HAPPIER STAFF, HAPPIER PATIENTS, BETTER SERVICE

INTEGRATING PSYCHOLOGY INTO A WHEELCHAIR & SEATING SERVICE

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Challenges to Service

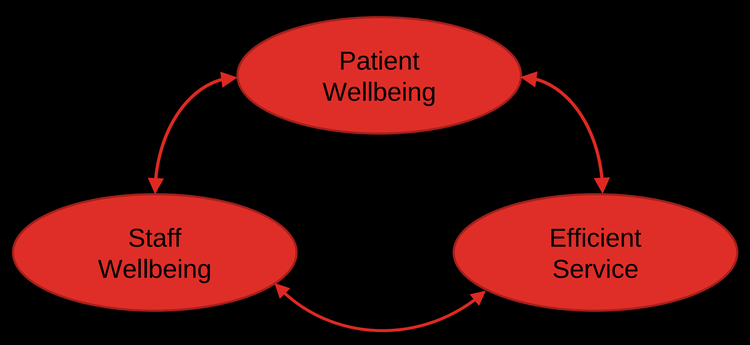
Clinical Psychology input is advised in the management of patients with long term complex health care needs[1] and many of these patients are wheelchair users. Evidence shows there are multiple challenges in providing a high quality wheelchair service, including pressures on staff[2,3], physical and emotional challenges to patients[4,5] therefore managing a complex organisation that meets these needs can be a challenge. This can be distilled into three key areas:

Patient wellbeing
- Small number of patients remaining dissatisfied with products despite significant clinical input
- Clinicians reporting patients with common emotional & communication challenges

Staff wellbeing
- NHS-wide high rates of stress and sickness
- Call centre staff reporting complex and sometimes distressing patient calls
- Clinical staff experiencing stress working with patients with complex physical & emotional needs

Better service
- Data analysis showed clinical & technical input and multiple chair changes for small group of service users
- Recognition that clinician time used in addressing non-wheelchair related issues

Interdependent factors



1. Patient Wellbeing

- Complex Case Management Plans (CCMP)

An in-depth assessment and treatment plan focussed on resolving patient issues in complex cases. Psychology led MDT with collaborative approach with patient 'driving' the process. Clear goals agreed with patient and plan to implement these established with timescales (SMART goals). Involve other relevant professionals, carers, families where possible.

- Embedding psychological thinking in clinical practice

Ran small, monthly psychology special interest groups for all clinical staff for 2 years. Discussions about common issues and challenges they faced working with patients, and group support in finding solutions to these using psychological framework. Working on eg patient barriers to accepting change; communication skills; managing patient expectations; having difficult conversations; how to use a biopsychosocial model when thinking about patient challenges.

- Direct working with patients and carers

Psychological sessions for patients families & carers: support and strategies for issues relating to patient use of wheelchairs; patient distress during transfers to/from chairs – hyper extension and poor seating position; adjustment issues to progressing from buggy to wheelchair; living with chronic pain; coping with a degenerative condition; creating patient passports.

2. Staff wellbeing

- Call Centre staff involved in CCMPs

Listening to feedback about their experiences managing the patient; integrate their input with the Complex Case Management Plan; report back to staff on ongoing progress; get feedback from call centre staff re calls from patient; clinicians feedback to Call centre staff about how the CCMP is progressing. Repeating loop of involvement.

- Pastoral care

Pastoral care is ***not*** counselling or psychological treatment. It is supporting emotional needs of staff themselves by providing low level but readily available support; listening to staff - creating a safe space to off-load and share; support & signpost to self-directed care; recognise symptoms & refer to other services if needed; support resilience – not just respond to ill-health; create the feeling of being valued and cared for by employer.

3. Better service

- Creating opportunities for patient feedback

We encouraged patients to access the **CareOpinion.org.uk** website and leave suggestions for change. Care Opinion is an independent organisation that moderates and publishes patient opinion online for NHS Scotland services. We conducted mail-shots to patients and clinicians passed out cards with website details, requesting their thoughts about improvements to our service.

- Patients 'driving' the service

Run various focus groups and patient consultations on issues highlighted via Care Opinion. Real change fed back to patients.

Outcomes

1. Patient Wellbeing

Improvement in multiple individual patient treatments, with all cases being completed after patients or carers satisfied improvements made.
Large reduction for CCMP patients in their need for: repeat engineer call-outs; repairs; equipment dissatisfaction and calls made to call centre. Controlled management of complex and challenging cases.

2. Staff Wellbeing

Positive feedback from call centre staff reporting involvement help morale, feeling valued, respected and they are contributing to positive changes.
Clinicians reported feeling better supported in complex and challenging cases. Many occasions where staff have sought: low-level psychological advice in managing anxiety or low mood; self-help advice; signposting to Occupational Health counselling services; or requesting GP consultations. Prevention is better than cure!

3. Better service

Improvements to telephone access, appointment scheduling, clinic set-up, increased disability parking, access to local repair centres, satellite clinics and improved patient environments.

By focussing on Patients and Staff, we have made the service more efficient without starting with logistic or process issues - these changes are the outcomes not the driver – evidence that we not only listen, but that we also act, and the patient is truly at the centre of what we do.

References

1. Competency framework (2017), NHS Education for Scotland & University College London.
2. Wise J, (2011) Audit finds large variations in NHS staff sick days, BMJ342:d953
3. NHS Health and Wellbeing - Final Report (2009) Department of Health.
4. Pinquart M, Shen Y. (2011). Behavior problems in children and adolescents with chronic physical illness: a meta-analysis. J Pediatr Psychol, 36:1003–16.
5. Cooper S, McLean G, Guthrie B, McConnachie A, MercerS , Sullivan S, Morrison J, (2015) Multiple physical and mental health comorbidity in adults with intellectual disabilities: population-based cross-sectional analysis, BMC family practice 16 (1), 110.