

Care and support planning at Glenpark – how it works for Beryl

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One of the benefits of personalised care and support planning (PCSP) using the Year of Care approach is that it is as suitable for a young person who has, for example, type 1 diabetes and asthma as it is for somebody who is older and has several long-term conditions (LTCs) and maybe complex social needs; you have one system which offers support throughout a person's lifetime.

Newcastle and Gateshead CCG have worked with Year of Care to support us to implement CSP as a better way of coordinating care and to improve patient experience of care. In a recent CCG survey, 93% of patients who had experienced Year of Care PCSP felt fully able to talk about what was important to them and 90% of patients felt more involved in their health and wellbeing. To explain how this works I'm going to talk about a patient I saw recently, with her permission.

Beryl is 82 years old; she is widowed and lives alone. She has type 2 diabetes, hypertension, osteoarthritis, diverticular disease, hypothyroid, bronchiectasis, COPD, chronic kidney disease, hiatus hernia and moderate frailty. Within our old system she would have attended the surgery for diabetes clinic 2 or 3 times a year, a COPD nurse appointment once or twice a year, a separate GP appointment for a medication review and also a plethora of appointments if she had problems with her arthritis or pain.

Now she is recalled in her birthday month for a single PCSP process which starts with an information gathering appointment with our health care assistant (HCA). During this 30-minute appointment the HCA will do all the tests and tasks Beryl needs, including things like blood tests, blood pressure, foot checks, a falls assessment and smoking and alcohol, recording information gathered in an intelligent template.

There is then a triage step where we look at Beryl's preferred GP or nurse, results and medication and arrange the PCSP conversation appointment. Beryl was allocated 30 minutes with me at the surgery.

Beryl is sent her preparation prompt with results two weeks before the appointment. This form has the space to record 'what's important to you?' and it has some agenda-setting prompts which can be circled, for example low mood, finance, relationship issues. Inside there are current and previous test results and a brief explanation of these, and on the back page there is space to write a plan with a section for goal setting and action planning and a review date.

When Beryl came to the surgery, under the part 'what's important to you?' she had written "*feeling tired, light-headed and breathing problems*". These were not new problems but they were bothering her most at that time. She had also written "*anaemia back or thyroid?*" and on the agenda-setting prompt she circled hearing problems, pain and future health. She also brought her DNR form which needed updating, and a letter from her daughter because they had looked at the results together and she had a few queries.

In our 30 minutes we were able to discuss all of Beryl's issues in more detail and I was able to reassure her she was not anaemic, but her thyroid was a bit underactive and this could have been contributing to some of her symptoms. Beryl had stopped one of her inhalers several months ago because she hadn't liked it, so we were able to change to an alternative inhaler and I asked the pharmacist to show her how to use it. We discussed amitriptyline and the possible impact of that on tiredness and light-headedness, and we agreed to try to reduce the dose. I also checked her ears and gave her some self-management advice about wax.

When we discussed Beryl's goals she said she wanted to live until she was 90. We updated her DNR form and I scribbled a note to her daughter. I wondered if she was lonely and discussed our link worker and social prescribing but Beryl has daily visits from various family members and declined the offer. I arranged a telephone review for medication and Beryl seemed very happy with what we had discussed.

As a healthcare professional, this feels like a much better, more satisfying way of working. In my opinion, once this process is embedded, it can change the whole ethos of a practice and significantly improve patient experience, and certainly we would never go back to our old way of working.