

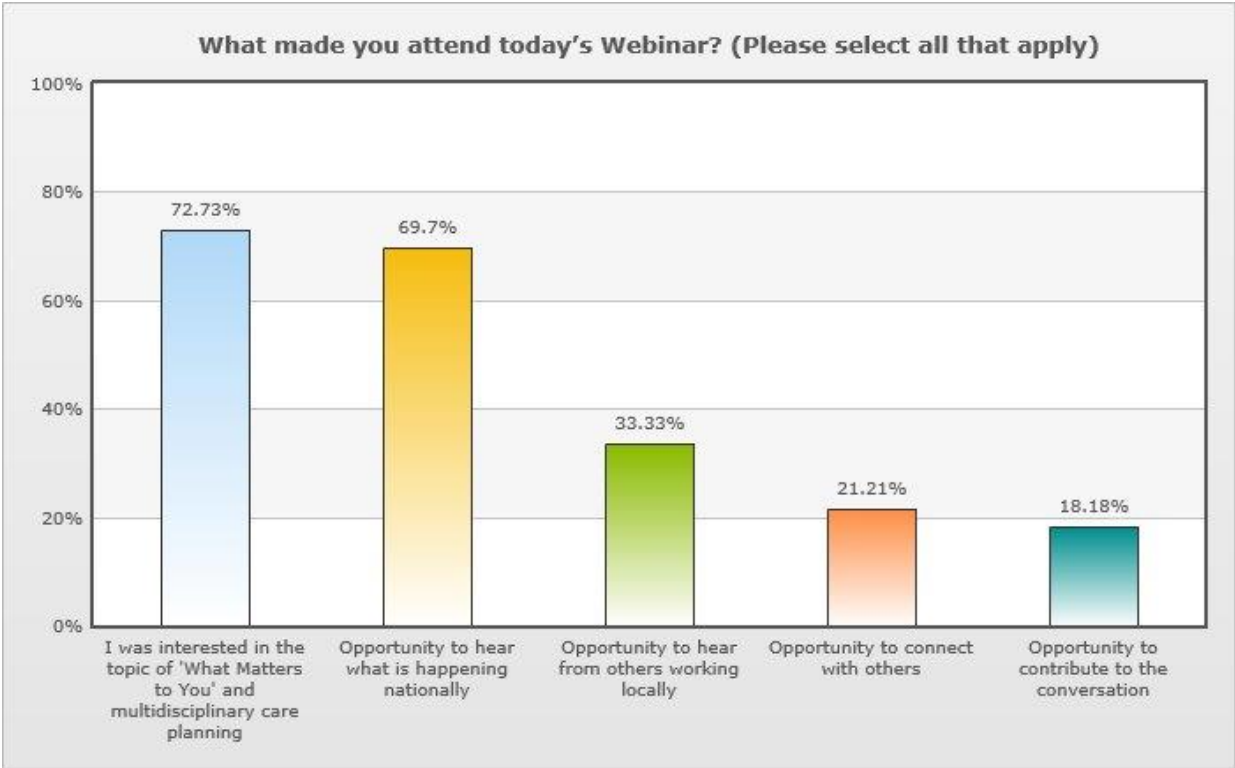
Primary Care Resilience Webinar

‘What Matter To You’ and multidisciplinary care planning
Webinar #6 Evaluation| Thursday 25th March 2021

How likely would you be to attend a future Primary Care Resilience Series webinar?

- There were 32 respondents to the feedback survey. **100% of respondents said it was *likely* or *very likely* they would attend** a future Primary Care Resilience Series webinar.

Top Reasons for Attending



What will you take away from today’s webinar and apply at to your own work?

Better understanding of ACPs

- “greater understanding of some of the challenges and what is happening/needs to happen to overcome these”
- “I really feel positive after this. I will take away info regarding ACP/ KIS and the new strategies. Thank you”
- “How far the ACP agenda has moved forward since I started working with ACP in 2010!!”
- “More about how ACP impacts people on the ground”
- “It's a journey and we are all learning”
- “More structure regarding ACPs - reviews.”
- “Greater understanding of the work and processes around ACP and KIS”

Importance of ACPs

“The importance of ACP/KIS to patient care”

“The importance of promoting ACP as a document which should be used in day to practice, completed early, is a shared responsibility, supports people and families as well as services, the conversation is pivotal to the process (and everybody's business). We need a fully accessible platform for all to contribute and share - this should be a priority. Need to improve staff awareness”

Importance of collaborative working

“I worked In Glasgow's Improving the Cancer Journey and it was so lovely to hear the commitment to change and work together across health and social care. We believe in holistic care and that it is the way forward and today proved we are not alone”

“Certainly 'what matters to you' and MDT ACPs. We are already collaborating in a digital ACP via e-frailty collaborative”

“All of today's discussions have provided valuable insight and food for thought which I hope to be able to apply to my work and the projects / objectives I currently work on. Especially the importance across the speakers of collaborative working and how we can / should be doing this and what will support this culture and behavioural change to develop and support staff / teams and ultimately the person receiving care”

Recognising the patient perspective

“The importance of 'what is important to the patient'. Seeing the person behind the patient”

“ACP's and the patients voice/ wishes are being taken into account”

“Patient perspective - Patient centred care is important for all”

“One size (treatment) doesn't work for everyone, (often no other alternative is offered). Delighted to hear that this sentiment about patient centred care was highlighted and well recognised at the meeting”

“More structure regarding ACPs - reviews. The importance of having that conversation with family and friends first”

The importance of addressing patient's concerns and ensuring they are at the centre of the conversation; improve information sharing between clinicians in different settings

Encouraging the use of ACPs and KISs

“looking at whether more education for practice nurses is required to support GP's and complete ACP's and KIS's”

“Would use the ACP online tool with clients”

“Use of MDT to help with ACP should be encouraged rather than handed to GP's”

“that the longstanding concerns about the accessibility for non GP colleagues to update and make changes is being looked at seriously”

“Updating eKIS and involvement of other members of the team in writing them”

“Involve all the team and develop confidence in each member to enable having conversations early. Adopt the REDMAP tool more widely. Find an effective way to review eKIS and keep them UTD. Could there be an IT national platform patients and their families can access to start recording themselves what matters to their care and do a guided ACP to then discuss with GP team member rather than onus always being GP to initiate conversation? Some patients are very proactive that way. Especially as remote consulting and SDM is evolving rapidly”

Resources required

“Consensus that IT is not fit for purpose”

“It is about time more resource is allocated to this . E.g. TIME”

We intend to focus the next webinar on new ways of consulting. If there is anything specific you would like to hear about please let us know.

Examples of good and poor practice; tips

“Patient interviews and examples of what forms of consulting matches best patient presentation. Remote consulting doesn't really save time, in fact tel consultations can take longer than f2f. How to reconcile this when patient demand for appointments is increasing? Examples of best practice and poor practice. Learning event analysis where remote consulting was not ideal. How to best design a practice system of appointments that is responsive to patient demand but also preferred form of consulting?”

“Common pitfalls”

“Video consulting tips and how being used across Scotland”

Risks and benefits

“What clinicians like about their new ways of working and what they dislike. If they can change and if so how?”

“This paragraph from an editorial by Trisha Greenhalgh in current BJGP (April) <https://bjgp.org/content/71/705/149> cautioning against too much use of remote.is jam packed with wisdom.

Patient satisfaction

“Pt dissatisfaction with reduced f2f consulting”

“Longer term patient satisfaction with e-consultations; any specific risks and benefits to be aware of, which have been identified from reduced face to face consultations, when we move beyond Covid, as there is pressure to reduce F2F consultations in the long term.”

“Research done to see if patients are comfortable with online consultation? Improvements identified to make this more useful for patients and medical teams?”

Technological support available

“Technological support for aged dinosaurs like me! Idiots guides?”

“Support for the citizen.”

“I would be interested to know what Boards/ HSCP are doing about the patient end of digital consulting: access to technology - having good resolution at both ends; digital literacy and poverty and impacts/ solutions; and clinician acceptance”

How to share information

“How services can be more joined up such as KIS system not accessible to certain agencies therefore unable to see what conversations have already been had”

“Info Governance around on-line consults / photos etc”

“how to share information collected across specialities.”

Technological opportunities

“Remote working, use of TEC beyond Attend Anywhere, learning from island communities”

“NearMe is not that helpful- avoid this as the main focus.”

“I suppose moving forward with use of Tel/near me but also managing the balance of this in a practice as restrictions lift through the pandemic”

Beyond Medical: social support

“I would love to hear about how the consulting can go beyond medical and warm transfer to social supports like my own (ICJ Macmillan or LTC Welfare rights) we used to sit side by side with medical teams, specifically in acute care and this is unlikely to work moving forward.”

Would you be interested in a separate webinar focused on the KIS Guidance of the Essential ACP Online tool?

YES 77%” NO 23%”

What other topics would you like to cover in future Primary Care Resilience Webinars?

ACP follow on	<div>“A follow on from this webinar - about having the conversation.”</div> <div>“New technologies relationship to ACPs”</div> <div>“DNACPR”</div>
Interface and joint working	<div>“Across the interface and joint working”</div> <div>“How we can pull together social care, health with link workers (alliance) ICJ link workers welfare rights to ensure we are not double handling but getting right people to the right place at the right time. Not sure this makes sense sorry!</div> <div>“I would be interested if there was to be a re-visit of interface working for one of these webinars, especially in relation to remobilisation.”</div> <div>“Linking to wider teams that support people living with chaotic lifestyles”</div> <div>“Might be quite good for folks to share, across country, how they are approaching MDT working - quite like to hear from field rather than generic Scottish Government stuff e.g. 5 minutes, 2 slides input to capture good and bad and challenges”</div> <div>“Extending the PHCT. Incorporating AHPs. Patient participation groups. What are Practice websites for?”</div>
Learning in PC	<div>“The future of education and learning in primary care - protected learning time, lunch time webinars, practice team meetings, shared learning with secondary care and social care. What’s new, what works, what should we change or bring back?”</div>
Lessons learnt and future of PC	<div>“Lessons learned and what will we continue to do but what will we quickly resume e.g. face to face consults - what type; quantifying/identifying the hidden needs”</div> <div>“What is the vision of Scottish General Practice of the future depending on geography. What best models of integrated practice have we got. Share the experience of what works with others!”</div> <div>“IT provision, new GP contract roll out - perspectives from different health boards on what has gone well and not so well.”</div>
Others	<div>“Imaginative ways to expand premises options”</div> <div>“Supporting unpaid carers”</div> <div>“wellbeing of the workforce”</div> <div>“Patient access to their medical records.”</div> <div>“Coping with increased workload post Covid”</div> <div>“General Updates in general practice and primary care”</div>

General feedback

Positive feedback

Great format – multiple short focused presentations + chat
Excellent speakers
Very informative, food for thought
Ms Teams, way forward

“I enjoy the 1hr schedule and the short updates from each speaker - maybe just me but actually retain more in that 1hr than an afternoon session”

“Thank you very much to all the speakers today, great webinar, very focused, giving more food for thought than providing answers!”

“really liked the format with multiple short presentations from different speakers / perspectives”

“These are really helpful, and easier to access on Teams”

“Brilliant this is the way forward”

“It was interesting to hear from different health professionals about how they can best work together. It would be better if this process was easier and more readily availability.”

“I thought the webinar was very well delivered and just the right length, getting all the points across. Plenty to think about. Just nice to network with others and encouraged that we are thinking along the same lines going forward.”

“Excellent webinar, great speakers, chat very informative too. Thanks for organising and to everyone involved”

“Thanks for today, it was really good”

“was a good, to the point, webinar thank you”

“A very informative session - have learnt a lot.”

“I have enjoyed all of these I have managed to attend; Teams definitely an easier platform”

“very well organised and I liked the multi-professional presentations”