

European Working Group on Psychosocial Aspects of
Children with Chronic Renal Failure, 49th Annual Meeting



**ELECTRONIC PATIENT RECORDS, LIBRARY SERVICES AND
MULTIDISCIPLINARY TEAM (MDT) MEETINGS**

IS IT NOT TIME TO INTEGRATE PRIMARY CARE FOR THE BETTER?

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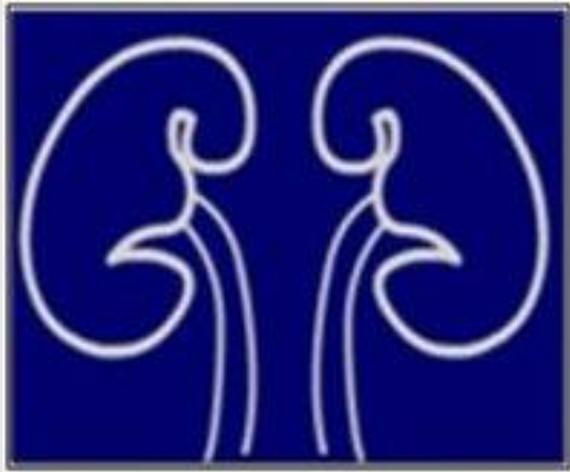
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PLEASE EMAIL THE RPSG FOR ANY USE OF CONTEXT WITHIN THIS SLIDE SET.

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AIMS



The aim of this work is two-fold:

- 1) Highlight the importance of integrating General Practice (GP) services, Electronic Patient Records (EPR) with Library Services (LS) and
- 2) Explore why it is also advantageous to implement patient-centred Multidisciplinary Team (MDT) meetings in primary care for patients with Long-Term Conditions (LTCs).

BACKGROUND



Patients account for around 50 % of General Practitioner (GP) appointments, 64 % of outpatient appointments and 70 % of hospital bed days (Department of Health 2012).

Around 70 % of total health and care expenditure in England is attributed to people with Long-Term Conditions (LTCs) (Department of Health 2012).

People diagnosed with an LTC are perhaps the most rigorous consumers of health and social care (Barnett et al. 2012).

Despite overwhelming evidence, patients face a number of challenges. Already the 30% of the population with LTCs account for 70% of NHS spending (De Silva, 2011).

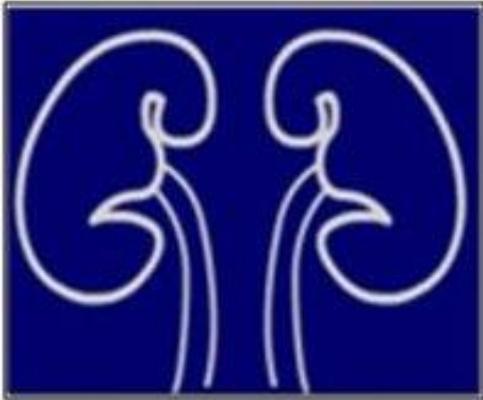
Reducing the public's dependence on health professionals and increasing their sense of control and wellbeing is perhaps a more academic and efficient way of progressing (De Silva, 2011).

ONGOING/ CURRENT ISSUES



- Although research has provided valuable insights into the ways patients use healthcare services, it is important to gain better insight into the type of stressors experienced by patients suffering from different diseases.
- By implementing tighter integrated services in primary care and improving healthcare experiences, this can improve wellbeing and progress healthcare, generally (Folkman et al. 1986; Folkman and Lazarus 1988; Folkman and Moskowitz 2000; Folkman and Moskowitz 2004;Harden et al. 2012).
- Understanding how patients and the public access information is thus important (Ilic et al. 2005; GMC 2012; Giles 2012; Jones et al. 2014).
- There needs to be a wider access to knowledge and understanding such as directories with information leaflets, documents, books on lifestyle, helpful contacts and sources to information that can support patients and the public.
- The issue with current practices is that there is a lack of integration also between sectors between primary care and integration in the community.

HEALTH LITERACY



- Patients' whose first language is not English for example, approaching more methods to support Health Literacy (HL) is an ongoing challenging.
- HL is predominantly a skills-based construct. As such, the patient may gain some of the understanding, however does not have the mind-set to take action (Smith et al. 2013).
- Work by (Salter et al. 2014) highlight what can be learned from patients living with chronic musculoskeletal conditions. This team inform patients' desire communication interaction as well as knowledge, as well as empowerment, from their engagement with healthcare professionals.
- Importantly, more evidence has shed light that people with low HL tend to refer more to health professionals to make decisions for them and also tend to have less positive health outcomes than those who are more actively involved in their health.
- Health Literacy and Autonomy are both important.

ELECTRONIC PATIENT RECORDS (EPRs)



There is compelling evidence that patients who are active in managing their lives, accessing their health records have better outcomes than those who are passive service recipients (Stoves et al. 2010; Stoves et al. 2014).

There is evidence that this can improve patient and carers understanding and level of participation, as well as their coping skills and confidence to self-manage, leading to better health outcomes (Coulter and Ellins 2007; Loveman et al 2008).

There thus needs to be a neutral environment where patients and health professionals can come together to provide more awareness of EPR in addition a neutral environment where patients and the public can source additional literature and context.

In line with improving HL, EPR learning and development can be taught and achieved through a library partnership/s.

PATIENT CENTRED MULTIDISCIPLINARY TEAM (MDT) MEETINGS

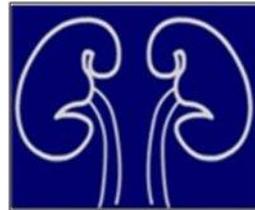


- Patient-centred MDT meetings would help to increase knowledge and HL at various stages of care and where health professionals within a practice can/ should physically involve a patient.
- There should be a call for proposals to physically involve patient perspectives and encourage more shared-decision making. These should take place away from the GP practice.
- Having access to EPR alone will not help or encourage a patient to gain confidence and/ or understanding (Ryan and Deci 2000), especially if they are overwhelmed by their healthcare choices and HL complexities.
- Patient-Centred MDT meetings will allow patient and carers to gain more EPR awareness and a tighter understanding of what their results actually mean.
- Shared decision-making may involve re-thinking clinical pathway design to incorporate time for information provision and care.

PERSPECTIVES ON MDT MEETINGS FROM RPSG MEMBERS

Should patients be involved in MDT meetings?

- 1) *Absolutely yes, when wanted (by patient), possible & practical. Would help answer questions immediately rather than - often wrong - assumptions being made. Also means I understand better what's going on and why a particular course being recommended.*
- 2) *Absolutely I would love to be involved I mean it is us they are talking about.*
- 3) *Absolutely. Quite frankly it's frightening that we are not involved in planning our own care!*
- 4) *Think an MDT with patient/ carer involvement would work very well for people with long term conditions (LTCs).*
- 5) *Education behind purpose or objectives of an MDT to fellow patients and carers would resolve any initial hurdles etc. Piloting can help measure feasibility and provide necessary feedback before any formal implementation.*
- 6) *Patient involvement at MDT meetings essential to ensure that other co-morbidities and treatment is considered, understood and included in future plans, unfortunately in my case different consultants do not communicate across to each other.*
- 7) *Yes 100% always said that*



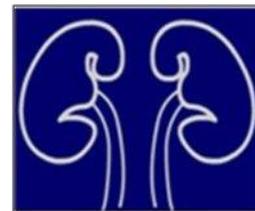
LIBRARY-HEALTH PARTNERSHIP

- The need for patients to be fully “engaged with their treatment and care” has been highlighted in ‘The Wanless Report’ (Wanless 2004) which estimated that fully engaged patients and carers were likely to save the NHS millions in unnecessary spending.
- Similarly, the importance of supporting patient education and patient and carer learning was also emphasised in the report ‘From the Rockies to the Rhondda’ (The Welsh NHS Confederation nd, 2014).
- The General Medical Council (GMC) in its updated document ‘Good Medical Practice’ (GMC 2013) insists that doctors **MUST** give information to patients in language and terms that they can understand. This is clearly quite impossible in the time available during the average GP consultation of between 7 and 11 minutes; even more impossible when the language and culture of the patient is not shared by the doctor.
- It would be more ‘sensible’ to actively encourage health and library partnerships at primary care level so that patients and professionals have a neutral place for educational material and best use of resources. Libraries are already equipped with resources in various languages which can aid to support ongoing care and increase health literacy.
- Library and Health partnerships would also allow for EPR awareness/ training and locations for MDT meetings between patients and health care staff, which can be arranged in private library areas.



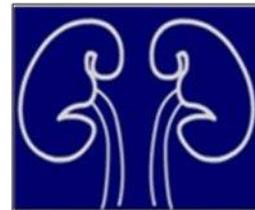
CONCLUSION / KEY POINTS

- There is now a need for GPs to enter dialogue with and social services, to prompt tighter integrated services in primary care.
- Electronic Patient Records (EPRs) need to be supplemented by decision support, personalised care planning and self-management education from trained health professionals, as well as social support from family, friends and peers.
- There needs to be a neutral environment where patients and health professionals can come together to provide more awareness of EPR and where patients and the public can source additional literature and context.
- Patient-Centred Multi-Disciplinary Team (MDT) meetings will allow patient and carers to gain more EPR awareness and a tighter understanding of what their results actually mean.
- There is an ongoing need to support and work in partnership to increase awareness of local services in health and social care.
- By encouraging partnerships and inviting patient and public involvement (PPI) with “expertise”, who can effectively and efficiently add to this important discussion, there is now a need for **GPs and patients** to enter dialogue with and social services, to prompt tighter integrated services in primary care.
- Such partnerships would bring about a deeper public understanding of, and engagement in primary care.



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