Reviewing the anticipatory care plan pathway in Glasgow

Introduction

This document describes how Evaluation Support Scotland (ESS) helped the Glasgow City Health and Social Care Partnership to review the pathway for anticipatory care planning (ACP).

Read this, if you are involved in trying to increase the number and quality of ACPs in your area, if you are interested in making care pathways more person centred or you want to better involve the third sector in an existing pathway.

It will tell you how we reviewed the pathway, shared feedback on that pathway from a range of groups, identified an idealised, flexible pathway and next steps and challenges.

Background

Through the *Threading the Needle* project we worked with four health and social care partnerships to explore the role of third sector evidence in improving health and social care outcomes.

In Glasgow we focussed on the role of the third sector in anticipatory care planning (ACP).

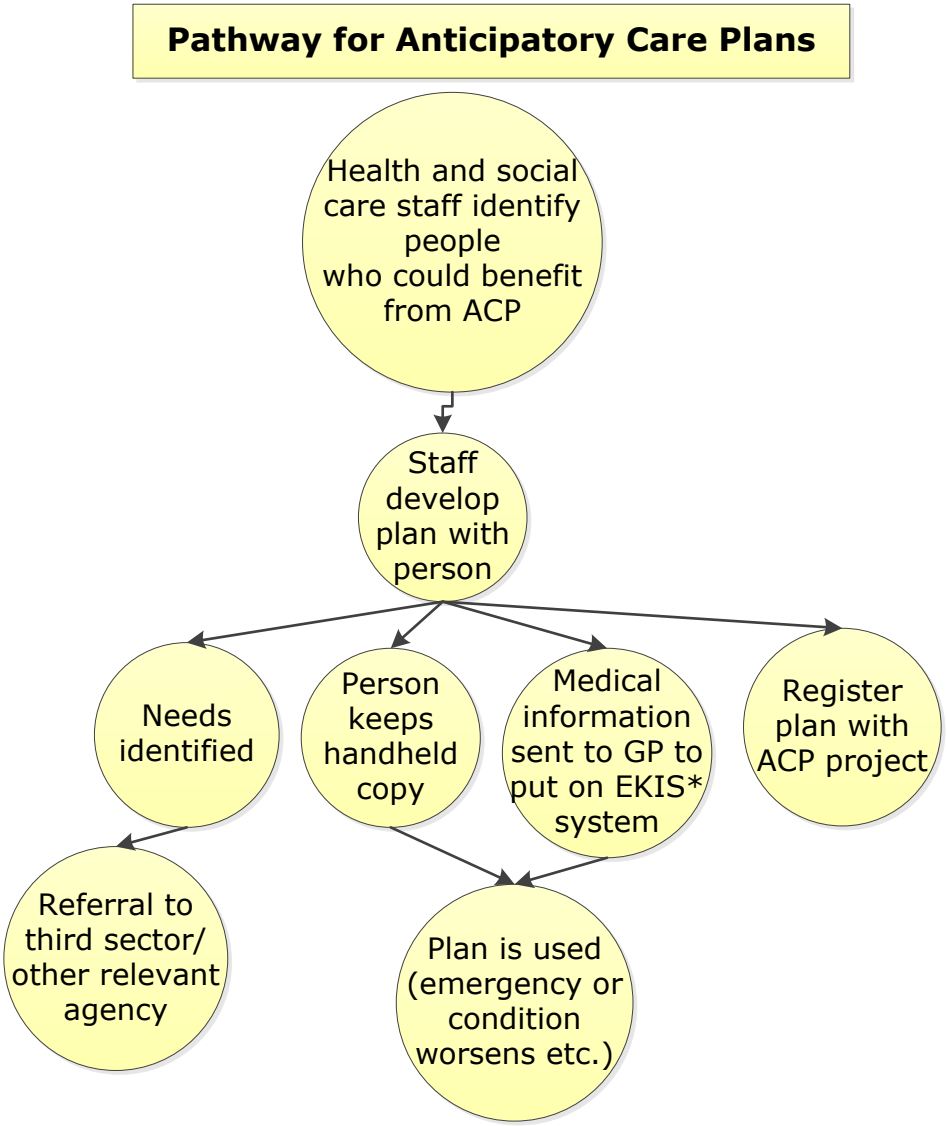
As part of this project we considered the current pathway and the role of the third sector. We consulted with third sector organisations, people with long term conditions, and health and social care staff. We held a workshop to think about how we could improve the pathway, to make it more person rather than service centred. This was taken to a local call for action day, to ask practitioners and managers how we could move closer to a more ideal pathway.

This document summarises that process.

For more information go to the story board for Glasgow on the ESS website.

The pathway at the start of this project

We identified the pathway envisaged under the ACP project. We then identified where the third sector could play a role within that pathway.



We found: a limited role for the third sector or for people themselves

- There is no referral pathway if a non-health or social work person identifies someone who can benefit from an ACP
- Limited reach because health and social work staff are super busy and can't prioritise everyone
- Third sector organisations might have key information and existing plans: no way to share that
- No support for third sector organistions to prepare plans or capacity to record on the *Electronic Key Information System (EKIS)
- Third sector organisations can help to meet social and other needs, do staff always know what's available?

The feedback from various focus groups

We consulted with some key groups of stakeholders. A summary of our findings is listed below.

Third sector meeting

- Working with range of people
- Some helping to plan:
    - Health and wellbeing plan for new tenants
    - Support plans
    - Carers emergency plans
    - Advance statements
    - Plan for aids and adaptations
- Others listening to everyday concerns
- Have existing and trusting relationships
- Willing to raise awareness or refer
- Some could develop plans if resourced but don't have 'spare capacity'. Funded to do other activities

Focus group with older people

- Mostly not heard of ACP but thought it a good idea
- Mostly only in touch with GP, pharmacist, family and friends (even with long term conditions)
- Should talk to family involved in the plan
- Some could complete an ACP themselves
- Mixed views whether would do whilst healthy or when health deteriorates
- Some may feel inhibited talking to health professionals

Meeting with health practitioners (to share good practice)

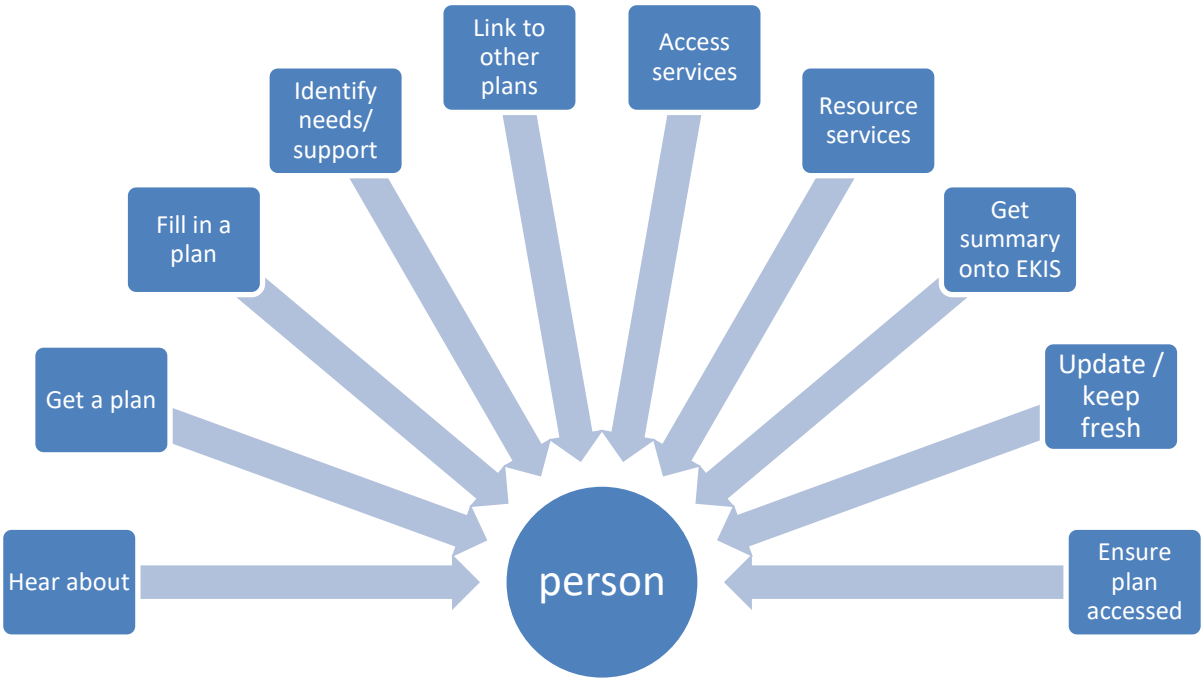
- Clarity needed about who this is for/not for
- Timing is important
- Should be patient led
- Helps if:
    - both parties prepared
    - upbeat and positive
    - conversational skills
- Feeling they are lone voices for ACP and it's hard to get others on board
- Need managers to give work priority and more time
- Helpful if more training, examples, case studies, information on community resources
- To avoid duplication, it would be helpful to be able to see if someone has completed or has started working on a plan

Evaluation of ACP project

- Got a good plan (recognised nationally)
- Raised awareness amongst nearly 1,000 people (mostly health professionals)
- Only a small number of plans completed. Maybe more we don't know of!
- Issues remain around storage of plan
- Some managers more proactive in supporting ACPs than others.

Creating an idealised pathway

We explored how we could put the person at the centre and drew up a rough pathway (on the last page).



We identified that we needed a more flexible pathway with different routes, so that people who wanted or could benefit from an ACP could access the support they needed. This might mean:

- **Doing it entirely by themselves**
- **Getting assistance with parts of the process**
- **The plan being initiated and supported by staff.**

At a local call for action day for staff, we asked how we could move towards the ideal.

Ideal statements

- Everyone knows what an ACP is
- Staff from all sectors routinely suggest and complete ACPs
- Multiple routes to complete ACP
- It's possible to find out if someone has a plan
- People can access the services they need: now or emergency
- Plans are rich, good and up to date
- Acute staff know to look for, recognise and use the ACP plan
- Practice is improved through monitoring and evaluation

Discussing ideal statements at the local call for action day

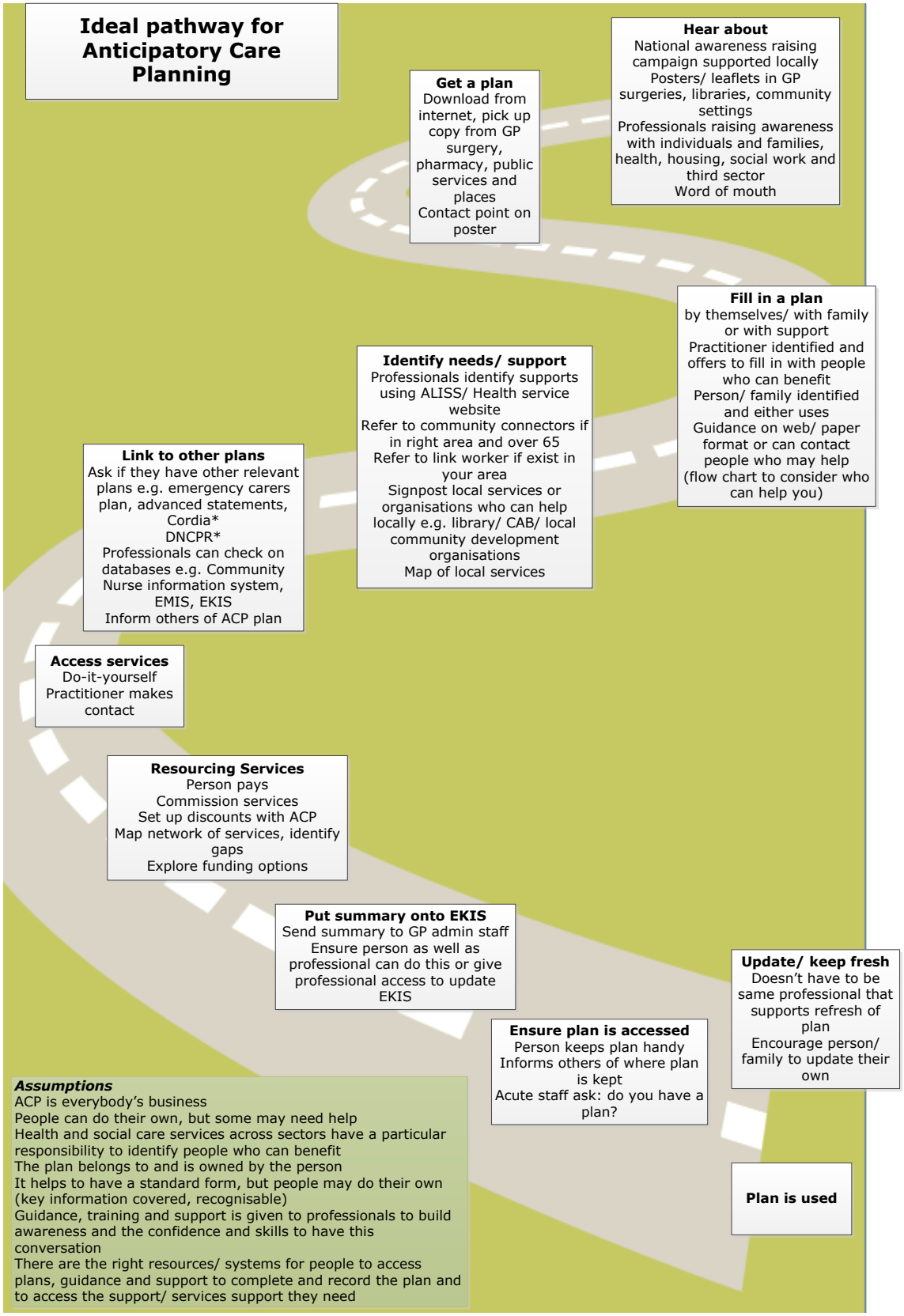
The following actions were identified at a local level

- Individual actions that staff could take to raise awareness amongst other staff, and other organisations
- The need for literature in public spaces e.g. libraries
- Work to be done on data management systems so that ACP can be recorded and more people can access EKIS
- That other plans (e.g. condition specific plans) might be doing the same thing as an ACP and the need to map all of those plans and ensure consistency.
- The need to do more work with acute staff, so that plans are recognised and used
- More support and training around personal outcomes
- The need to think about how we build citizen capacity to do their own ACP and how fit into localities and neighbourhood's work
- Performance to be discussed at senior managers meetings

But, the group recognised that local needs to work with the national campaign

The following was suggested:

- A national awareness campaign
- A national website where people (and third sector organisations) could access plans, guidance, example forms, advice on where to get further help
- ACP leads could look at ways of ensuring more people can access EKIS (GP key information summary)
- ACP leads could feed into discussion about how information is shared across the country, for example in Fife third sector organisations can access information using CHI numbers, in Glasgow they can't



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[1] *Cordia is a provider of home care services
*DNACPR means do not attempt to use CPR

Next steps and Challenges

In practice it has not been possible to implement an ideal pathway. After the ACP team was disbanded, the health and social care partnership continue to work within existing resources to take this work forward. Key actions agreed by the partnership include:

- All intermediate care service users to have an ACP
- Closer monitoring of plans with performance discussed at senior managers meetings
- One locality to have separate ACP group – to compare this with other approaches
- Support materials will be available on the staff support website.

A pilot[2] with Southside Housing Association and The Advocacy Project will further test the potential role that the third sector could play. But the third sector's role will be limited unless they are further resourced. They can raise awareness and refer but may not have time to complete forms.

Work at a local level needs to dovetail with work at a national level. For example, a mobile phone app for ACP should prove very useful for people who want to complete and store their own ACP. Key to this work is raising awareness amongst the general population but this needs to be backed up with staff ability to support people with completing an ACP.

Questions that are not wholly resolved include:

- How can we ensure information about community and other resources is up to date?
- How can we feed into discussion about gaps in service provision?
- How the developing management information system can improve?
- How can we ensure that acute staff know about and remember to check if there is an ACP?

Learning

We learnt that sometimes focusing on a short term project, means you focus on what you can achieve within a year with the resources you can control. This piecemeal approach is pragmatic but means we start with existing services as the focus, not the person. It can be useful to take a step back and ask 'What would a person centred pathway look like?'

Taking on board different perspectives (health and social care staff, third sector and patients) helps you to identify flexible pathways and the resources that different people can bring (including the person with the plan). Longer term change might mean taking a more development approach.

[2] Funded through Healthcare Improvement Scotland