



Welcome to The HOUSE Journal

Lindsay Oliver, National Director

Many thanks to those of you who joined our webinar last month to share learning about how to adapt care and support planning (CSP) processes for remote working. In particular we would like to thank both Sue Arnott and Becky Haines for giving their time and sharing their first-hand experience, including reflecting on the pros and cons, practicalities and vast amount of learning acquired in such a short period of time.

In this edition of The House Journal we want to let you know about our newly developed Year of Care remote training and facilitation programme, reformatted to provide bite-size training and support to practices who want to implement CSP.

In addition we are turning our attention to remote CSP conversations and how we make them every bit as person-centred and meaningful to the patient as face to face CSP conversations.

Care and support planning delivers support to people with long term conditions during the coronavirus pandemic

Practices tell us that as well as presenting challenges, COVID-19 has also created opportunities to deliver CSP creatively with patients. Many practices who had already implemented YOC CSP have developed their processes to continue to meet the needs of people with long term conditions, thinking about how they can still enable people to be prepared and to participate meaningfully when using remote consultation channels.

For those who weren't able to join our live webinar on how to adapt CSP to include remote methods of delivery, you can watch a recording here <https://bit.ly/3kW71jb>.

We are also seeing new interest from practices who recognise the benefits a single CSP process delivers including:

- A single information gathering visit for all the conditions a person lives with (reducing separate visits to the practice)
- Information sharing and preparation to enable people to get more out of the remote or face to face contact they have with health care practitioners
- Inclusion of a structured person-centred medicine review
- A solution focused, patient centred conversation, including what matters to the person and any clinical issues
- Linking people to more than medicine activities/support

Personalised Care Institute (PCI)

Year of Care recently attended the launch of the PCI - a virtual organisation and central learning hub, hosted by the RCGP, designed to set standards for training for person-centred care, and underpinned by a robust quality assurance and accreditation framework. The PCI aims to support the development of at least 75,000 health and care professionals and we look forward to learning more about the PCI and accreditation process in the coming weeks www.personalisedcareinstitute.org.uk.

Introducing Andrea Elsbury, National Trainer and Facilitator



We are delighted to introduce Andrea Elsbury who joined Year of Care earlier this year. Andrea has a passion for person-centred, holistic care to improve outcomes for the most disadvantaged people.

Andrea completed a degree in Social Policy and Administration in 1994, and qualified as a social worker in the same year. She has previously been a specialist information and support professional for

people with Parkinson's and their families and carers, and later for people with cancer. She led a Macmillan cancer information and support team to deliver support to people affected by and living with cancer, building on a person-centred holistic approach.

She moved on to a national role for Macmillan supporting professionals to implement quality standards and deliver high quality person-centred care before joining Year of Care in February.

Year of Care training delivered remotely

Like many of you, Year of Care has adapted the way we work during the Coronavirus pandemic. We have previously delivered a face to face package of training, facilitation and support. This supported GP practices from their early thinking and decision making around care and support planning (CSP) through to implementation and embedding new ways of working.

We want to continue to support practices evolving and embedding CSP into practice, and also new practices at the outset of developing YOC CSP during these unique times, so we have designed a remote training offer. This can be delivered to practices in bite-size sessions, tailored to the needs and size of local teams, or to a wider cluster of practices. The sessions are more modular than before and some serve as refreshers to established practice teams.

What does it look like?

For practices starting from a position of having no knowledge of CSP the programme includes a 'taster' session to support decision makers in thinking through whether they wish to proceed with implementation. There is then a practical set-up meeting and four individual training sessions to cover the principles, processes and skills of the CSP conversation as well as a facilitated session with a practice team to map out how the process will be implemented in their practice.

The core content has been adapted from our recently updated core training manual. We have altered the order of some things so the programme works in an incremental way, aiming to ensure that key principles and philosophy are embedded as a priority, and that there's an early opportunity to see an entire CSP conversation as a foundation for everything else that follows.

We have explored Teams and Zoom functionality to ensure sessions are as interactive as possible using a combination of slides, breakout sessions and video clips to provide variety and interest as we work towards the learning outcomes.



An overview of the training is provided on the next page of the newsletter with additional detail for trainers highlighting where some familiar topics and activities are included for reference.

Engaging with each practice

A key success factor is having regular communication with an identified member of staff from each practice team. This allows trainers and facilitators to responsively plan and adapt the training programme to reflect the particular nature of the practice and run the programme alongside practice commitments. This enables all of the practice team to engage in the most relevant parts of the training, encouraging a whole team approach to the new way of working; something which YOC practices repeatedly tell us makes a huge difference to successful implementation.

What are the benefits?

Delivering training in a number of smaller sessions across several weeks provides an opportunity to build relationships with practice teams and maintain their engagement with YOC CSP. We have designed the programme to build towards the practice facilitation session and after each module have suggested areas where practices could gather thoughts and/or information to support their process mapping exercise during the facilitation session. With this incremental approach it's hoped that practices will be able to start steadily implementing their action plan soon after training.

Delivering training in chunks also creates opportunities for more practice staff to attend the sessions. This is a great way of establishing a whole practice understanding of the key elements of CSP from the outset.

It will benefit patients as they start to experience CSP for the first time if every member of staff they have contact with is familiar with CSP, guiding and helping them to navigate the process in a positive way. Similarly, some sessions are designed particularly for clinicians who will have CSP conversations and don't need to be attended by all of the practice team.

The YOC team have now begun delivering the new modules to individual and groups of practices and we will continue to review the programme to evolve delivery ensuring it's as effective as possible.

How to get in touch?

For information on delivering training in your practice or area, or if you are an accredited trainer wishing to find out more, please contact us in the usual way at enquiries@yearofcare.co.uk.

Training delivery programme

Session	What does it cover and who should attend?	Notes for Trainers - <i>session includes:</i>
Taster session 90 mins	<p>Introductory session giving local leaders a ‘taste’ of the YOC approach to CSP – including how it works at practice level and what’s involved in implementation. Allows practices to decide if they wish to proceed with implementation and training.</p> <p><i>Aimed at those involved in LTC care and key decision makers in the practice. Usually delivered to groups of practices across an area.</i></p>	<p>Background to YOC Case for change CSP processes including the process video ‘The Bank Manager’ role play Impact and benefits Implementation including an outline of training</p>
Set up meeting 60 mins	<p>An opportunity for practice teams to meet local trainers/YOC to understand the support and training offered and ask questions. Also for the training team to understand the practice and its CSP aspiration, informing the CSP practice design session.</p> <p><i>For those who will lead implementation in practice.</i></p>	<p>Virtual meet and greet Planning for training delivery</p>
Training session 1: CSP – Introductory Module 90 mins	<p>An opportunity for those who did not attend the taster session to understand the overall YOC approach to CSP and why it’s a better way to work. The session focuses on engaging people in the case for change to CSP.</p> <p><i>Designed for all members of the clinical and administrative practice team involved in the CSP process.</i></p>	<p>Background to YOC Case for change Impact and benefits ‘Making the most of your 20 minutes’ Key processes and structure of CSP ‘The Bank Manager’ role play</p>
Training session 2: Core principles of CSP 90 – 120 mins	<p>Key principles and philosophical approach to CSP including</p> <ul style="list-style-type: none"> • the value of preparation for both the person and the HCP • the role of the HCP • how ‘more than medicine’ options can support <p><i>Designed for all members of the clinical and administrative practice team involved in the CSP process.</i></p>	<p>Philosophy Preparation (trying CSP with and without preparation) The role of the HCP in a CSP conversation (new content) More than medicine (new content)</p>
Training Session 3: An overview of the CSP conversation 70 mins	<p>A chance to watch a video of a whole CSP consultation to focus on the stages and skills of the conversation and what makes it different from traditional consultations. Also covers modifications for remote consultations.</p> <p><i>For practitioners having CSP conversations (other team members welcome to join).</i></p>	<p>Overview of CSP video Overview of skills and stages of CSP conversation Remote consultations (new content) <i>Could be delivered straight after session 2 as a double session with break</i></p>
Training Session 4: Facilitated practice design for CSP 120 mins	<p>The core practice team work through process mapping with a YOC facilitator and create a tailored practice action plan for implementation.</p> <p><i>Delivered to each practice separately</i> Aimed at core implementation group (including clinical lead and administrative leads).</p>	<p>Process mapping Action planning</p>
Training Session 5: Consultation skills for the CSP conversation 180-240 mins	<p>A deeper dive into CSP consultation skills, looking at the purpose, tasks and skills used at each stage of the consultation. Strategies to support those with low levels of ‘confidence’ and ‘importance’.</p> <p><i>Designed for practitioners having CSP conversations and can be delivered once the process is implemented. Also a good refresher session if clinicians attended training a little while ago.</i></p>	<p>Core consultation skills</p> <ul style="list-style-type: none"> • Setting the scene • The patient story • The professional story • Explore and discuss • Goal setting and action planning <p>Skills practice and role play Using confidence and importance</p>

How can we deliver patient focused care and support planning reviews using remote consultations?

One of the things that has become apparent throughout the last 6 months is that CSP can be adapted to allow people who live with long term conditions to be supported remotely using both video and telephone ‘conversations’.

It is important however than we consider how to ensure that these conversations are an ‘equivalent’ experience for people and that where possible they have a choice about how their CSP conversation happens.

Top tips for ‘remote’ care and support planning

- Where possible aim to create continuity and have someone the patient already knows make the call - check out whom else is on the call and ensure confidentiality.
- Ensure the person is prepared by having a planned time for their review and check they understand the purpose – avoid ‘cold calling’.
- Send preparation materials such as agenda setting prompts and encourage the person to have a paper and pen to jot down notes and their care plan.

Which elements of communication do we lose on a telephone call and how can we make up for this?

There are some things that we potentially lose on a telephone call simply because we cannot see the appearance and body language of the person on the other end of the phone.

We might need to compensate by increasing the use of other communication skills. For more information please see our resources here:

www.yearofcare.co.uk/remote-care-and-support-planning

What is diminished?	How might we compensate?
<p>Non-verbals (posture, position, facial expression, movement, eye contact, gestures, nodding)</p> <p>Used to demonstrate listening, express empathy and know when the conversation is going off track</p>	<ul style="list-style-type: none"> • Demonstrate listening using minimal verbal prompts such as “yes” , “ go on” – don’t be so silent that the person thinks you aren’t listening • Be careful about your pace and check things out more often • Alter your tone of voice – especially to reflect back emotion or convey empathy and listen to how things are being said • Use more reflections, and if you’re not sure, be tentative • Summarise chunks of conversation and check out what you’ve heard
<p>Cues - knowing when people might wish to speak or interrupt and how people react to what we say</p>	<ul style="list-style-type: none"> • At the outset of the conversation encourage the person to interrupt if they need to say something or if you get something wrong • Use signposting to move through different phases of the conversation – ask permission to move on or introduce a new topic
<p>Silence – what it means and how we use it</p>	<ul style="list-style-type: none"> • Acknowledge silence as a potential issue at the outset - let people know that you may sometimes be silent whilst you are looking up something or thinking • Try not to fill all of the silence - are you talking too much? • Use lots of open questions to encourage dialogue and explore issues
<p>Practical demonstrations</p>	<ul style="list-style-type: none"> • Consider sending material beforehand • Switch to video or use video clips - some video systems allow screen sharing • Consider face to face reviews
<p>Writing a plan together</p>	<ul style="list-style-type: none"> • Ask the person to walk you through the plan and ask them to write it down on the back page of their preparation material • Repeat and summarise, including being clear about follow-up and referrals



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