**Care and support planning consultations – stages, tasks and skills**

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| **General introduction** | | |
| CSP is a *specific* example of patient centred care delivery with *specific* structures for both the delivery process and the CSP conversation itself. CSP has a specific focus and set of intentions for the practitioner. This document is focussed on the intentions, tasks, skills and behaviours of the practitioner involved in the CSP conversation  **Overarching aims of the consultation include:**   * To support the person to live their life with their conditions * To use technical expertise where relevant to support this * To use skills to increase person’s confidence and self-efficacy / develop their own solutions * To assess if there are other issues which take precedence over this e.g. bereavement, new symptoms / abnormal results issues   **Diagram:**   1. The key tasks of the overall CSP process 2. Structure (ordering and emphasis) within the ‘conversation’ (CSP consultation).     **The CSP conversation**  CSP conversations have their own specific purpose and structure, in particular creating the opportunity for a person living with a LTC to reflect upon their most recent experiences of living with a long-term condition and planning forward with a health care professional. Many of the skills used are common across most patient centred consultation models and should be seen as the foundation upon which any good consultation should be built upon. There are also additional skills to be woven together with content expertise in many CSP conversations, especially for those with the most complex issues. These have their own particular content and structure (such as breaking bad news, shared decision making, anticipatory /advanced care planning, motivational interviewing, coaching etc.).  It would also be true to say, that however knowledgeable the practitioner is in one or all these areas a high quality CSP conversation cannot occur without a foundation of core communication skills and this includes the responsibility of the practitioner to attend to and reflect on flow and structure of the discussion at the beginning and throughout.  **Core values and skills demonstrated across the consultation**   * Demonstrates warmth and positive regard toward the individual- open relaxed body language/non verbal’s * Focuses on the individual and not on doing things (e.g. the computer) * Create an open, empathic, honest and equal dialogue between the health care professional and individual * Acknowledges the ideas, preferences and concerns of the individual * Use active listening skills, including open questions, reflections and summarising * Elicit thoughts, ideas and health beliefs from the individuals * Give clear, jargon free explanations which will include challenging misconceptions * Ensure information is timely and appropriate and doesn’t interrupt the consultation dialogue * Able to support a patient to funnel and sift thought a wealth of information * Focuses on using a solution orientated approach in which the individual arrives at their own solutions based on their expertise of what will work for them. | | |
| **Stage** | **Key purpose/tasks** | **Stage specific skills** |
| **Preparation- information gathering and sharing – health care assistant role ahead of the care planning consultation** | | |
| **Information gathering and sharing**  (usually a health care assistant as part of an *initial* appointment)  Information then shared with the person ahead of the care and support planning consultation | * Complete tasks, assessments and information gathering ahead of the clinical care planning consultation. * Explain the concept and philosophy of a care planning consultation. * Record any issues an individual may have already identified. * Engenders value in the process and demonstrates warm positive regard toward the individual. | * Able to accurately complete specific tasks and assessments * Able to explain the exact next steps in the local CSP process, the rationale for it and what to expect, including role of the documentation (Personal test results, assessments and prompts) * Will emphasise that the practitioner in the CSP conversation will actively value the person’s input, ideas and thoughts |
| **Care and support planning consultation** | | |
| **Stage** | **Key purpose/tasks** | **Stage specific skills** |
| **Setting the scene** | * Explains the concept and philosophy of a care planning consultation. * Indicates the purpose, timeframe and general framework for the consultation. * Clarifies the role of the practitioner and person living with the LTC * Puts the person at ease | * Considers the layout of the room * Welcoming and interested * Gives clear jargon free explanations * Checks out preparation prompts have been received and is interested in the preparation the person has done |
| **Sharing stories – patient** | * To gain a general understanding of the person’s life and most recent experience in terms of living with and managing their LTC(s) * To establish the most important things in their life at that point and what they want to discuss, including thoughts and beliefs the person has in regard to their health * Discovers the persons perspective and understanding and seeks to gain insight into the persons ideas, self-management behaviour and general preferences about living with their long-term condition * Identifies a list of issues which is summarised at the end of this session before introducing the professional issues not identified by the individual | * Positive non verbal’s, nodding, maintaining eye contact, * Listens attentively to patient’s without interrupting or directing patient’s response * Uses active listening skills, reflections and summarising. * Uses open questions to clarify thoughts ideas and health beliefs from the individuals * Picks out cues, checks and acknowledges * Accepts legitimacy of patients views and feelings – non-judgemental * Tentatively uses previous knowledge of the individual to reflect an understanding of their experience and expertise * Avoids jumping in with solutions or interrupting on a single idea: “what else, what else?” * Elicits the individual narrative, including thoughts and beliefs the individual has regarding their health * Provides a summary before moving the professional story |
| **Sharing stories - professional** | * Ensures the key medical issues are discussed clearly, including creating a common understanding of results, targets, risks and potential treatment options * Ensures all issues and concerns, from both the health care professional and individual, are identified * Shares options and supports shared decision making | * Checks patient understanding and builds on the information from the patient story * Gives clear jargon free explanations * Repetition and summarising to reinforce * Shares thinking with patient to widen discussion * Offers options and ideas rather than solutions * discussion * Gently challenges assumptions, health beliefs and ambivalence |
| **Exploring and discussing**  (Not always a discreet phase in the consultation, happens throughout but important before going on to goal setting and action planning) | * Gain more detail and understanding of the problems and issues- e.g. bereavements, housing, anxiety or low mood * Ensure any important concerns are explored and discussed as fully as possible * Sifts and sorts through the issues with the person to identify a small number of priorities or issues to focus on * Find out what is most pressing and important for the person * Gain a common understanding of the priorities for both the health care professional and the individual. * Supports the individual to prioritise a patient centred goal or outcome | As per sharing stories and:   * Clarifies, links and checks ideas * Assesses understanding, aims and values * Avoids giving advice, information or reassurance prematurely * Offers a range of suggestions rather than single solutions * Funnels and filters a list of issues to support the individual to priorities the main issue for the individual * Includes a summary which demonstrates an understanding of all of the issues but identifies the key issue to move forward on * Recognises that sometimes the issues are not about goals and actions (e.g. may be about understanding or catharsis, clarification, or further referral / action on specific issue) |
| **Goal setting** | * Identifies and explore a goal – gaining a good understanding of why it’s important to the person and what exactly they would like to achieve * Understands when goal setting is not appropriate and where a more general conversation might be appropriate | * Elicits a goal and ensure it is personally relevant to the individual * Ensures the goal has been assessed in terms of its importance and relevance to the individual * Ensures the goal is specific, measurable and has a review date * Explores and reflect back ambivalence |
| **Action planning** | * Supports the individual to work through the specific actions, task and changes they will make to achieve their goal * Identifies confidence, barriers, support, and practical steps to achieve the outcome/goal * Also identifies actions and activities for the practitioner or service to take a lead on/deliver | * Supports the individual to generate and arrive at their own solutions * Supports the individual to develop their own plan which details the specific actions and behaviours which are agreed and set by the individual * Explores self-efficacy (confidence), barriers and support mechanisms * Sets a plan for self-monitoring, self-assessment or review. * Identifies any appropriate support, makes referrals and organises any changes to medically prescribed treatments |
| **Planning for Review and Review** | **Planning for review**   * Makes sure that person has a plan for reviewing the actions * And a contingency self-management plan for potential issues   **At review**   * Reviews the action plan generated at the care and support planning review * Generates an appreciation of how the person thinks things have gone and offers a professional perspective to balance this if necessary | * Uses all the skills described above flexibly but starts with the persons view of the situation and not the professional view |

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