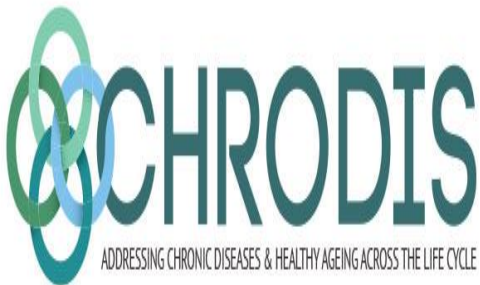


Which is the best way to come to the best results

Structured
brainstorming
on work of WP7



Jelka Zaletel
NIJZ

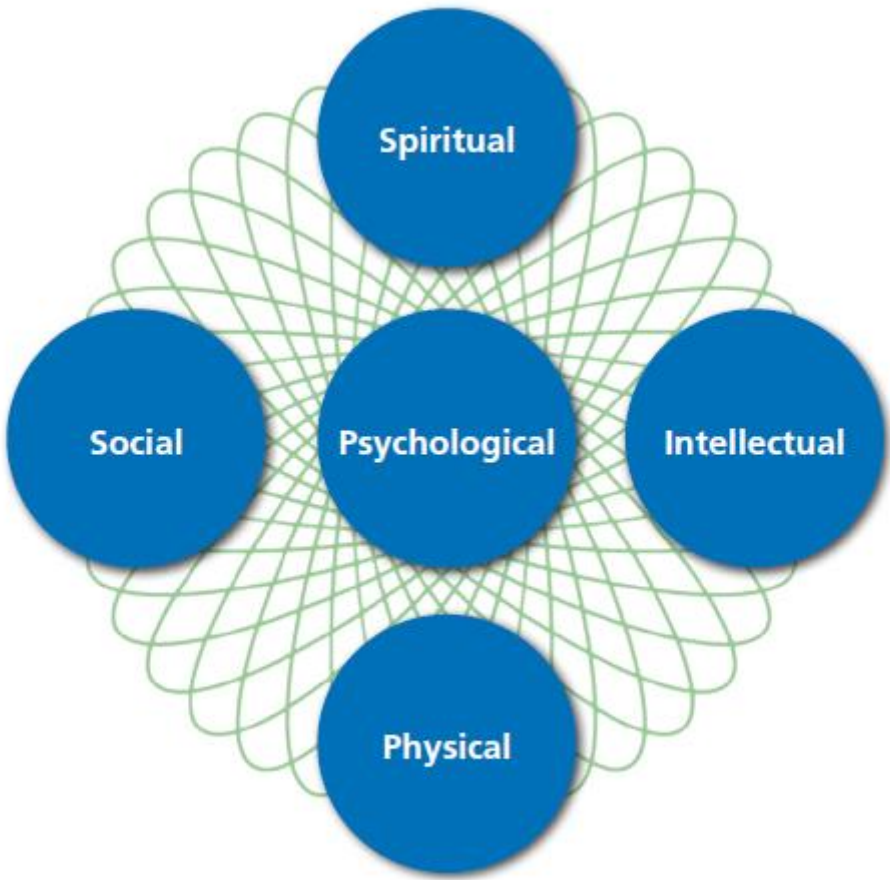


Co-funded by
the Health Programme
of the European Union

This presentation arises from the Joint Action addressing chronic diseases and healthy ageing across the life cycle (JA-CHRODIS) which has received funding from the European Union, under the framework of the Health Programme (2008-2013).

Energy for change is the capacity and drive of a team, organisation or system to act and make the difference necessary to achieve its goals.

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Building and aligning energy for change

A review of published and grey literature,
initial concept testing and development

Final Report January 2013

MARTIN LAND - Director, Landmark Health Consulting
NICK HEX - Associate Director, YHEC
CHRIS BARTLETT - Research Consultant, YHEC

Working alongside the Quality, Innovation, Productivity and Prevention (QIPP) Programme, a new NHS Change Model has been developed, designed to stimulate and support the necessary improvements to health and health care (2). As part of its programme of work, the NHS Change Model Team commissioned Landmark Health Consulting and York Health Economics Consortium (YHEC) to undertake 'a review of the evidence and practice on Energy for Change including the identification of key factors pertinent to the NHS'.

Domain	Explanation – the energy of:
Social	personal engagement, relationships, connections between people, collective, 'sense of us'
Spiritual	commitment to a common future vision, shared values, higher purpose, confidence in a compelling, meaningful, different future
Psychological	courage, trust, feeling safe to act, supported to make a change, belief in self and team, organisation or system, and trust in leadership and
Physical	action, getting things done, making progress, vitality, kinetic force (motion), drive to make things happen
Intellectual	curiosity, analysis, thinking and cognition, insight, new knowledge, planning and supporting processes, evaluation, logic and evidence direction

1. Recommendations on:
 - identification of high-risk p. interventions, early dgn
 - improving quality of care in p. with diabetes
 - early non-pharmacol. strategies
 - effective training of HCP, others
 - appropriate educational strategies

2. Guide for National Diabetes Plans, as a case study for all chr dis

Your thoughts on:

1.

2.

(1)

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Possible contribution of institution I represent (please insert_____):

1.

2.

(2)

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2. Guide for National Diabetes Plans, as a case study for all chr dis

You are a partner in WP 7 and you co-create the way WP7 works. What will you personally do to make it very successful. What are your suggestions in general.

1.

2.

1. Recommendations on:
 - identification of high-risk p. interventions, early dgn
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2. Guide for National Diabetes Plans, as a case study for all chr dis

Now you make it in pairs: you both co-create the way WP7 works. What will do to make it very successful. What are your suggestions in general.

1.

2.

1. Recommendations on:
 - identification of high-risk p. interventions, early dgn
 - improving quality of care in p. with diabetes
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2. Guide for National Diabetes Plans, as a case study for all chr dis

Now you make it in a group of four: you all co-create the way WP7 works. What will do to make it very successful. What are your suggestions in general.

1.

2.

1. Recommendations on:
 - identification of high-risk p. interventions, early dgn
 - improving quality of care in p. with diabetes
 - early non-pharmacol. strategies
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 - appropriate educational strategies

2. Guide for National Diabetes Plans, as a case study for all chr dis

Now you make it in a group of eight: you all co-create the way WP7 works. What will do to make it very successful. What are your suggestions in general.

1.

2.

1. Recommendations on:
 - identification of high-risk p. interventions, early dgn
 - improving quality of care in p. with diabetes
 - early non-pharmacol. strategies
 - effective training of HCP, others
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2. Guide for National Diabetes Plans, as a case study for all chr dis

You are in a group of eight: if diabetes is taken as a case study, what are the general messages for all chronic diseases?

1.

2.

1. Recommendations on:
 - identification of high-risk p. interventions, early dgn
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2. Guide for National Diabetes Plans, as a case study for all chr dis

You are in a group of eight: what can CHRODIS do, that we alone (myself, my institution, my state) can not do?
Why is it good that it is trans-EU action?

1.

2.

The Joint Action on Chronic Diseases and promoting healthy ageing across the life cycle (JA-CHRODIS)*

*** THIS PRESENTATION ARISES FROM THE JOINT ACTION ON CHRONIC DISEASES AND PROMOTING HEALTHY AGEING ACROSS THE LIFE CYCLE (JA-CHRODIS) WHICH HAS RECEIVED FUNDING FROM THE EUROPEAN UNION, IN THE FRAMEWORK OF THE HEALTH PROGRAMME (2008-2013)**

