

Improving the care and management of frequent attenders in Primary Care presenting with Persistent Physical Symptoms



Overview

One in five adults has at least one Persistent Physical Symptom (PPS) in their lifetime and a GP will consult with at least one person with PPS during each hour of clinical time. However, both patients and physicians in primary care report dissatisfaction with PPS consultations, with patients feeling their symptoms are not validated and physicians frustrated by being unable to provide explanation or effective treatments. Many people with PPS are frequent attenders at GP clinics and generate high levels of hospital contacts and medical investigations, which are costly and can cause significant harm to patients.

“For patients with persistent physical symptoms feedback from patients, health professionals and GP Practices consistently highlights the challenges associated with providing high quality care, excellent patient experience and timely access to the right services. We know that some patients with persistent symptoms, visit GP practices more frequently than others over a sustained period of time, and with standard models of care both the patient and the GP can feel frustrated that things aren't getting better. We wanted to explore if, by understanding more about these patients and personalising their care, could we reduce the impact of persistent symptoms on patients' quality of life, improve GP confidence and skills in this area and reduce the number of GP appointments required.”

Dr Philippa Bolton, Northern England Clinical Network
Mental Health & Dementia

Challenge/problem identified

Research shows that effective, high quality care for people with PPS is shaped by:

- Practice level factors, such as how these patients show up (or don't) on practice computer systems;
- What practice staff know about persistent symptoms, and how they talk to their patients about them;
- Availability of internal and external services and support organisations for patients, and specialist advice & support for practice staff.

Actions taken

Hartlepool and Stockton CCG and Darlington CCG worked with the Northern England Clinical Network for Mental Health and Dementia, and the Academic Health Science Network North East and North Cumbria to explore the feasibility of an intervention to improve the care and support GP practices provide for people with PPS. Two GP practices were recruited: Denmark Street Surgery, Darlington and Kingsway Medical Centre, Billingham.

The project aim was:

To raise awareness of PPS with GPs, strengthen clinical skills, and introduce alternative treatment options.

Funding of £10,000 was secured from the Academic Health Science Network for the North East and North Cumbria.

An intervention was scoped with four core elements:

- Health professional training and access to supervision;
- Identification of the GP practice PPS patient cohort;
- Delivery of tailored consultations by health professionals in the practice;
- Project evaluation.

Training

Training and resources were provided to support health professionals gain the skills and capabilities required to deliver effective PPS consultations. The aim of the training session was for health professionals to become skilled and confident working with patients with Persistent Physical Symptoms. At the end of the session, health professionals would be able to:

- Recognise a patient with Persistent Physical Symptoms;
- Hear a patient story, question and respond with sensitivity and empathy;
- Explain a persistent physical symptom diagnosis;
- Identify an appropriate strategy, and jointly negotiate a management plan;
- Select appropriate resources to use in consultation, and recommend resources for patients to access at home.

Each participating GP practice was given ongoing access to supervision (Dr Philippa Bolton, Northern England Clinical Network) and support in project implementation (Joanne Smithson, AHSN NENC).

Identification of the PPS cohort

With the assistance of the North of England Commissioning Support Unit, practices ran a search of their practice register to:

- Identify patients aged 18 and over with >15 appointments in the last year;
- Exclude patients on a QOF register, housebound and pregnant women.

This long list was then reviewed by clinicians, and where it was considered that the intervention would not be appropriate, the patient was removed from the list. A patient status alert/flag was created, linked to a newly created PPS template. Kingsway Medical Centre identified 819 patients; Denmark Street Surgery 471 patients.

Delivering tailored consultations

It was not anticipated that every patient in the identified cohort would be seen during the intervention and health professionals were encouraged to work initially with around 5 patients. Health professionals themselves judged whether to discuss the intervention with a 'flagged' patient, based on an assessment of their current capacity and an assessment of the patient, their symptoms and the likelihood of the discussion bringing about positive engagement.

If a patient was receptive to the intervention, health professionals were encouraged to book a subsequent longer appointment and ask the patient to prepare for the appointment by writing down some notes about their symptoms. During this appointment health professionals were encouraged to be curious about the symptoms and explain that it was likely a number of factors were contributing: biological, psychological and social.

Questions to guide the 'longer appointment'

Questions that link bodies and minds:

So tell me a bit about how life was like for you a few months before your symptoms started?

Questions that link symptom to circumstance:

When you first had the symptom what was happening? Who was around? What did they say or do?

Questions that situate the patient and symptoms:

It would really help me to know a little more about you. Have you picked up any patterns in the symptom and what is happening in your life?

Questions that probe:

During the past month have your symptoms prevented you from doing your day to day activities?

During the past month have your symptoms made you feel worried or low in mood?

At the end of the longer appointment, health professionals were urged take a proactive approach and agree with the patient a timeframe for returning, to continue working together, shifting the conversation from 'search and fix' towards acceptance, understanding and living well with their symptoms. Building on the training they had received, health professionals were encouraged to use a future session to offer a symptom explanation using the framework below.

An effective symptom explanation

- **Use words and concepts the patient uses themselves**
[Refer back to the patient's own symptom narrative and the biopsychosocial history] and link to a mechanism in the body *e.g. it sounds like your balance system isn't working properly. Would it help if I explained how your balance system works?*
- **That are 'blame free'** *e.g. your brain has lost trust in your balance system or your balance system is no longer accurately telling your brain what is happening*
- **And offer support and next steps** *e.g. how about downloading the vestibular rehabilitation leaflet from the Ménière's Society website and working to retrain your brain, so that it trusts your balance system again?*

Having heard the patient story, explored symptom impact and provided a symptom explanation, health professionals were encouraged to introduce self-management using the toolkits and resources shared during training. Alongside this options including social prescribing, referral to physiotherapy and/or occupational therapy to increase functioning or local talking therapy services and medication review were explored.

Delivering tailored consultations

- Recognising PPS and inviting the patient to 'work together to do things differently'
- Booking a longer appointment to hear the patient story
- Providing a symptom explanation
- Negotiating a 'no test approach' and a shared management plan

Project evaluation

A qualitative approach was used with an independent researcher conducting group interviews with health professionals in each GP practice. The aim was to explore the subjective experiences of health professionals involved in the project, understanding how and why things happened, and contexts that informed these decisions. The interviews took place approximately 6 months after the practice had taken part in the training. Interviews were recorded, transcribed verbatim and analysed thematically to extract the key themes and issues.

Outcomes

Following the training:

- All participants strongly agreed they had a better understanding of PPS
- 82% strongly agreed they had more clinical skills to support people with PPS
- 77% strongly agreed that the training was likely to change their clinical practice

"Our GP Practice was keen to participate in the project as we feel this was an unmet need on behalf of patients and doctors. Improving the quality of these at times challenging consultations was felt to be a priority. We invested time in attending the training sessions, practicing skills and putting our new knowledge into practice. Some of my partners were pleasantly surprised by the effectiveness of the explanations, the therapeutic effect of simply listening and sign posting to the excellent resources provided. It's been really worthwhile. We have definitely improved our consultations and hopefully providing a better service for our patients."

Dr Micaela Young, Denmark Street Surgery, Darlington.

"The PPS training gave us confidence when consulting with some of our more complex patients. We were able to use the pain toolkit leaflet as a good resource for patients to back up what we were saying in the consultation. The template helped others see the plan for this patient going forward. Our communication skills have improved. I think overall we felt more confident and empowered to help these patients."

Dr Katy Wilson, Kingsway Medical Centre, Billingham.

Impact

The two biggest impacts observed related to improvements in consultation techniques and practice-wide communication. The training resources, especially the symptom explanation work was highly valued:

"I think before I was trying to say 'it's not serious' or 'it's not this', 'it's not cancer', 'it's not...' but then I wasn't always giving them an explanation of what it is or why it is."

(GP)

"I mean one of the things that has changed is I've discussed the mechanisms of pain with patients and then used that as a reason to why I've not wanted to increase analgesics."

(GP)

The identification of a specific GP for each PPS patient led to greater continuity of care:

"I think it's helped everyone work a bit more collectively so I'll see at the end of Dr [name]'s consultation with them last time 'reminded them about Pain Toolkit' or 'reminded them analgesia not warranted' and then you can back that up a bit more."

(GP)

Although barriers including patient non-attendance at follow up appointments, and challenges accessing services and referral routes early in a patient's symptom presentation, prevented the two GP practices embedding the project in its entirety, the benefits of the approach were clear:

"If you think about it on a larger scale, something like this, if you could work with all of these patients and reduce their visits to the practice, you could then potentially have GP appointments for 15 minutes instead of ten minutes and the benefits to all the practice, you know, and the knock-on benefits to patients, if you could do that, would be fantastic."

(GP)

Plans for the future

- The Academic Health Science Network North East and North Cumbria continues to support this work, and has partnered with West End Family Health in Newcastle to further develop the approach.
- The Integrated Care System for the North East and North Cumbria has established a working group for Long Term Conditions and Persistent Physical Symptoms and is developing a 'Model of Care'.
- The project identified a need for training and development in PPS and the team are working to develop an introduction to PPS e-learning resource that would enable roll out across the region at scale and pace.

Start and end dates

The project was conceived in November 2017. GP Practice training took place in December 2017 and January 2018. Practices worked to identify their PPS cohort during February & March 2018. The project ran from April 2018 – March 2019.

Contacts

For further information on this project please contact:

Iain Marley

Senior Commissioning Support Officer
North of England Commissioning Support
iain.marley@nhs.net
01642 745083 / 07747 006712

For further information on the AHSN NENC's work on PPS please contact:

Liz.brown@ahsn-nenc.org.uk
Tel: 07447 001515
Tel: 0191 208 1401

July 2019

