The Burnbrae Story

Care and support planning and COVID-19

"We've been doing CSP since 2017 and, although we know it's a slow burn, we think before COVID-19 we were really making a difference."

Burnbrae Medical Practice is in semi-rural North Lanarkshire and in 2017, led by Dr Sue Arnott , they implemented care and support planning (CSP) using the House of Care framework (HoC) for people living with one or more long term condition, and/or frailty. The practice has a list size of around 5,000 people, 30% of whom have one or more long term conditions. CSP was working well for both patients and professionals who find the new process both effective and helpful to build better relationships with people who live with long term conditions.

However, at the onset of COVID-19, the practice had to quickly evolve to deliver effective CSP using remote methods.

Responding to COVID-19

Scotland being sent into lockdown in March 2020 saw Dr Sue Arnott shielding from home, and the practice team having to adapt quickly to using remote communication methods both internally and with patients. The initial response to the pressures placed on the practice by COVID-19 involved pausing all routine long term condition (LTC) support and focussing on people defined as 'clinically extremely vulnerable' who were advised to shield. Conversations in the first month of the pandemic were largely held by telephone and focused on 'sick day rules' (how to mitigate exacerbations) and anticipatory care (particularly in the event of catching COVID-19) and to some extent CSP was on hold.

In preparation for restarting CSP the practice reviewed and adjusted their processes embracing newly introduced remote technology and self-monitoring techniques. The practice team was also aware that many 'more than medicine' activities usually available in the community were now more restricted with different ways of accessing them compared to usual.

"The local 'Getting Better Together' service which normally provides peer supporters and clubs for people to join has had to stop or change the way they deliver their support. We've had to keep up to date with what's out there to help support people through these difficult times."

Recall and inviting people to remote care and support planning

Recall was previously carried out using a birth month system. This was initiated by sending an invitation letter. During lockdown however the practice found that making an initial contact by telephone has been much more successful. The administrator who does these calls:

- Describes remote CSP, including how information gathering and review appointments will work.
- The person is advised that calls from the practice are always on a booked day, there is no cold calling, and that the call may appear as a withheld/private number on their telephone.
- The practice sends a text message if the person doesn't answer the phone to arrange another date.

People value being informed and 'walked through' the new process and their role within it. Contacting people in this way has improved engagement with CSP from a pre-COVID level of 60-65% to 75%.

"People appreciated us reaching out and contacting them while they were isolating, but they also seemed to value being prepared for the new way of doing things, just like the things we had to do when we first implemented CSP as the new way of doing things three years ago."

Remote information gathering, safety netting and triage

Burnbrae Medical Practice

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Gina Gpass
5 Main Road
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ML7 5AH

CHI:

28 July 2020

Dear Miss Gpass,

It's time for your annual check up

This offers you the opportunity to consider your long term condition(s), your treatment and to set goals to help you live and keep well.

As a result of the COVID-19 (coronavirus) pandemic we need to do things a bit differently.

Your review requires some preparation where we gather information relevant to your condition(s). We would like to know:

your...	Please enter the details below:
Height	
Weight	
Blood Pressure (if you have a machine at home)	
Smoking status (current, ex- or never)	
Alcohol intake in a week	
Peak Flow Rate (if Asthma and you have a meter)	
Pulse Ox (if COPD and you have a monitor)	
Are you a Carer?	

Please complete the other questionnaire(s) included with this letter.

A member of the Practice Team will telephone soon to get the review process underway. Our number comes up as private/withheld so please be sure to answer if you can.

Yours sincerely

Dr S Arnott (GP)

General Practice Physical Activity Questionnaire

During the pandemic it has been important to minimise visits to the practice and so people are encouraged to self-monitor and capture data where possible. A data gathering proforma was designed to help the person record their self-monitoring results.

An accompanying letter was developed to support people to understand the benefits of collecting the information and where necessary people were supported by telemedicine, local pharmacists or the local care and treatment centre (CATC).

"Most people are happy to complete relevant questionnaires remotely, or with support from our nurses."

"Some of the questionnaires prompted new questions and opportunities for education which patients found helpful."

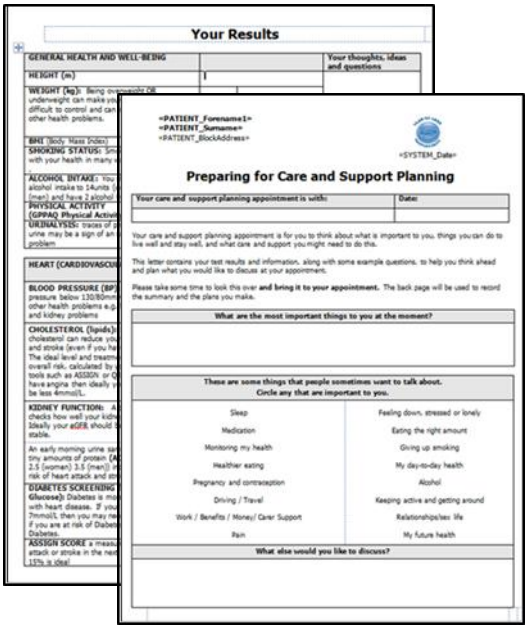
This information was then collected during a telephone information gathering appointment with the nurse. It was also an opportunity for an initial discussion and to invite the person for any additional tests and checks e.g. foot screening and essential blood tests.

"For some patients these contact calls were welcome, as they had been shielding for several months."

There was also a discussion about the person's preference for follow-up conversation, including an option for no follow up if there were no patient or professional issues to discuss.

Once all information was gathered, clinical triage and review of bloods and other tests were carried out as part of routine 'safety netting'. They were acted upon appropriately taking into account any clinical concerns (e.g. arranging immediate home visit, adding a note to raise an issue during the CSP review etc.).

Patient preparation for remote CSP



Your Results

GENERAL HEALTH AND WELL-BEING

Your thoughts, ideas and questions

HEIGHT (m)

WEIGHT (kg)

BMI (Body Mass Index)

SMOKING STATUS:

ALCOHOL INTAKE:

PHYSICAL ACTIVITY (GPPAQ Physical Activity)

URINALYSIS:

HEART (CARDIOVASCULAR)

BLOOD PRESSURE (BP)

CHOLESTEROL (lipids)

KIDNEY FUNCTION:

DIABETES SCREENING

ASSIGN SCORE

«PATIENT_Forename1»
«PATIENT_Surname»
«PATIENT_BlockAddress»

«SYSTEM_Date»

Preparing for Care and Support Planning

Your care and support planning appointment is with:	Date:

Your care and support planning appointment is for you to think about what is important to you, things you can do to live well and stay well, and what care and support you might need to do this.

This letter contains your test results and information, along with some example questions, to help you think ahead and plan what you would like to discuss at your appointment.

Please take some time to look this over **and bring it to your appointment.** The back page will be used to record the summary and the plans you make.

What are the most important things to you at the moment?

These are some things that people sometimes want to talk about. Circle any that are important to you.

Sleep	Feeling down, stressed or lonely
Medication	Eating the right amount
Monitoring my health	Giving up smoking
Healthier eating	My day-to-day health
Pregnancy and contraception	Alcohol
Driving / Travel	Keeping active and getting around
Work / Benefits / Money/ Carer Support	Relationships/sex life
Pain	My future health

What else would you like to discuss?

Preparation continued to be a key component of care and support planning processes and where physical tests were carried out these were shared as usual alongside an agenda setting prompt in letter format. Where no results were available the patient still received an agenda setting prompt to help prepare for their CSP conversation, as would normally happen prior to a face to face CSP conversation.

Self-management information about 'sick day rules' was also shared with people following the success of the early lockdown phone calls to those shielding.

The practice now reflects, however, that more could possibly have been done to have supported people to prepare for their remote CSP appointments, especially around how to engage with the technology involved.

"With hindsight, I think another layer of preparation needs to be included – what do people need to do differently to make the telephone or video call more productive like choosing a quiet place, considering who to include and how – using telephone speakers, three way conference calls, video etc."

The remote CSP conversation and making a plan

CSP conversations are carried out with Dr Sue Arnott and nurse practitioners Sharon Ghani, Marion Hillier and Lindsay Smith. The practice also has a multi-disciplinary team which includes a mental health nurse practitioner who has supported patients with their health and wellbeing. The practice has had a number of internal training communication skills sessions with the team.

"Although it was strange at first, I think both the team and the people we call are getting used to it."

The remote CSP conversation is still sometimes a challenge with a lack of visual cues and the importance of concentrating on the tone or inflection of the voice in addition to the words used. The nurses feel the conversation can sometimes be less effective over the phone and that face to face contact seems better. They reflected that they need to be aware of their own attitudes, beliefs, levels of stress and perceptions of patients and their symptoms to ensure they don't unduly influence the tone of the conversation. They need to consider time constraints, demand and patient expectations which can be difficult to manage. Listening, tuning in and paying attention are important and can be challenging if there are distractions around, so a quiet space is key. This presents additional challenges to the healthcare practitioner and while the same conversation skills developed for CSP are needed, the training and development of telephone-based techniques is important. 'Tele-charisma' helps with rapport building and techniques to help with this are needed. Reflecting on the main conversation changes, the honing of listening skills was thought to be one of the main things developed by practitioners over this challenging time.

"I am fond of using effective silence in conversations; it's harder when on the telephone."

Understanding the remote CSP process helps patients but it's still important to 'set the scene' at the beginning of each conversation. It was noted that people were less likely to formulate goals and actions for the future, with a focus on the impact of lockdown and facing the unknown. When goals and actions were discussed, the conversation felt sometimes more medical because of the lack of local non-traditional opportunities.

"I feel at the moment it is going well, a lot of the patients have actually enjoyed not having to come out the house and during this time have enjoyed blether on the phone, since certain ones are shielding."

The practice continued to record goals and actions agreed during the CSP conversation on their IT system in the usual way, and encouraged the person to make a record of this themselves.

The practice found that people seemed to favour telephone over video consultations although 'Near Me' is available and so can be offered as an option for video calling. Moving forward the practice will support people to choose which option they prefer, this will be collected as part of information gathering.

"Engagement levels for CSP are as high as ever. The conversation is different, sometimes the content and priorities are different, but people with LTCs are as keen as ever to have their CSP conversation."

The future

Collecting information and data remotely will stay - it's effective and patients seem to have engaged with it. The plan will be to continue with 'remote' CSP for the rest of 2020 given the uncertainty over winter pressures, capacity and a possible second wave of COVID-19. The practice hopes to continue working with the Care and Treatment Room (CTAC) service for support with information gathering, so that information to aid decision making is available for both the patient and practitioner.

The future may be a hybrid approach, supporting virtual and face to face conversations. There also may be opportunities for group consultations using video conferencing.

The need for flexibility and being adaptable has never been more important as well as ensuring the collection of patient and professional feedback.