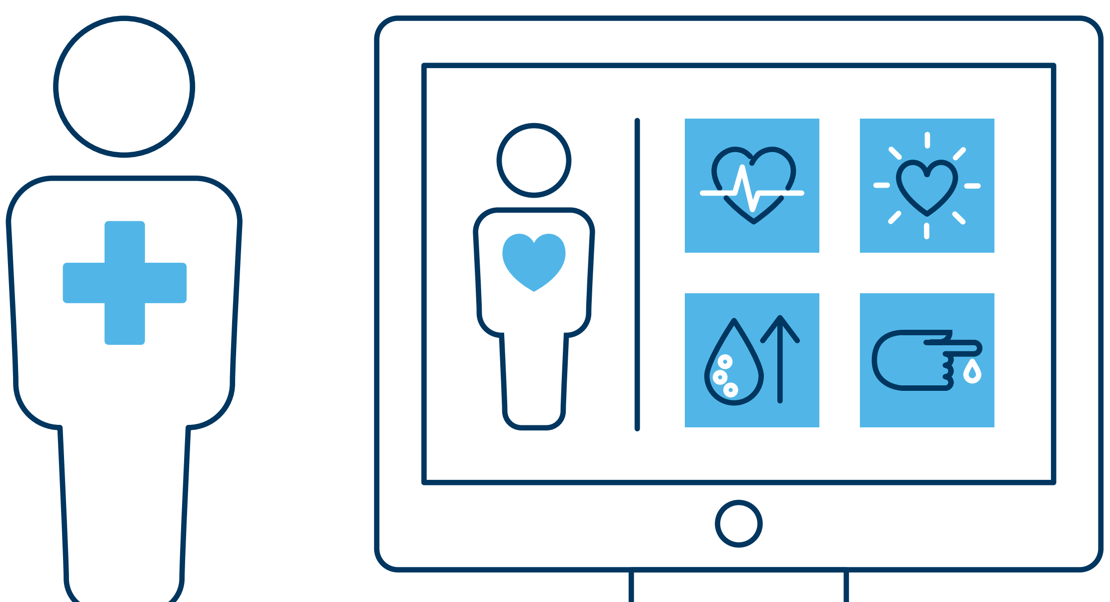
Consultations guide

Proactive Care Consultations

A guide to carrying out holistic Proactive Care Consultations as part of UCLPartners Proactive Care Frameworks



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Introduction

Welcome to the Proactive Care Consultations guide

This guide is designed to support the wider primary care team (e.g. Additional Roles Reimbursement Scheme [ARRS] staff such as care coordinators and health and wellbeing coaches) to deliver holistic care as part of UCLPartners Proactive Care Frameworks.

The UCLPartners Proactive Care Frameworks have been developed to support proactive management of long-term conditions in primary care. They include search tools to risk stratify patients so that they can be offered clinical interventions according to urgency and clinical priority.

All patients can be offered Proactive Care Consultations by members of the wider primary care team to help them understand their condition and provide structured support for education, self-management and behaviour change through information sharing and goal setting.

What's in this guide?

This guide outlines how holistic Proactive Care Consultations can improve patients' health by supporting self-management and behaviour change.

In this guide you will find:

- Information on the role of Proactive Care Consultations in UCLPartners Proactive Care Frameworks
- An outline of what Proactive Care Consultations involve
- A description of what to do at each stage of the consultation
- Tools and signposting to other resources to help you deliver Proactive Care Consultations

Process for Proactive Care Consultations

Proactive Care Consultations to support education, self-management and behaviour change

Some people have a very high risk of cardiovascular disease whilst others may be at lower risk, yet everyone can reduce their risk of cardiovascular disease. The purpose of the Proactive Care Consultation is to review patients' understanding of their conditions, discuss how they're managing their health and prevent serious cardiovascular disease from developing or getting worse.

The Proactive Care Consultation involves updating information on the patient's record and may require repeating measurements such as weight, height and blood pressure as well as requesting blood tests. The consultation will also involve talking with patients about their health and how they could better manage their long-term conditions.

Reducing cardiovascular risks and improving health always involves changing behaviours and this can be very difficult.

The UCLPartners Proactive Care Consultations flow chart on the next page summarises what is involved in these consultations and the following sections guide you through each stage of the consultation.

The four stages of Proactive Care Consultations

1

Gathering information

Check that important health measures are in the patient's health record and collect and record any that are missing

2

Supporting education and self-management

Review how the patient understands and self-manages their health

3

Supporting behaviour change

Talk with the patient about how they might improve their health

Referring on and following up

Order necessary tests, make referrals as required and arrange follow up

UCLPartners Proactive Care Consultations flow chart

The four stages of Proactive Care Consultations

Stage 1		Stage 2	Stage 3	Stage 4
Gathering information Check that important health measures are in the patient's health record and collect and record any that are missing		**Supporting education and self-management** Review how the patient understands and self-manages their health	**Supporting behaviour change** Talk with the patient about how they might improve their health	**Referring on and following up** Order necessary tests, make referrals as required and arrange follow up
Stage 1a	**Stage 1b**			
Before the appointment	**During the appointment**			
Use the **Physical Health Information** table to decide which health measures are important for each patient	Find out the patient's priorities for their health	Considering the patient's priorities, explain your priorities, agree what to focus on and set a goal	Help the patient consider what will need to change for them to achieve their goal	Remember to escalate any concerns, e.g. very high blood pressure to a nurse, pharmacist or GP
Check that important health measures are in the patient's health record and are up-to-date	Collect any important health measures that are missing	Discuss with the patient what they want or need to achieve their goal	Help the patient identify what might help them to make that change and what might get in the way	Arrange for any important health measures that are still missing to be collected and for the results to be shared with the patient
Note any important health measures that are missing and need to be collected, e.g. blood pressure	Use the **Physical Health Information** table to identify any concerns, e.g. very high blood pressure	Offer relevant information or resources and check the patient's understanding and feelings about them	Discuss relevant behaviour change strategies and find out what the patient thinks and feels about them	Arrange for agreed referrals to other services to be made, e.g. to a social prescriber or care co-ordinator
Arrange for a qualified colleague to perform any tests you can't, e.g. blood tests	Escalate any concerns to a nurse, pharmacist or GP according to the **Physical Health Information** table	Agree a plan to put things into action	Incorporate any behaviour change strategies into the action plan	Arrange a follow up appointment to review and support progress towards the goal if needed

Gathering information before the appointment

Before you meet the patient, start gathering information so you're able to make the most out of the appointment. Physical health measures can tell us a lot about a patient's health status. By gathering information about physical health measures we can help patients make more effective improvements to their health.

Tip

Make sure all physical health measures have been recorded within the last 12 months

Gathering information before the appointment

↓

Use the **Physical Health Information** table to decide which health measures are important for each patient

↓

Check that important health measures are in the patient's health record and are up-to-date

↓

Note any important health measures that are missing and need to be collected, e.g. blood pressure

↓

Arrange for a qualified colleague to perform any tests you can't, e.g. blood tests

Table 1: Physical health information table

Required physical health information						
	Health condition				**If information is missing / more than 12 months old:**	**Discuss with a clinician if:**
Physical health measure	**Hyper-tension**	**Atrial fibrillation**	**Raised cholesterol**	**Type 2 diabetes**		
Blood pressure	✔	✔	✔	✔	• Ask patient for up-to-date measure or if they can measure at home • If not, schedule appointment to measure	**More than 140/90 mmHg**
Pulse	✔	✔	✔	✔		**Irregular** (and no known atrial fibrillation)
QRisk	✔	✔	✔	✔	• Measure and input factors in QRisk calculator (found in electronic patient record or at **qrisk.org**) and calculate	**No record of cardiac disease* and QRisk score 10% or more and NOT on a statin or ezetimibe**
CHA$_2$DS$_2$VASc		✔			• Book with clinician to calculate	**2 or more AND not on anticoagulation** (e.g., Apixaban, Dabigatran, Edoxaban, Rivaroxaban or Warfarin)
HASBLED/ORBIT		✔				N/A
Renal function	✔	✔		✔	• Refer to local protocols for monitoring frequencies • Arrange investigation if required	Lab results will be reviewed by a clinician
HbA1c	✔		✔	✔		
Urine ACR	✔			✔		
Lipid profile	✔		✔	✔		
Liver function test		✔	✔			
BMI (weight [kg] / height^2 [m^2])	✔	✔	✔	✔	• Ask patient for up-to-date measures or schedule appointment to measure • Calculate BMI (weight [kg] divided by height^2 [m^2])	Patient requests additional weight loss support
Smoking status	✔	✔	✔	✔	• Ask patient	Patient wishes to stop smoking
Alcohol intake	✔	✔	✔	✔		Patient wishes to reduce alcohol intake

SEEK ADVICE FROM A CLINICIAN:
- **ON THE SAME DAY IF BLOOD PRESSURE IS ABOVE 180/120mmHg OR YOU ARE WORRIED ABOUT THE PATIENTS HEALTH**
- **AS ROUTINE IF THE PATIENT IS NOT ON A STATIN BUT HAS A RECORD OF CARDIAC DISEASE***

**Cardiac disease: heart attack / ischemic stroke / coronary artery bypass graft / angina / stent insertion / peripheral vascular disease / coronary intervention*

Gathering information during the appointment

The appointment can be a chance to gather any missing physical health measures and also to get information on the patient's priorities to make sure choices are made with shared decision making.

Tip

A great way to get the conversation started is to ask, "What's been on your mind about your health?"

Note

*The **Physical Health Information** table on the previous page provides guidance on what actions you need to take if there are any concerns.*

Gathering information during the appointment

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Find out the patient's priorities for their health

↓

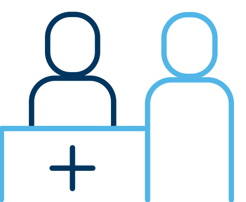
Collect any important health measures that are missing

↓

Use the **Physical Health Information** table to identify any concerns, e.g. very high blood pressure

↓

Escalate any concerns to a nurse, pharmacist or GP according to the **Physical Health Information** table



Supporting education and self-management

Patients living with long-term health conditions can benefit from support to understand and self-manage their conditions. Proactive Care Consultations provide an opportunity to do this in a structured way that includes shared decision making.

Tip

Base priorities on physical health measures, the patient's knowledge of their condition and their self-management skills.

Note

*You'll find useful information and resources to share with patients in **Appendix A**.*

Note

*You can find guidance on motivating patients to self-manage in **Skills and strategies to motivate change** and **Appendix C**.*

Supporting education and self-management

↓

Considering the patient's priorities, explain your priorities, agree what to focus on and set a goal

↓

Discuss with the patient what they want or need to achieve their goal

↓

Offer relevant information or resources and check the patient's understanding and feelings about them

↓

Agree a plan to put things into action

Supporting behaviour change

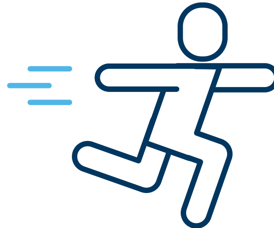
Achieving health goals always involves changing behaviours like stopping smoking, eating more healthily or taking regular medication. These can be very difficult changes to make.

Tip

*Remember to use shared decision making – help the patient identify goals that are important **to** them as well as important **for** them.*

Note

You'll find further guidance on motivating change in: **Skills and strategies to motivate change** *and* **Appendix C**.



Supporting behaviour change

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Help the patient consider what will need to change for them to achieve their goal

↓

Help the patient identify what might help them to make that change and what might get in the way

↓

Discuss relevant behaviour change strategies and find out what the patient thinks and feels about them

↓

Incorporate any behaviour change strategies into the action plan

Referring on and following up

Most patients will need further support. This might include escalating concerns (see **Table 1**), acquiring missing physical health measurements, referrals to other services and/or follow up to support their self-management and behaviour change action plan.

Tip

If you're ever unsure what to do, ask a nurse, pharmacist or GP.

Referring on and following up

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Remember to escalate any concerns, e.g. very high blood pressure to a nurse, pharmacist or GP

↓

Arrange for any important health measures that are still missing to be collected and for the results to be shared with the patient

↓

Arrange for agreed referrals to other services to be made, e.g. to a social prescriber or care co-ordinator

↓

Arrange a follow up appointment to review and support progress towards the goal if needed

Skills and strategies to motivate change

Communication skills and behaviour change strategies to engage patients in self-management and behaviour change

Motivating patients to make changes for their health can be challenging. This challenge often comes about when patients aren't engaged in having conversations about their health. For those who are engaged, there may still be other things that get in the way of them achieving the changes they're aiming for. For example, it can be difficult to talk with a patient who is overweight about the need for weight loss. Even if the patient acknowledges the need to lose weight, other barriers such as social circumstances or financial constraints can still get in the way. However, there are a number of skills and strategies that can be incorporated into consultations to improve engagement and motivate change.

You may already be using some of these and we encourage you to consider trying them with your patients to help you successfully support self-management and behaviour change. You'll find a handy skills and strategies reminder tool in **Appendix C** that explains why, when and how to use each one. You may find it helpful to print the sheet and keep it to use in your clinic.

Communication skills to engage patients – See example **here**

Behaviour change strategies to motivate change – See example **here**

Information, advice and resources to support education and self-management

High blood pressure (BP)

Knowledge

Blood pressure is the pressure of blood in your arteries – the tubes that carry your blood from your heart to your brain and the rest of your body. You need a certain amount of pressure to get the blood moving around your body.

Your blood pressure naturally goes up and down throughout the day and night, and it's normal for it to go up while you're moving about. It's **when your blood pressure is consistently high, even when you are resting, that you need to do something about it** as this increases the risk of heart attack and stroke.

For people under 80 years of age:
Blood pressure should usually be lower than 140/90mmHg in a clinic setting or under 135/85mmHg when measured at home.

For people 80 years of age or over:
Blood pressure should usually be lower than 150/90mmHg in a clinic setting or under 145/85 when measured at home.

In most cases there is no single explanation for the cause of high blood pressure, but lifestyle factors such as weight, diet, exercise, smoking and alcohol intake can all lead to high blood pressure.

Key advice for patients

- Measure your blood pressure regularly either in the GP practice/pharmacy or at home.
- Maintain a healthy diet and active lifestyle.
- Limit alcohol intake and ask for support for smoking cessation if applicable.

Resources for patients

- What is high blood pressure and what causes it?
- How to choose a BP monitor
- Validated home BP monitors
- How to monitor BP at home

Atrial fibrillation

Knowledge

Atrial fibrillation (AF) is a common abnormal heart rhythm. AF happens when electrical impulses fire off from different places in the top chambers of the heart (the atria) in a disorganised way. It causes an irregular and sometimes very fast pulse.

AF increases your risk of a blood clot developing in your heart which can travel to your brain and cause a stroke.

People with AF are usually prescribed a medicine to prevent blood clots forming to reduce the risk of stroke. They may also be prescribed medications to help reduce the symptoms of AF.

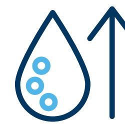
Key advice for patients

- People with AF should have an assessment to understand their risk of stroke (using the CHA_2DS_2VASc score).
- People with AF who have a high stroke risk score should be offered blood thinners (anticoagulants).
- Anticoagulants are very effective at preventing strokes in people with AF.

Resources for patients

- **Atrial Fibrillation**
- **Atrial Fibrillation and stroke**
- **How to check your pulse**
- **Anticoagulant medication**

Raised cholesterol



Knowledge

Cholesterol is a fatty substance which is made in the liver. It is also found in some foods. **Over time, cholesterol can cause your blood vessels to narrow, which makes you more likely to have heart problems and stroke.** High cholesterol does not cause any symptoms. **You can only find out your cholesterol level from a blood test.**

Cholesterol can become raised due to:

- A diet high in saturated fats
- Not being active enough so the fats you eat are not used up
- Genetic conditions which mean the fats are not processed in the usual way

Key advice for patients

- Maintaining a healthy diet and active lifestyle is very important for preventing heart and circulatory disease such as such as heart attacks, strokes and dementia.
- Ask for support for smoking cessation if applicable.
- People with a history of heart and circulatory diseases like heart attacks, angina and stroke, and people with a high risk of developing these conditions, should be advised to take statins.
- Statins are safe and are very effective at preventing heart attack and stroke.

Resources for patients

- **What is cholesterol?**
- **High cholesterol symptoms, causes and levels**
- **Understanding cholesterol test results**
- **Healthy eating to lower cholesterol**
- **What are statins?**
- **Statins: common questions answered**

Type 2 diabetes

Knowledge

Type 2 diabetes is a condition where blood sugar levels are high because your body does not make enough insulin or it does not work effectively.

If left untreated, **high sugar levels in the blood can seriously damage parts of the body, including the eyes, heart and feet.**

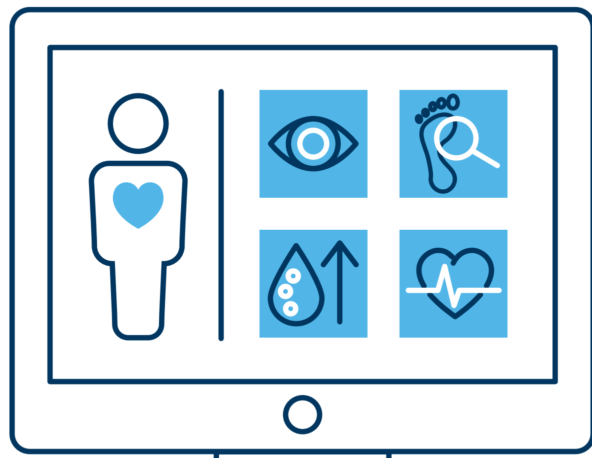
Some people with type 2 diabetes are able to control their diabetes by maintaining a healthy diet. Others are prescribed medicine to control their diabetes. **With the right treatment and care, the adverse effects of diabetes and high blood sugar levels can be managed and potentially reversed.**

Key advice for patients

- Some people with type 2 diabetes can develop problems with their feet such as ulcers. Regular foot checks and good care are very important to reduce this risk.
- Patients should check their feet at least once a month and contact their GP if they see any damage or anything unusual.
- Regular eye-checks are important to prevent problems with sight, which can affect some people.
- Keeping a healthy blood pressure and cholesterol is very important for protecting against the effects of diabetes.
- Maintain a healthy diet and active lifestyle.
- Limit alcohol intake and ask for support for smoking cessation if applicable.

Resources for patients

- Diabetes the basics
- Diabetes treatments
- Living with type 2 diabetes video
- What health checks do you need when you have diabetes
- Diabetes: Tips for healthy eating
- Moving more
- How to look after your feet



Lifestyle-specific information and resources to support self-management and behaviour change

Smoking

Knowledge

Did you know that nearly 20,000 UK heart and circulatory disease deaths are attributed to smoking each year? **Stopping smoking is one of the best things you can do for your health.** Within days your health will begin to improve and **within a year your risk of heart disease will be halved.**

Key advice for patients

- Smoking can affect your heart and blood vessels by:
  - Increasing your risk of blood clots
  - Causing an instant rise to your heart rate
  - Causing an instant rise to your blood pressure
  - Reducing the amount of oxygen delivered to the rest of your body.

It's never too late to benefit from stopping. Being smoke-free not only adds years to your life, but also greatly improves your chances of a disease-free, mobile, happier old age. Within 2 to 12 weeks of stopping smoking, your blood circulation improves. This makes all physical activity, including walking and running, much easier.

Resources for patients

- Effect of smoking on your heart
- Support to quit smoking

Alcohol

Knowledge

Men and women are advised not to regularly drink more than 14 units a week.

- A small 125ml glass of wine, for example is 1.6 units and there are around 10 units in the average bottle of wine.
- An average pint of beer is around 2 units depending on how strong it is. For a very strong pint of beer this rises to 3.5 units.
- A single gin and tonic is approximately 1 unit.

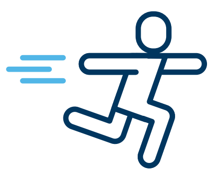
Key advice for patients

- There's no completely safe level of drinking. If you drink alcohol, it's important to keep within the guidelines to lower your risk of harming your health by:
  - Not drinking more than 14 units of alcohol each week
  - Having several alcohol-free days each week

Resources for patients

- How can alcohol affect my health?
- Drink less

Physical activity



Knowledge

It can be challenging to keep active and difficult to know which activities to do, however there are several helpful resources and tips that you can do at home or at your local park.

When you do any activity that gets your pulse rate up, it's totally normal if you breathe faster and more deeply or get hot and sweaty.

Regular physical activity helps to control your blood pressure and keep it within healthy levels.

Key advice for patients

- If you can, consider trying to do something active every day, something is better than nothing. Even a few minutes is a good start.
- Ideally, we should all aim for 150 minutes of moderate intensity activity per week (for example 30 minutes a day, 5 days a week). This can seem like quite a lot to begin with but by starting small and building up slowly, this can be an achievable long-term goal for many people.
- You don't have to use a gym or join the local football team if it's not your cup of tea. Instead, see where you can fit extra bursts of activity into your day – make them part of your routine and form new healthy habits:
  - Take the stairs, not the escalator.
  - Go for a regular walk, before breakfast or at lunchtime.

Resources for patients

- Get active
- Get active indoors
- Ways to move

Diet

Knowledge

Eating healthily and keeping track of your calorie intake can be tricky sometimes. If we consume more calories than we burn, our bodies store any extra as fat. Over time this could mean we put on weight. The calorie content can usually be found on the nutrition label under energy and shown as a number of kcals.

Key advice for patients

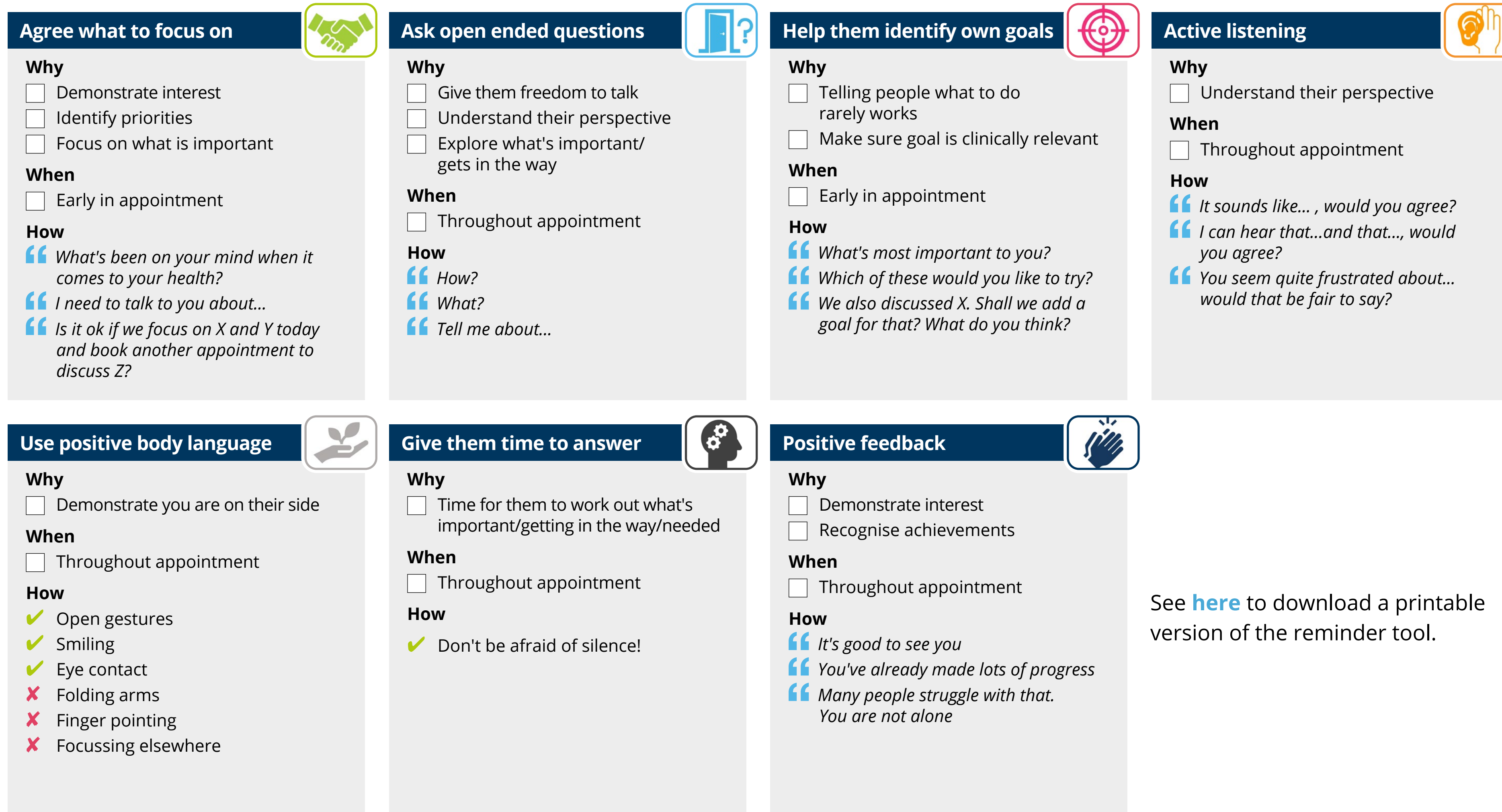
- Too much saturated fat is bad for us, but it seems to be in lots of things we like. You can eat less saturated fat and still eat well. Check the labels when you shop and swap in foods that are lower in saturated fat.
- Healthier snacks include fresh fruit, unsalted nuts or seeds, plain rice cakes and low-fat yoghurt.
- Lots of things can get in the way of eating a completely balanced diet but opting for healthier options whenever you are able to will help your overall wellbeing.
- Drink plenty of fluids (i.e. water, non-caffeinated and non-alcoholic drinks) everyday or enough to ensure you are passing urine every couple of hours.

Resources for patients

- Eating well
- Easy ways to eat healthily
- South Asian diets and cholesterol
- Recipe search
- Salt and heart and circulatory disease

Reminder tool: Communication skills and behaviour change strategies that motivate change

Communication skills



Agree what to focus on

Why

- ☐ Demonstrate interest
- ☐ Identify priorities
- ☐ Focus on what is important

When

- ☐ Early in appointment

How

- *What's been on your mind when it comes to your health?*
- *I need to talk to you about...*
- *Is it ok if we focus on X and Y today and book another appointment to discuss Z?*

Ask open ended questions

Why

- ☐ Give them freedom to talk
- ☐ Understand their perspective
- ☐ Explore what's important/ gets in the way

When

- ☐ Throughout appointment

How

- *How?*
- *What?*
- *Tell me about...*

Help them identify own goals

Why

- ☐ Telling people what to do rarely works
- ☐ Make sure goal is clinically relevant

When

- ☐ Early in appointment

How

- *What's most important to you?*
- *Which of these would you like to try?*
- *We also discussed X. Shall we add a goal for that? What do you think?*

Active listening

Why

- ☐ Understand their perspective

When

- ☐ Throughout appointment

How

- *It sounds like... , would you agree?*
- *I can hear that...and that..., would you agree?*
- *You seem quite frustrated about... would that be fair to say?*

Use positive body language

Why

- ☐ Demonstrate you are on their side

When

- ☐ Throughout appointment

How

- ✔ Open gestures
- ✔ Smiling
- ✔ Eye contact
- ✘ Folding arms
- ✘ Finger pointing
- ✘ Focussing elsewhere

Give them time to answer

Why

- ☐ Time for them to work out what's important/getting in the way/needed

When

- ☐ Throughout appointment

How

- ✔ Don't be afraid of silence!

Positive feedback

Why

- ☐ Demonstrate interest
- ☐ Recognise achievements

When

- ☐ Throughout appointment

How

- *It's good to see you*
- *You've already made lots of progress*
- *Many people struggle with that. You are not alone*

See **here** to download a printable version of the reminder tool.

Behaviour change strategies

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