

Scotland's House of Care Celebration Event – Past, Present and Future

Short summary

August 17th 2021 – held via Zoom

This event marked the closure of Scotland's House of Care Programme and to celebrate, reflect and learn from what had been achieved. Scotland's House of Care programme had been supported by Scottish Government since 2015. It has worked with health boards, patient groups and practices across Scotland to embed and spread care and support planning in place of routine QoF based reviews within primary care

The event was hosted and organised by the Health and Social Care ALLIANCE with support from Dr. Graham Kramer (clinical lead) and Year of Care Partnerships. It brought together many members of Scotland's House of Care community who had helped pioneer care and support planning.

A recording of the main sessions is available for those who were unable to attend:

<https://vimeo.com/619814925/e46eea0d9a>

The event highlighted the impact the programme has made in putting patient centred policy into practice by working with staff within the health care system, practice teams and patients. It particularly reinforced the value of the cultural change it aspires to achieve alongside the system change needed to bring about truly transformational change, including the growing links with the third sector and more than medicine approaches alongside traditional health and social care services.

Summary of key themes from the break out discussion rooms

Participants were asked to spend some time in break out rooms sharing their experience and thoughts on the question: ***How do we maintain interest and engagement to support the further spread and adoption of care and support planning across Scotland?***

Engagement

- *The House of Care is a recognisable “brand” which can accommodate a number of elements of many other programmes – we need to keep it but help others see it as not just another add on or stand-alone programme but a means of achieving other strands of work and tying them together within a single delivery model – notably its strong links with Realistic Medicine – but also fits with new roles in primary care, deep-end, support for self-management, health literacy etc*
- *However, there is confusion about what it is and what it means and this is not helpful – it needs to be better described with a more coherent message as well as linking it to other areas of work other “levers” – our focus should be that it is about a way of working that prioritises the collaborative conversation and keeps people at the centre*
- *A challenge from some that it's important to see the links to other projects and to some extent its complexity. Highlighting the number of areas that House of Care links to and*

supports delivery of – too simple a message undermines all of the benefits and will not necessarily engage those at board level whose drivers are not necessarily based on patient experience and may not all be the same – we need a compelling case for all levels – from board to individual practitioners

- *Champions and exemplars and stories from those who are delivering it already are the most compelling means of sharing – for example the NES remobilisation webinars*
- *However, we may not have a strong enough base or enough champions and so this needs to be further extended with wider support at the “top”*
- *Contractual obligation versus choice and grassroots growth (should this be incentivised in any way – via cluster working or other contractual levers)?*
- *Should there be a SIGN guideline or equivalent?*

Making it easier for practices to implement

- *Needs systemic support and not to be seen as an additional project*
- *Ensuring the importance of the cultural change doesn't get lost in the organisational change – ensuring local and national drivers all align and helping practitioners see the alignment*
- *Having a central resource to go to and coordinate the approach across Scotland is still seen as vitally important – it links people and expertise and provides a mechanism to do things once and maintain coherence (e.g., IT and training)*
- *A centralised solution/national approach to IT*
- *Regional and health board support to help practices get going and be supported with initial implementation and issues that arise along the implementation journey*

Evidence and accumulated knowledge

- *We need to build on the learning and impact within the Matter of Focus report*
- *Look to new practices to embed evaluation into the implementation process – note the Value Management approach being taken in Forth Valley*

Staff training and new roles

- *There are opportunities for new roles including pharmacists and link workers*
- *These staff need training in this type of approach*
- *GPN and GP training needs to include House of Care*
- *GP training needs therefore to also include chronic disease management*

Remobilisation – opportunities

- *The approach has made it easier for practices to deliver LTC care during the pandemic and as practices refocus on remobilisation there is an opportunity to use the House of Care approach to care and support planning to achieve this but with a more patient focused approach*
- *The separation of the tests and tasks from the conversation supports the Community Treatment (CTAC) approach – but these arrangements need to be made explicit and areas need to be integrated/coordinated between primary care and these services*