



# The HOUSE Journal

The newsletter for the Year of Care Community of Practice



Issue 1 April 2016

- In this issue:
- Welcome
- Sharing local stories
- Save the date!
- A note from the Chair
- Conversations
- A note from the National Director
- Bright ideas
- Meet the team
- New resources
- Keeping in touch
- Year of care website
- Sharing your story

## Welcome to The HOUSE Journal

This is a brand new newsletter that we will send out regularly to share great stories from the community of practice and keep everyone up to date on the latest news.

If you're reading this then you are one of over 4000 people who have been involved in the Year of Care Programme, making care and support planning routine for people living with term conditions and linking to community activities.

Thank you for being part of this community and for sharing your exciting work.

### Time to share

Now is the time to unlock and share your learning. New ideas, adapted local resources and new examples of impact and benefit are bubbling up all over the place. We would love to hear your story, here's some from around the community:

An enthusiastic receptionist recommended her practice to start care and support planning for long term conditions after hearing from her husband who attended a practice that already did this. He said *"When I came home singing its praises, she made it her business to find out about it, spoke to her manager and encouraged them to start. It's given me a great deal of comfort, and I feel in control of things – that's a big plus for me."* (Newcastle)

I've had one patient, a guy who used to be a nurse before he retired. He came to me and said *'this is the best thing I've ever seen... I've sent this round to everyone I know all over the country and told them to get their GPs to do this too'.* (Gateshead)

Tilehurst Surgery recorded challenges and successes from setting up care and support planning in 3 minutes on an iPhone. They wrote it up, sent it to the CCG and had funding continued! A patient said *"I'm so excited about receiving my results through the post, knowing what they are and what they should be, I have told my relatives in America and the Philippines"*.

## SAVE THE DATE – YOU'RE INVITED!

Year of Care Community of Practice National Event, Newcastle Upon Tyne  
**'Building a Better House'**

21st June 16 – A sharing and learning session for Year of Care Trainers

22<sup>nd</sup> June 16 – A network event for the Year of Care Community of Practice

Keynote speakers - Angela Coulter and Graham Kramer

*"We are finally doing what we have always wanted to do."*  
British Heart Foundation project

# THE HOUSE JOURNAL



**Sue Roberts**

**Chair of Year of Care Partnerships**

Diabetes was a great exemplar for developing and testing the Year of Care approach to care and support planning. Multi-morbidity is the commonest ‘long term condition’, making up 60% of GP workload, and an important national priority. Year of Care Partnerships has supported a number of GP teams as they worked out how to introduce care planning for everyone and provide a single holistic care planning conversation however many conditions a person lives with. A nurse practitioner wrote ‘...undeniably better to start with all LTCs’ because of economies across the practice. Most new Year of Care communities now opt to start with multi-morbidity so our training and resources have been adapted.

## *Conversations – will you share yours?*

Having better conversations is what care and support planning is all about. It demands changes to attitudes and culture, skills and our working infrastructure...all at once. The House is there to help. But getting the detail right in each patch can often be a real challenge. Better conversations with colleagues can help that too.

A recent visit from the Thames Valley area team to Glenpark and Holmside Medical practices in the North East brought home to me just how effective a few minutes’ discussion with likeminded folk can be. It helps to reframe issues, gets the debate going, gives support when it seems too difficult and shares practical tips too.

Here are some of the issues raised and discussed during that visit. Are these some of the issues you face? What would you have said next? Are other topics more important?

*“All practices are different, and not all of our methods will work elsewhere. Neither do we feel that we have got things perfectly right - it is still evolving and we hope to learn from other practices as they move towards a similar way of working. However we would not go back to our old way of managing LTCs now as we all feel so positive about the new system.”*

Dr Becky Haines, Glenpark Medical Centre

<p><b>1. ‘In the Zone’ – separate Care and Support Planning clinics or not?</b></p> <p><i>Visitor: So you’ve still got ‘clinics? – I don’t know if that is good or bad!</i></p> <p><i>GP: Our nurse practitioner...felt for the Year of Care you have to get in ‘that zone’...because it’s a whole different way of working...it’s very easy to drop into ‘the results are great, lovely, thanks, bye, see you next time’ and forgetting that that is not what we are doing now...it’s really so different.</i></p>	<p><b>2. Which practitioner for the care and support planning conversation?</b></p> <p><i>GP: We’re maybe a bit unusual here in that we still do have quite a lot of doctors doing long term conditions management.</i></p> <p><i>Visitor: I kind of half think that’s right really, some are the most complex patients and nurses are being left in a room, sometimes without an awful lot of support which is a shame.</i></p> <p><i>GP: We’ve been doing respiratory master classes, diabetes master classes...we are trying to improve our own education.</i></p>
<p><b>3. Are goals important?</b></p> <p><i>GP: Some patients say ‘I don’t want to do any goal setting’ but I say (to staff) ‘well if they don’t want to the whole point is not to...it’s meant to be led by the patient so if they say ‘no’ .... well maybe next year they’ll want to think about it’.</i></p> <p><i>Visitor I get the impression the process works well without you actually having a goal.</i></p>	<p><b>4. A better way to work</b></p> <p><i>Visitor:...this is such a great way of working.</i></p> <p><i>GP: Definitely...as a GP it’s a lovely way to work....I always felt I had good consultation skills...patients always speak to me and tell me everything and yet patients I’ve been seeing for 14 years are coming in and writing things on (the prompt sheet) that they’ve never felt able to say to me.</i></p>

# THE HOUSE JOURNAL



## Lindsay Oliver National Director for Year of Care Partnerships

Year of Care aims to provide personalised care and support planning for people with long term conditions by working in partnership with patients and care professionals linked to community activities.

Year of Care Partnerships now offers the following training and support:

1. Taster sessions – preparing for care and support planning
2. Care and support planning training for Clinicians
3. Care and support planning for Personal Health Budgets
4. Administrator and Practice Manager Awareness Sessions
5. Health Care Assistant
6. Train the Trainers
7. Facilitator Training
8. Extended consultation skills for clinical staff

Contact us at [enquiries@yearofcare.co.uk](mailto:enquiries@yearofcare.co.uk) for further information.

I am delighted to welcome you to our first edition of The House Journal which we will send out on a regular basis to share news, stories and resources. Our Year of Care Partnership team have had a busy year having moved, welcomed new team members and continued to work with new health communities to spread the delivery of care and support planning. We have found some time to consider the delivery of care and support planning in new settings and are currently getting to grips with something called Ophelia, which has strong links with the House around health literacy. We are also enjoying working with our new programme funded by the British Heart Foundation across 5 sites in England and Scotland. At a national level we have worked with Think Local Act Personal to produce a web tool and we have maintained links with organisations such as National Voices, the Health and Social Care Alliance in Scotland and the Coalition for Collaborative Care. It's hard to keep up with it all, so I very much look forward to catching up with you at our network event. In our next edition we will introduce new team members, updated resources and more information on the Community of Practice Network event and I hope some bright ideas from you!

### Why reinvent the wheel each time new guidance appears?

Care and support planning provides a common approach and skill set for most systematic care in general practice. This would include single and multiple long term conditions (whatever happens to QOF) multi-morbidity, frailty, end of life and the current English enhanced services (avoidable admissions, dementia). We already have or are working towards specific content for all these and have worked with community and speciality teams too. If you have particular interest in one of these areas and would like to be involved in taking this forward do let us know.

### Embedding, sustaining and spreading high quality care and support planning

Whether spreading care and support planning across your practice or helping new teams get started its important to build on 'local wisdom'. We have some ideas about how to balance fidelity to the approach versus local tailoring.

### What mustn't get lost:

- The core philosophy
- A systematic set of steps for care and support planning emphasising
  - A different conversation
  - Preparation to enable reflection beforehand
  - A continuous process as part of 'normal' care – not a one off event
- The components of the House with care and support planning at the centre
  - People engaged and empowered to be involved
  - Professionals committed to partnership working with 'patients' and colleagues
  - Clinic systems and processes to support the care and support planning steps
  - The right resources with activities in supportive communities - 'more than medicine'

### Bright ideas

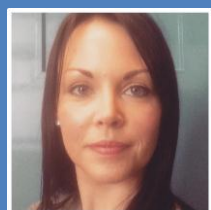
Please share your bright ideas such as this one about 'the yellow letter'.

The practice prints the results letter and prompt sheet on yellow paper. It's a great practical and educational idea:

*"We laminate copies for all the nurses' rooms. When the healthcare assistant finishes her bit she shows it to the patient explaining 'you will get your results on there, bring it with you...if the doctor is worried they would phone you'. This practice has a very high level of ill health...it's a very deprived area but we've not had a single patient phoning to ask about it, or worried about it."*

# THE HOUSE JOURNAL

## Meet the team!



In this issue it's our new Operational Support Manager, Lucy Taylor

Lucy graduated with a 1<sup>st</sup> Class BSc Honours degree in Business from the University of Swansea in 2003. Since then she has worked in account and business management roles and joined the Year of Care Partnership team in November 2015.

Lucy supports the Year of Care Partnership team in the delivery of our training and support packages ensuring effective systems, resources and processes are in place.

## New resources

### Cochrane review of Care planning:

Coulter A, Entwistle VA, Eccles A, Ryan S, Shepperd S, Perera R

**Personalised care planning for adults with chronic or long term health conditions.**

Cochrane Database Syst Rev 2015; 3CD010523. doi: 10.1002/14651858.DC010523.pub2.

<http://www.ncbi.nlm.nih.gov/pubmed/25733495>

Coulter A, Roberts S, Dixon A

**Delivering better services for people with long term conditions.** Building the house of care.

[http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/delivering-better-services-for-people-with-long-term-conditions.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/delivering-better-services-for-people-with-long-term-conditions.pdf)

Eaton S, Roberts S, Turner B

**Delivering person centred care in long term conditions.**

*BMJ* 2015;350:h181 doi: 10.1136/bmj.h181

<http://www.bmj.com/content/350/bmj.h181>

**National voices web site describing care planning for people living with long term conditions.**

<http://www.nationalvoices.org.uk/node/1303>

## Keeping in touch with the community

Lucy Taylor has been making calls out to some of the Community of Practice to gather feedback on plans for the Year of Care Community of Practice National Network Event in June. Your feedback has been invaluable in shaping the agenda for the event and also in developing other related projects, including the updated secure website area and our newsletters. Your input ensures the Community of Practice is shaped to meet your needs and to share your challenges and successes.

If you would like to be involved in one of our calls then please e-mail Lucy at [lucy.taylor@nhct.nhs.uk](mailto:lucy.taylor@nhct.nhs.uk) to arrange a convenient time. Thank you

### Year of Care website and secure area for trainers

We are updating the trainer's secure area of the website to make it more user-friendly and to easier to find important tools and resources. Watch this space for the launch date! Apologies for any access issues you may face while we update our site.

We will also be making updates to the main website so please feel free to drop us your suggestions. We would love to include materials, stories and examples from you.

- ✓ Please share your **thoughts, suggestions, anecdotes or feedback** on any of the topics above. Tell us about patient or clinician feedback, thoughts on new settings for care and support planning, what you have achieved locally and what are you proud of or any questions or concerns you may have.

Please send this valuable input to Lucy Taylor ([lucy.taylor@nhct.nhs.uk](mailto:lucy.taylor@nhct.nhs.uk)) who **will endeavour to include it in the next issue** of The HOUSE Journal.

- ✓ Please also pass this to your colleagues who would be interested in reading about the Year of Care Community.