Department of Health

REACh

NHS

Routine enquiry about adversity in childhood

Dr Warren Larkin

Clinical Lead - Department of Health - Adverse Childhood Experiences Programme

Visiting Professor Sunderland University • Consultant Clinical Psychologist

Email: wlarkin@warrenlarkinassociates.co.uk • Twitter: @warren-larkin • Website: www.warrenlarkinassociates.com

Dr Ros Bonsor

Parter Beacon Primary Care Clinical Network & GP Director West Lancashire CCG

Email: rosalindbonsor@nhs.net

Warren Larkin

ASSOCIATES LIMITED

The case for routine enquiry in health and social care

Waiting to be told doesn't work...

Victims of childhood abuse have been found to wait from between nine to sixteen years before disclosing trauma with many never disclosing
(Frenken & Van Stolk, 1990; Anderson, Martin, Mullen, Romans & Herbison, 1993; Read, McGregor, Coggan & Thomas, 2006)

Read and Fraser (1998) found that 82% of psychiatric inpatients disclosed trauma when they were asked, compared to only 8% volunteering their disclosure without being asked

Felitti & Anda (2014) report a 35% reduction in doctor's office visits and 11% reduction in ER visits in a cohort of 140,000 patients asked about ACEs as part of standard medical assessment in the Kaiser Health Plan

Warren Larkin
ASSOCIATES LIMITED

REACh Model

Readiness checklist and organisational 'buy in'

Change Management - systems and processes to support enquiry

Training Staff - hearts and minds & how to ask and respond appropriately

Follow-up support and supervision for staff and leadership team

Evaluation and Research

Warren Larkin

ASSOCIATES LIMITED

Key Findings

- Most participants were not aware of the impact of adversity on later life outcomes before the training.
- REACh training equips practitioners with the knowledge, confidence and skills to conduct routine enquiry with the people they support.
- Routine Enquiry is feasible and acceptable to staff and service users.
- There have been no reported significant increases in service need following practice change. Most service users are well supported by the worker they disclosed to or were currently working with.
- The REACh approach was the catalyst for increased frequency of disclosures, better therapeutic alliance and more targeted interventions
- Following routine enquiry people report considering the impact of ACEs in relation to their own children.
- Routine enquiry can quickly become business as usual.

Warren Larkin

ASSOCIATES LIMITED

Beacon Primary Care Clinical Network

NHS

West Lancashire: Ormskirk, Skelmersdale, Banks, Hesketh Bank, and Birkdale.
4 site practice including university, 13000 patients, with 3 other associated practices.
Training practice. CQC Outstanding. Primary Care Home. 60+ staff including:
2 partners, 4 associate GPs, 2 Nurse clinicians, 7 nurses (5 prescribers) 4 HCA

Feeling all the reported pressures in the system. 2 week wait for routine appointments.
Telephone consulting a key part of the system.

REACH pathfinder project across original 3 sites in Ormskirk and Skelmersdale.

Warren Larkin
ASSOCIATES LIMITED

Ambition

To raise awareness of the importance of understanding the impact of adverse childhood experiences (A.C.E.'s) on patients

Develop an understanding of how routine enquiry about adverse experiences can be implemented within the general practice setting

See how being A.C.E. informed can benefit patient care

In the longer term develop the potential to evaluate how the REACh approach impacts service utilisation for specific groups

Identify the measures by which success could be evaluated in this setting

Warren Larkin
ASSOCIATES LIMITED

What is the vision?

Long Term – Early screening for ACE's
Benefits to patients in the longer term
? Decrease consultation rates / investigations/ prescribing?

Medium Term - Whole practice approaches to adverse childhood experience and trauma

Short Term -

(1) Practice professionals trained in ACE, enquiring about and responding to disclosure of ACE's

(2) Practice systems and processes reviewed from an A.C.E. informed perspective

(3) Design and implementation of new systems and processes takes A.C.E. into consideration

Warren Larkin
ASSOCIATES LIMITED

What did we do?

Ensure that the practice had the necessary systems and processes in place to support the implementation of routine enquiry – Organisational Readiness

Design and deliver training in Adverse Childhood Experience and Routine Enquiry – 2 whole practice study afternoons

Design the administration systems which would facilitate routine enquiry

Design the initial data recording system - EMIS codes and templates which would collect evaluation data

Run a session on ACE for the Patient Participation Group, and use feedback on proposed materials to develop final explanatory letter and questionnaire.

Implement routine enquiry with a small group of professionals to trial all of the systems and processes

Warren Larkin
ASSOCIATES LIMITED

In practice:

Alerted local CMHT that we were going to embark on this project.

Patients attending volunteer practitioners for face to face appointments

20 minutes blocked per surgery per practitioner initially

Reception give patient a pack

- Explanatory letter about the evaluation
- The questionnaire itself with instruction to give to the clinician seen.
- Brief feedback / acceptability form
- Records on EMIS that questionnaire given

Clinician deals with questionnaire during routine appointment.

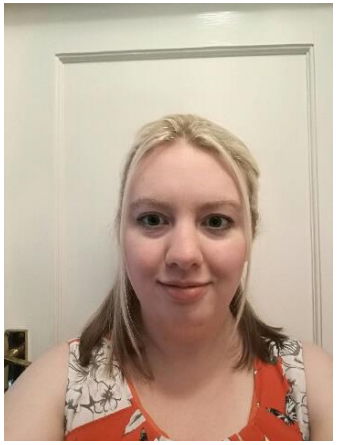
“Checklist” available to support any questioning, response required.

Offers support / follow up as required

Questionnaire goes to coder to record responses and REACH score.

Warren Larkin
ASSOCIATES LIMITED

Whole Practice approach - The Reach Volunteers



Warren Larkin
ASSOCIATES LIMITED

Jill, Practice Manager

"To fit Reach into an already very busy large Practice was very challenging. After the first week though, our findings were that there had been little reported increase in service need following the enquiries made. Taking this into consideration, I think it has been very worthwhile not only for the patients but for our staff too"

Katrina ,Healthcare Assistant

"My experiences so far have been extremely positive. Everyone who has taken the time to fill out the questionnaire think it's a really good thing to do at their family doctors, yes I have had a couple of people who have been a little tearful and have opened up to events that they are still dealing with and can see the link between their health issues.. they have taken a little bit of extra time but nothing that has had a massive effect on my clinic running times"

Warren Larkin
ASSOCIATES LIMITED

Cath, Salaried GP

I feared a deluge of distraught ACE scorers delaying clinics… on day one I was pleased to find the patients accepted the questionnaire as an important part of their history…a more holistic approach… and there were many light bulb moments. I have grown more confident in enquiring, dealing with and sorting this type of issue and feel it is worthwhile.

Anonymous staff member

With a personal ACE score myself of 7, but lucky enough to have resilience…. having various members of our staff come forward, also with high ace scores …. proved to me that we must keep going with this and if possible, aim for the ace questionnaire to be part of every new patient check nationwide.

Bapi, my GP Partner

I haven't taken part in the pilot because I am concerned about the impact on capacity. This is a worthy cause but needs funding properly before full role out in primary care.

Warren Larkin
ASSOCIATES LIMITED

So far…..

Very Early Qualitative feedback from the initial trial:

Professionals feel confident in enquiring

The training equips professionals to enquire about ACE's and respond to disclosure

Patients find being asked the questions acceptable

Adding the enquiry did not necessitate additional consultation time (much), but raises the question of how well we are prepared to deal with any consultation that might take a turn from expected and require a much lengthier response (eg acute chest pain)

Initial indications that the prevalence of ACE's is higher than what would be expected in the general population

Warren Larkin
ASSOCIATES LIMITED

Next steps:

Consider what further roll out of routine enquiry to implement across the practice.

Continue the pilot as planned until September

Watch out for the publication of the evaluation by University of Bangor

Thanks to:

Leslie Banner 21st Century Outcomes
Katie Hardcastle University of Bangor
Halima Leheri Lancashire Care Foundation Trust

Warren Larkin
ASSOCIATES LIMITED