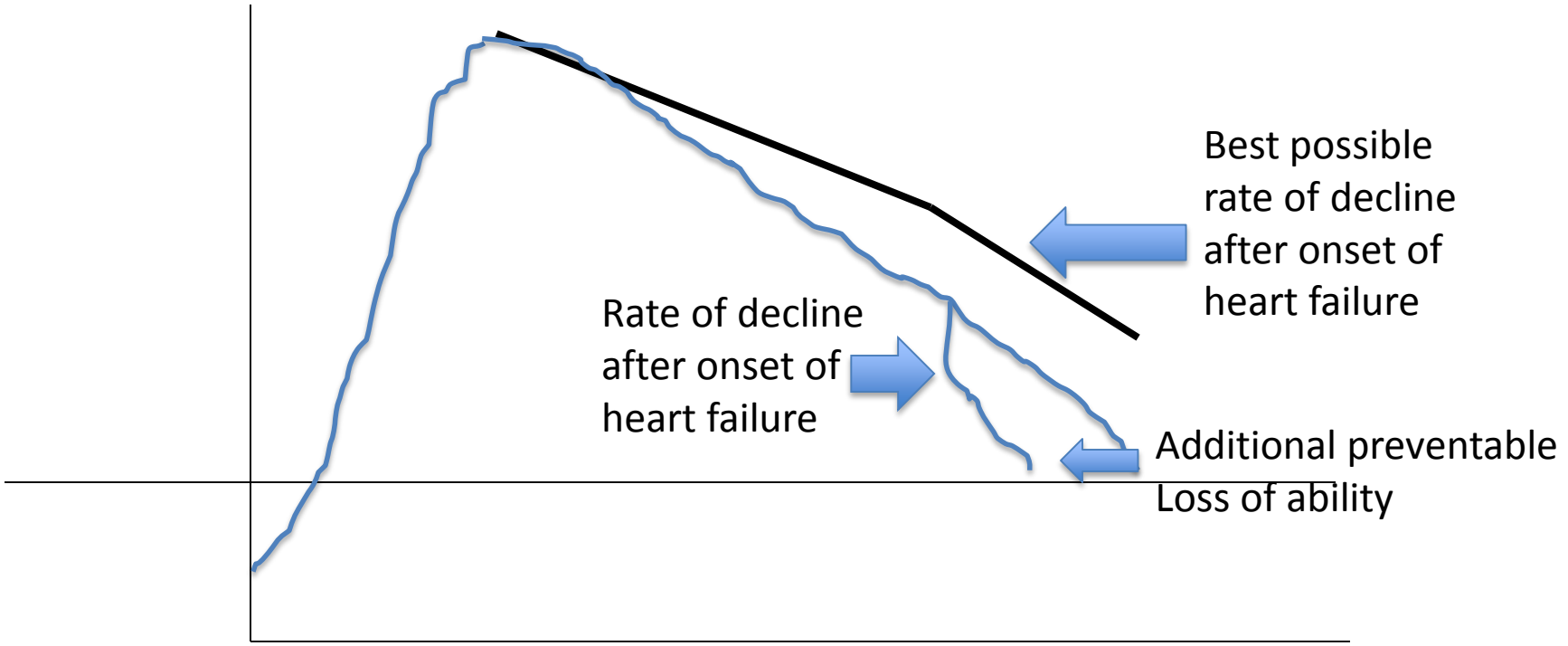
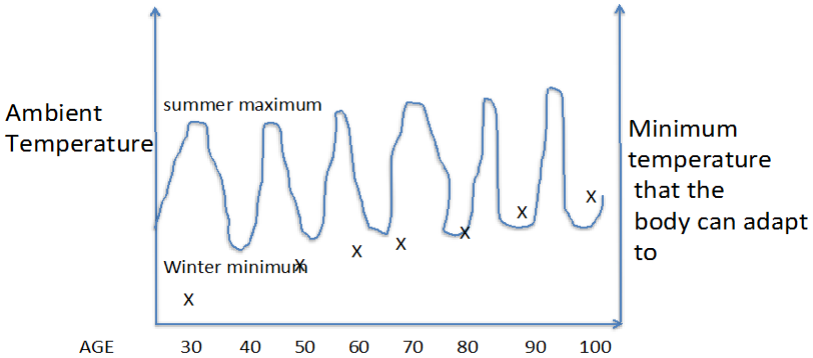
A Fitness Gap opens up between how able you are and how able you could be

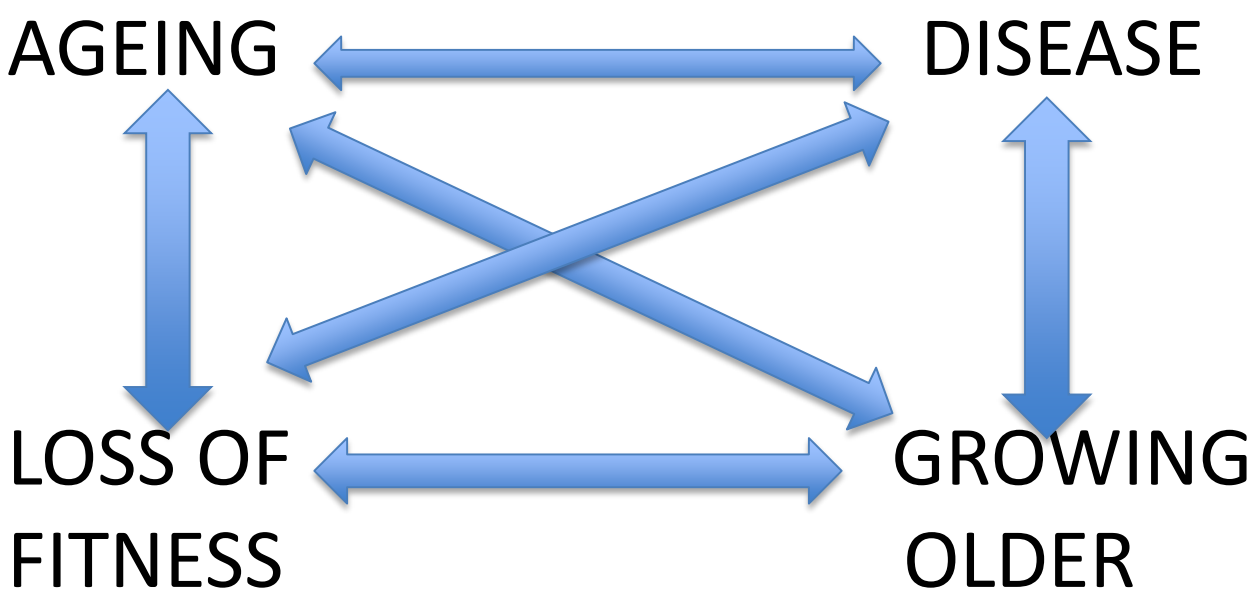


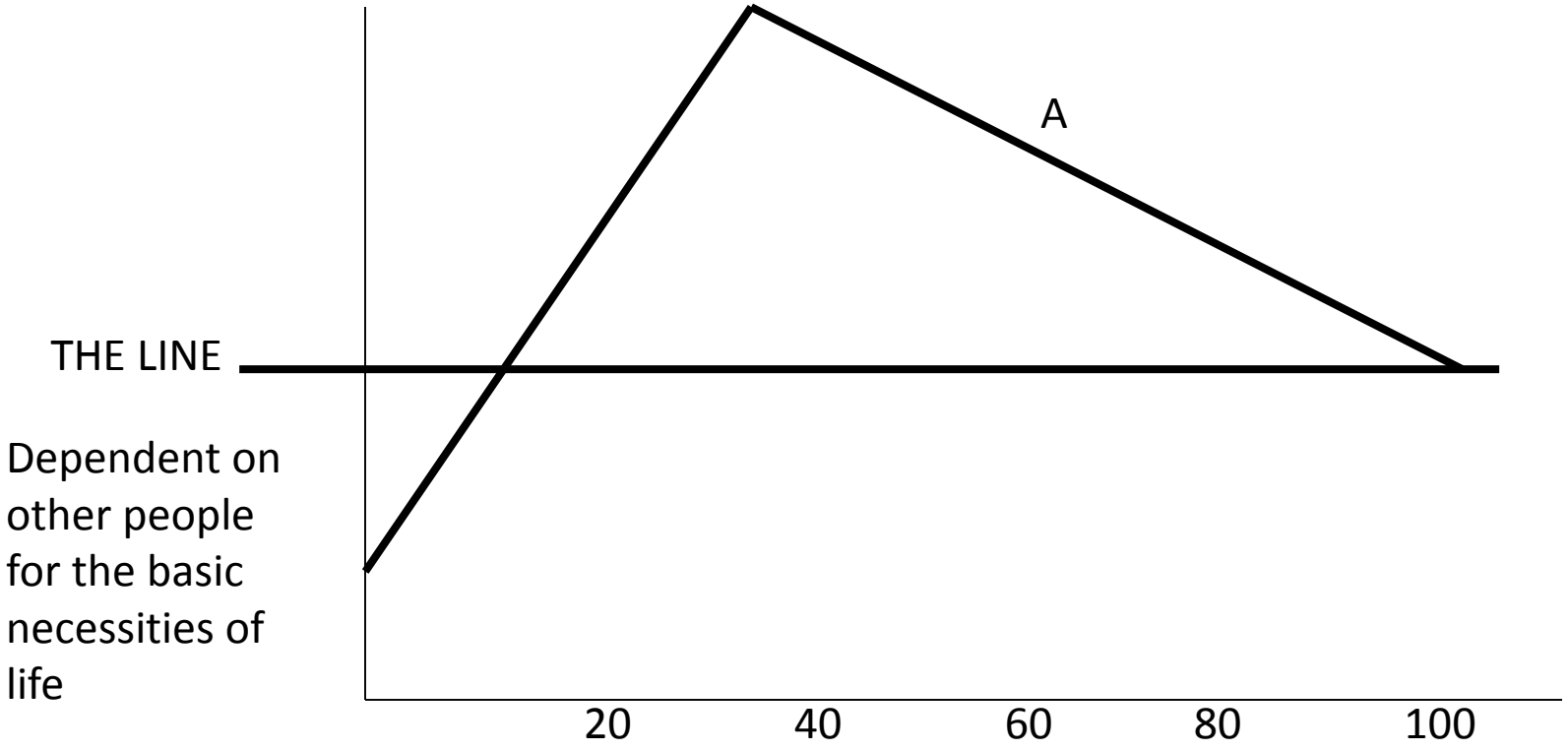

Best possible
rate of decline
after onset of
heart failure
Rate of decline
after onset of
heart failure
Additional preventable
Loss of ability

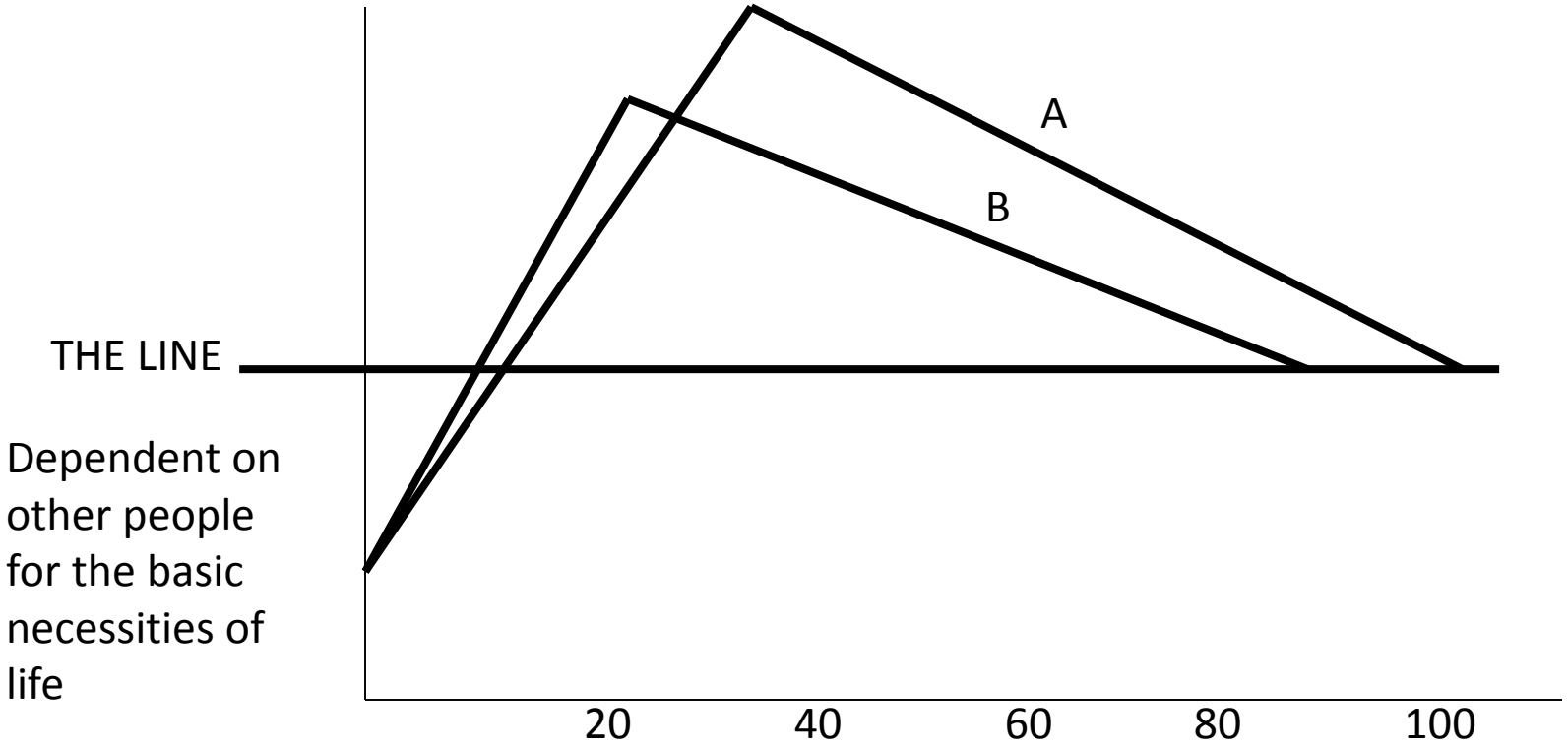
THE MOST DANGEROUS PLACE ON EARTH
CLARKE BROLIN HAWKES WRIGHT
WATSON KNIGHTLEY WORTHINGTON GYLLENHAAL
EVEREST
BASED ON THE INCREDIBLE TRUE STORY

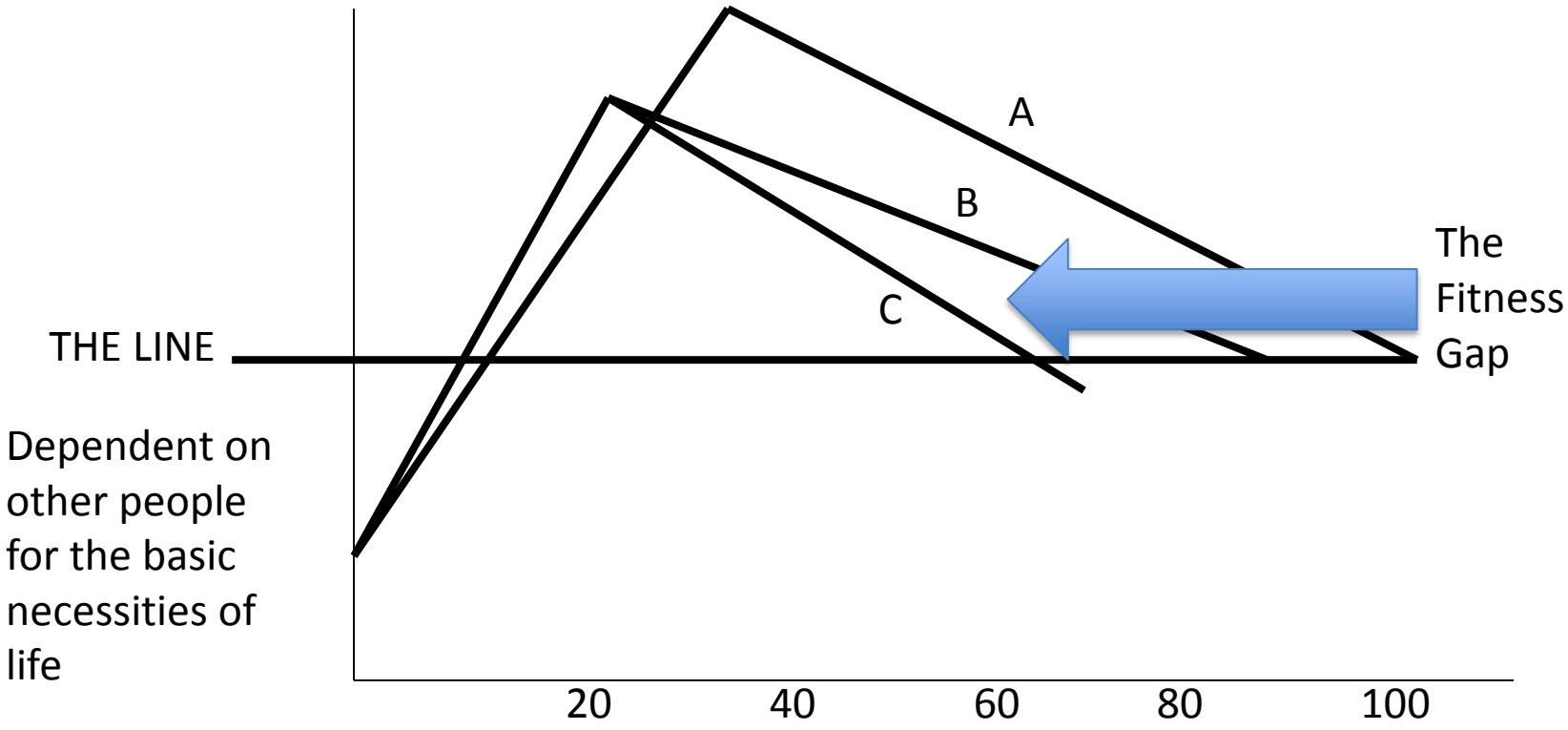

Ambient Temperature
summer maximum
Winter minimum
Minimum temperature that the body can adapt to
AGE
30
40
50
60
70
80
90
100

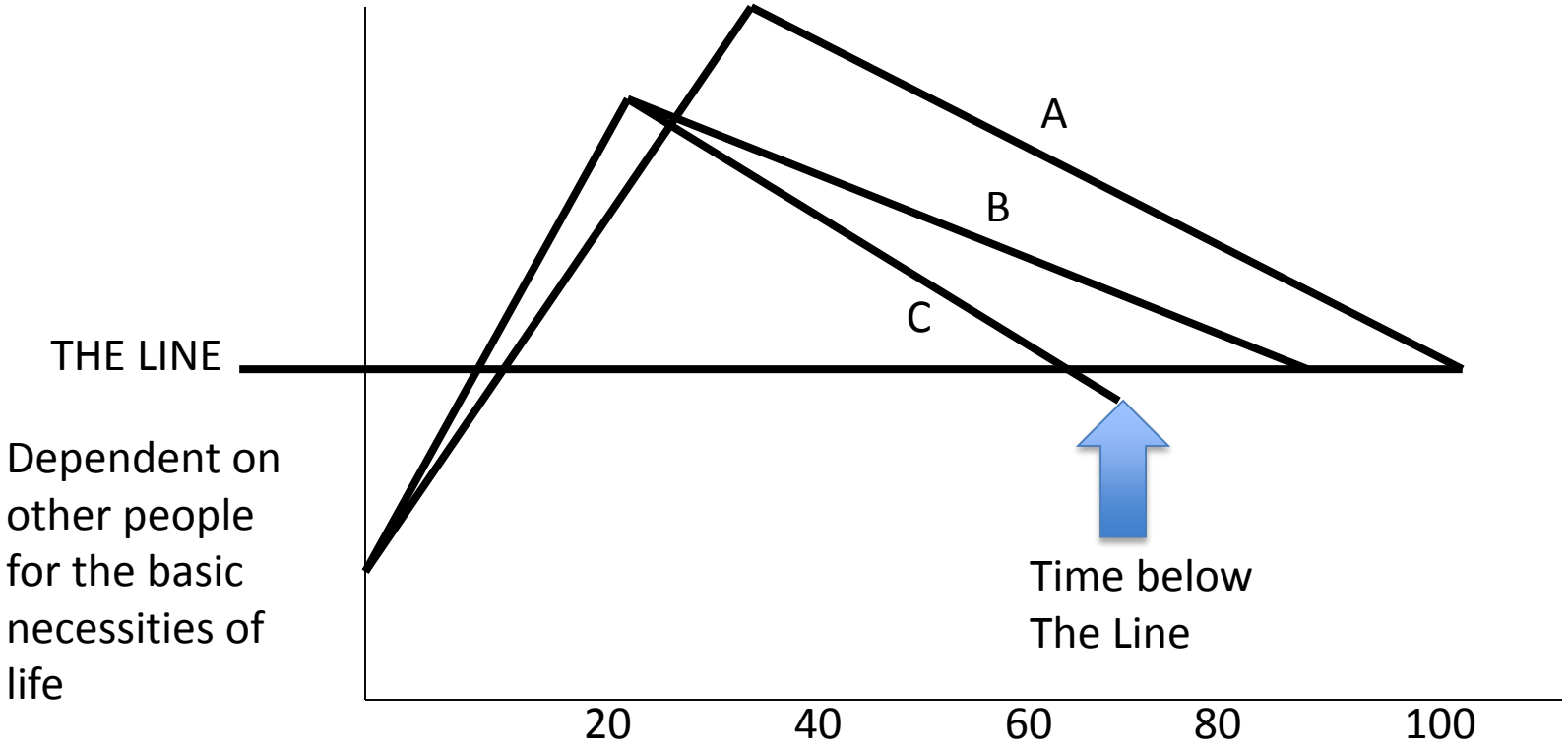
WHAT IS GOING ON?

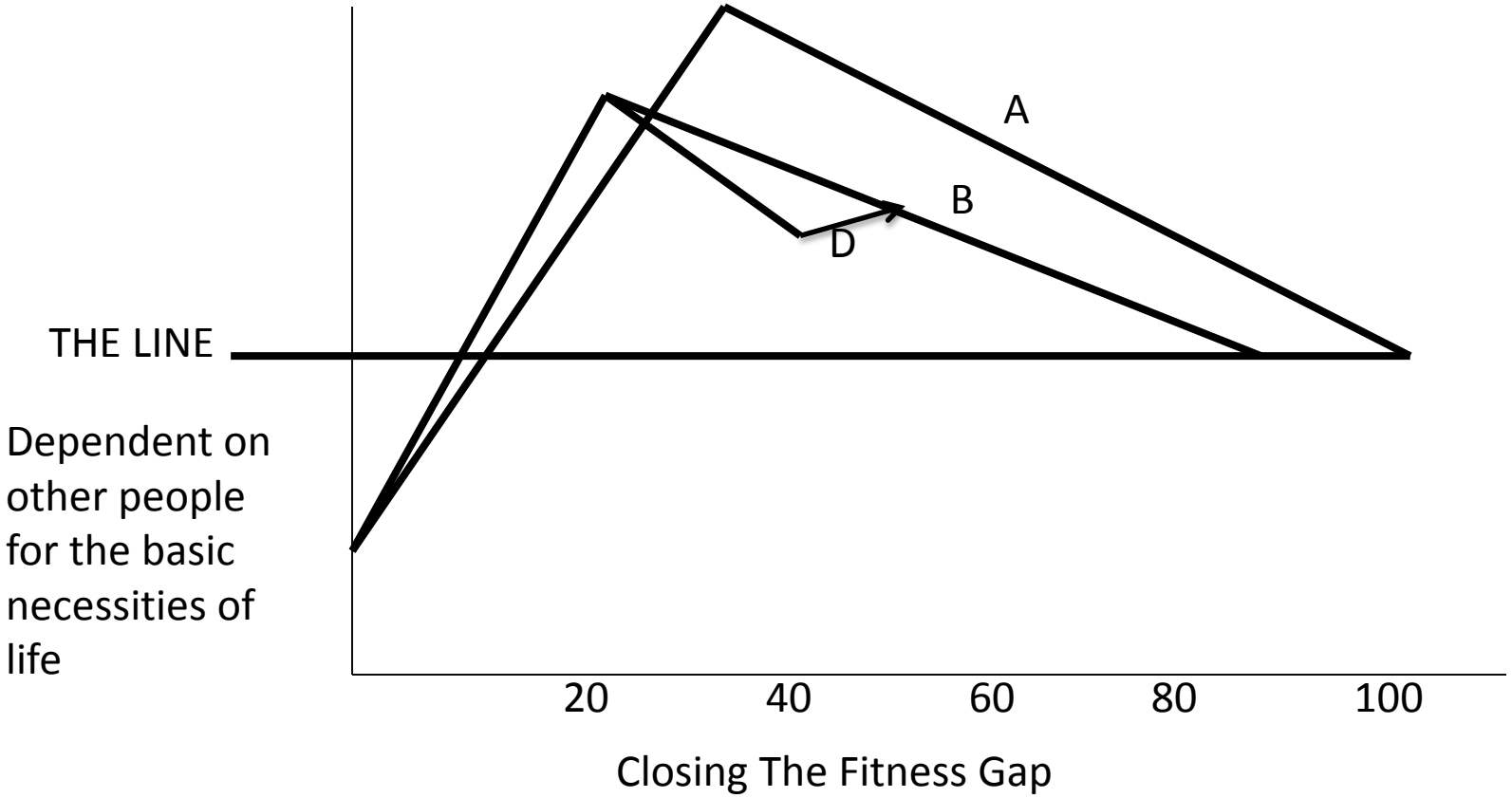


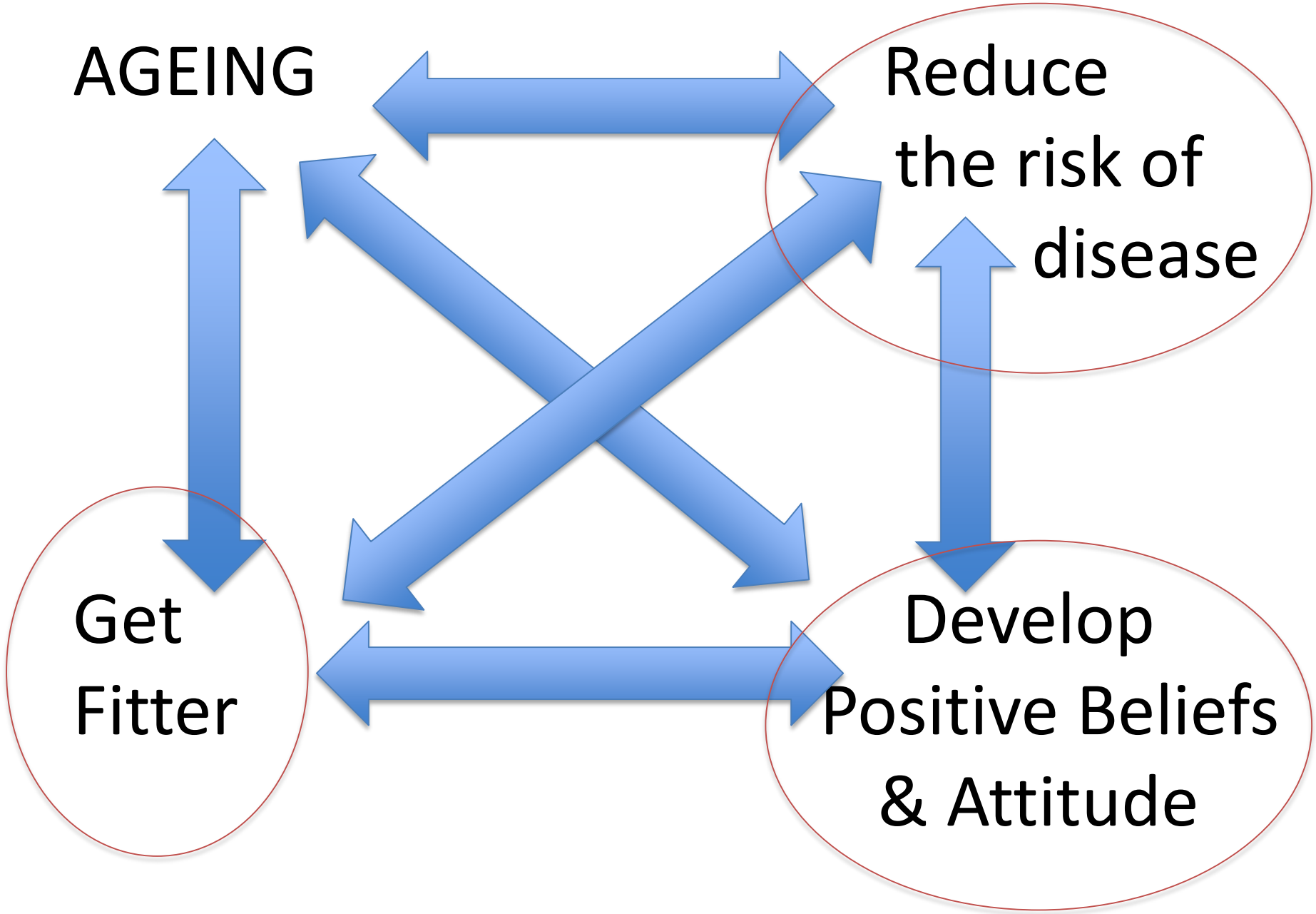

A
THE LINE
Dependent on other people for the basic necessities of life
20
40
60
80
100


A
B
THE LINE
Dependent on other people for the basic necessities of life
20
40
60
80
100


A
B
C
The
Fitness
Gap
THE LINE
Dependent on other people for the basic necessities of life
20
40
60
80
100

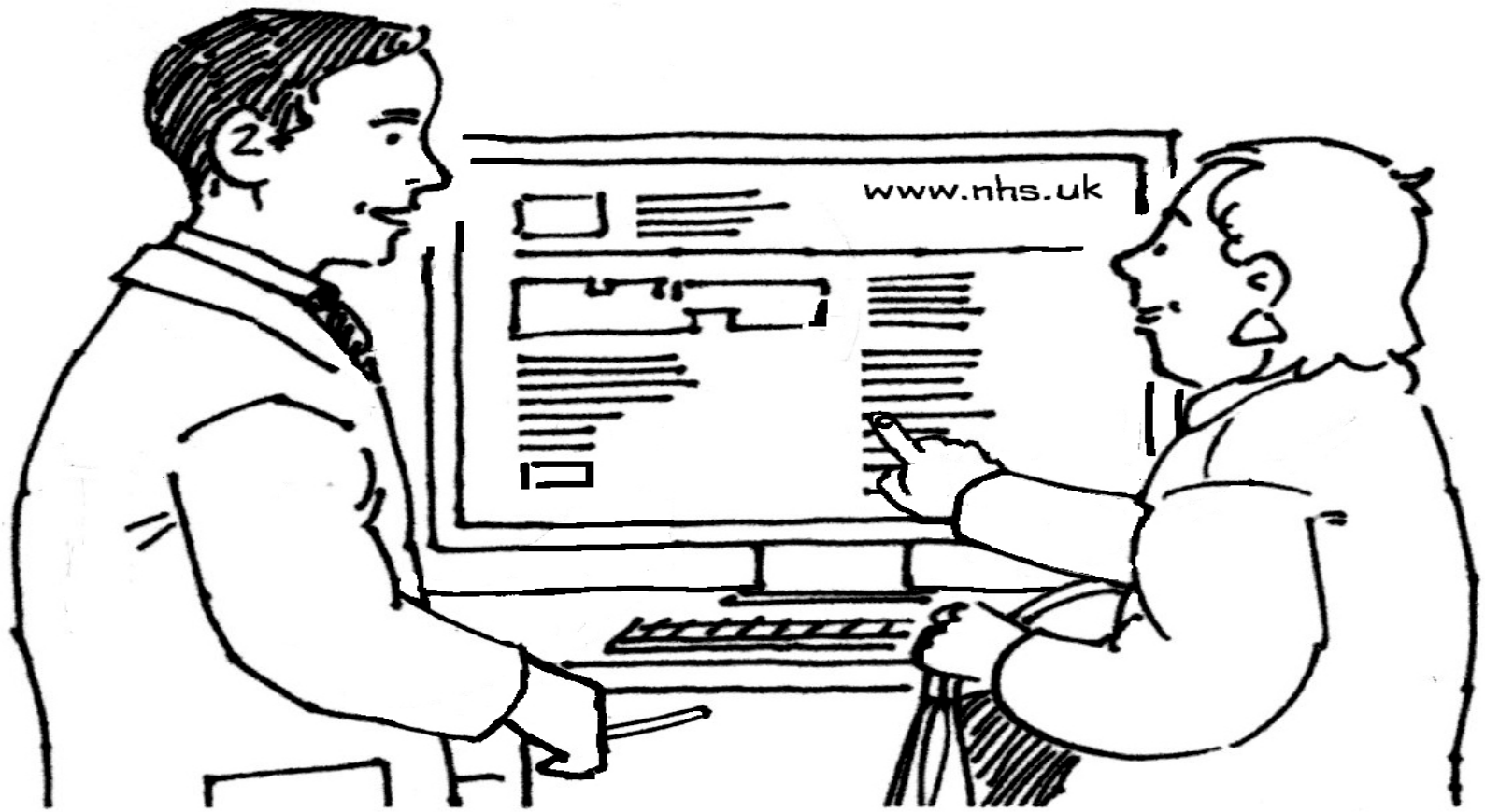

A
B
C
THE LINE
Dependent on other people for the basic necessities of life
Time below The Line
20
40
60
80
100


A
B
D
THE LINE
Dependent on other people for the basic necessities of life
20
40
60
80
100
Closing The Fitness Gap


AGEING
Reduce the risk of disease
Get Fitter
Develop Positive Beliefs & Attitude

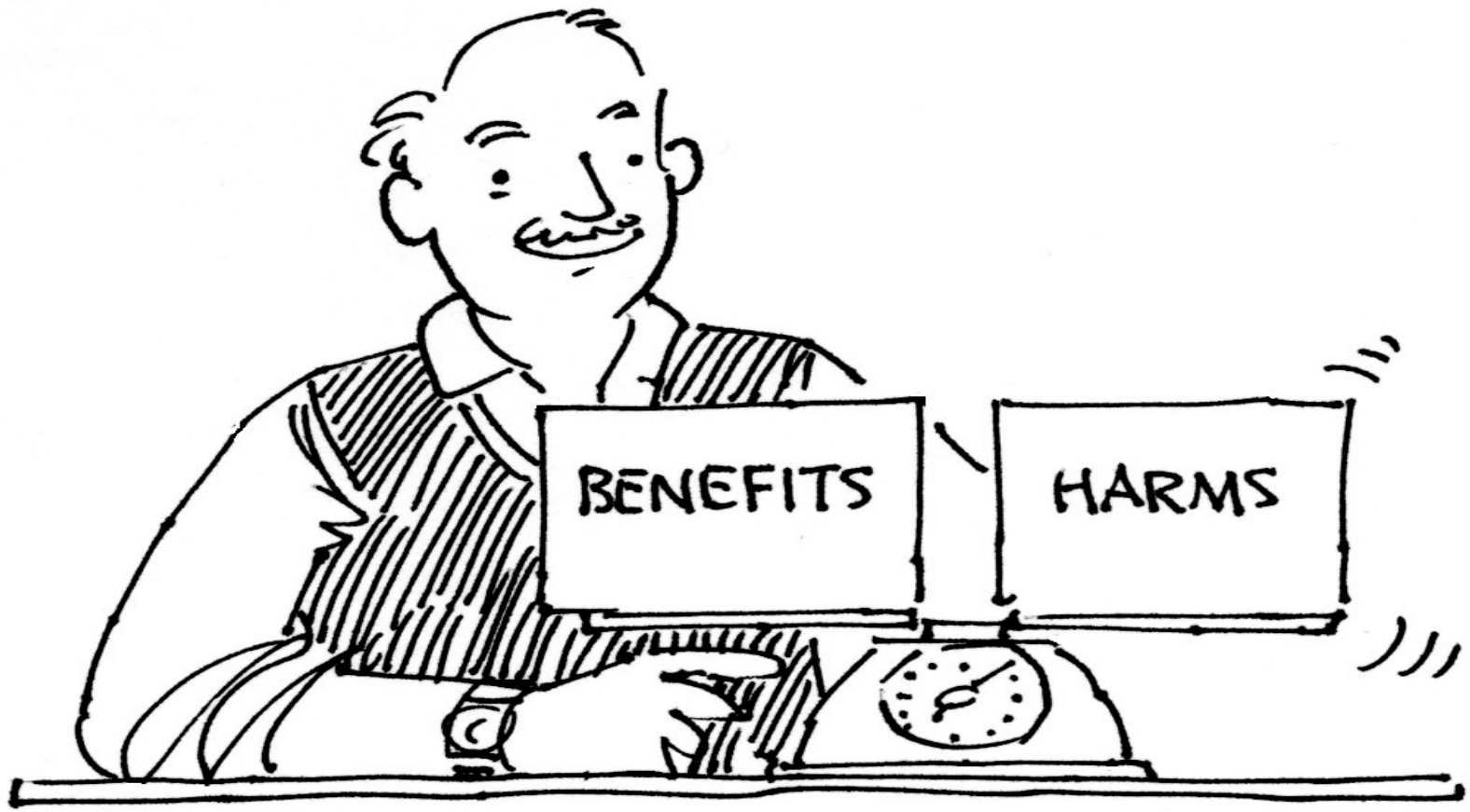
MANAGE HEALTH AND HEALTH SERVICES

- Avoid underuse due to ageism
- Avoid overuse due to enthusiasm
- Make the choice that is right for you
  - Decide what is bothering you most
  - Do your own research
  - Balance the benefits and harms
  - Prepare for the consultation

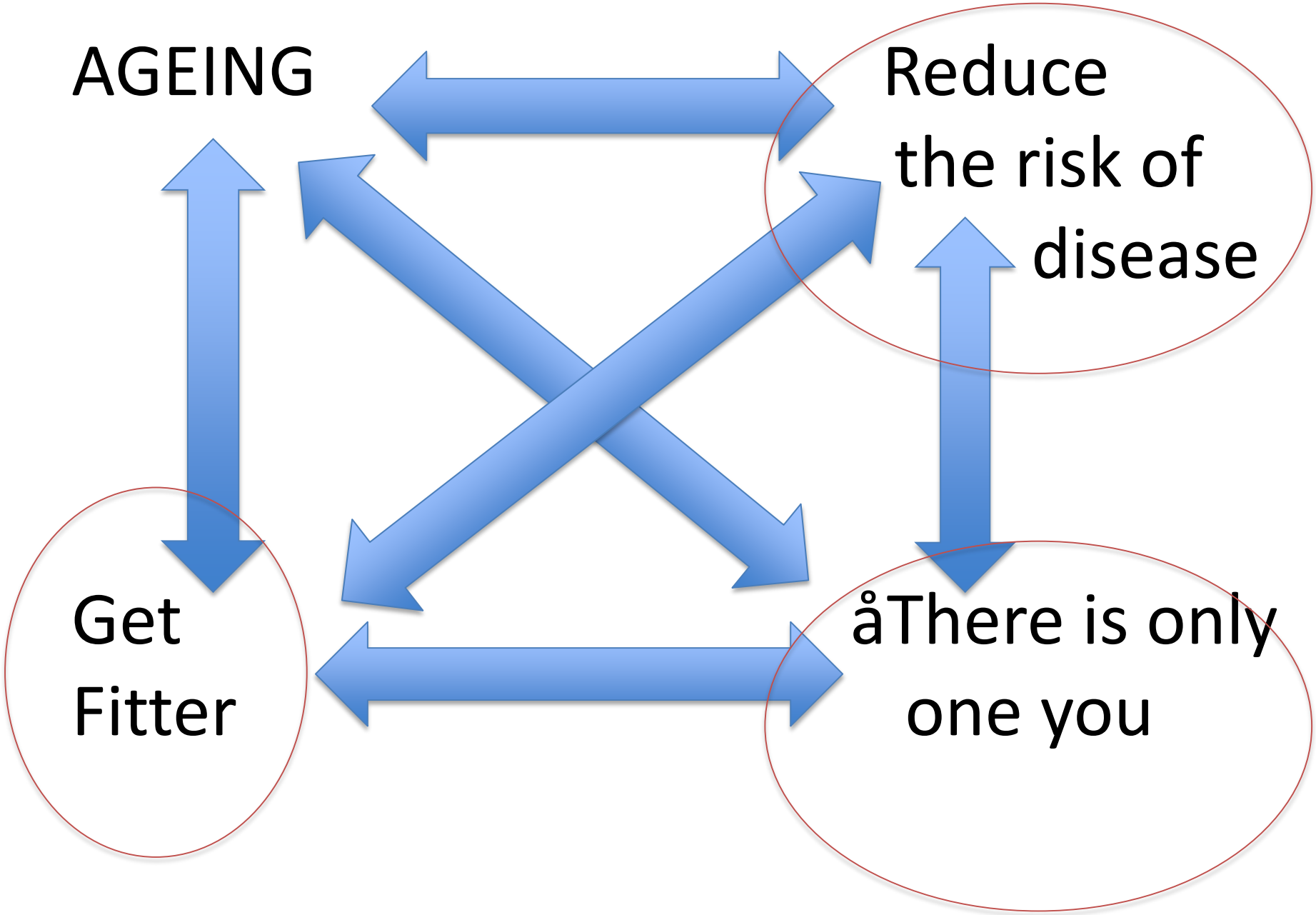

www.nhs.uk

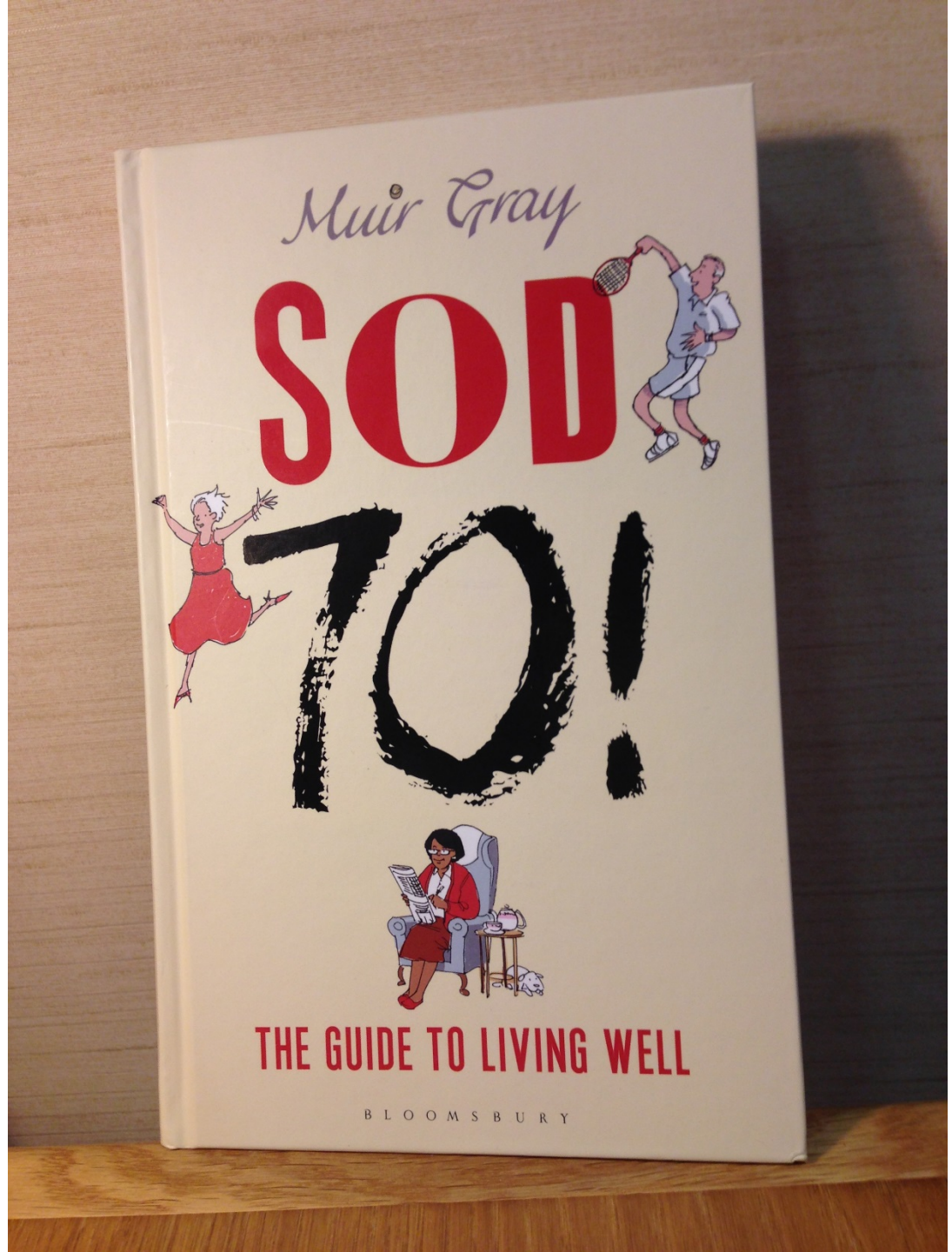
What is really bothering me most?	
What do I hope the health service can do about it?	

What is really bothering me most?	I am worried that I might have cancer because I seem more tired.
What do I hope the health service can do about it?	Exclude the possibility that my tiredness is the result of a cancer as definitely as possible.


BENEFITS
HARMS

If 100 people have this test or treatment, how many of them will know that what matters to them improves?	
If 1,000 people have this test or treatment, how many of them will suffer some harmful consequence?	


AGEING
Reduce the risk of disease
Get Fitter
åThere is only one you


Muir Gray
SOD
70!
THE GUIDE TO LIVING WELL
BLOOMSBURY

NHS RightCare

Commissioning for Value

Roll-out plan 2015 - 2018

Is care for people at the end of life better in Leeds or Sheffield?

How many services are there in for people who are dying in London, and how many should there be?

Who is responsible for ensuring theat as many people as possible have a good death in somerset and Dorset?

Is end of life care improving in Suffolk?

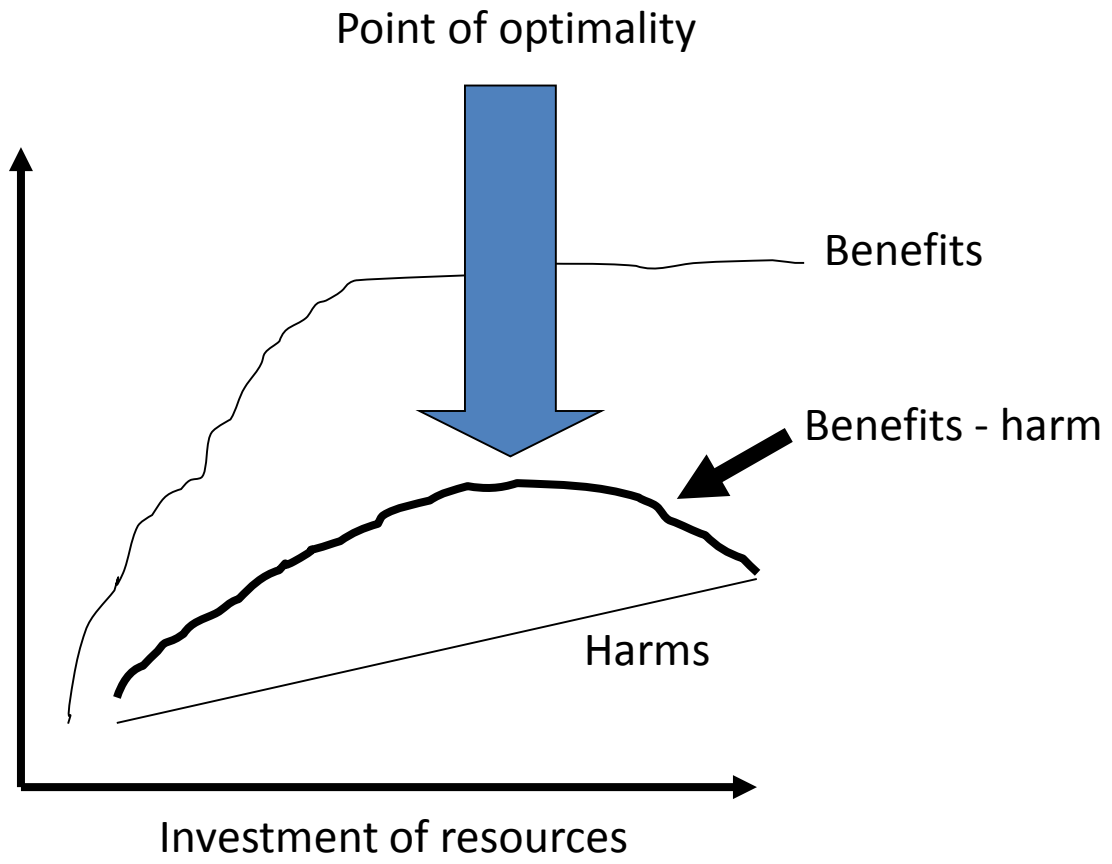
TRIPLE VALUE END OF LIFE CARE

have we allocated the resources optimally between home care, hospices and hospital?

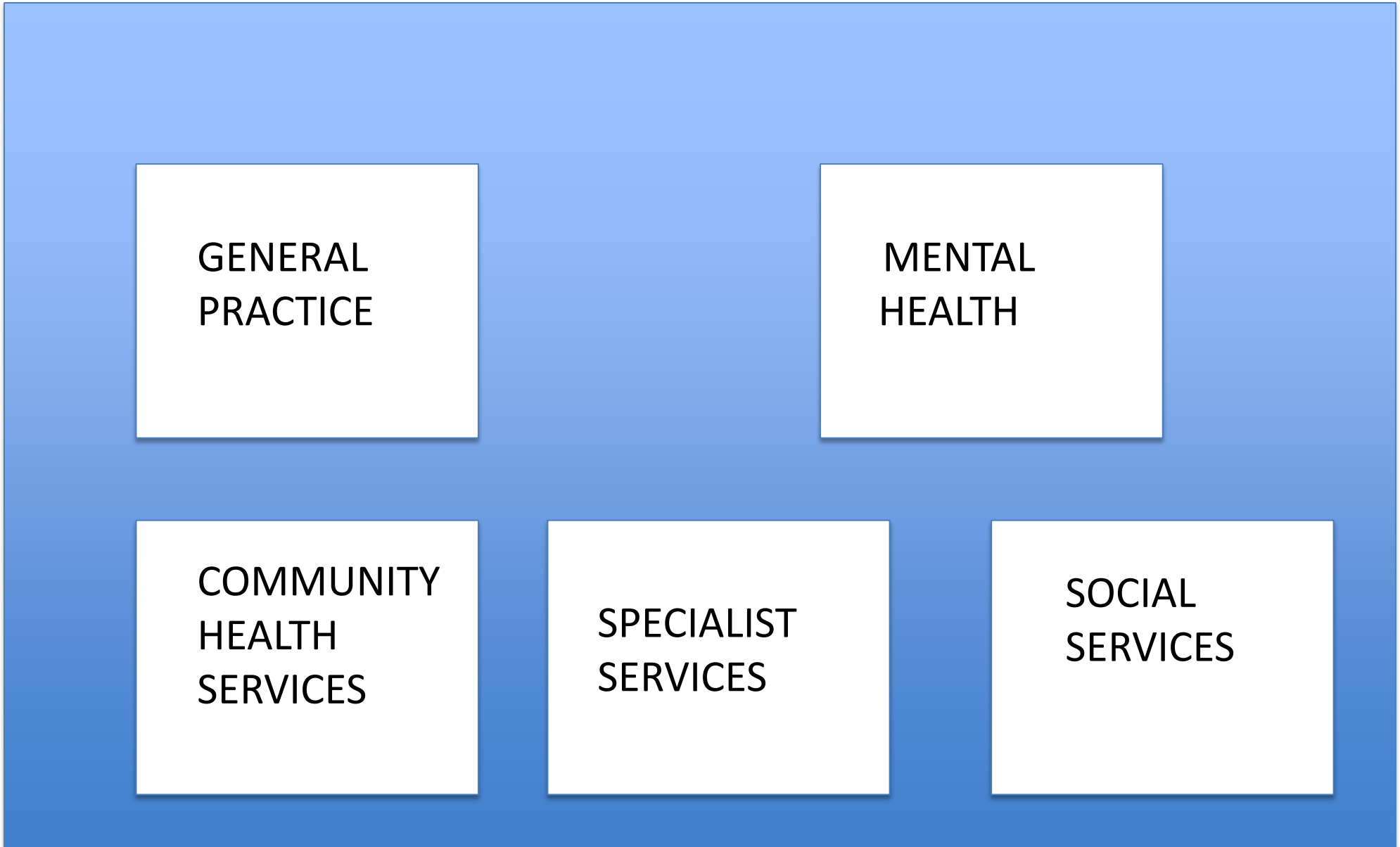
Are all the resources used in the last year of life provding high value?

What proportion of people have endo of life care that is of high value to them?

After a certain level of investment, health gain may start to decline

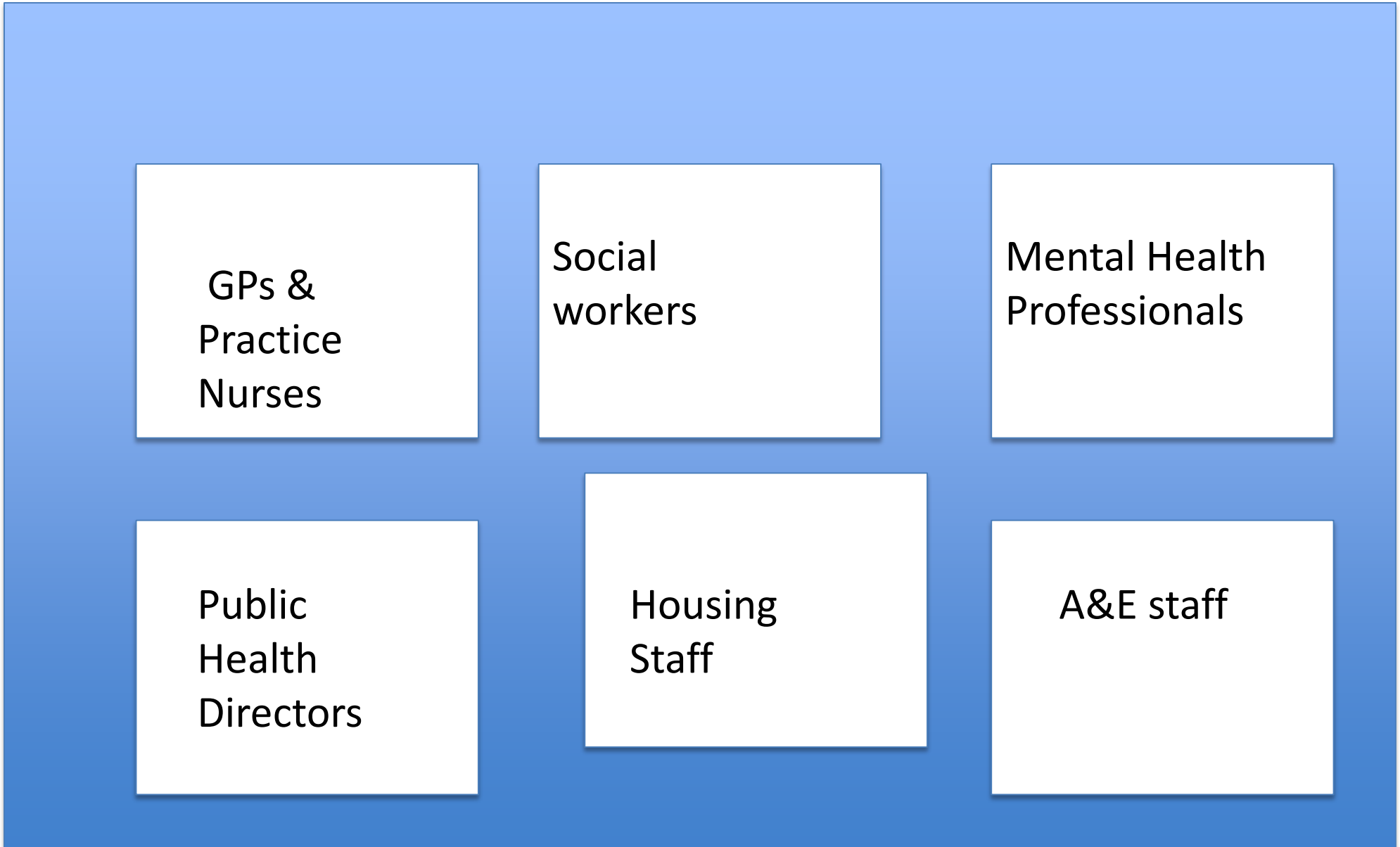


The Care Archipelago



The Commissioning Archipelago

The Professional Archipelago



“complexity is the dynamic state between chaos and order”

Kieran Sweeney (2006)
Complexity in Primary care
radcliffe

Chaos……..Complexity……..Order

Person aged 87, 5 diagnoses
8 prescriptions, cared for by
Daughter with alcoholic husband

People who are dying

woman aged 73, webuser, with T2 Diabetes, STEMI,
high blood pressure, homeopathy

woman aged 67 painful hip &
mild depression

Man aged 67 with
Dukes A colorectal ca.

woman aged 45
at risk of cervical cancer

Systems, not bureaucracies

Population healthcare focus primarily on populations defined by a common need which may be a symptom such as breathlessness, a condition such as arthritis or a common characteristic such as frailty in old age, not on institutions , or specialties or technologies. Its aim is to maximise value and equity for those populations and the individuals within them

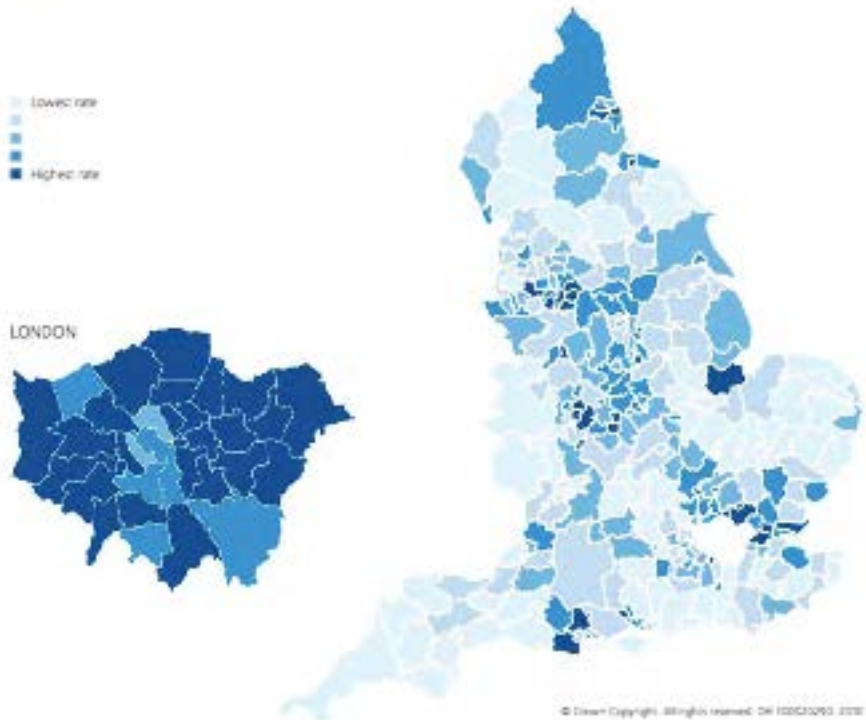
Objectives	Criteria	Standards
• To encourage people of all ages to prepare in advance a care plan, for example using MyDirectives.com or following the guidance on www.nhs.uk • To identify people in the last years of life wherever they may be living. • To ensure that people in the last year of life have had a meaningful debate based on a plan for them. • To help people die at home with support if that is the preferred option. • To ensure that the skills for symptom control are widely available. • To provide training to key staff in old people's homes, Primary Care Teams and hospitals, trading in the use of the Gold Standard Framework and symptom control. • To promote research. • To encourage the best use of resources. • To involve patients, carers and relatives both individually and in the development of the service. • To produce an annual report for the population served. •		

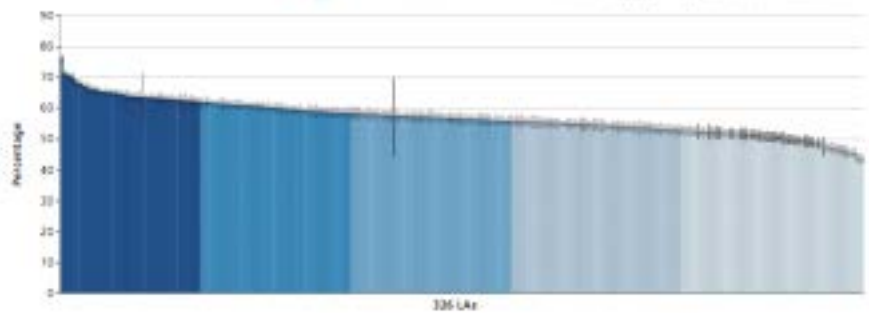
The aim is to help people who are dying, and their carers, have a good experience of the last weeks, days and hours of life.

- To encourage people of all ages to prepare in advance a care plan, for example using www.MyDirectives.com or following the guidance on www.nhs.uk
- To identify people in the last year of life wherever they may be living.
- To ensure that people in the last year of life have had a meaningful debate about a plan for them.
- To help people die at home with support if that is the preferred option.
- To ensure that the skills for symptom control are widely available.
- To provide training to key staff in old people's homes, Primary Care Teams and hospitals in the use of the Gold Standard Framework and symptom control.
- To promote research.
- To encourage the best use of resources.
- To involve patients, carers and relatives both individually and in the development of the service.
- To produce an annual report for the population served.

Map 29: Percentage of all deaths in an area that occur in hospital by local authority

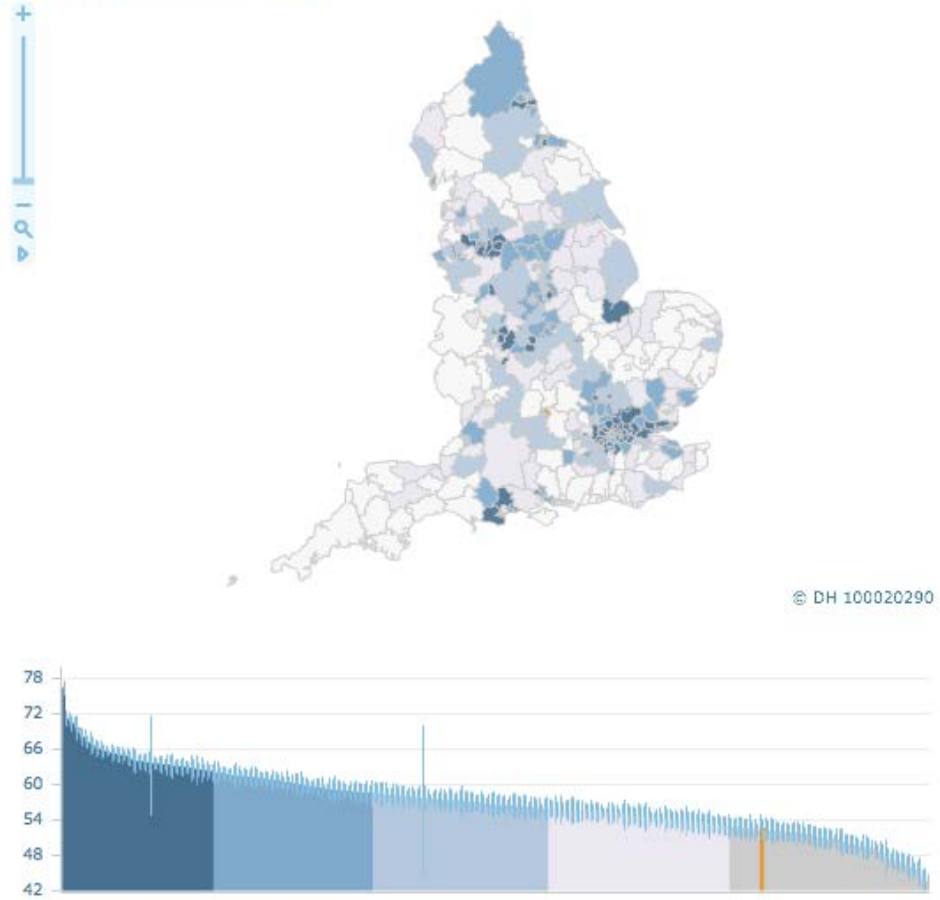
2006–2008





Percentage of all deaths in an area that occur in hospital, by local authority, 2006–2008

sepho
South East Public Health Observatory



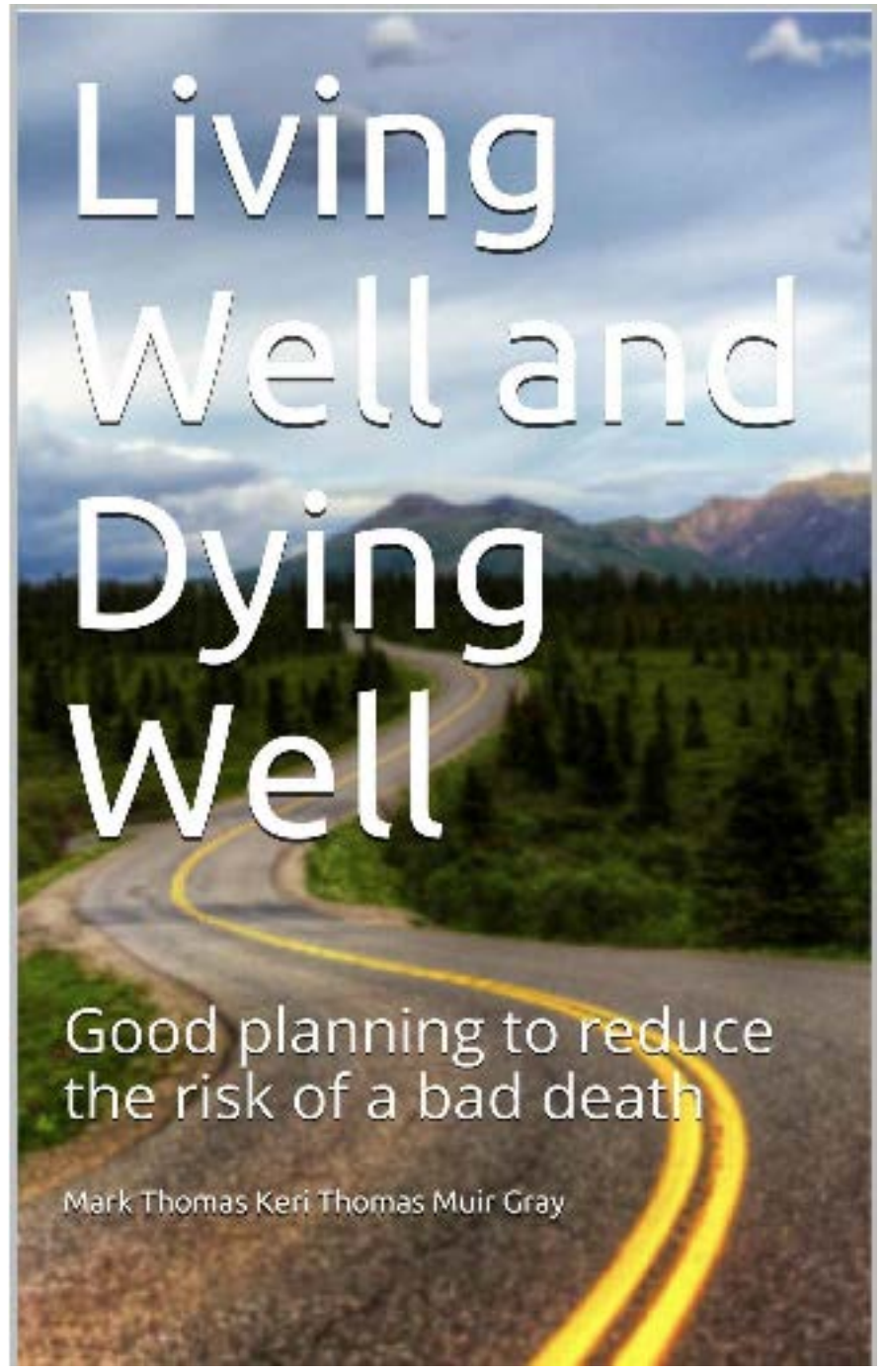
Legend

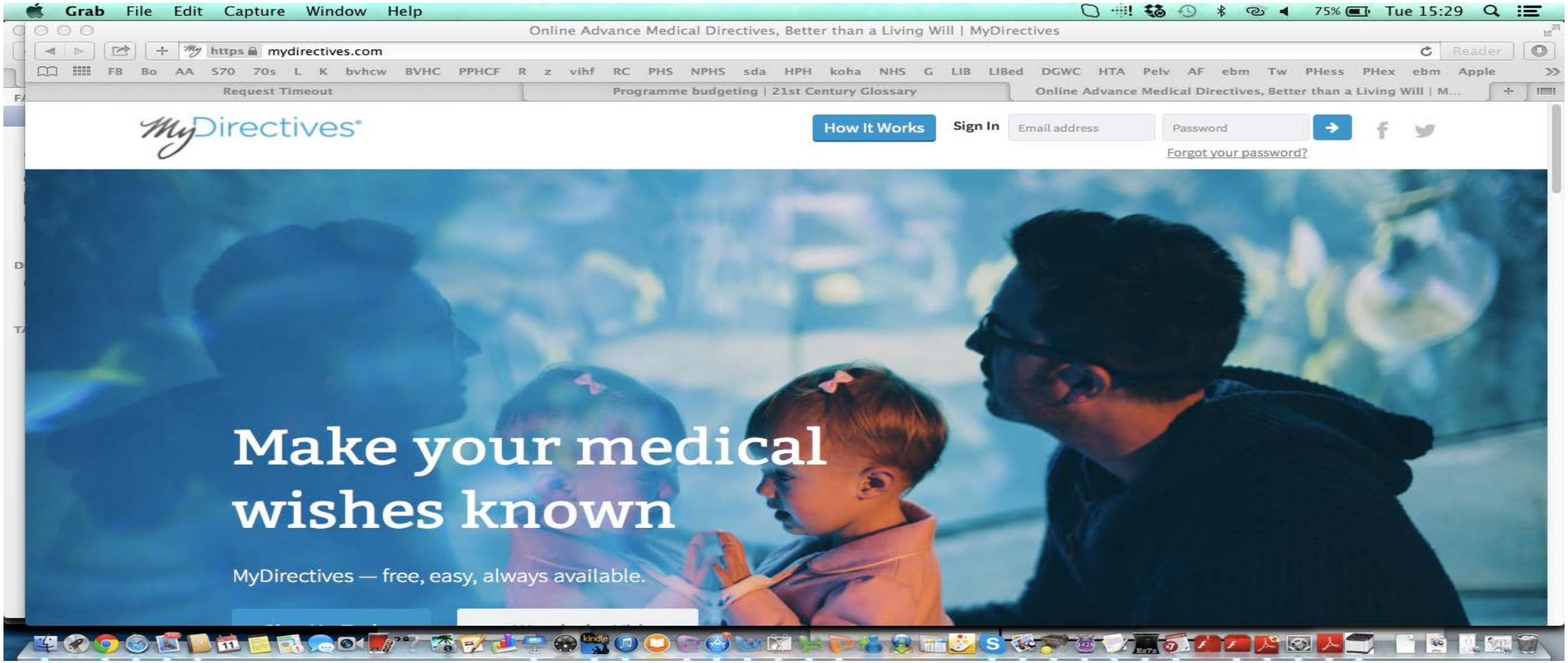
Lowest value

Area	Value
Northampton	54.1
Northumberland	58.9
Norwich	49.8
Nottingham	63.0
Nuneaton and Bedworth	63.8
Oadby and Wigston	55.8
Oldham	62.4
Oxford	52.3
Pendle	58.2
Peterborough	52.9
Plymouth	45.7
Poole	54.7
Portsmouth	55.5
Preston	59.0
Purbeck	62.5
Reading	56.7
Redbridge	71.1
Redcar and Cleveland	60.9
Redditch	63.2

www.rightcare.nhs.uk

PREPARING FOR A GOOD DEATH


Living Well and Dying Well
Good planning to reduce the risk of a bad death
Mark Thomas Keri Thomas Muir Gray


Grab File Edit Capture Window Help
75% Tue 15:29
Online Advance Medical Directives, Better than a Living Will | MyDirectives
https mydirectives.com
Reader
FB Bo AA S70 70s L K bvhcw BVHC PPHCF R z vihf RC PHS NPHS sda HPH koha NHS G LIB LIBed DGWC HTA Pelv AF ebm Tw PHess PHex ebm Apple
Request Timeout
Programme budgeting | 21st Century Glossary
Online Advance Medical Directives, Better than a Living Will | M...
MyDirectives
How It Works
Sign In
Email address
Password
Forgot your password?
Make your medical wishes known
MyDirectives — free, easy, always available.