

SUPPLEMENTAL 33 - COMMENTS FROM 3D TRAINING SESSION A arranged thematically by geographical area

Refer to training evaluation form part A for full text of free text

	Ayrshire	Bristol	Manchester
What went well:			
Delivery	<ul style="list-style-type: none"> • Very clear explanation of the 3D study • Everything was explained fully/in detail • Good explanation of structure and aim of the project • Good clear presentations • Clear concise aims • Were organised and clearly presented 	<ul style="list-style-type: none"> • Timing good, • Well-presented, • Organised and structured, • Clear information • Trainers approachable 	<ul style="list-style-type: none"> • Good structure • Clear presentation • The presentation from the slides and speakers were relevant and informative • Comprehensive support • Training was excellent • Pace was good • An organised team! • Well facilitated/explained/presented
Interaction	<ul style="list-style-type: none"> • Good helpful discussions • Safe environment. OK to say what isn't happening so well • Good opportunity to discuss openly the difficulties we have in managing patients • Good discussion re chronic disease management and appointment management • Good stimulating discussion about patient care 	<ul style="list-style-type: none"> • Opportunity for discussion, • Team building, • Open discussion of issues, positive and negative 	<ul style="list-style-type: none"> • Relaxed atmosphere • Open discussion • Interactive participation • Interactive and multidisciplinary • Good interactive session

Engagement, reflection and understanding	<ul style="list-style-type: none"> • Good participation from all present • Reflection on current practice • Made us think about how we deliver care to patients with multimorbidity as a multidisciplinary team • Good discussion on aims and importance of 3D study • Explore competing models of medical/social • Today's meeting improved everyone's enthusiasm for the study • Discussion informative, easy to understand • General understanding and awareness of the study • Overview • Breaking down of information and how it will affect patient care • Relevant and focused <ul style="list-style-type: none"> ○ Currently an identified issue in general practice ○ Very relevant 	<ul style="list-style-type: none"> • Consider patient perspective • See what we want to learn • Understand the process/approach and why it's important • Understand what exactly patient-centred care means • Interesting • Relevant 	<ul style="list-style-type: none"> • Very interesting • Relevant • Informative and thought provoking • Good introduction/overview • Understanding the trial • Useful concerns raised
Organisation and service impact	<ul style="list-style-type: none"> • How to take it forward 		<ul style="list-style-type: none"> • Practical decisions re implementation • Understanding how we as a practice can implement • Finding out more about how the study is going to work

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What went less well			
Delivery		<ul style="list-style-type: none"> • Rather long, • Slowish • Would have liked quick summary of intervention and aims at the beginning 	<ul style="list-style-type: none"> • A bit rushed (because practice had to curtail time available)
Convenience and comfort	<ul style="list-style-type: none"> • Tired, busy Monday 	<ul style="list-style-type: none"> • Arranged on GP day off, • Hungry 	<ul style="list-style-type: none"> • Training facilities
Attendance problems	<ul style="list-style-type: none"> • Called out for emergency • On call – arrived late 	<ul style="list-style-type: none"> • Poor clinician time-keeping • Practice messed up date so 1 GP missed 	<ul style="list-style-type: none"> • nurses didn't come (1 practice) • late due to time pressures
Organisation and service impact	<ul style="list-style-type: none"> • Some concerns about time required of GPs • Approach may be more time-consuming and less efficient 		<ul style="list-style-type: none"> • Raised issues regarding logistics
Least important element:			
Concept	<ul style="list-style-type: none"> • Length of training 	<ul style="list-style-type: none"> • Special review as things generally all covered over course of multiple appointments 	<ul style="list-style-type: none"> • Holistic review
Intervention component	<ul style="list-style-type: none"> • PHQ9 – can seem like box-ticking and less patient-centred 	<ul style="list-style-type: none"> • Secondary care physician • Pharmacy review • PHQ9 (as opposed to 2 in some cases) • Co-ordinated reviews • QOF <ul style="list-style-type: none"> ○ Ticking QOF boxes ○ Asking patients main issues rather than concentrating on QOF 	<ul style="list-style-type: none"> • Pharmacy review (1 practice already doing)

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Most important element:			
Intervention component	<ul style="list-style-type: none"> • Patient-centred <ul style="list-style-type: none"> ○ Patient's agenda ○ Addressing patient's wishes, concerns and worries ○ Holistic approach ○ Exploring well-being as well as disease management ○ Listening to patient first • Improved follow up and co-ordination • Continuity – improves quality of care and may enhance patient empowerment • Health plan – reminder for patient • The first appointment 	<ul style="list-style-type: none"> • Medication review • Patient-centred – addressing patient priorities, identifying factors outside of the 'medical' issues that impact health/wellbeing • Continuity of care • Improving patient experience • Holistic care routinely delivered • Recognising depression 	<ul style="list-style-type: none"> • Patient-centredness • Being patient-centric • Holistic patient-centred care • Having the time to communicate patients' fears and concerns • Patient's agenda and own concerns • Continuity of care
Skills		<ul style="list-style-type: none"> • Understanding role 	
Patients	<ul style="list-style-type: none"> • Educating the patient 	<ul style="list-style-type: none"> • Educate • Get them to think about what they really want and don't want • Identifying what they are prepared/able to do to improve their health 	<ul style="list-style-type: none"> • Patient awareness as to why we are doing this • Patients' thoughts on problems will help with compliance
Organisation and service impact	<ul style="list-style-type: none"> • Patient care improvement – better patient pathway • Opportunity to streamline recall systems • Team working together in same direction 	<ul style="list-style-type: none"> • Ensure whole team on board (no appointment squeezes) • Getting timings correct • DNAs 	<ul style="list-style-type: none"> • Spending time to save time ultimately • Reduction in number of appointments • Reduce re-attendance • Improving care while maintaining smooth running of practice • Improve patient experience

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To implement successfully need to know more about:			
How it will work	<ul style="list-style-type: none"> • Template • Measurement of outcomes • Outcome of first review and what happens to patient after second review • More background re 3D health plan • Care plans and goals • Continuity • What has worked well elsewhere 	<ul style="list-style-type: none"> • The template • How it will work in practice 	<ul style="list-style-type: none"> • Template • How to complete template correctly • What to do if things go wrong • How the consultation will go
Organisation and service impact	<ul style="list-style-type: none"> • Length of appointments • The mechanics of organising the reviews 	<ul style="list-style-type: none"> • Appointment allocation • Need one lead person to initiate 	<ul style="list-style-type: none"> • Advice to reception on how to manage appointments • Administration and in-house process of appointments • Logistics of getting people in
Skills	<ul style="list-style-type: none"> • Consultation skills – agenda and goal setting 	<ul style="list-style-type: none"> • How to be patient-centred • How to structure holistic care • My role in what I need to do 	
Patients	<ul style="list-style-type: none"> • Engaging patients to follow 3D approach • Patient needs • Education leaflets and written info for patients 	<ul style="list-style-type: none"> • Get patients on board 	
Other comments			
	<ul style="list-style-type: none"> • Useful area to be looking at • Think patient will be responsive but may be difficult to get them to participate at the start 	<ul style="list-style-type: none"> • Qualified confidence it is worth doing • Concern over sustaining long-term • Patients lose benefit of skill mix from seeing different members of team • Patients need to take responsibility for their health • GP resource and government policy • Must avoid trying to squeeze in extra appointments when seeing 3D patient 	<ul style="list-style-type: none"> • Depression quite challenging – what is difference between depression and being unhappy/fed-up/sad