

Primary Care Resilience WebEx Series

Connect, rebuild and move forward



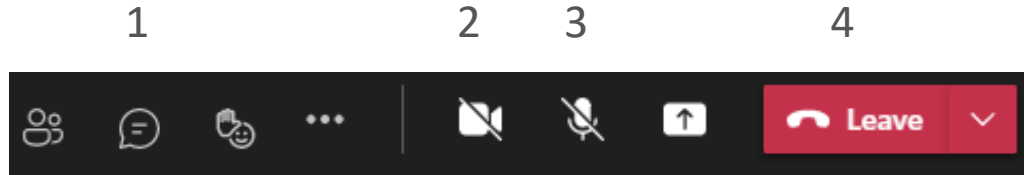
Introduction and Scene Setting



Jill Gillies

Portfolio Lead, Primary Care Improvement Portfolio,
Healthcare Improvement Scotland

Housekeeping



1. **Open and close the chat panel** – use the chat panel to introduce yourself, raise any questions you may have for the speakers and also post comments.
2. **Turn your camera off and on** – please ensure your camera is turned **off** to minimise bandwidth issues.
3. **Mute and unmute yourself** – please mute yourself to avoid any background noise.
4. **Leave the meeting**

This Webinar will be recorded.

The link will be shared, so those who are unable to join us today can listen to the session.

Please do not record the session.



Feedback from previous webinars

Feedback on platform

- There were v significant technical difficulties with the web platform interface.
- V. time-consuming to download app....no sound
- Not keen on this format. Sound on speaker phone not great.
- Sound was not great, can you try web based audio?
- Perhaps a different platform it is annoying having to dial in on my phone and use my computer



Microsoft Teams

Aims of the Webinar Series

- Reflect on what we have learnt from the response to COVID-19
- Explore what changes we have made and what we need as we move forward
- Connect and learn from each other

**TODAY –
‘What Matters To You’ and
multidisciplinary care planning**

Introduction into session 1

Dr Michelle Watts

Medical Advisor (Primary Care Division),
Scottish Government



The contribution
of the “*What
matters to you?*”
approach in MDT
care planning



Sarah's story...



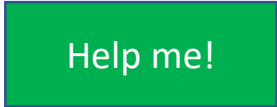


What's
important to you
right now?

W



What are the things
that keep you
happy and well?



Attentiveness

directs

Kindness

promotes

Kinship

Whole process
reinforces
conditions for
kinship/kindness

Better outcomes

produces

Therapeutic alliance

generates

Trust

builds

Attunement

enables



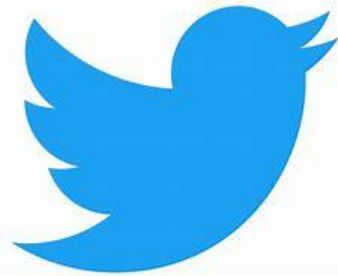


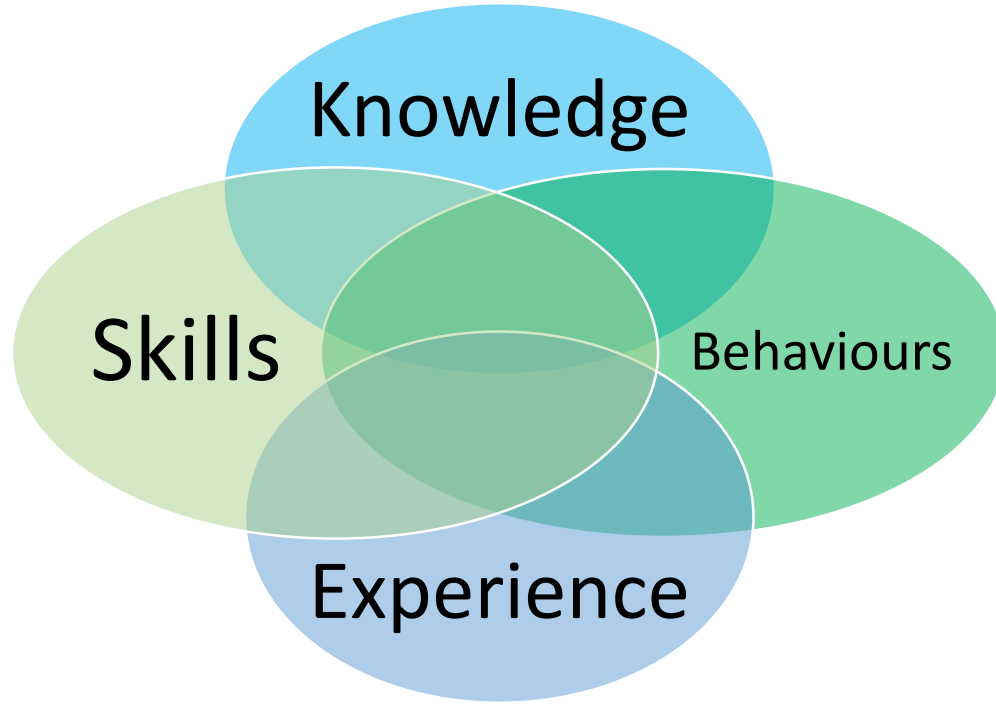
Impact of the WMTY approach

Jan Beattie

Allied Health Professional Advisor in Primary Care
at Scottish Government

@JanAHPO





Occupational
Therapist

GPN

Pharmacist

Podiatrist

Mental
Health
Nurse

GP

Community Nurse

Paramedic

Dietitian

Physiotherapist

Level 5 Key Knowledge, Skills, Behaviour	Level 6 Key Knowledge, Skills, Behaviour	Level 7 Key Knowledge, Skills, Behaviour
Apply legal and ethical principles Maintain, develop and apply knowledge of legislation, policies, procedures, protocols, professional regulation and codes of professional practice Use critical thinking, analysis and evaluation in making clinical judgements	Reflect in practice on own values and beliefs and support others in ethical decision making Use critical thinking to explore and analyse evidence, cases and situations in clinical practice	Quickly analyse complex situations, identify important aspects and take appropriate action Use critical thinking to explore and analyse evidence and situations in practice enabling a high level of judgement and decision making
Examples of Sphere of Responsibility	Examples of Sphere of Responsibility	Examples of Sphere of Responsibility
Work autonomously within scope of practice to exercise judgement about actions while accepting professional accountability and responsibility Draw on a range of sources in making judgements guided as necessary by senior colleagues regarding management and delegation to others	Work autonomously with freedom to exercise judgement about actions guided by professional accountability and responsibility Draw on a range of sources in making judgements including precedent, clearly defined policies, procedures and protocols	Practice autonomously demonstrating expert problem solving and clinical decision making skills while demonstrating professional accountability and responsibility

Transforming Roles

Non Medical Prescribing Developments

Career Framework Refresh

Health & Safe Staffing Programme

Request for Assistance Model

Workforce Templates

Advanced Practice

Inter- professional education

Shared Decision Making Conversations

Digital Programme

One Team Approach

Discussion

Introduction into session 2

Dr Scott Jamieson

Executive Officer (Quality Improvement),
Royal College of General Practitioners Scotland

Anticipatory Care Planning

It is a person-centred, thinking ahead, proactive approach to care which promotes shared-decision making.

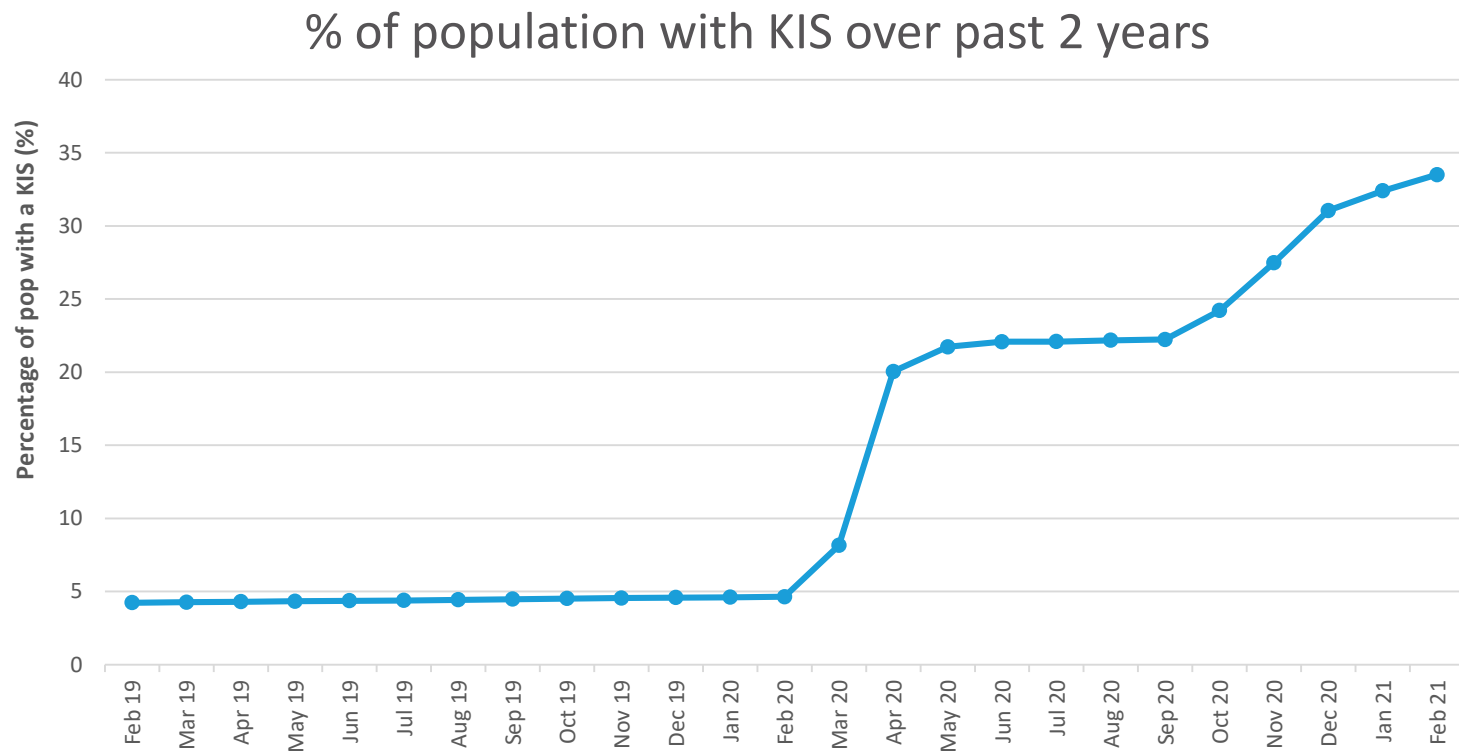
It helps the person, families and carers set personal goals so that the right thing is done at the right time to achieve the best outcome.



Key Information Summary



What has happened to KIS during pandemic?



A pragmatic 4-step approach to ACP and updating the KIS



4 step approach to ACP and the KIS

1



Preparation and planning

This involves identifying who will benefit most from an ACP/KIS, and exploring what resources you have within your team for ACP. Everyone should be involved!

Preparing both yourself and the patient for the conversation.

4 step approach to ACP and the KIS

2



**Meaningful
conversations**

REDMAP FRAMEWORK

- R** E A D Y - CAN WE TALK ABOUT YOUR HEALTH + CARE?
- E** X P E C T - WHAT DO YOU KNOW/ WANT TO TELL OR ASK ME ?
- D** I A G N O S I S - WE KNOW / DON'T KNOW
- M** A T T E R S - WHAT IS IMPORTANT TO YOU/YOUR FAMILY ?
- A** C T I O N S - WHAT WE CAN DO/ THIS WILL NOT HELP
- P** L A N - LET'S PLAN AHEAD FOR WHEN/IF

4 step approach to ACP and the KIS

3



**Documentation
and sharing**

Using appropriate tools such as:

KIS

ReSPECT

My ACP

Treatment Escalation Plans

Essential ACP

Essential ACP Online Tool

Essential ACP Online Tool

3



Documentation
and sharing

Anticipatory Care Plan



Personal details

Full name		Address
Richard Jones		The Crescent Tay Street Dundee DD6 8AB
CHI number	Date of birth	
1212420202	12 Dec 1942	
ACP published by		Date completed
John Brown		28 Jan 2021

What matters to you

The things Richard would want their health professionals or carers to know if they were more seriously unwell and unlikely to recover.

I have COPD and my oxygen saturations are normally 94-96%. This enables a good quality of life - I am a keen gardener. Infections cause my breathing to deteriorate very quickly, and when this happens I benefit from prompt treatment with appropriate steroids and antibiotics. Nebulisers at home have helped me in the past when I am wheezy. If I am not improving with treatment at home, then I would like to be admitted to hospital.

4 step approach to ACP and the KIS

4



**Regular
review**

Take a pragmatic approach and focus on the KISs which will make a difference.

Consider how best to use your whole team, in particular admin, practice nurses, community nurses, extended MDT, GPs



Option 1

Prioritise reviewing the KIS for people within specific disease groups, or those with certain characteristics such as:

- residents within care homes
- people with significant mental health diagnoses
- those approaching the end of life
- those living with severe frailty or people who are housebound
- people with advanced or progressive long term medical conditions
- patients with complex polypharmacy or multiple co-morbidities, or
- those on your COVID-19 shielding list.

Option 2

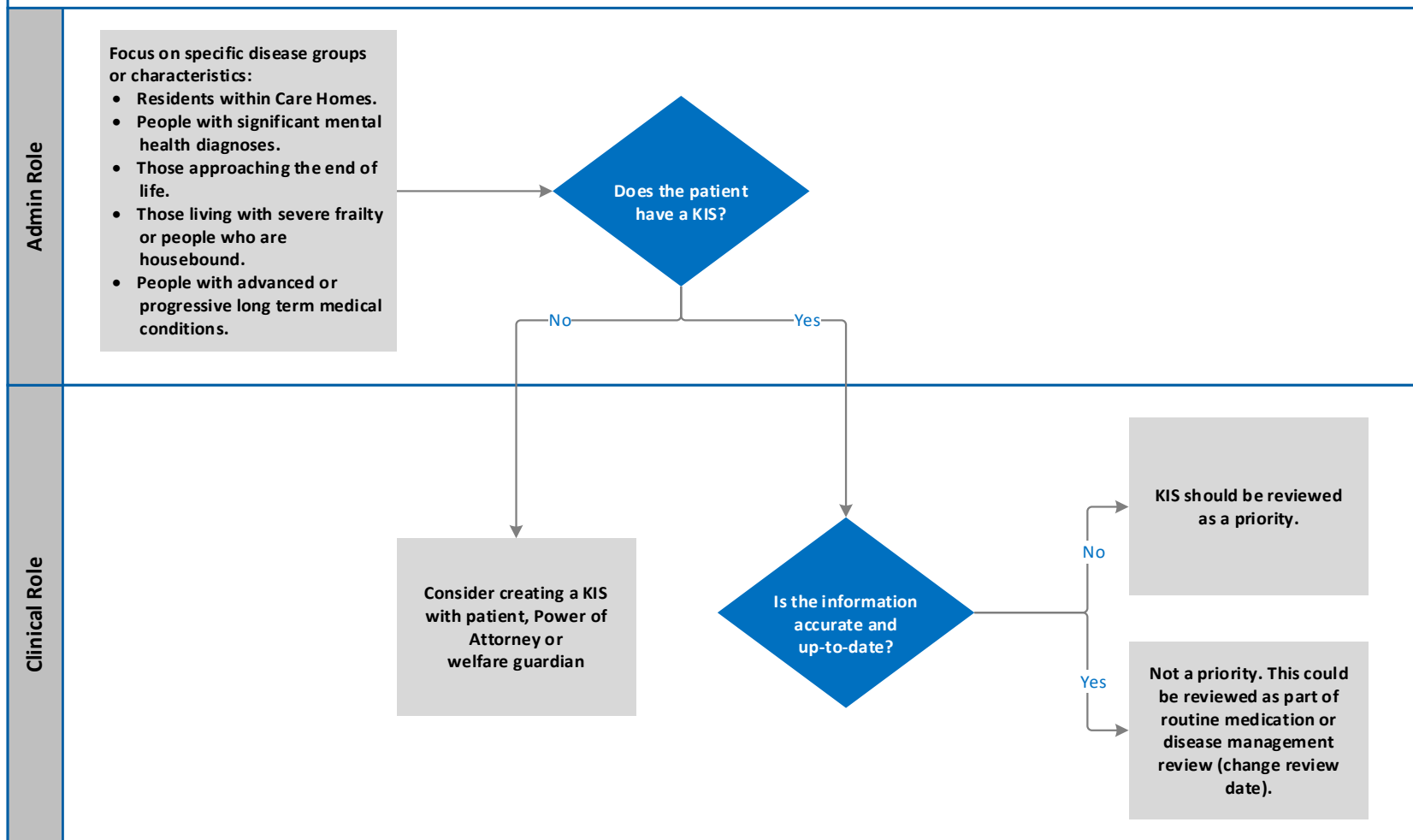
Prioritise people who have a KIS containing a meaningful special note, therefore eliminating the need for detailed review of some of the KIS developed in response to COVID-19:

- use your administrative team to search and differentiate between those KIS that were created at the outset of the pandemic and which have little information to review, from those with a meaningful special note that will need to be kept up to date.
- EMIS and VISION have search options which allow you to search for different components of a KIS, such as KIS Review Date, Special Note Expiry Date.



Regular
review

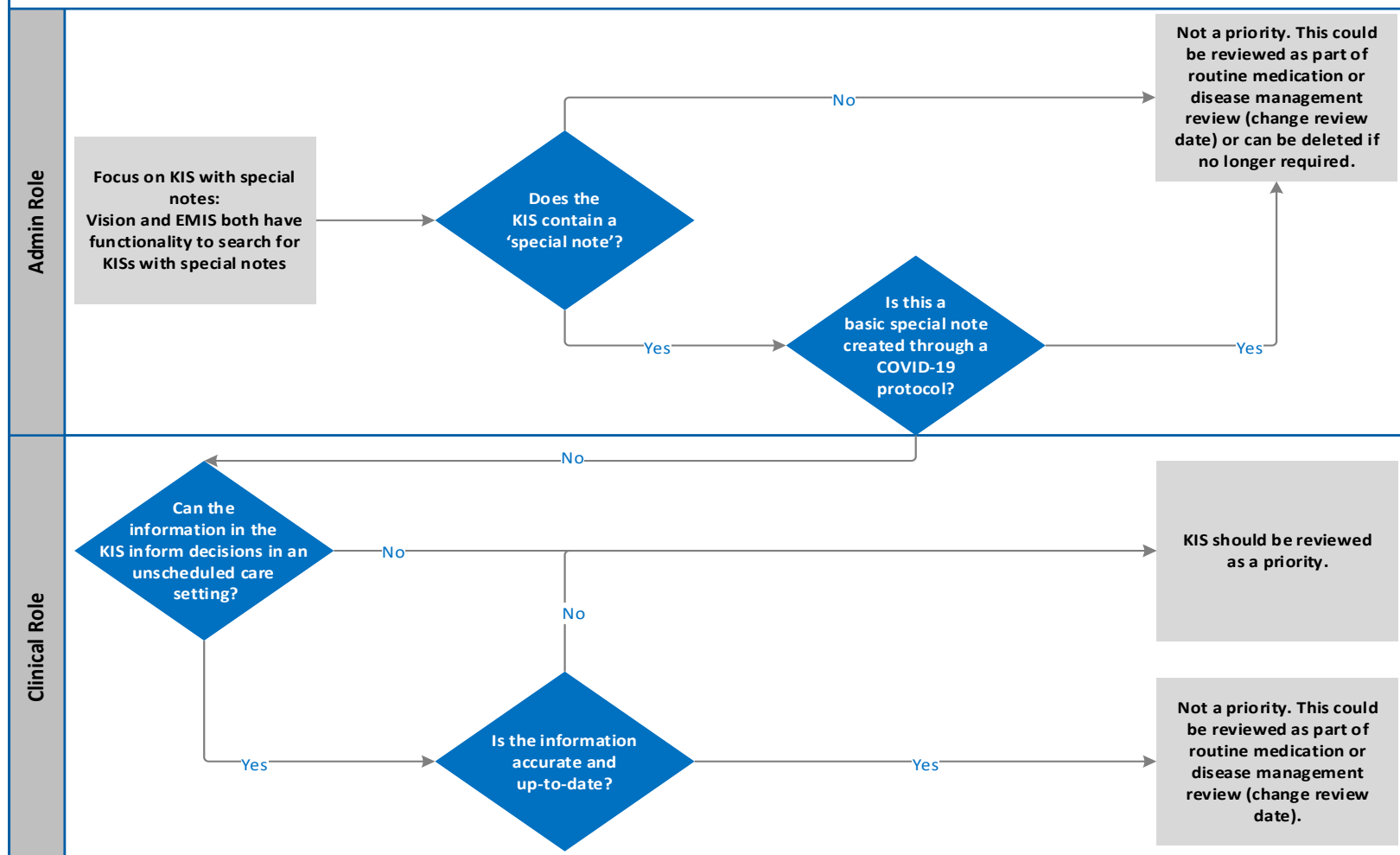
Process for prioritising Key Information Summary (KIS) reviews – Option 1





Regular
review

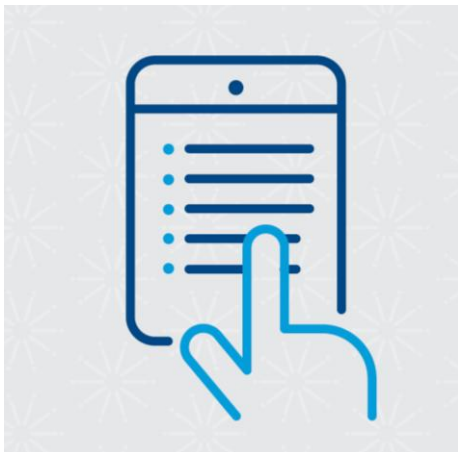
Process for prioritising Key Information Summary (KIS) reviews – Option 2



Summary



More information



Useful resources:

- ACP webpages on HIS with 4-step approach
- Dementia ACP guidance
- Essential ACP Online Tool
- KIS guidance for GP practices



Paul.Baughan@nhs.scot



@PaulBaughan



**Scottish
Ambulance
Service**

Taking Care to the Patient



The difference AN ACP makes.

**How information recorded on the
KIS can make a difference**

PRU



Presentations

- Not just for end of life / palliative care patients
- High Intensity Users
- Mental Health

No KIS/ACP Accessible

- **Cardiac Arrest** – elderly female who looked end-stage something But something wasn't sitting right with me, they had mentioned that they had upped her morphine meds for her breathing and that she was known to the respiratory nurses. I had put in a call back to ask a clinical advisor to look at her ECS **but we were 10-12 mins in** when they replied to say she was a palliative care patient, end stage COPD and not for resus. If we had known all that prior to getting there it would've been **much less traumatic and upsetting for the family.**
- **Palliative CA patient** - at home who was dying and their breathing had deteriorated **All I was wanting was some palliative care JIC meds and some O2** - took several phone calls via all sorts of places before information was found. **But 3-4 hours on scene** when if we had information prior to arriving or on scene it would be brilliant

KIS/ACP Accessible

- **Nursing home patient** - who was end of life and had a **brilliant ACP** in place within a supportive nursing home. **We were in and out within an hour**, staff were happy to give the JIC meds when they arrived and we were able to even arrange the priest to come because that was detailed in her plan. **Much more satisfying and smooth.**
- **Terminally ill with constant chest infections** - The patient was **very reluctant to attend ED** as he had enough of hospitals. When we got to him though he was extremely poor **but refused hospital** as he had enough of them and wanted to be kept at home. **There was an ACP in the house.** Using that we managed to get NHS24 to arrange for palliative care to come see the patient and hopefully start him on things at home. **I know the family were happy** that we managed to get treatment started at home. The ACP made it easier for us to **just leave someone to stay and die at home**

ACP in Care Homes

Dr Jude Marshall
GP and Clinical Lead for ACP
Glasgow City Health and Social Care Partnership

28th August 2019

West Dunbartonshire
Health & Social Care Partnership

East Dunbartonshire
Health & Social Care
Partnership

Renfrewshire
Health & Social Care
Partnership

INVERCLYDE
HSCP
Health and Social
Care Partnership

EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP

NHS
Greater Glasgow
and Clyde

Glasgow
CITY COUNCIL

2 questions to answer.....

- How ACP's facilitate person centred care in nursing homes
- How to avoid inappropriate admissions

Discussion

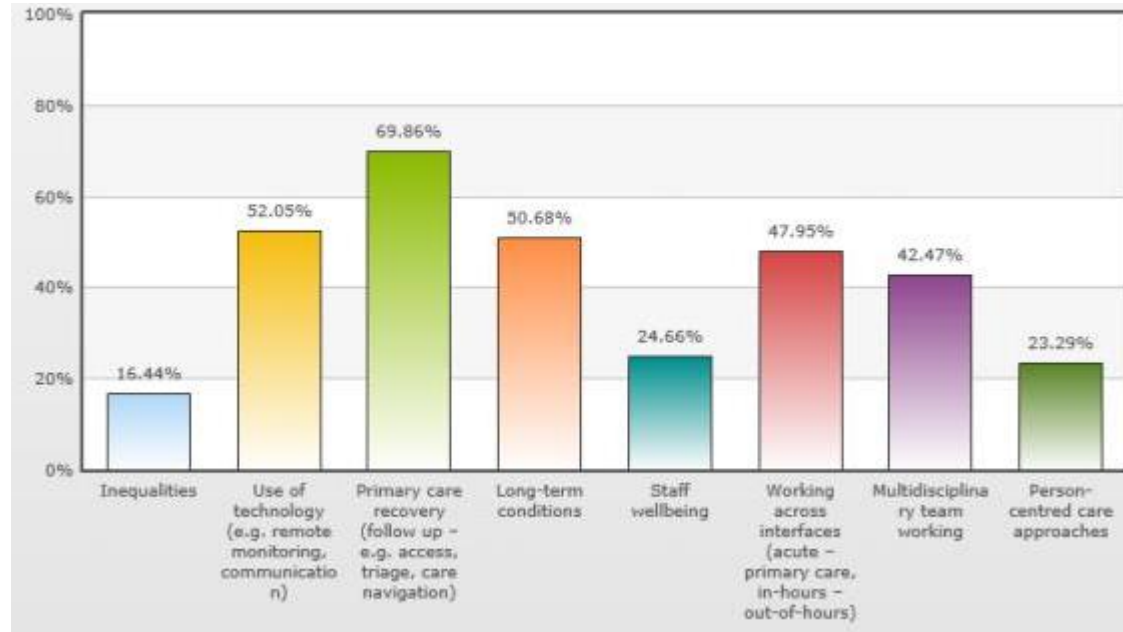
Closing remarks



Jill Gillies

Portfolio Lead, Primary Care Improvement Portfolio,
Healthcare Improvement Scotland

Future topics



Webinar Series so far...



5
webinars



8
priority topics in
primary care



2,035
registered
attendees



90% of evaluation
respondents likely or
very likely to attend
future webinars

May 2020	Managing patient care with technology and Learning from primary care services response to COVID-19
June 2020	Interface between primary care services and care homes and Primary care recovery
July 2020	Medicines in Primary Care, including NHS Pharmacy First Scotland Service and pharmacotherapy services
September 2020	Managing Long-Term Conditions in Primary Care
December 2020	Interface working in Primary Care

Next steps



Evaluation
survey – link in
the chat box



Follow up
email circulated
soon



Next webinar
date

Keep in touch



ihub.scot/primary-care



[@SPSP_PC](https://twitter.com/SPSP_PC) [#PCImprove](https://twitter.com/hashtag/PCImprove)



his.pcpteam@nhs.scot

