



Welcome to The HOUSE Journal - Lindsay Oliver, National Director



In this edition we share some of the highlights from the Year of Care (YOC) community of practice network event. We are hugely grateful to Jonathan Silverman and Cindy Mann for delivering two stimulating presentations that highlight the challenges we face as a community of practice:

- How do we ensure that the care and support planning (CSP) conversation is collaborative and patient focused and uses the skills we teach in training?
- How do we ensure both the patient and professional issues are included, particularly when multiple long term conditions (LTCs), complex life issues and polypharmacy are added in?

We are making these the key themes of the next stage of our work, not least by collaborating with Jonathan around a Calgary Cambridge framework for CSP, and working with the 3D team to bring together the YOC framework for CSP with the 3D expertise in multimorbidity. Our newsletter summarises some the presentations and workshops and asks the fundamental question – *what is the role of the health care professional in a CSP consultation?* We hope that more of you can join us next year. Thanks to those who came along for your on-going support and enthusiasm – keep flying the flag!

Using communication skills in practice - *what gets in the way?*

Jonathan Silverman - *Professor of Academic General Practice*

Jonathan led an interactive and captivating session on the use of consultations skills in clinical practice using real life clips and audience participation to create debate and learning. He reminded us that we all use communication skills such as open questions, reflection and demonstrating empathy, but that the trick is to learn when to deploy these in a consultation for that consultation to be most effective.

He highlighted that this is best achieved by paying attention to what is happening during the consultation as well as being mindful of the purpose of the consultation. He emphasised 3 important questions to ask of yourself during a consultation:

Structure: *“Where am I and what do I want to achieve?”*

Specific skills: *“What specific skills will help me get there?”*

Phrasing or behaviour: *“How can I incorporate these skills into my own style and personality?”*

Central to this is being clear about the purpose of the consultation, including in situations such as giving complex explanations and breaking bad news. The value of using a facilitative approach and picking up on non-verbal cues was emphasised. He shared research which demonstrates that using this approach reduces the length of a consultation by 10-12%. Why not listen to Jonathon giving an overview of his session - <https://youtu.be/cZe26imZAFs>.



The 3D study - *an approach to multimorbidity care - what lessons can we learn?*

Cindy Mann - *Senior Research Associate*

Cindy summarised the learning from the 3D study which set out to improve the quality of life of people living with multiple conditions by creating a single patient centred care process for them. Over 1,500 adults with 3 or more LTCs were studied for 15 months. The intervention involved longer appointments, an information gathering visit with a nurse which included giving lifestyle advice and identifying patient concerns, a ‘virtual’ pharmacy review of medicines, followed by an appointment with a GP to review medicines and agree a plan. Patients were not given preparation prompts and results as part of this process. The study’s core aims were to increase continuity, reduce treatment burden (including polypharmacy and multiple appointments) and offer a more holistic and patient centred approach to care. The study was reported in the BMJ <https://bmjopen.bmj.com/content/6/4/e011261>. Whilst many patients reported improvements in patient centeredness, the primary aim of improving quality of life was not achieved.

Cindy also highlighted practical issues to do with fidelity of implementation around both the process and the second review. In particular it was possible that the development of the health plan may not have been as collaborative as it was meant to be, and that training may have been insufficient to change professional behaviour. You can listen to Cindy summarising the presentation she gave here - <https://youtu.be/GsC45mBGV2c>.

The HOUSE Journal – Workshop summaries

We asked – “What is the purpose of care and support planning?”

We considered the purpose of CSP, and how the way we see our role in a CSP consultation makes a difference to what we do. Research by Vikki Entwistle and her team highlights the importance of being clear about whether our role is to support people to live with their long term conditions, or solely to focus on disease management <https://doi.org/10.1016/j.pec.2018.03.028>.

We reflected on what this means for our role as health care professionals and, if the purpose of the conversation is to ensure that the person has a useful conversation, then the ‘job description’ for the health care professional includes being a skilled companion (not a fixer) who offers facilitation/coaching, exploring, risk sharing, signposting, listening, mentorship, clinical expertise, challenging, reflecting and educating.



WORKSHOP 1 - Supporting practitioner development of CSP consultation skills in practice

All practitioners have varying levels of experience and ability to use CSP consultation skills not least because we have had varied amount of training to develop these. A YOC survey of practice nurses highlighted which areas of a CSP conversation practice nurses might be struggling with: These included:

- Explaining the concept and philosophy of CSP
- Eliciting a person’s beliefs about their condition
- Supporting people to funnel and sift through ideas
- Helping the individual to generate and arrive at their own solutions
- Ensuring contingency planning is included in the plan where needed
- Recording a plan which details specific actions and behaviours agreed and set by the person



We generated ideas to support clinicians following on from YOC training. These included ideas about follow on training, the use of a Video Enhanced Observation tool for supervision support and feedback, bite sized micro-skills videos for reflection and practice, prompt questions embedded into clinical systems, local peer support networks and work-shadowing. The St Triduanas team from Lothian talked about supporting practice nurses and giving permission to let go of disease focused conversations, supported by a cultural change in the practice led by and role modelled by their lead GP. You can read a case study about St Triduanas on the Year of Care website <https://www.yearofcare.co.uk/examples-and-case-studies>.

WORKSHOP 2 - How do we know CSP conversations are happening?

We recognised that we often work in isolation in clinical consultations, so knowing how ‘well’ we are doing, can be difficult. But conversations are at the heart of CSP so knowing how they are going is important. We identified lots of ways to approach this, dependent on time and local support:

- Self-assessment – following Jonathan’s presentation self-awareness and reflection are critically important skills. Some of the resources in the *YoC Practice Pack* and *Fidelity Toolkit* can be used to reflect on confidence and self-assess skills.
- Feedback from patients – this can be really useful. In a recent CSP for MSK project ‘exit postcards’ asking a small number of questions reflecting key consultation skills was developed - these are now available from Year of Care.
- Feedback from peers – video and audio recording of consultations, or even direct observation with feedback/discussion was felt to be gold standard. Time, set-up, being organised and feeling safe with sharing consultations would be needed, and this could be built into follow on support within teams after initial CSP training.

WORKSHOP 3 - The dilemmas and difficulties of including multiple long term conditions in a CSP conversation

This workshop had the highest attendance showing that clinicians have concerns about CSP conversations that include a number of different LTCs, particularly if they lack the technical expertise to advise/assess patients in those disease areas. Much of the discussion focused on balancing the patient and professional issues where the professional ‘disease checklist’ can feel longer for people who have more than one LTC. There was a risk that a long IT disease-focused template could swamp the CSP conversation and patient agenda. Some potential solutions included:

- a triage step in the process to enable some clinical supervision so that clinicians with the right level of skill can see people who have complex issues or/and live with multiple LTCs – including identifying ‘medical musts’.
- Supporting, training and developing the role of practice nurses and nurse practitioners as expert generalists.
- Masterclasses to increase generalist knowledge in specific topics.
- Managing expectations about what could be covered in one appointment; and recognise that the HCP role isn’t to fix everything but to help the person to manage their conditions, and to build on their strengths and expertise to live well.

The HOUSE Journal – Workshops summaries

WORKSHOP 4 - *The RCGP curriculum – CSP for GP trainers. What needs to happen next?*



Although the promised changes to the RCGP Curriculum for registrars haven't yet emerged, CSP is now normal practice in 59 of 63 Newcastle and Gateshead CCG practices. GP trainers and CSP leads have been meeting for 18 months to work out what a training programme for registrars might look like.

Sue Roberts and Graham Kramer presented this work which included draft learning objectives and developing and testing resources for a programme of practice-based learning and assessment. This (including the views of a GP registrar <https://youtu.be/naQdB4GRVHo>) was shared at the North East Educators' Conference, and a meeting of post graduate GP Deans in Scotland.

Workshop participants reviewed and commented on the ideas that emerged. These included the role of GPs in LTC management as well as the practical aspects of workplace based learning and assessment. A report and draft resources to support trainers and trainees is available on request for those who would like to be involved.

WORKSHOP 5 - *The dilemmas and difficulties of including medicines management in a CSP conversation*

Polypharmacy is one of the great challenges for people living with multiple LTCs and medicines reviews are part of many national and local incentives schemes. These include reviewing interactions and contraindications (based on a 'STOPP/START' tool), often by reviewing the record 'behind the scenes'. However, working out where medicines fit in a person's life, if there are substitutions with non-drug activities, or if de-prescribing is possible requires a face to face discussion with the person. This workshop explored how this could be combined with CSP without dominating it.

Each practice is different depending on the size and skills of the workforce so the group looked at the roles of the CSP practitioner and practice pharmacist. The participants tried out a new interactive exercise that might be used with practice teams to help them decide what would work best for them. A useful discussion about dilemmas and solutions included the importance of a triage step in CSP when the results from information gathering might be reviewed with advice from a STOPP/START review to select the most appropriate HCP for the conversation and brief them on the prescribing issues. One output of the conversation might be an appointment with a pharmacist or GP if unexpected or complicated medicines issues emerged. A preparation tool to enable the person to reflect on medicines before this was shared at the workshop and was positively reviewed by the group. An improved version of the exercise should be available soon for practice facilitators.

WORKSHOP 6 - *How can our learning from care and support planning influence other consultations?*

Graham Kramer and Simon Eaton facilitated a discussion about whether participating in care and support planning training influenced other consultations. The answer was a resounding 'yes!' The main effect has been recognising the role of the person, and the importance of exploring their ideas and perspectives, as well as supporting their self-management efforts. Micro-skills that people had learnt and practiced, leaked into, and helped, other settings. Participants mentioned recognising the value of helping people prepare for consultations and admitted using techniques such as goal setting and action planning in other consultations, and even in family life!



There was also recognition of the impact on the wider team even if they hadn't attended training. CSP affects the way the practice functions as well as influencing discussions in team meetings. The ideal is to get as many people within the practice trained as possible, but we should also explore ways to increase impact and value to team members not involved in CSP.

The HOUSE Journal

What did you find most useful about today's event?

"Consolidate knowledge, learn new tips, network, and re-connect with others, VEO technology – great potential!"

★★★★★★★★★★

"Jonathan Silverman's session on what is the purpose – what skills are needed in this? And this reflects in the afternoon a bit about application"

★★★★★★★★★★



What do you think Year of Care should do as a result of today's event?

"Continue to support us with the change"

★★★★★★★★★★

"Celebrate! Thanks for all the effort. I really enjoyed the communications skills talk. I would really appreciate video examples to help with care and support planning"

★★★★★★★★★★



What are you going to do differently as a result of today's event?

"Keep going spreading the word and supporting implementation. Explore development of on-screen clinical guideline for LTC. Feasibility of conversation skills training"

★★★★★★★★★★

"Consider how to use 'communication skills' in practice"

★★★★★★★★★★



Any other feedback or comments?

"Excellent organisation. Really interesting content and excellent speakers – good having a 'theme' running through the whole day"

★★★★★★★★★★

"Great time as expected. Thank you"

★★★★★★★★★★

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