

Gateshead Year of Care

In Gateshead, GPs offer people with multiple conditions a combined annual health review with care and support planning driven by what matters to the person involved, and their concerns and questions. The approach, which was developed and is supported by the [Year of Care Partnerships](#), has been in place for over three years. It was originally detailed as a [case study](#) in the 2019 Multiple Conditions Guidebook and discussed during a follow-up [webinar](#).

In Autumn 2020 we spoke with Gateshead GP Dr Rebecca Haines to find out what the events of 2020 had meant for her work and, more importantly for her patients living with multiple conditions.

How did the initial phase of the COVID-19 crisis affect the support you provide for people with multiple conditions?

We were hit hard and early by COVID-19 in Gateshead which meant that the hospitals were very busy. At the same time for a short while GP surgeries were oddly quiet. Initially we had to put lots of things on hold as we worked out how to provide ongoing healthcare in a safe way. This included our 'call and recall' system for annual health reviews for people with multiple long-term conditions. But within the first month of lockdown we realised that the virus is not going anywhere soon and if we did not restart our ongoing system of care for people with multiple conditions, in a way that was COVID-secure, we would never catch up.

How did you adapt your approach?

We approached the Year of Care Partnerships team to see if they could adapt their system of care and support planning to suit a COVID-19 world. This included bringing in greater use of telephone or video consultation, increased home monitoring and a triage system to determine which approach was most suitable for patients. One thing that we did not do was completely abandon the option of seeing people face-to-face. Anyone with a clinical need was invited to see our healthcare assistant or nurse for their information gathering appointment.

However we also did not force people to come into the surgery as understandably many people were nervous of leaving their homes. For some patients, for example people with dementia, hearing impairments or English as a second language, using the phone or video has obvious challenges. In these instances, we offered practice appointments or home visits with personal protective equipment (PPE) We encouraged the use of video to explain things where possible, for example starting new injections or the correct technique for using an inhaler. But overall the bulk of our reviews were done over the phone.

“We realised that the virus is not going anywhere soon and if we did not restart our ongoing system of care for people with multiple conditions, in a way that was COVID-secure, we would never catch up.”

What helped you during this time?

We are lucky locally as our clinical commissioning group (CCG) and public health officials worked collaboratively from the get-go, across the health and care system from the hospitals to primary care, with the council, care homes and public health. Really in many ways it was as good as it could have been.

We worked with Year of Care to develop new protocols and procedures for our approach with multiple conditions patients, but they also provided training resources for how to conduct phone consultations. This was helpful for the wider practice staff, as while many GPs are used to doing consultations on the phone, some practice nurses and nurse practitioners are not and had requested training to build their confidence. Many of our patients were aware the NHS was under pressure so initially did not want to take up our time. We worked hard to make sure that people understood we had the time to give them.

“The way the death toll was reported made many of our patients ask do people think it is okay to die from COVID-19 just because you have a pre-existing health condition?”

What did your patients with multiple conditions report?

Obviously a lot of our patients were understandably very frightened and even for people who were managing well, it was pretty horrendous. The way the death toll was reported, for example, with the number of people dying and then the number of them that had long-term conditions, made many of our patients ask do people think it is okay to die just because you have a pre-existing health condition?

For our younger patients particularly, for example people with type 1 diabetes, suddenly being labelled as high risk had a negative impact. For many, they had never really thought about being in ‘ill health’, but suddenly they see themselves in that way. And for some, with the restrictions, it was hard to escape the way that their condition now affects their daily life including their ability to go shopping for themselves, work and meet up with family and friends.

“For our patients with multiple conditions we really struggled to find relevant guidance.”

What challenges did you overcome?

Managing the ever-changing and developing guidance and policy was a challenge for anyone on the frontline. But for our patients with multiple conditions we really struggled to find relevant guidance. There was lots of good stuff, from the NHS and condition-specific charities, with advice for people with a particular health condition like asthma or MS, for example. But for people, for example with asthma, MS and diabetes, it was really difficult to work out the hierarchy and which bits of which advice and guidance were most relevant. For us it meant that we had to review each and every patient individually to consider their hierarchy of needs. In some ways the approach became even more personalised. But it would have been helpful to have more brains thinking through the issues from the perspective of multiple conditions. I believe that if we can get the advice and guidance right for people with multiple conditions then it will, by default, work for all people with a long-term condition.



“COVID-19 might end up being a driver of change, resulting in more active personal management of health and wellbeing.”

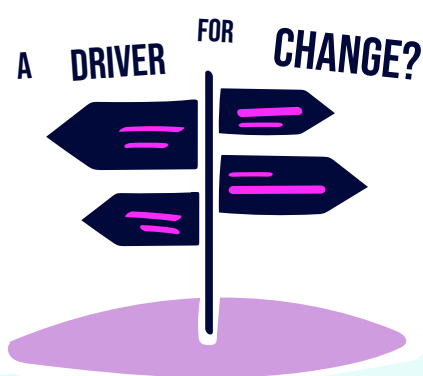
In the short term, what do you think the future might look like for people with multiple conditions?

Obviously it is still an incredibly worrying time for anyone with existing long-term health conditions, but I can also see some potential positives. There were quite a few of our patients who had not wanted to change anything in the management of their multiple conditions for years and are now focused on improving their health as best they can. In a perverse way, COVID-19 might end up being a driver of change, resulting in more active personal management of health and wellbeing.

Thinking about the eight ingredients that were identified in the original Guidebook I think COVID-19 has really emphasised the interplay between the medical conditions people have, who they live with, whether they have support, what they can do for themselves in terms of wellbeing, what their job is, and how their mental health is. I think all of us now have a greater real life understanding of how all these things have such a huge impact on our health. Someone might cope very well with their health conditions but their job might impact their mental health which then affects things in a negative way. As a professional, it has made me more determined to change my focus completely to understanding who the person in front of me is.

“As a professional, it has made me more determined to change my focus completely to understanding who the person in front of me is.”

- Dr Rebecca Haines



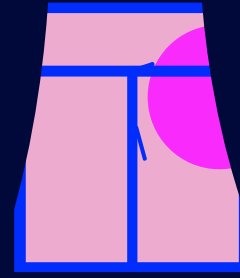
Spotlight on inequalities

In Dr Rebecca Haines' GP practice, like the North East as whole, patients are predominantly white British. But for their black, Asian and minority ethnic (BAME) community, the key issue that has come up during the COVID-19 pandemic is around language. In the surgery they have an interpreting service, which is accessible for face-to-face appointments. But using an interpreter over the phone is much more difficult, especially as it doesn't allow for the visual and behaviour cues. It also takes double the time so only half the number of appointments can be scheduled. The CCG is working with practices to improve the collection of data on ethnicity of their patients, as this is another challenge faced. Over the next four months GP surgeries have also been asked to prioritise BAME patients who have long-term conditions and are due a health review.

Gateshead is an area of great deprivation and before COVID-19 there was already a lot of work going on with public health to try and address the health inequalities that are driven by this. During COVID-19 Dr Haines

found that the inequality in digital access was the biggest issue and some people even struggled to access a phone let alone have the capability or ability to pay for data to have a video consultation or send a photo. To overcome this, the surgery kept options for face-to-face and home visits open, but Dr Haines feels it is something that needs to be thought about at a policy level if ongoing restrictions continue over the longer term.

“Using an interpreter over the phone is much more difficult, especially as it doesn't allow for the visual and behaviour cues.”



“It is harder now, at this time of year, because of the dark nights. You really don’t get to see anybody, especially if you are on your own.”

Norma’s story

In Gateshead there are higher rates of cardiovascular disease, diabetes and respiratory illness than the national average. This puts many in the local population at increased risk from COVID-19. We spoke to Norma Stewart, one of Dr Haines’ patients, about the impact the pandemic has had on her life and what it has meant to have ongoing access to her GP. Norma is 72 years old, lives alone, and amongst other conditions has asthma and type 2 diabetes.

Before the pandemic Norma had an active life. She led the chair-based exercise class at the local community centre, played a key role in her local church and enjoyed walks with friends in the local area. She told us: “Keeping active is really important to me, especially as for most of my illnesses you need to keep moving.”

As news of the pandemic started to hit, Norma was worried. “The announcements kept saying it was a problem for people suffering from diabetes, asthma, heart conditions and the over-70s. I tick all these boxes so I started thinking there’s not much hope for me. It was a bit scary.” But Norma’s neighbours quickly insisted on doing her shopping and she set about keeping herself busy at home. “I thought now is the time to clean out the cupboards, so I did a job a day. Then maybe a jigsaw or a crossword to keep my mind occupied. Even though I could not go out I would walk up and down the stairs, or up and down the path to my gate. I got myself into a bit of a routine. I had to accept the situation. But it was hard at times. The only family I have now are my brother and his children in Canada. They rang me once a week through lockdown. And me and all my friends would ring each other up for a chat.”

Around May Norma’s chest worsened. She spoke to Dr Haines over the phone who quickly arranged for an examination and tests, which confirmed it was Norma’s asthma rather than anything else that was causing the problem. Norma has also had her regular health reviews over the phone. For Norma the ongoing access to her GP has made all the difference. “I didn’t want to put the doctors to any trouble, but Dr Haines and the other GPs have really given me excellent treatment. I know if I have any problems, I can ring them on the phone.” Whilst some of her hospital appointments have been postponed because of the backlog from the first phase of the pandemic, Norma has been able to get exercises to do at home from her physiotherapist. This has helped her to keep on top of things but she is keen to be able to see the physio and the GP in person. “At the minute, without the phone calls, I’d be sitting here in a pretty worried state. But nothing beats face-to-face.”

Thinking back to August, Norma reflects on the impact of staying indoors for four months. “When it was safe to go out again, it was really difficult the first half a dozen times. I had to give myself a real talking to and just get cracking.” Norma was just getting back in the swing of things, helping out at the community centre, when the North East went back into restrictions in September. Whilst she hopes that things may ease by Christmas, she is preparing herself for ongoing restrictions throughout the winter. She has cancelled her usual plans to spend Christmas with friends, but she is looking forward to soon getting a tablet from her nephew. With some help from her neighbour to set it up she is hoping that it will mean she can have a video call with her brother and his family on Christmas Day. “It is harder now, at this time of year, because of the dark nights. You really don’t get to see anybody, especially if you are on your own.”