The HOUSE Journal

The newsletter for the Year of Care Community of Practice

Issue 14
Nov 19

Welcome to The HOUSE Journal

Lindsay Oliver, National Director

What an exciting and exhilarating month it has been. In the past few weeks we have welcomed and hosted a team from Singapore, delivered our new hypertension patient education programme for the first time in a local practice ahead of a pilot programme in Thames Valley, as well as running Year of Care training and supporting individual practices in Langabhat and Benbecula in the Western Isles of Scotland.

We have met with GP trainers to consider the planned changes to the RCGP curriculum and the opportunities this gives to entice trainee GPs into the world of CSP. We were also excited about our publication in BMC Family Practice as well as having one of our team join the official launch of the You and Type 2 programme in South West London.*

In this newsletter we share some specific updates on resources and some news from around our community.

*https://bmcfampract.biomedcentral.com/articles/10.1186/s12875-019-1042-4

Richmond Group case study – CSP in Gateshead

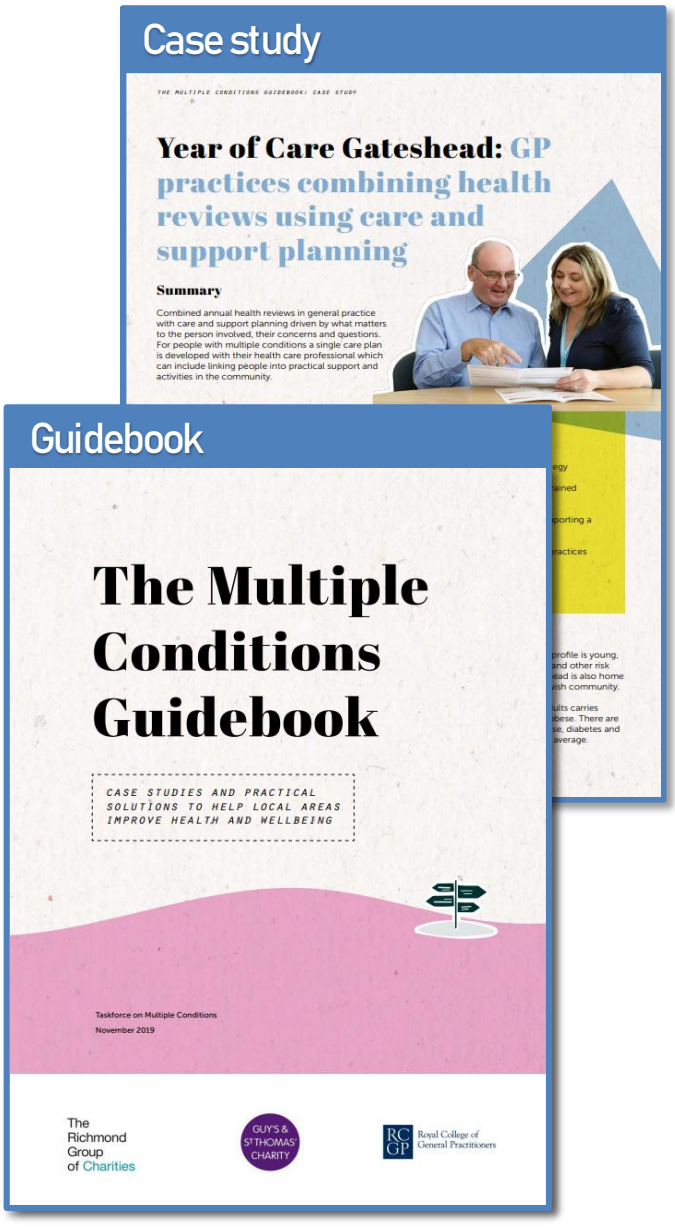
The Multiple Conditions Guidebook is a new resource published by The Richmond Group Taskforce on Multiple (Long Term) Conditions. It features a case study on Year of Care CSP in Gateshead as one of 10 examples of how local areas and frontline professionals across health, social care, voluntary and community sectors and local government are responding to the challenge of how to provide better support for people living with multiple long-term conditions.

Link to case study:
https://richmondgroupofcharities.org.uk/sites/default/files/gateshead_case_study.pdf

Link to guidebook:
https://richmondgroupofcharities.org.uk/taskforce-multiple-conditions

Welcome to the team Becky Haines!

We are delighted that Becky Haines, GP at Glenpark Medical Centre, Newcastle and Gateshead CCG Clinical Lead for Diabetes, and RCGP Champion for Person Centred Care, has joined the Year of Care Programme team as GP Clinical Lead and Advisor. Becky brings a wealth of experience, including of implementing care and support planning at the 'coal face', and we are looking forward to having her embedded in the team. Look out for articles from Becky in future editions of The House Journal.



South West London – You & Type 2

NHS Digital Test Bed Project

South West London Health and Care Partnership originally approached Year of Care in early 2018 to be involved in a bid to the NHS Digital Test Bed Programme. The ambition was to launch a new service for people with type 2 diabetes with care and support planning (CSP) at its' core, and enhanced by the introduction of technology, to enable them to be more involved, have a better experience of their care, and support self-management. The technology was designed and developed into the project from the start enabling patients and healthcare professionals to prepare for appointments and access resources for management.

Thirty five 5 GP practices across South West London have piloted 'You & Type 2' with over 1,000 people living with type 2 diabetes experiencing CSP and the supporting technology for the first time. Clinicians have already reported improved knowledge and skills, as well as greater job satisfaction and increased levels of team work.

The technology

An app was developed to support preparation by sharing information such as test results, personalised videos and other prompts in digital format in advance of CSP conversations, and access to information on local services that may be helpful in achieving their goals.

The Year of Care team worked closely with the South West London team and project partners – Citizen, Healum and Oviva – to ensure that all elements of 'You and Type 2' are designed, developed and delivered in line with the core Year of Care philosophy of CSP.

Dr Neel Basudev, Clinical Lead for You & Type 2, said: *"We know that being diagnosed and living with a long-term condition can feel overwhelming, but by using innovative technologies and working collaboratively with patients, this service helps them to overcome difficulties and improve their overall health and happiness."*

Victoria Parker, Programme Lead for London Diabetes Clinical Network, NHS England, said: *"This is such an innovative digital service…the NHS Long Term Plan speaks of personalisation and patient centred care. This service captures the essence of the Long Term Plan but also pushes it to a new level, offering better care and support for people with type 2 diabetes as well as creating a model of care for any long term condition. I am excited to see where this project goes next and for the opportunities it presents for spread and adoption across London."*

Launch video

A launch video about the project has been developed featuring Year of Care's Carolyn Forrest and can be viewed on the Year of Care website at the link below:

https://www.yearofcare.co.uk/examples-and-case-studies

National University Hospital, Singapore

The background

While on attachment in Dundee in 2014 Dr Yew Tong Wei from the Division of Endocrinology, National University Hospital (NUH), Singapore experienced first-hand how Scotland had adopted Year of Care care and support planning (CSP). Dr Yew recognised that this way of delivering care could provide an opportunity to bring patient-centered care to the healthcare system in Singapore starting with the NUH diabetes clinic. The challenge faced in Singapore however was how to introduce CSP while meeting the demands for efficiency and sustainability in a very different healthcare system to the one Dr Yew had experienced in Scotland.

Year of Care Partnerships in Singapore

In July 2017 Lindsay Oliver, Nick Lewis-Barned and Yvonne Doherty went to Singapore to train 30 endocrinologists, general practitioners, nurses, pharmacists and dietitians in CSP and a different style of conversation. The intensive two day training focused on the principles, philosophy and skills of CSP and how these could be implemented within their very different healthcare system.

Year of Care also spent time supporting the NUH team to consider how to adapt the programme delivery within the diabetes specialist care setting. The training was attended by GPs from local poly clinics who have since set up a formal study (PACE-D) with support from the Year of Care team and NUH to look at what is needed and the local impact of implementing CSP in this community setting.

The launch

The pilot YoC Singapore programme was launched in in October 2017. There was an initial steep learning curve for most healthcare professionals (HCPs) to develop the skills to help people talk about personal dimensions such as feelings, motivations and fears. These topics were not often previously explored during healthcare encounters in Singapore.

"It wasn't easy at the start. I found myself reverting to old habits of jumping in and 'lecturing' the patients. This is called the 'righting reflex' – an urge to want to 'make things right' whenever we see a problem," recalled Dr Yew. *"It required me to be very mindful, but with practice I can now communicate in a collaborative manner more naturally."*

Into year 2

The Singapore team reports that, as they move into their second year of CSP, patients have become more effective at articulating their needs and aspirations and working with their HCPs. The team tell us that their gradual implementation to allow HCPs to adapt is a key part of the process and they would advise similar healthcare systems considering implementing the programme to adopt a staged approach.

Practice pack changes

There have been updates to the Year of Care practice packs which are now live on the Year of Care secure area of the website. The main changes are:

- Updated section headers to improve the descriptions of documents
- Improved order of sections
- Some updated document titles
- New documents have been added to sections 3, 4, 5, 10. These are:
    - A flowchart to help practices with the structure of appointments (conditions which have / don't have information gathering requirements etc.)
    - a generic 'Preparing for your CSP conversation' patient prompt where there are no test results to share
    - a falls prevention patient leaflet
    - a patient feedback postcard for use by practices

A document that outlines all of the updates is available from enquiries@yearofcare.co.uk.

BP changes on Year of Care resources

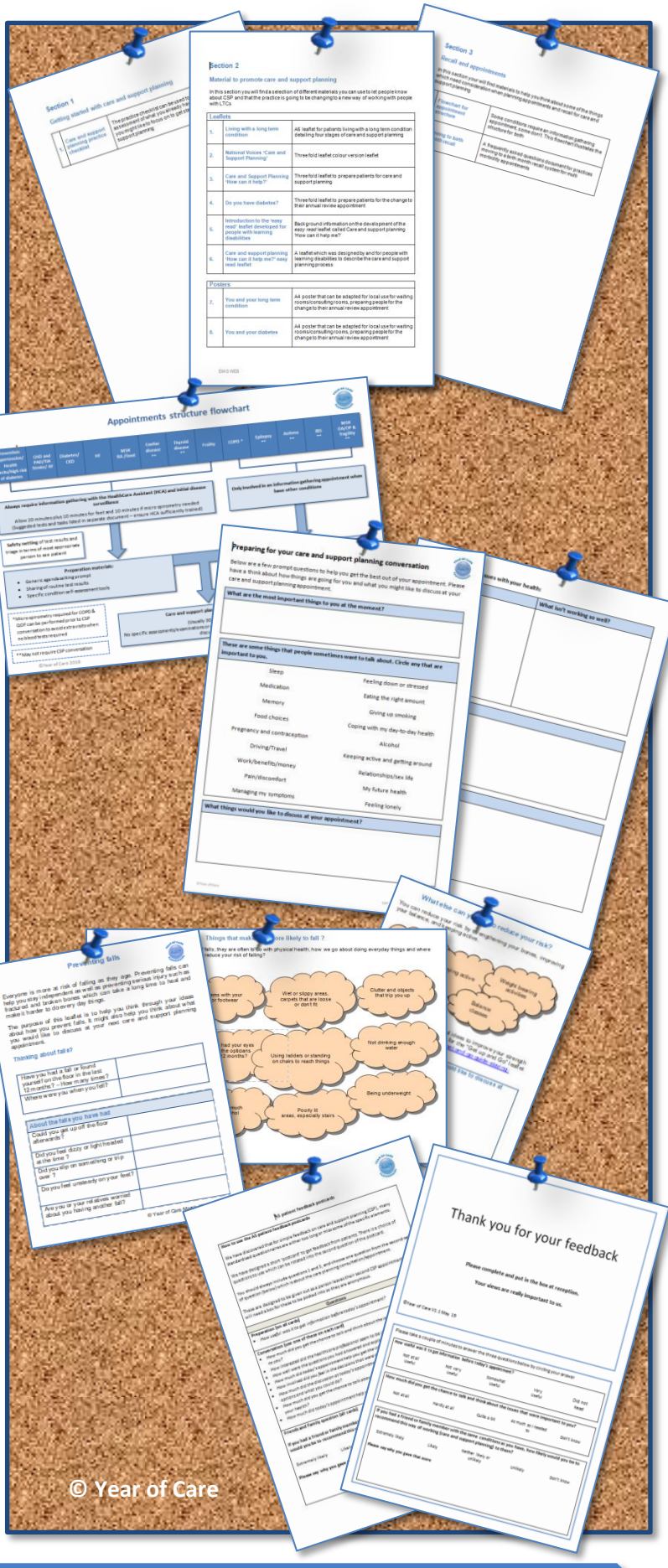
Updated NICE guidelines for hypertension identify blood pressure targets for clinic, ambulatory and home blood pressure monitoring:

https://www.nice.org.uk/guidance/ng136

Clinic blood pressure targets

- below 140/90 mmHg for adults aged under 80
- below 150/90 mmHg for adults aged 80 and over
- use clinical judgement for people with frailty or multimorbidity

Please check your information sharing letters and amend blood pressure information in line with current guidance.



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