

It's still all about the Patient




Narratives

➡ Today I'm going to tell you some stories about how I think we can influence GP commissioners.

➡ I hope you are sitting comfortably?




Influence

- ➡ **noun** 1. the capacity or power of persons or things to be a compelling force on or produce effects on the actions, behaviour, opinions, etc., of others: *He used family influence to get the contract.*
- ➡ 2. the action or process of producing effects on the actions, behaviour, opinions, etc., of another or others: *Her mother's influence made her stay.*
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Influencing GPs

- ➡ GPs are being bombarded by everyone trying to show how necessary and “valuable” they are to the system.
- ➡ GPs see patients, even the ones running the CCGs will try to retain some surgery time.
 - Maintains their credibility with colleagues.
 - They prefer speaking to clinicians.

How do GPs judge services?

- ➡ Speed of referral.
 - ➡ Simplicity of referral (general neurological pathway rather than condition specific).
 - ➡ “Fire and Forget”.
 - ➡ What the patient comes back and says.
 - ➡ Does it take management out of the surgery?
 - ➡ Does the patient feel their problem has been addressed, the *real* outcome?
 - ➡ Cost?
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GP's passions

- ➡ Their patients – GPs are vocationally driven.
- ➡ People not numbers.
- ➡ Clinical need is paramount.
- ➡ 80+% of their face-to-face contacts are with patients with self limiting conditions.



Anecdote becomes “evidence”

➡ Human beings relate to the world through narratives:

- We all tell stories, from how our weekend went to what we do and who we are.
- Stories include “common sense” and learning.
- We have the phrase “anecdotal evidence”.
- We all have patient stories.



My narrative

- ➡ I'm a jobbing therapist (self perception).
- ➡ Pragmatism works.
- ➡ The output of a system must be more important than the processes.
- ➡ Change is good – for everyone!
- ➡ If not me, who?
 - I didn't set out to be an expert in MS




A patient story

➡ 37 year old pharmacist, MS 2 years, Bipolar 10 years.

– “I suppose I should give up work”?

➡ Problems:

- Some fatigue.
 - Minimum coordination deficits.
 - 2 story house.
 - Lives alone.
 - Parental “support”.
 - Anxiety.
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What I could have done


- ➡ Minimised his needs for the service.
 - Extra rail for stairs.
 - Told him he didn't meet the service threshold.
 - Said he should talk to his employer about work.
- ➡ Refer to Adult Services
 - For longer term housing needs.
- ➡ Refer to CMHT
 - After all I work in physical medicine!

What I did

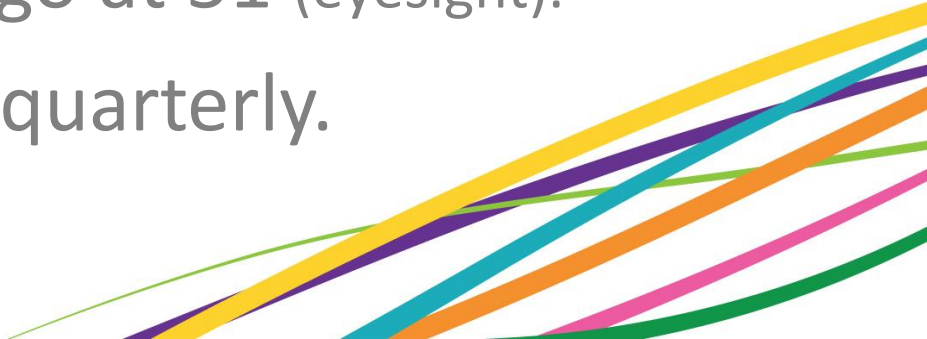
- ➡ Talked a lot about work.
 - Was it enjoyable?
 - Did the employer know about the diagnosis?
 - Traditional environment.
- ➡ Talked about support networks and family attitudes.
- ➡ Hardly did anything on the assessment sheet!



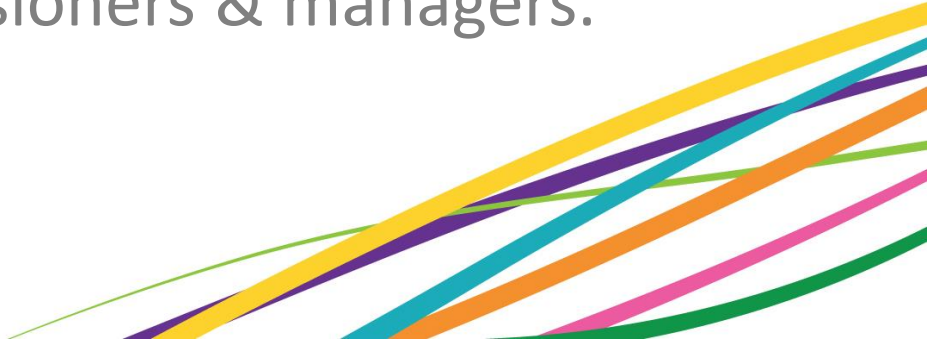
I learnt

- ➞ For this person work/career was central to a meaningful life.
 - ➞ Needed support to meet the employer (it's harder than you think).
 - ➞ Deferred the whole home “environment thing”.
 - ➞ He needed basic anxiety management.
 - ➞ Phone access was important to him.
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Happily ever after?

- ➡ Worked with him for 16 years (average of only 3 contacts/year by phone).
 - ➡ He moved house and led the adaptations.
 - ➡ Adapted the work environment (forced the employer).
 - ➡ He got married.
 - ➡ He retired 18 months ago at 51 (eyesight).
 - ➡ GP contacts weekly ➡ quarterly.
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Sharing your stories

- ➡ Don't be shy, ask patients to tell their GP what they thought of you/the service.
 - ➡ Send short treatment/discharge letters.
 - ➡ Send relevant updates e.g. "I've asked this patient to contact me in the first instance".
 - ➡ If you meet a GP try to tell a patient story.
 - ➡ Do the same with commissioners & managers.
 - ➡ Don't "hard sell" it.
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High Impact

- ➡ You've attended a meeting and you and a GP are leaving together. She asks you what do you do in the Trust?
- ➡ Have you a story to tell in 30 seconds as you walk to the lift/car/reception desk?



Thoughts

- ➡ We've been "banned" from talking to commissioners, why?
 - Culture of criticising the organisation in NHS.
 - Pitching change as negative and only about costs.
- ➡ If not you, who?
- ➡ The risks of asking for permission.
- ➡ Doing something is better than nothing.
- ➡ QIPP toolkit?

Questions or your stories

➡ Thank you for taking the time to listen to me.

➡ Contact details:

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