FROM INDIVIDUAL ILLNESS TO COMMUNITY HEALTH

How five General Practices are learning with their 'difficult to treat' patients and local communities to develop teamwork, partnership and locality resources for health.

A King's Fund workshop

Held at the Blackthorn Medical Centre, Maidstone
on 26th April 1995.

SUMMARY

Current government policy aims to develop a Primary Care led NHS as the most effective and efficient approach to identifying patient and population needs and managing service resources.

Emphasis to date has been placed on enhancing GP roles, as Fundholders and/or advisers to commissioning agencies, in purchasing acute hospital care [1].

These initiatives are focused on primary care's "back door," i.e. the interface between primary and secondary care, and are stimulating a critically needed re-examination of how, where and by whom acute care is provided.

General Practice, however, has many other developmental needs which are unrelated to the acute care interface. 90% of the work of GPs relates to illness affirmation and treatment, triage, problem solving, referral and patient advocacy in conjunction with other "non acute" personal health and social care services.

The changing patterns of disease and public attitudes towards available services challenge current ways of working. Chronic degenerative diseases have become the major cause of illness and their management over time has become as important as treatment interventions. Service users want to be more involved in treatment choices.

The gap between service resource and population need and demand is widening. The ability of GPs to respond to these challenges is limited. Symptomatic of these difficulties is the low morale of general practitioners and an increasing number of dissatisfied patients whom doctors and other professionals experience as being 'difficult to treat'.

This workshop explored the approaches developed by five NHS General Practices who are learning with their patients and communities to develop resources which provide new health creating options. Human considerations are kept to the fore, teamwork and an active partnership with patients are encouraged and a wide range of integrated and creative therapies is provided.

The 'front door' of each practice is being opened to allow connections with patients and the community to develop naturally, rather than in a prescriptive way. A new source of creative possibilities has emerged which is rekindling enthusiasm, commitment and courage in both the patients and the professionals alike. The core values of the medical profession are being re-affirmed [2].

THE PRACTICES

The Blackthorn Medical Centre, Maidstone

Fourteen years ago Dr David McGavin, a GP in Maidstone, reached a personal crisis on realising that neither his orthodox training as a doctor nor his capacities as a human being could help a significant proportion of his patients, many of whom had chronic illness, high rates of attendance and expensive NHS treatment records. Although their problems varied enormously, they could be considered united in being "difficult for doctors to treat". During this crisis of confidence, Hazel Adams, an art therapist, came forward to offer her services. To test her abilities, David referred to her his six most difficult patients and soon realised that she was able to develop a much more productive working relationship with them than he.

This led him to question his own traditional medical approach. From then on, he undertook to adapt his inner attitude and working practices to foster a deeper relationship between him, his three partners, an increasingly broad therapeutic team and patients of the practice. The team grew to include art, sculpture and music therapy, confidence groups and counselling. All of these therapeutic activities have emerged out of the wider context of Anthroposophic Medicine [3]. A close co-operation with Park Attwood Clinic developed, where this approach is being developed on an in-patient basis. A broader funding base became necessary and Blackthorn registered as a charitable trust.

Extended teamwork and joint funding bore further unexpected fruits. He discovered that these ingredients generated a natural and strong connection with the local community who were pleased to actively contribute through fund-raising activities and volunteer work which supported such a good cause. The sum total of natural talent and human involvement was greatly enlarged.

Other agencies began to support the work with recurring funding. Local GPs and consultants began to refer increasing numbers of patients to the trust. The Blackthorn Medical Centre is now a flagship practice in Kent, working from purpose built premises, and winning national awards for its innovative approach.

The Sainsbury centre for Mental Health is about to publish a two year evaluation, "Community care in the context of Primary Care: Blackthorn Garden project". This details part of the work of the practice and trust, where patients suffering long term mental health problems work in a socially supportive setting with a bakery, café and garden, next to the practice.

The other Practices

Four other practices have joined a King's Fund evaluation to test Blackthorn's model. All place a different emphasis and interpretation on their work whilst retaining the same core elements.

The St Luke's Medical Practice in Stroud and Helios Medical Practice in Bristol have, for many years, provided an extended team approach for their patients, including the use of creative and social therapies. In Parkwood, Maidstone, Peter Hanrath is beginning from scratch with a single handed practice, while in Shrewsbury a five partner training practice seeks to develop this new approach.

DOES THE MODEL HAVE WIDER RELEVANCE?

Mytton Oak Surgery is a long established, five partner training practice in Shrewsbury. As a response to a common experience of continuous and often bewildering change, one of the partners, Bill Gowans, became intrigued with the work at Blackthorn, Stroud and Bristol.

He identified in their development six key ingredients that he felt offered a basis for providing a primary care service that was genuinely needs led, operated at a human level and was also enjoyable and fulfilling for those involved. Consequently, a charitable arm of the practice, the Mytton Oak Foundation, was formed two years ago in order to apply similar principles to those at work at Blackthorn. In so doing, the project is aiming to confirm the view that there are fundamental aspects of the work which are relevant, transferable and adaptable to local needs.

CORE INGREDIENTS

Focusing on patients whom doctors find difficult to treat

Although this group spans the diagnostic spectrum - from arthritis to depression, from cancer to post viral syndrome, from chronic low back pain to life crisis - there is general agreement amongst health and social work professionals that a proportion of their patients have problems which seem impossible to resolve or even begin to address. Options for care provision need extending.

The newly formed therapeutic team at Mytton Oak has begun to work with small numbers of such patients. In common with Blackthorn's experience, a number of "home truths" have quickly been encountered. The Foundation has, for example, found itself, like its patients, to be heavily reliant on existing services. This has reinforced the need to form close working relationships with other service providers. Secondly, each member of the team has quickly been forced to confront personal limitations, awakening to the need for them to adapt to meet the challenges they face along with the patients. This fundamental challenge to professional and personal capabilities led naturally to a strong feeling for the second ingredient - to develop a fully integrated and mutually supportive team.

Teamwork

Although there is a common acknowledgement of the potential benefits of teamwork, the experience of being driven to it by one's patients serves to focus the mind in a powerful way. Mutual support and learning ceases to be optional, indeed they are helped to come about because the chosen task is difficult. Regular meetings to discuss clinical, organisational, financial and team matters have proved essential, as well as making time to meet together socially.

Issues concerning relationships, confidentiality, responsibility and boundaries have had to be addressed and reviewed on a regular basis. By paying close attention to the process of team building, each team member has felt comfortable and supported enough to be able to work more positively with the limitations and challenges they meet in themselves and their patients.

Artistic and creative work

By combining medical approaches with artistic therapies (art, sculpture, eurythmy and music), massage and counselling, new possibilities arise. For the team and patients alike, it reduces talk and adds opportunities to do things *with* people, not just *for* them.

As a one-to-one therapy, artistic activity calls creatively on the individual and also the partnership between therapist and patient. A strengthening of perception, courage, balance and motivation can help one to come to terms with, and perhaps overcome, continuing illness [3].

As social or group activity, artistic work encourages interaction, flexibility and humility, the latter especially amongst professionals (notably doctors!) whose training has encouraged one-sidedness.

Work in small groups can also allow members of the community who are 'well' to participate alongside patients who are 'ill'. Examples include handicrafts, choir, painting workshops and theatre groups. The project can then serve as a resource for the whole community, promoting health as well as treating illness.

Charitable status and "healthy alliances"

Four of the five centres has a registered charity alongside their NHS practice. This holds benefits well beyond the raising of funds, providing also a vehicle for the community to lend a hand, support and become involved. The task, as well as its fruits, can be shared. The charity cultivates enthusiasm through meaningful activity which can help cement a close relationship between the project and the community it serves. A strong and valuable volunteer network can result whose skills, time and effort warm and underpin the clinical work.

Charitable status also offers scope to explore "Healthy Alliances", between private and public sectors. The Foundation in Shrewsbury has already recognised that enthusiasm for a project is enhanced in both public and private sectors when each knows the other is contributing. The project, no longer reliant on a single source, can give hope and courage to all around by showing itself capable of generating some of its own funding.

External evaluation

The personal, organisational and service wide implications of this work are profound and potentially far-reaching. Already the referral patterns and prescription profiles of some of the practices are falling outside the normal distribution of their localities. Questions related to safety, efficiency and effectiveness are being raised. To answer these, rigorous evaluation is critical. The practices have engaged the services of the King's Fund to evaluate their work and development over the next three years [4].

Such an evaluation should allow for evidence based judgements to be made related to the relevance and wider applicability of this approach. It should give confidence to key stakeholders, including purchasers, patients, providers and audit groups.

A residential primary care facility

During the meeting, patients from Stroud and Maidstone spoke movingly of their lives and illness that had driven each of them to the brink. Both had, as an integrated part of their care, spent some weeks at Park Attwood Clinic near Stourbridge, a residential

care facility whose approach allows a natural association with the work of the five practices, as well as providing an environment in which research and educational activity can flourish. For some of the patients whom doctors find difficult to treat in general practice, a period of intensive therapy away from their living environments is vital in order to begin a process of change that can then continue back at home.

Park Attwood Clinic, run by two GPs, is most accurately defined as a residential primary care facility, rather than a secondary care service. As such, the facility incorporates key characteristics of primary care. The environment and atmosphere is communal rather than institutional, a biographical approach that emphasises strength rather than weakness is employed and, most important, it is intimately connected to the primary care services provided by the five practices. As a registered charity and because of its low technology approach, the overall cost of residential care at Park Attwood is low in comparison to most secondary care facilities.

RELEVANCE TO THE NHS CHANGE AGENDA.

Based on workshop participants' reflection on the practitioner and patient experiences presented, two key areas of relevance to creating a primary care led NHS were identified:

- the learning process involved
- enhanced health-creating options which appear to be emerging.

The learning process

A great deal of effort and resource has been invested throughout the Health Service to develop primary care teamwork, alliances and health gain. Most of these initiatives have been externally driven in a top-down way. The learning process in which these five practices are engaged "feels" very different. They appear to have found a way to utilise the "failures of the system", the "difficult to treat" patient as a stimulator and facilitator of change.

Meg Wheatley, in describing chaos theory approaches to organisational development writes:

> In general, the complex adaptive systems found in nature contain individual agents that network to create self-managed but highly organised behaviour; respond to feedback from the environment and adjust their behaviour accordingly; learn from experience and embed that learning in the structure of the system; and reap the advantages of specialisation without getting stuck in rigidity.
>
> One of the lessons we can learn from the new science is that once you have formed a strong core identity you can trust people to organise their own behaviour around that identity, instead of organising by policies and procedures. The behaviour will look very different from person to person. And that will be okay because (and this is one of the great lessons of chaos) you can then stand back and look, not at those individual behaviours, but at the pattern. Then you will be able to see the true pattern of the organisation.

By their openness to engage with the chaos of the patient whom doctors traditionally find difficult to treat, these practices are reorganising and developing more effective ways of learning.

Enhanced Health-Creating Options

By incorporating a variety of "creative" therapies into their practice, the Practices involved are forging new formal and informal linkages with other health creating sectors, including artistic, environmental and vocational approaches. They have been able to open the "front door" of primary care and create figuratively (and literally at Blackthorn) a rich garden of opportunity in which their patients and the practitioners themselves can grow and learn.

The juxtaposition of this "garden" of therapeutic opportunity next to the surgery is of key importance. Working with the surgery gives credibility, status and confidence to all involved.

RESOLUTIONS

The King's Fund will perform a detailed three year evaluation of the development, implementation and (where possible) efficacy of this approach.

Interim statements and conclusions will be disseminated, initially to key stakeholders, and then more widely, as appropriate.

As well as inviting Health Authority and Social Service departments to mobilise resources, a direct approach to the Department of Health for 'pump priming' funding will be made.

In human terms, all endeavour depends for its effectiveness on the presence of warmth. Development, implementation and evaluation methods must remain sensitive to this.

CLOSING REMARKS

The workshop successfully combined an atmosphere of humour and honesty as well as demonstrating a serious intent to be accountable and trustworthy to those considering supporting the initiative. An impressive demonstration by Blackthorn's many patients and volunteers in providing lunch, coffee and guided tours was powerful testimony to the fact that in order for an initiative to gain support, it must achieve a high level of trust and confidence within its organisation and learn to work with warmth and friendship at all levels.

REFERENCES

1. EL (99) 79.
2. *Core values of the medical profession.* Report on a conference held on 3/4 Nov. 1994.
3. Based on the pioneering work of Rudolf Steiner.
4. See Evaluation Proposals, in preparation by the King's Fund.

APPENDIX 1

Common priorities of five practices

APPENDIX 2

List of participants

Appendix 1

Common Priorities of the Five Practices

1. From Illness to Health

- Extending the medical model towards an understanding of the human being which supports and satisfies individual, spiritual and bodily needs; and which views illness and healing as a learning opportunity for both the ill person and members of the health care team.
- Employing creative, flexible and health-generating approaches to therapy which include movement, art and music therapy, counselling, hydrotherapy, massage and the use of the best and widest range of medicines.

2. From a Practitioner to a Community Practice Focus

- Building multi-disciplinary teams and employing a non-hierarchical approach to both patient care and work practices in each centre.
- Establishing links with the local community which enable patients, carers, and other residents to participate in shaping and supporting the work of each centre.
- Developing cultural, educational and social events which can contribute to the wider needs of the patients and the community
- Fostering close partnerships with existing Health and Community Care providers which serve to minimise competition and improve the integration of care.

3. Engaging Locality Resources for Health

- Encouraging a locality-specific emphasis which retains the aim of treating the whole range of medical conditions whilst recognising that particular local needs and skills will influence the work of each centre in a unique way.
- Providing social rehabilitation and work in community settings for people whose needs can be met by involving them in creative, meaningful activity in supportive human environments.
- Developing new funding initiatives which continue to support the ideal of the NHS to provide the best standard of care regardless of the patients' means, whilst also recognising the value of joint funding including charitable sources which engage the private sector and the local community.
- Promoting healthy environments in the community as a whole and in the provision of work environments whose architecture and colour can be directly experienced as therapeutic.
- Supporting the development of residential facilities for patients whose particular problems demand a period of intensive therapy away from their living environments.

Appendix 2

Participants

Dr Peter Hanrath	The Surgery, Wallis Avenue, Maidstone
Ms Sue O'Guynn	Health Visitor, Molehill Copse Clinic, Shepway, Maidstone
Dr Frank A Mulder	Park Attwood Clinic, Trimpley, Bewdley, Worcestershire,
Dr John Horder	98 Regents Park Road, London
Ms Lesley Elliott	Primary Care Development Fund, South East Thames RHA, Guy's Hospital
Ms Ruth Carnall	Chief Executive, West Kent Health Authority, Preston Hall Hospital, Aylesford, Maidstone
Ms Jacqui Stewart	Primary Care Development Director, West Kent FHSA, Maidstone, Kent
Mr Simon Dean	Director of Service Development, Avon FHSA, Bristol
Mrs Valerie Sands	Manager, Cherry Orchards, Westbury-on-Trym, Bristol
Dr Peter Gruenwald	98 Westover Road, Westbury-on-Trym, Bristol
Dr Andrew Maendl	17 Henleaze Gardens, Henleaze Bristol
Mrs Catherine Ward	Practice Manager, 1 Quarry Way, Bristol
Dr David McGavin	Blackthorn Medical Centre, Maidstone
Mr Tijno Voors	Director, Blackthorn Medical Centre, Maidstone
Mrs Bons Voors	Counsellor, Blackthorn Medical Centre, Maidstone
Mr David Roberts	Area Commissioner for Audit Services, KCC Social Services, (Mid Kent)
Ms Nadia Bocock	Practice Manager, Mytton Oak Surgery, Shrewsbury
Mrs Jacky Moore	Crismill Barn, Bearsted, Maidstone, Kent
Mr Bryan Follett	Trustee, Blackthorn Trust, Detling, Nr Maidstone, Kent
Ms Joyce McLoughlin	Mytton Oak Foundation, Shrewsbury
Dr Bill Gowans	Mytton Oak Surgery, Shrewsbury
Dr Peter Bennett	Mytton Oak Surgery, Shrewsbury
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