



Community Chaplaincy Listening

Your story. Your time. Your wellbeing.



What is the impact of Chaplaincy in Primary Care? The GP perspective. Snowden, Gibbon, Grant (2018)

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- People often attend primary care with sub-clinical or non-medical issues such as bereavement, distress, or loneliness.
- Often what is needed is someone to listen, but GP appointments are inappropriate for this.

- Community Chaplaincy Listening (CCL) is a listening service delivered by chaplains in Scotland, developed to help people in primary care with problems like these.

- Evaluations have shown that recipients of CCL feel more peaceful, less anxious and have a better outlook on life as a consequence.
- However, the impact from a referring GP perspective is not yet known. This perspective is essential for all stakeholders, but particularly future service commissioners.



What is Community Chaplaincy Listening?

CCL was launched in February 2013

- It is a national programme.
- It grew out of a two-year period of action research, where the work of Chaplains across eight Health Boards offering this service in 18 GP surgeries was evaluated.
- The aim was to provide a patient centered listening intervention in primary care settings.
- The results of the research were overwhelmingly positive – a national programme was launched – since 2013 the work has grown across all health boards in Scotland.

What is offered?

- One-to-one listening sessions
- For up to 50 minutes per patient.
- A service based in the local community.
- A service offered in health centre's or third sector community settings.
- An assets-based philosophy.
- A person-centred approach
- To support to develop resilience and wellbeing.



Assets-based Listening

With Context of Spiritual Care

Focus: meaning and purpose identity as a unique human being.

- Need to love and be loved
- To be creative
- To find hope
- To give and receive
- To connect with beauty and otherness

Needs Met By...

Assets/Resources:

Within us • Between us • Around us • Beyond us

And the tasks and roles we
find fulfilling and meaningful.



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- CCL was standardised through a series of action research cycles (Bunniss, Mowat, & Snowden, 2013) so it could be coordinated in a national project under the governance of National Education for Scotland (NES).
- As of 2017, CCL has been delivered in every health board in Scotland, and the most recent research showed that patients reported feeling less anxious, more at peace, and experienced a better outlook on life following CCL (Snowden & Telfer, 2017).

- Comparable services elsewhere in UK have been similarly positively reviewed. For example Kevern & Hill, (2015) found a significant improvement in patient wellbeing in a pre-post study of chaplaincy in primary care in England.
- Macdonald (2017) conducted a retrospective study of primary care chaplain interventions and found that patient wellbeing was not only improved but also maintained at 80 days. The improvement was equivalent to that seen in related cohorts taking antidepressants (Macdonald 2017).

- The benefit to the referring GPs is less well understood. For example, it is unknown exactly what type of person GPs referred or why. Macdonald (2017) termed the people he referred as suffering ‘modern maladies’, such as chronic fatigue syndrome or ME.
- Kevern& Hill (2015) referred to their participants as suffering ‘subclinical mental health issues’.
- It is also unknown what GPs expect from the service, or whether there are any observable clinical consequences of referral.

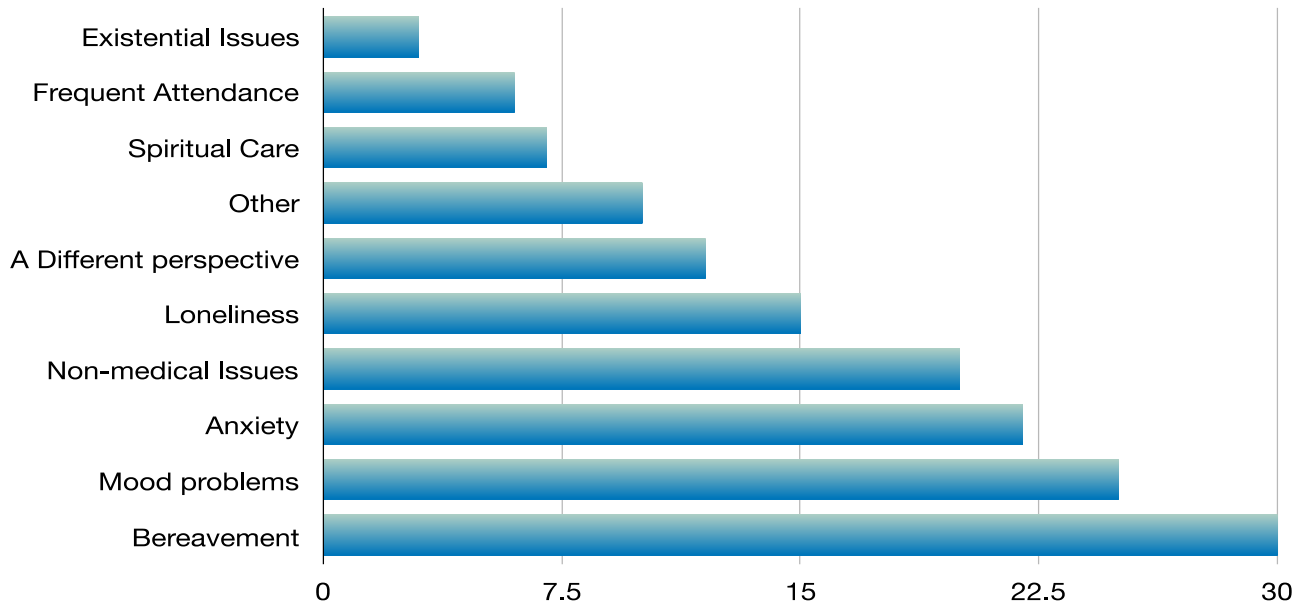
- A bespoke survey was constructed with the aim of meeting the objectives in as short a time as possible (Streiner & Norman, 2008).
- It is well known that GPs are very busy and so the brevity and clarity of the survey was key (Baird, Charles, Honeyman, Maguire, & Das, 2016).
- The questions were a mixture of closed and open quantitative and qualitative items designed to cover all the elements of practice likely to be impacted on, informed by the seminal '*What Chaplains Do*' by Mowat & Swinton, (2007).

- A pilot survey was sent to all six practices participating in CCL in one health board area of Scotland in early 2016.
- Following success of this, the same method was used nationally. The link to the survey was emailed directly to the 56 remaining surgeries across all health boards in Scotland where CCL was known to be used.

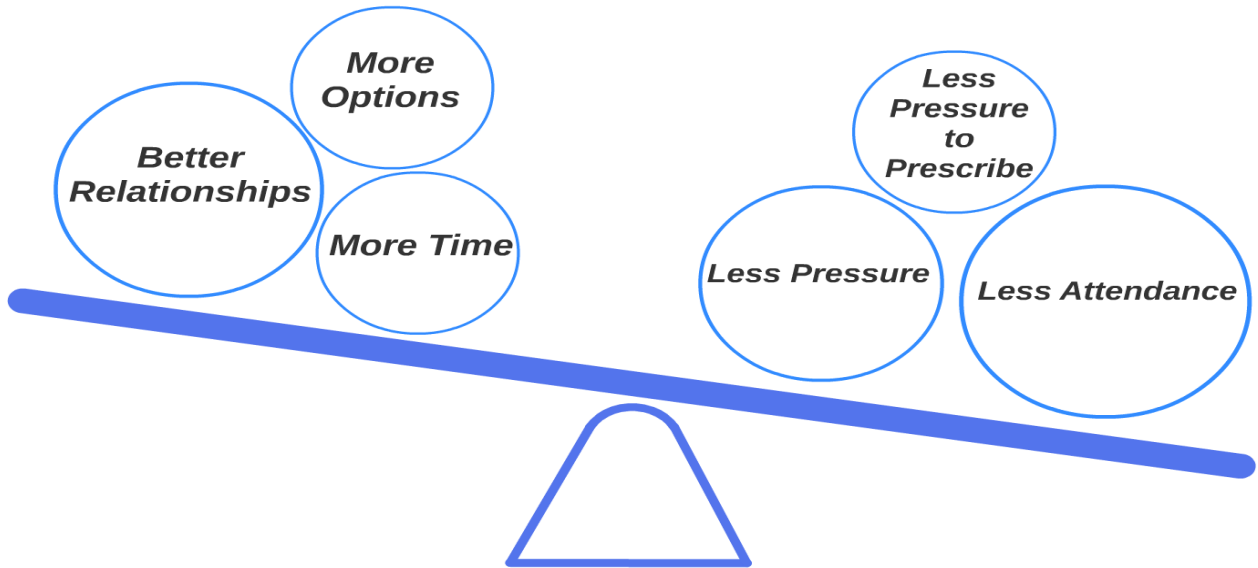
- In total, 22 practices responded (35%) with a total of 58 (24%) general practitioners completing the survey.
- From those GPs that cited an exact figure for referrals, the median response was 20 per year with a range of one to 120.

- *What are the main benefits of CCL from your perspective?*
- Attendance and prescribing were mentioned by the majority. Practically all respondents mentioned or referred to these
- All felt the service was beneficial, although some were a little more restrained in claiming impact on attendance
- One of the largest categories was the saving of time for the GPs and other referrers.

- *Did any of the people you referred refuse to go? If so, why?*
- 35% of responders said yes to this question. Reasons were primarily to do with the perceived religious element of the service, even when reassured this was not the case.
- Others just didn't want 'talking therapy' of any kind.



- *Has CCL changed prescribing?*
- GPs did not to use this service in place of medications. Rather it was reported that CCL was useful in combination with medications.
- Patients with low mood and depression were often referred; the decision to prescribe anti-depressants was not affected by the service.
- Anxiety disorders were seen slightly differently. A number of GPs reported the service having a positive effect on their patients with anxiety. Patients were presenting less with anxiety after referral and some doctors manage to avoid prescribing anxiolytics as a result.



- The most consistent benefit of the service to GPs was time: time saved and time used elsewhere. For example, CCL saved GPs time so they could spend it with other, more seriously ill patients.
- The fact that CCL had a positive impact on time alone makes it significant. The fact that it was also clearly beneficial makes it *important*.
- Pressure was an associated theme; pressure on GP time but also pressure to take action, to prescribe.
- CCL relieved that pressure by providing not just a viable alternative but a preferable one. One GP describing CCL as an 'outlet' for distress and alternative to anxiolytic.

- Accessibility was also key.
- That the service was available quickly and locally was mentioned frequently, and the impact of all this time saving and pressure relieving was notable improvement in individual patient well-being.
- Some GPs evidenced this by describing a reduction in repeat appointments and improvement in 'confidence' with certain patients.

- In summary, although the GPs were overwhelmingly positive about the service from both their own perspective and the patients, there is still some way to go in supporting some GPs to gain a better understanding of what the service is and is not.
- Some GPs articulated a deep understanding of when to refer and why, consistent with the principles of CCL.
- Others clearly did not have such a deep understanding, or they would have been able to assuage patient fears about the service being religious, or 'therapy'.

- It was very clear that responding GPs highly valued the service. They identify clear clinical benefits to them.
- CCL provides a better alternative to other statutory agencies for people with subclinical issues such as bereavement, anxiety, non-clinical low mood and other non-medical problems where simply having the space to talk and have someone listen is more coherent than taking up a valuable GP appointment.
- As a consequence of referral GPs noted clear improvements in their patients, and were also able to use their own clinical time more efficiently, focusing better on those patients with complex medical problems.

Questions,
Comments and
Discussion?