

SUPPLEMENTAL 34 - COMMENTS FROM 3D TRAINING SESSION B arranged thematically by geographical area

Refer to training evaluation form part B for full wording of free text questions

	Ayrshire	Bristol	Manchester
What went well:			
Delivery	<ul style="list-style-type: none"> ○ Good presentation ○ Time to air concerns 	<ul style="list-style-type: none"> ● Well-facilitated ● Clarity <ul style="list-style-type: none"> ○ clear presentation and demo of template ○ excellent information ● Timing <ul style="list-style-type: none"> ○ to go through medication issues and to go through template with nurses as well as GPs ○ everything covered in time available 	<ul style="list-style-type: none"> ● Meeting well-facilitated and supported ● Content <ul style="list-style-type: none"> ○ Having the example prompts for discussion is very useful ○ Workshops/tasks ● Being able to bring up the live patient was good ● Good explanation/well prepared
Interaction	<ul style="list-style-type: none"> ● Good interactive discussion <ul style="list-style-type: none"> ○ Allowed opportunity to discuss any concerns we had ○ Good discussion of cases ○ Discussion between clinicians ○ Good opportunity for group discussion ● Free-flowing chat 	<ul style="list-style-type: none"> ● Good interactive study session ● Opportunity to discuss concerns 	<ul style="list-style-type: none"> ● Good discussion ● Easy relaxed atmosphere for open discussion
Engagement, reflection and understanding	<ul style="list-style-type: none"> ● Confidence in programme ● Good engagement from practice team ● Attentive audience 	<ul style="list-style-type: none"> ● Doesn't quite meet our agenda of reducing repeat visits ● Greater understanding of aims ● Looking at multiple problems and prioritising them from patient's point of view 	<ul style="list-style-type: none"> ● Feel reassured medication will be reviewed ● Setting boundaries with other HCP as to role ● Good review and feel ready to start ● Emphasis on the patient-centred approach rather than doctor or condition-centred

<p>How to implement</p>	<ul style="list-style-type: none"> • Template, process for reviews, protocol <ul style="list-style-type: none"> ○ Viewing template and protocol on EMIS ○ Very clear (thorough) explanation of how to use templates ○ Navigation around template ○ Explained template and process for reviews better ○ Good to see template and to see what doing the study will actually involve ○ Understand how to fill template • Confidence will only come with practice 	<ul style="list-style-type: none"> • Clear instruction on how to begin • Going through actual case study • Excellent to link DES forms with 3D template • Template <ul style="list-style-type: none"> ○ Seeing it in action ○ Clear how to use template and print off necessary paperwork ○ Knowing how it works 	<ul style="list-style-type: none"> • Looking at an actual 3D care plan • Practical approach to 3D assessments • Template and process <ul style="list-style-type: none"> ○ Looking at the template and seeing the printed plan was most important aspect ○ Good introduction to the template ○ Use of the template ○ Familiarisation with template ○ Good explanation of process (template)
<p>Comfort and convenience</p>	<ul style="list-style-type: none"> • Good cakes 		

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What went less well			
Delivery	<ul style="list-style-type: none"> • Would have been helpful to have time to use the template • Would probably have been easier if we had all gone through template individually (e-learning package rather than lecture style teaching?) • Maybe more time required to reinforce template filling • Discussing a template can be difficult to follow – will be easier when actually completing it 	<ul style="list-style-type: none"> • Too long • Pace a bit slow • Agree learning agenda at start 	<ul style="list-style-type: none"> • Would have liked time to discuss final review
Comfort and convenience	<ul style="list-style-type: none"> • Running two meetings together due to time constraints 	<ul style="list-style-type: none"> • Better earlier in the morning or afternoon 	<ul style="list-style-type: none"> • Room was warm
Attendance problems		<ul style="list-style-type: none"> • Nurses missed half of session due to flu clinic overrunning 	
Engagement, reflection and understanding		<ul style="list-style-type: none"> • ‘the study is a bit subjective from the patients’ point of view’ 	

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Main concern about implementing			
Time	Time (mentioned 15 times) <ul style="list-style-type: none"> • Having enough time in consultations • Nursing time for completion of template • Time with patient –will it be enough? • Time constraints • Time required • Time of year • Memory questioning may be time consuming • Initially time but unlikely to be significantly more • Time-management challenged by patient expectations • Time - it will take some time to become familiar with the template 	<ul style="list-style-type: none"> • Time needed to do it well • Time needed for appointments • 20 mins not be long enough • Extra appointments requiring extra time overall 	<ul style="list-style-type: none"> • Timing of appointments • Over-running consultation time • Timing of completion of consultation • Time implication
Skills	<ul style="list-style-type: none"> • Template <ul style="list-style-type: none"> ○ Getting used to template – but once commenced this will resolve itself ○ Practical use of templates until used to them ○ Getting lost in the template- it not saving • Transferring information on computer • Getting timing right 	<ul style="list-style-type: none"> • Won't get it all right • Missing QOF amongst all information required • Getting familiar with template 	<ul style="list-style-type: none"> • Template <ul style="list-style-type: none"> ○ Being aware of input in text box ○ Just doing medication review ○ Ensuring that I do all that is necessary in the time that I have • Change to my practice • Lack of medical knowledge in some area

Patient response	<ul style="list-style-type: none"> • Expectation – patients expecting this at future non-3D appointments 	<ul style="list-style-type: none"> • Don't want to encourage patients to think of more problems • Raising patients' expectations to expect more than can be offered • Unearthing problems that are insoluble 	<ul style="list-style-type: none"> • Overload for patients
Organisation and service impact	<ul style="list-style-type: none"> • Appointment availability 	<ul style="list-style-type: none"> • Having enough GPs and nurses at work to accommodate 3D appointments • Missing QOF amongst all information required • Inadequate funding from the trial to cover time needed • Cross over between what nurse and GP does • does not cover all we currently have on own template (for COPD) 	<ul style="list-style-type: none"> • Logistics • Scheduling • Organisational – when, who
Engagement, reflection and understanding	<ul style="list-style-type: none"> • I see no long-term real benefit 		

Least important element:			
Overall concept	<ul style="list-style-type: none"> • Could be more selective about information required 		<ul style="list-style-type: none"> • Not sure until start • Feel all elements are important
Intervention component	<ul style="list-style-type: none"> • Memory assessment • QOF as doing anyway • Emphasis on self-harm • Patient-centredness 	<ul style="list-style-type: none"> • Medication review – GPs could do if had enough time and have software to prompt 	<ul style="list-style-type: none"> • Not so sure re PHQ9

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Most important element:			
Overall concept	<ul style="list-style-type: none"> • Time given to patients for holistic overview • Holistic approach not necessarily QOF centred only 	<ul style="list-style-type: none"> • ‘Pulling all the threads of MM together and having a joint plan with GP and patient’ • ‘Holistic care for individual patients’ • Way of trying to manage patients with multimorbidity 	<ul style="list-style-type: none"> • Feel all elements are important • Holistic care • More patient friendly • Patient-centred, neat, easy to follow
Intervention component	<ul style="list-style-type: none"> • Patient-centredness <ul style="list-style-type: none"> ○ Addressing the <u>patient’s</u> not the <u>doctor’s</u> agenda ○ Getting patients’ concerns ○ Looking at patient’s own problems ○ Initial questions ○ Patient-centred care rather than QOF • Shared goals • Improved continuity of care • Doctor apt • Medication review • Depression screen – often diagnosed and not discussed (but PHQ9 not the best tool) 	<ul style="list-style-type: none"> • Agenda <ul style="list-style-type: none"> ○ Finding out what patients feel are their problems • Medication monitoring • Combined reviews - ‘Managing co-morbidity together rather than treating diseases separately’ • Patient centredness <ul style="list-style-type: none"> ○ Patient perspective – it’s the one we miss most often ○ Patient priorities rather than own agenda 	<ul style="list-style-type: none"> • Patient health plan/care plan • Getting patient agenda and creating the time to go through it • Medication • Personal patient-centred approach • Having time with patients to discuss all of their health issues and concerns in one comprehensive consultation • Written advice sheet/agreement • Time to be more patient-centred

Patient response	<ul style="list-style-type: none"> • Patient participation and involvement in management plan • Patient will appreciate time spent with them and management plan • Patients' views/expectations 	<ul style="list-style-type: none"> • Try and get patient to agree to a goal that is realistic and achievable • That patients get what they want and don't feel we are calling them unnecessarily 	<ul style="list-style-type: none"> • Good for patients to cut down on appt rates • Valuable to aid and improve patients' understanding and health • Compliance
Organisation and service impact	<ul style="list-style-type: none"> • Patients will have everything done and will not be recalled separately for different diseases • Better use of patient and clinician time 	<ul style="list-style-type: none"> • Improve patient care 	<ul style="list-style-type: none"> • One attendance at the practice for all their reviews • Improving quality for patients • Improving system • Patient experience • Compliance
Outcomes			<ul style="list-style-type: none"> • Whether it is going to make a difference
Other comments			
	<ul style="list-style-type: none"> • Good to take a new approach to chronic disease management 	<ul style="list-style-type: none"> • Somewhat sceptical • Looking forward to getting going 	<ul style="list-style-type: none"> • Need to get going on seeing patients