The HOUSE Journal

The newsletter for the Year of Care Community of Practice

Issue 11

Welcome to The HOUSE Journal - Lindsay Oliver, National Director

In this edition of the House Journal we are delighted to be celebrating the success of the British Heart Foundation House of Care programme and also some positive experiences in Jersey. We also share with you some new policy developments in England and Scotland and some reflections on how we gain useful feedback from people who experience care and support planning. I would like to take the opportunity to thank everyone in the Year of Care team for all of their hard work and continued enthusiasm for what I always describe as *"the right thing to do"*. On behalf of all of the team, we wish you a very Merry Christmas and we look forward to working with you in 2019!

BHF and Care and Support Planning

The BHF provided £1.5 million in funding to 5 sites in England and Scotland to implement care and support planning using the House of Care. As a result there are now over 13,000 people routinely experiencing care and support planning.

41 general practices are now offering this new approach to care, in addition to those areas already offering this service.

When asked what they thought of care and support planning, 75% of people said they were 'better' or 'much better' able to understand their condition. Healthcare professionals said this way of working was better for them too, and reported higher levels of job satisfaction.

Learn more about the BHF programme in this animation, originally designed for healthcare professionals.

https://youtu.be/ZCwX8axRkg4

Jersey's experience of implementing CSP

In 2016 the States of Jersey team approached Year of Care to explore the potential of implementing care and support planning as part of a pilot project to transform long term conditions care. The aim was to improve the coordination of care delivered in an environment that best suited the patient's needs which may be the GP practice, at home or in the community. **Sebastian Perez, Portfolio Manager Health and Social Services Department, States of Jersey** describes how the changes have impacted the service.

"Diabetes care in Jersey has historically been led by a Diabetes Centre run by the island's Health and Community Services department. As part of a pilot, specialist nurses from the centre have worked alongside practice nurses to deliver the Year of Care model in general practice. The intention was to release capacity at the Diabetes Centre to deal with more complex cases.

The practice and specialist nurses have built up strong professional relationships which have resulted in a more joined up service for individuals living with diabetes. Patients have also been very receptive to the new service. One patient said:

"It's great to plan what you can do to manage your diabetes better with extra support from the nurses. It's also good to help yourself and get some positive feedback when you've changed diet, lost weight and done more exercise!"

We are now in the process of planning how the model could be used more widely and hope to put some delegates through the Year of Care 'train the trainers' course in 2019."

Wishing you a Merry Christmas and a very Happy New Year. We look forward to seeing you in 2019!

The **HOUSE** Journal - How can we get patient feedback?

The trials and tribulations of gaining patient feedback

Evaluating complex interventions such as care and support planning requires a high degree of fidelity to the 'intervention', and an understanding that individuals gain benefits from different parts of the process. It's very difficult to predict the exact gain to an individual from a 'personalised process'.

As part of the original Year of Care pilot and also the British Heart Foundation House of Care programme collecting paper-based questionnaires in general practice wasn't easy and often the questionnaires didn't identify the nuances of care and support planning. The following items describe the new GP Patient Survey which now has added questions that relate to care and support planning and these may be useful in helping areas measure progress. However the terminology we use when we try to gain feedback from people receiving care and support planning maybe an issue as highlighted by some focus groups held with people in the North East.

New GP Patient Survey questions

Following consultation with organisations such as National voices Ipsos MORI on behalf of NHS England have changed some of the questions in the GP Patient Survey. They now include questions about whether people have had conversations relating to what matters to them and whether they made a plan. The questions are more pertinent to care and support planning. We will now be including some of these questions in an updated case for change quiz in day 1 Year of Care training. You can find the survey at the link below:

https://www.gp-patient.co.uk/

Questions 1 to 31 refer to people's experiences in primary care. They include questions about how good the healthcare professional they last saw was at giving them enough time, listening to them and treating them with care and concern (Q26) and whether they were involved as much as they wanted to be in decisions about their care (Q28). The survey then moves on to explore long term conditions and the impact they have.

Of particular interest to care and support planning are Q40-43. Q40 asks whether the person has had a conversation with a HCP from the GP practice to discuss what is important to them when managing their condition(s). Those who have had a conversation are asked 3 additional questions; Q41 about whether they agreed a plan, Q42 how helpful it was in managing their condition(s) and Q43 whether they were given or offered a printed copy of the plan.

This year's data shows that nationally only 39.6% of people had a conversation to discuss what was important to them. Of the 39.6%:

- 60.4% agreed a plan (24% of total number asked)
- 33.1% were given or offered a written plan (13% of total number asked)
- Yet 94.4% of a sample size of over 92,000 reported finding the plan helpful

For instructions on how to generate slides based on the GP Patient Survey for use during Year of Care training delivery please contact the team at enquiries@yearofcare.co.uk or call us on 01670 529268.

Focus group work with people receiving care and support planning

25 people who had received care and support planning attended a focus group to ask them about their experiences and to gain their ideas about how to get feedback to improve the process. One of the stark findings was that none of the group recognised the term 'care and support planning' or 'care plan'. People could only give feedback on care and support planning when the process was described, in detail, as a series of steps.

It was felt by the group that the reason that they weren't clear about the name of the new way of working was because of inconsistencies in words used by various practice team members.

This has implications for any evaluation or feedback process as it would be critical to ensure that those giving feedback were adequately orientated to the care and support planning process.

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Trialling patient post cards

At practice level it's useful to gain feedback on care and support planning. Given what we have learnt about the use of questionnaires and the variety of ways in which care and support planning is described and known to people Year of Care were keen to devise a simple solution and trial it in a local general practice. We developed A5 post cards that ask 3 questions and have a place to write a comment. They take about 2 minutes to complete and can be given out at the end of the care and support planning visit.

The initial trial seems to indicate that it's a very easy way for a practice to get feedback. We are keen to recruit some practices to trial the use of these, and plan to develop a bank of questions to refresh the post card at different points across the year. If your practice would like to test them out, please get in touch with us at enquiries@yearofcare.co.uk.

Stories from the front line

Rachel Bradley, National Year of Care Trainer and Facilitator, carried out some interviews with health care professionals across Newcastle during 2017. All had been involved in the implementation and delivery of care and support planning with support from the Year of Care team. The following are quotes taken from three nurse stories reflecting on their first year of care and support planning:

"Initially care and support planning felt a bit overwhelming and complicated, there were changes to the admin systems and templates we used, but what I took from it was the different way of carrying out the review, asking patients about how they feel about things. It was good to get that type of rapport, instead of just giving information and telling people what to do, not really engaging them. That was the part I really liked."

"Care and support planning is about giving patients more ownership of their condition, focusing on their priorities. I might think that their diabetes isn't very well controlled, but the patient might be more concerned about their heart disease."

"Being prepared for their appointment helps patients take control of their health. Instead of thinking "What is she going to tell me to do today?" , I can support patients by asking "What do you think, you've had your results and a bit of time to think, what is most important to you?". Some patients may still expect to be 'told what to do' and I don't worry if people haven't filled out their prompt. I explain what it is for, and encourage them to put down their thoughts if they want".

Year of Care Partnerships is on social media!

Please like us on Facebook and follow us on Twitter for the latest Year of Care news and events.

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The Richmond Group of Charities – Taskforce on Multiple Conditions

Jenny Lippiatt, Richmond Group Projects and Partnership Officer

"It's increasingly common that people affected by long term conditions will be living with multiple conditions rather than just one. Yet people's lived experiences often go unheard with systems and services, across the public and voluntary sector, geared up around single diseases. This is why earlier this year the Richmond Group of Charities, Guy's and St Thomas' Charity and the Royal College of General Practitioners formed the Taskforce on Multiple Conditions to bring a collective focus to this issue.

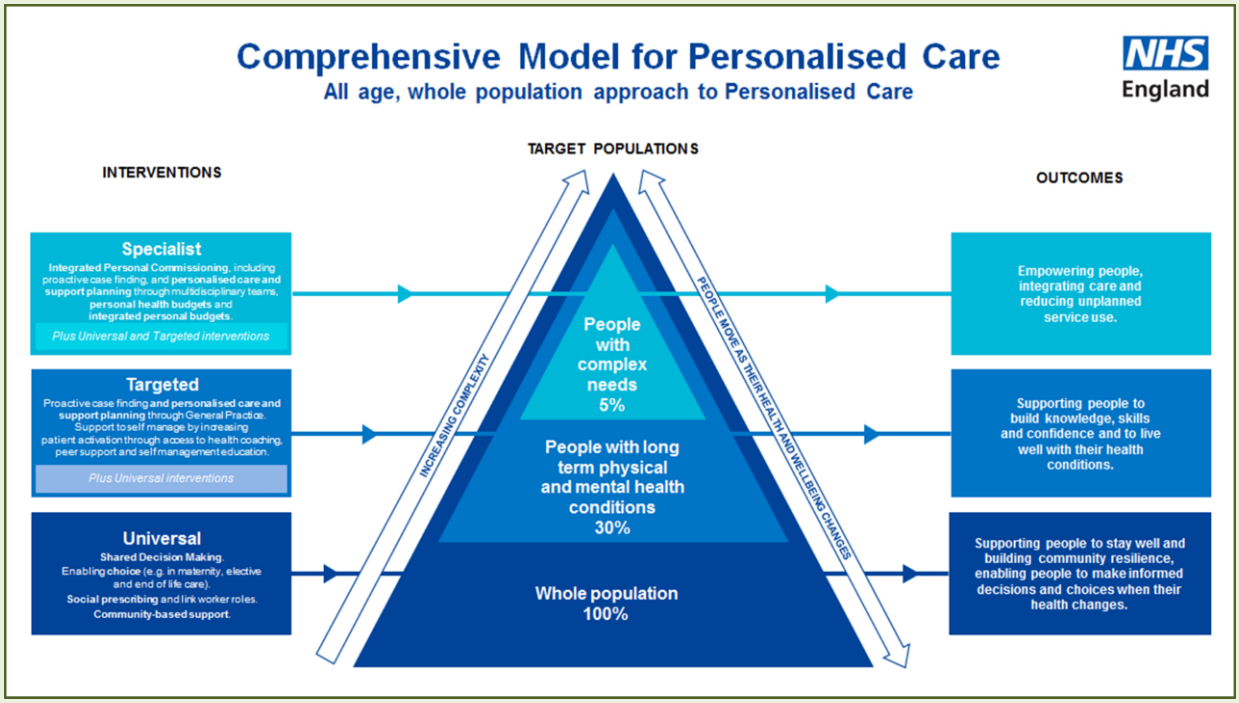
This research draws on a broad and diverse range of people in terms of income, place and age to understand their lived experience, illustrating that people's progression from one to many conditions varies significantly, influenced by both health and social factors. Importantly, hearing from people at different stages on the life journey, it also reminds us that living with multiple conditions is not just a problem of old age.

Addressing multiple conditions requires a profound shift in how we think about and coordinate services around health. Focusing on individual diseases underplays the compound impact on health and wellbeing and the wider impact on lives. This report offers a chance to pause, listen to people's stories and to reflect and contributes an often unheard voice to an important national debate."

https://richmondgroupofcharities.org.uk/taskforce-multiple-conditions

A comprehensive model for personalised care

NHS England is now promoting a comprehensive model of personalised care which includes care and support planning as a major component. It highlights that all people with long term conditions should receive care and support planning in general practice as a means of supporting people to develop knowledge, skills and confidence to live with their long term conditions. It is great to see this here and know the way in which we work is being supported by policy in NHS England.



NHS Scotland Chief Executive's Annual Report

The House of Care programme has been referenced in the NHS Scotland Chief Executive's annual review for 2017-18, along with ALISS and the Self-Management Fund and Network. This can be found on pages 15-16 at the link below:

https://www.gov.scot/publications/nhs-scotland-chief-executives-annual-report-2017-18/