**NES AHP Contribution to Public Health**

Meeting with Allan White and Tracey Stronach, Advice and Support Practitioners, Chest Heart and Stroke Scotland (CHSS)

17 February 2022

**Summary of role**Allan’s background is as a Paramedic. Tracey has been with CHSS for 9 months. She had worked as an Occupational Therapist in Acute Services in the NHS for 29 years so it is a big change. However she has been fully supported to use her transferrable skills while benefitting from learning new roles and skills from the Advice Line Team. There are two parts to their direct patient role:

1. Answering Advice Line reactive calls - people call into the line with questions about any one of the four conditions: chest, heart, stroke, or long COVID.
2. Clinical case management hospital to home service - they have a caseload of patients to follow up after they have been in hospital or are living with specified long term conditions. They provide advice and support for a short period. They have service agreements with the health boards that refer patients to them. Currently these are NHS Lothian, NHS Fife, NHS Highland and NHS Greater Glasgow and Clyde. However they are looking to expand this and develop service agreements with NHS Dumfries and Galloway and NHS Grampian.

It was not essential that Tracey was an Occupational Therapist to do the role but she does have to be state registered. Allan and Tracey do the same role on the Advice Line as nursing colleagues, although they do bring different skills.

The Advice Line has been going for more than 20 years and it was established as a nurse-led Advice Line so it has always been able to give clinical advice to people. When COVID started and everyone was sent home a couple of years ago, Allan, who at the time was the Respiratory Adviser, was asked to help out with the Advice Line team but he is now embedded within the team. Therefore Allan’s role has changed. He was the first non-nurse to be part of the Advice Line; it was traditionally all nurses beforehand. Allan feels he is an asset to the team as he has a different perspective on things and has different experience to other people, which was seen as valuable. When the Advice Line was expanded and more staff were needed, it seemed obvious to have people from different disciplines because they give a wider breadth of experience and knowledge, both for the people they support and to share with colleagues. The team have a live chat facility that they can use to contact other team members if they get asked a question that is outside their area of expertise. Alternatively, they can transfer the call to another team member if that would be more appropriate.

Allan and Tracey are the only AHPs in the team at the moment but when further posts are advertised, they will be open to anyone that is either a nurse or AHP.

The calls are all anonymous so they don’t know who they are speaking to or where they're phoning from, although sometimes it's relevant to ask. However, the type of calls they receive is recorded in a database. They are not time-sensitive on the Advice Line so if somebody wants to open up for a while about the difficulties are going through, they are able to do that. There are between three and six people manning the Advice Line at any one time. There are eight people in the team in total, which has doubled in the last two years.

The advice line operates Monday to Friday 9.30 am to 4.00 pm. It is a free telephone number. Outside of those hours, there is a messaging service where people can leave a message and ask to be called back. People can also email or text the advice line and receive advice back by the same medium. There is also a text talk system, which is useful for people with hearing difficulties.

The casework is shared between the team as referrals come in. They receive referrals for patients with a variety of conditions, which makes it interesting and there’s a lot of discussion about how they can best support these people and the best advice to give. The team is able to feed off each other’s knowledge and experience, which is invaluable.

The majority of casework is done via phone calls. When they receive a referral, they will do an initial call to agree the frequency of calls, preferred day of week and time. The duration of contact is usually up to three months but it is very variable depending on patient needs. Some people only need two or three calls, while others need a more support depending how well they are coping with their situation.

When staff are referring patients to CHSS, they must include SMART goals that are achievable for CHSS so they must have an idea of what CHSS can help with and highlight this on the referral.

Patient-related data is collected for casework, including outcomes against the SMART goals. This data is collected in a database, which has recently been developed. Every case they have worked on since they started using the new database has been audited for quality and content. They also seek feedback from patients after they have had their intervention.

There is a good mix between the reactive unplanned calls and the planned casework calls.

**Contribution to Public Health**

CHSS states in their strategy document [No Life Half Lived](https://www.chss.org.uk/documents/2018/05/strategy-no-life-half-lived.pdf) that 15% of their effort will be focused on prevention. This includes their [Health Defence work](https://www.chss.org.uk/healthdefence/#:~:text=Health%20Defence%20Scotland%20have%20launched,from%20our%20Health%20Defence%20Team.) and influencing and informing policy on public health, issues such as food, exercise, smoking, alcohol and deprivation.

**Contribution to health protection**

Not currently doing any screening but did have a Health Defence team. Also used to go out and do blood pressure check and health checks but that was halted due to COVID. Advice is given about managing health and reducing risks e.g. of heart attack and stroke.

**Contribution to wider determinants**

A lot of employment issues and financial issues come up. Would signpost to Citizens Advice, councils/Social Work, employment organisations and support around finance and housing.

Supporting vulnerable communities – prior to COVID, Allan went out and did some talks with some of the ethnic groups within Edinburgh, which was organised through the NHS Lothian Minority Ethnic Health Inclusion Service (MEHIS). He gave talks on asthma and asthma control to existing groups where people were already meeting and these were very successful. Separate meetings were held for males and females.

**Contribution to health improvement**

They do a lot of signposting to services, both for callers to the Advice Line and their casework patients. For example the services that CHSS offers such as local peer support groups, carer’s support, physical activity classes and local community support. Also signpost people to reliable and relevant websites such as NHS Inform, condition specific resources, carers’ organisations, travel, employment, benefits. For long COVID patients, there is a lot of input on fatigue, pacing, energy conservation, breathlessness. Chest Heart and Stroke produces lots of printed resources on various topics that can be sent out to people e.g. breathlessness, fatigue, mental wellbeing.

The Communication Department produces a lot of information to promote physical activity, for example regular campaigns on social media and national adverts.

**Contribution to population healthcare**

Early diagnosis and interventions – [Health Defence work](https://www.chss.org.uk/healthdefence/#:~:text=Health%20Defence%20Scotland%20have%20launched,from%20our%20Health%20Defence%20Team.)

Supporting self management of long term conditions is their bread and butter. Sometimes patients will phone the Advice Line because they're not sure if they should go to the GP. Input may include encouragement to make an appointment, discussion around how to get the most from an appointment and provision of information to read and discuss with their GP.

CHSS runs peer support groups, which are given help from CHSS volunteers to get started but then are usually run by the people within the groups themselves. They are given help to get started and then they are affiliated to CHSS after that. Groups have been meeting virtually but are now starting to meet face to face again. Historically, most of the peer support groups that they had were stroke related so there were a lot of aphasia cafes where people with communication problems would meet in small groups for a limited period of time and then move on to other stroke groups that had more of a social focus. There are also a few respiratory groups. There is a Peer Support Team who can direct people to the most appropriate group for them.

Community Support Teams offer support with achievement of goals and service provision depending on location and referrals are often made to this team as well as online CHSS Physical Activity classes.

They are heavily involved in rehabilitation, recovery and reablement through signposting and support. They encourage people to take part in things like pulmonary rehabilitation and cardiac rehabilitation, which should hopefully allow them to live better with their condition and have a better understanding of their condition.

Preventing avoidable admissions – if they are advocating someone to see their GP to get a symptom checked out in the early stages, then potentially they are preventing complications further down the line. They also support people to stay at home longer and therefore delay admissions to care homes.

**Potential to increase involvement in public health activities**

Allan recognises it is great what they can do on the phone but would like to get back to doing more face to face work, either with individuals or groups.

**How the pandemic has affected their work**

There has been an increase in the number of calls to the advice line, which may reflect changes to healthcare provision during the pandemic. The duration of calls has also increased due to the complexity of the calls. Calls about long COVID tend to be quite long because there are so many symptoms.

They are now advising patients with long COVID and are recognised as a source of expert advice on long COVID, with GPs advising patients to call the CHSS advice line for more information. As a team, they read research papers and try to keep up to date with as much information as they can. Chiefly they are helping people by giving them advice on fatigue, fatigue management, breathlessness and pacing. Advice is also given about dealing with the emotional impact of a long term illness and appropriate signposting suggested.

There is a long COVID support group and they do a lot of signposting into that, which helps people connect. For some people, they've never met anybody else with the same condition and it can have a big emotional impact on them. There is Facebook group and also a fortnightly Zoom meeting, where people offer hints and tips and support and encouragement. It is a Scotland wide group but because meetings are held virtually, people can join from all over Scotland without having to travel, which can be exhausting.

When all other parts of CHSS services closed down due to COVID, the Advice Line was all that was left. The charity has a lot of volunteers and they had to think about how best to use them. One of the things they started up was offering kindness calls, which is where volunteers are teamed up with someone suitable to make social calls. It is seen as very valuable and only came about because of COVID but will be continued. The Advice Line Team frequently refers patients to this service.

When Allan started working with CHSS, he was an advisor with the charity on respiratory conditions. He was a link between the clinical world and the political world. He used to attend meetings at Parliament to see what was happening and interpret clinical speech into speech that the charity could understand when they were looking to find new ways to support people. He brought knowledge and experience gained from working with people living with long term respiratory conditions. However that role stopped very suddenly when COVID came along and he was thrown into the advice and support role but feels he can use his knowledge and skills better in this role.

**Education needs**

CHSS is very supportive with learning needs; they are actively encouraged to attend training, read relevant material and learn about suitable resources. No gaps identified in terms of availability of courses to meet learning needs. They are able to access training through the professional bodies and have links with colleges such as Edinburgh College. They have regular support and supervision so can identify any gaps then.

**Health and wellbeing of the workforce**

CHSS recently held a health and wellbeing week for staff, covering things like stress, strategies to deal with negative thoughts, gratitude diaries, mindfulness and loss and grief. This was useful, both for offering advice to callers and also for the staff as individuals.

**Further input**

Tracey and Allan consented to being contacted again for further involvement in this work if appropriate [tracey.stronach@chss.org.uk](mailto:tracey.stronach@chss.org.uk) [allan.white@chss.org.uk](mailto:allan.white@chss.org.uk)

**Sheila Wilson**

**9 March 2022**