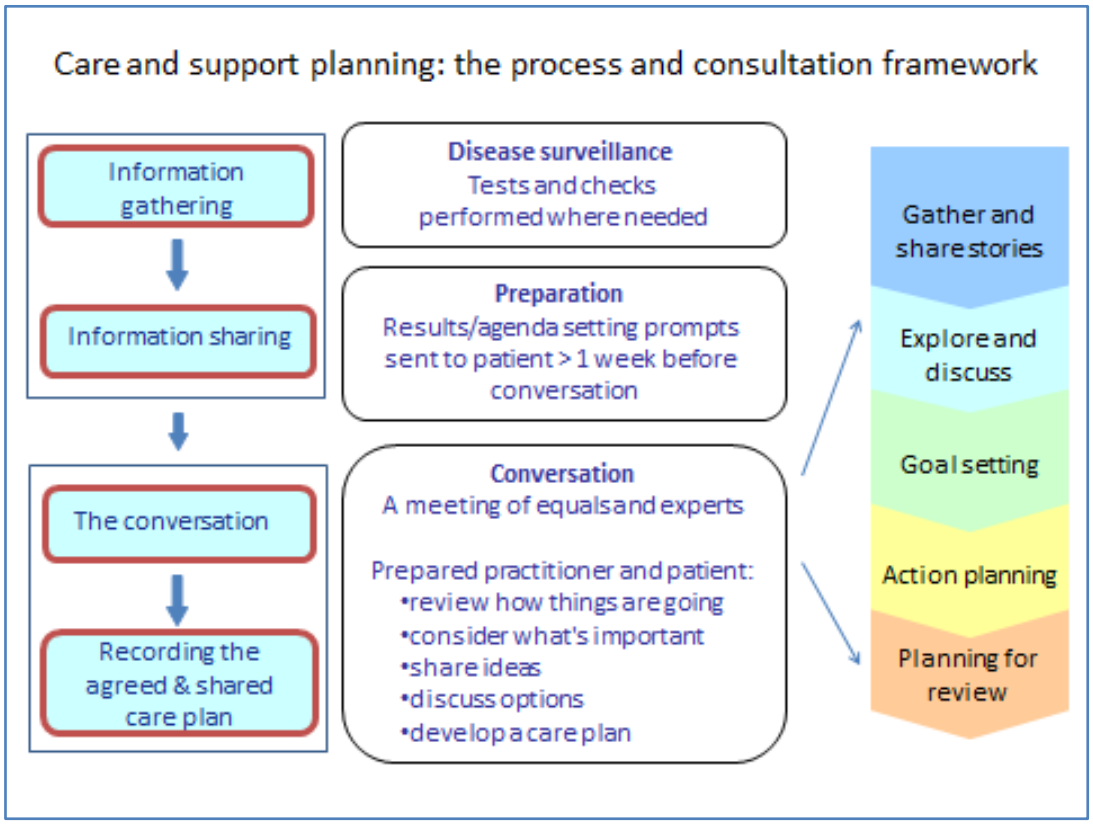
Care and support planning and remote consultations – learning from COVID-19

What is care and support planning?

Care and support planning (CSP) is a **systematic process** which replaces current planned reviews for people with long-term conditions, and is focussed on creating the opportunity for a **'more productive conversation'** between the person with long-terms conditions (LTC) and the healthcare professional, enabled by **preparation.**

The CSP process usually begins with an **information gathering** appointment in which tasks and tests are collected ahead of the **CSP conversation**. The results of any information gathered, together with reflective prompts, are sent to the person 1- 2 weeks before the CSP conversation (**preparation**).

The CSP conversation has a **solution focussed and forward-looking approach** which acknowledges the **experience and expertise of the patient.** It brings together **traditional clinical issues** with what is most important to the individual, **supporting self-management**, coordinating complex care and sign posting to social prescribing. It is an **enabling** conversation, focusing on the **things that matter to the person**, which produces a **plan of self-care** for the individual to support them in their day to day decisions over the up and coming months. The aim is to support people to **live with and manage** their long-term conditions.



Practices are now seeking to resume LTC reviews using the existing framework of CSP (including the administrative functions) but with adaptations to accommodate the transition through the next stage of the pandemic or, in the longer term, to think about some of the lessons learnt and how these can be usefully included in the approach. Much of this is focused on the use of technology to remotely consult with people.

© Year of Care 2020 V1.0

Any adaptations to the process need to be in keeping with the overall philosophy and ethos of the approach including:

- People with LTC are in charge of their own lives and self-management of their conditions and are the primary decision makers about the actions they take to manage these.
- People with LTC bring personal assets, strengths and abilities to develop solutions. The CSP process supports them to articulate their own needs and decide their own priorities.
- The care and support planning conversation is a meeting 'between experts' which brings together the lived experience of each person and the technical expertise of the practitioner.
- People are much more likely to take action from decisions they make themselves rather than decisions that are made for them.

This means we need to build on existing structures and processes and pay attention to the underpinning values and aims of the approach, including:

- People with LTC should be asked about their preferences and these may change over time.
- It isn't CSP if there isn't preparation.
- People should be supported to self-monitor and self-manage – to help them to live with and manage their condition(s) – this should be actively included in the process and conversation.
- The CSP conversation is enabling, patient focused, meaningful, useful to the person, supports them with their goals and immediate needs/plans for the future.
- Practitioners' job satisfaction is an important consideration.

Learning from COVID-19 – remote consultations and supporting self-management

Prior to COVID-19 most of the literature around remote consultations was focused on the use of the telephone, and much that was written put it as a poor second to face to face visits. Remote consulting was mostly used for triage and simple reviews (telephone) or in some remote locations (video). There is virtually nothing in the literature about its use for 'chronic disease' management.

However out of necessity much has been achieved in a few months and it's possible that some of this has accelerated implementation albeit without evaluation or an understanding of patient preference.

Informal learning indicates that:

- Where CSP is already established the current process can be adapted to include preparation and good conversations using remote technology.
- However, where practices are drawing up lists and 'cold calling' patients this seems less productive, less satisfying for staff and in general this amounts to not much more than safety netting and patients aren't getting the full experience!
- Preparation therefore is a critical element of the approach.

Year of Care has collated the experience of practices that have modified their processes during transition through the current pandemic. There are some long-term potential suggestions as to how some of this practice may be used to modify the CSP process, based on patient preferences and clinical need, in the longer term.

Overview of process changes to include remote consultations

Stage of CSP	Adaptations	Resources
Prioritisation of reviews/assessing need for information gathering	Initially suggest that this is focused on who is most urgent for CSP (prioritisation) and whether people need a face to face information gathering visit (clinical need) Eventually return back to usual process	See ***Prioritisation, triage and recall options*** (also, may be developed locally)
Information gathering	Limited initially to those who are prioritised by triage and respecting some people's decision to not attend face to face appointments Checking people's preferences for CSP conversation (telephone/video/face to face) Encourage people to gather their own data from self-monitoring	Use existing practice templates – no change See ***Self-management information gathering proforma*** – sent out and returned to practice
Preparation for professionals	Happens as now, but fewer people having results to share or triage, however this could change	
Patient preparation	For those who are having no information gathering appointment: • People understand that this is a CSP conversation • Generic preparation prompt • Encourage people to gather their own data from self-monitoring For those who have information gathering appointment • Use usual letters and templates	See ***Preparing for your CSP conversation no information gathering*** See ***Self-management information gathering proforma*** – sent out and returned to practice Usual preparation prompts and results letter
CSP conversation	Dependant on people's preferences for CSP and practice capacity (telephone/video/face to face) Needs to use the existing structure and skills	See: ***CSP conversations*** ***CSP consultation stages, tasks and skills*** ***CSP using the telephone*** ***CSP using the video***
Supporting self-management and review	There are a lot of good online resources that we could compile and signpost people to Promote telephone and remote consultation for review where appropriate – collect people's preferences at CSP conversations	

Flowchart - CSP process with adaptations for remote consultations and including patient preference driven options