

Workshop

The purpose of the workshop was to provide an opportunity to consider scenarios that involve individuals who present themselves to GPs/health professionals with non-clinical concerns.

Although all the scenarios presented in the workshop are based on real cases, the names of the individuals are fictitious.

Participants on each table were asked to consider how they would work together to support the individuals to improve their health and well-being, considering the following:-

- How you might provide person-centred support to this individual to achieve improved health and well-being
- Who would need to be involved to achieve this – individuals/organisations
- How this could be co-ordinated and who would take the lead
- What are the challenges and value of this approach

Emily

Emily is 75 year old. She is a widow and lives alone. She and her late husband had an active social life, went on frequent holidays abroad and regularly travelled to Yorkshire to visit their son and his family. She has no family who live nearby and her friends have either moved out of the area or have passed away.

Emily suffers a recurrent prolapse. She is under specialist care for treatment with a pessary. Other than this, she is physically fit and well but she has attended the surgery with symptoms associated with her prolapse, for which she cannot have any more treatment. She also contacts the surgery 3 times a week.

Everyone at the surgery thinks she is lonely.

GP Navigator ? - opportunities to signpost

Anxieties? – re condition and bereavement? - macmillan, other organisations

Age UK – befriending, long term conditions advocacy

Support Planners – other services – knit and natter

Library – resources, Golden Guide, books delivered if not able to get to library – if she doesn't want to accept help

Health Trainers/Practice Nurse – re symptoms, not letting the condition isolate her.

IT - Skype family

Finances – is money an issue CAB/Age UK , Attendance Allowance workers?

Travel – is she missing travel?

Daniel

Daniel is a teenage boy. He is still at school but has no close friends. He lives with his mother but spends a lot of time wandering the streets.

Daniel has been attending his GP feeling anxious and with a low mood. He has no sense of direction or hope for his future. He is worried all the time about Brexit and how he will struggle to find a job and never be able to afford his own home.

His GP does not think it appropriate for Daniel to start taking medication at this point.

Contact **School Nurse /Mental health**

Encourage informing **mother** – any issues with the family

Discussion with the **school**

Signposting to **local youth groups**

No support worker for younger people

Who/what is the problem – autistic/sexuality

Primary care navigators – can they assist young people and teenagers?

Signpost to **community activities**

Feedback – who will monitor?

Consent/ legal complications of young people and children

Jordan

Jordan is 18 years old. He lives at home with his parents and younger siblings. He is not in education and does not have a job. He appears to have lost contact with all his old school friends, who have now all moved on with their lives.

Jordan avoids interactions with his family. Instead he stays in his room all the time playing on his computer and says he has nothing else to do all day. His parents are anxious about him.

He has been diagnosed with depression. He is on antidepressant tablets and is seeing his Community Psychiatric Nurse (CPN) every 2 weeks.

Person centred approach

- Ask Jordan what he would like to do /interests
- Why is Jordan depressed? – understanding issues
- Possible engaging in organisations in his interests (clubs, groups etc)
- Provide information for Jordan
- Parental support – how to engage with Jordan – coping strategies whilst maintaining family networks
- Community groups /volunteering
- Educating GP's – not medication, social prescribing
- No 'quick fix' approach

Lead – GP – CPN – Parental Support.

Link with **locality coordinators**, ? ongoing support ? resources

Challenges – coordination, knowledge, increase demand in VCS resources, funding, capacity

Value – reduction in cost to NHS, improvement in health to individual and wider family.

Sylvia

Sylvia is a 69 year old lady who is obsessed with her bowels and the affect her diet has on them. She attends the surgery most weeks to discuss what she has eaten and how it has affected her bowels.

This issue is thought to be caused by underlying anxiety. Both her GP and her family have tried to fathom what is causing the anxiety, with no success.

- Counselling – identify what is causing her anxiety
- Befriending
- Making sure that Sylvia is signposted to the right place
- What can be done and what can't be done
- What matters to her, what kind of activities she used to be involved in
- Trusted person – Support Planner – make sure they would connect
- Diet – Health Trainer
- Maybe she is lonely
- Family concerned
- Older people do have a voice, does she want people around
- Surgery – what is available – ideas – fitness. Health professional /nurse – diet
- Careful not to class as old as 69 is not old, newly retired

- How the GP would know – what has he done about it, rule out any underlying condition
 - Brokerage service
 - Somebody to talk about her condition
 - GP's – she could have seen a number of GP's, Nurse – diet. Are they doing the right thing for this lady. Team discussion, delegate to talk to Sylvia. GP's know about the Locality Coordinators. Do not use one call use an email. Trust and feedback about what happens
 - Quality standards – balance
 - Knit and Natter/ social groups
 - Talk and ask what a difference it made to her - Support Planner
 - Local support
 - Navigator – support planner / nurse. Primary care to be clued up and signpost to voluntary organisations/ statutory and public sector, closing the loop. Maybe Support Planner best placed.
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Alan

Alan is 46 year old man. He is married and lives with his wife and three teenage children. All of the children are all in full-time education.

Alan is an alcoholic but is now off the drink. His dependency on alcohol led to him taking long term sick leave from his job as a factory manager.

His social life has always revolved around the pub but if he wants to remain sober he can no longer go there. Consequently, he is suffering low mood and this is impacting on the whole family.

- Evening activities? - when temptation is high
 - Support group – family
 - Support Planners - to help back to work – One Call
 - Escape Family Support Day
 - Finding out individual/family interests
 - Carers Northumberland – to support wife as a carer
 - Pastoral care in schools to support kids
 - Northumberland Recovery Programme – mindfulness, group walks
 - Locality Coordinators
 - Lead contact – GP
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Holly and Olivia

Holly is a 36 year old single mother with a 6 year old daughter called Olivia.

Olivia has always been a bright and active child. She loved nursery and used to love going to school too, but since she moved up into a new class she has changed. She cries a lot about school and is now refusing to go at all.

Holly has discovered Olivia is being bullied about being overweight, and this is why she doesn't want to go to school. Holly has attended her GP Practice asking for support.

- Early Help Hub, Social Services, NHS, Youth offending team, teachers
- Who could provide support – lead professional , make people accountable
- Early help family support worker – low key, friendly in client own home (NHS), responsible for involving
- Health Trainer – educate and work with the parents re healthy eating
- Roots and shoots at Alnwick Garden – healthy eating
- Mind and Sole – Build up confidence and resilience against anxieties
- Bullying –work with school through the arts, culture work – diversity, theory of change work in changing culture within school. Arts activities, creative writing, music
- Safe space to explore differences/ diversity/ acceptance
- Mum may not have a support network. Mind and Sole – support development of positive networks.
- Challenge – need a referral system from GP which tracks distance travelled, impact measures, outcomes, data protection

Rebecca

Rebecca is 35 years old. She is single and lives alone and has always loved history and exploring the countryside with a group of like-minded people.

Now she suffers from fibromyalgia, which causes chronic pain. She has had to give up her job and, being unable to walk very far anymore, she finds it difficult to get out and about.

In fact Rebecca hardly leaves the house at all now and she is feeling a little low and fed up.

- Needs a buddy or befriending social link (History Society)
- How to organise a buddy – where do you start – GP does not have the time of knowledge
- Medical management
- Social prescriber
- Asset mapping data – where is the data, can we access it, data needs to be responsive.
- Not just signposting – needs support to go to group e.g. living well programme
- Zig zag drug project – finding how to be sustainable
- Balance of demand on VCS
- Dynamic between referral and delivery