

# Peer Learning for London

## *“Caseload Management & ending professional relationship with a client”*

Wed 6<sup>th</sup> August 21

# Plan for today

## JOIN THE CONVERSATION



It is an informal session  
– talk to each other & share  
resources in the chat



The presentations will be  
recorded & circulated

TIME	ITEM
12:30	Introductions
12:40	Paula Watson – Counsellor, Yardo
12:55	Elaine Mulligan – SPLW, Ealing GP Federation
1:05	David Sagman – SPLW, Kilburn Primary Care Co-Op Limited
1:15	Michaela Coker – SPLW, Age UK Lambeth
1:25	Concia Albert – Head of Social Prescribing, One Westminster
1:35	Q&A + SPLW experiences and challenges
2:00	Close
Until 2:30	Networking

## Overview – what will you leave with...

**By the end of this session, you will be able to:**

- ✓ Reflect on importance of establishing professional boundaries
- ✓ Increase your confidence in ending professional relationship with a client/patient
- ✓ Identify different approaches to caseload management
- ✓ Find adequate resources to help you in your daily tasks
- ✓ Connect with SPLWs to discuss your challenges related to caseload management and discharging clients/patients

## Client Endings

**Paula Watson**

Psychotherapeutic Counsellor



## Overview

- The Relationship (Alliance-building)
- Contracting
- Boundaries
- Closure
- Q & A



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Counsellor & Co-Director

## Alliance – building

- Warmth & Empathy
- Listening Skills
- Congruence
- 20 min – 60 min



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## Contracting

### Administrative

- Agreeing number / frequency / duration
- Missed sessions & lateness
- Contact between sessions
- Reviews & Flexibility



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## Contracting goals & tasks

- Clarity of Goal
- Client agreement / written plan
- Clients know what to expect
- No surprise endings



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## Boundary-setting

- Client sense of safety
- Promote Client autonomy
- Practitioner Self-care
- Improve quality of closure



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## Closure

- Review Plan
  - Penultimate session – what's left
  - Ultimate Session - What has been achieved?
- Signposting & takeaways
- Follow-up Clarity
- Discussed, agreed & clear = closure



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Counsellor & Co-Director

## Q&A

How would you adapt this for Social Prescribing Link Workers?

# PAULA WATSON - COUNSELLOR



## AFFORDABLE WELLBEING

Mindfulness Training  
Support groups  
Counselling  
Wellbeing events

*online and in local venues*

**[www.yardo.co.uk/programme](http://www.yardo.co.uk/programme)**

[paula@yardo.co.uk](mailto:paula@yardo.co.uk)

CASELOAD MANAGEMENT & ENDING PROFESSIONAL RELATIONSHIP WITH A CLIENT

# Elaine Mulligan – Social Prescribing Link Worker

## Professional experience:

- ABA Therapist: Applied Behavioural Analysis (Autism)
- Child Stroke Manager: Evelina Children's Hospital/Stroke Association
- Health & Wellbeing Manager: Charity Sector (various charities)
- Working as SPLW in South Central Ealing Primary Care Network covering 5 GP Surgeries (1 day per week in each of the PCN Surgeries)

# Elaine Mulligan – Social Prescribing Link Worker

## Social Prescribing in my PCN:

- Patient's can expect 30 minutes to one hour for initial assessment.
- Average 3-5 follow up appointments (sometimes more).
- 'Expected' weekly new referral number: 75 (15 new referrals daily).
- Referrer origin: GP's, nurses, pharmacist, administrative staff & self-referral.

# Elaine Mulligan – Social Prescribing Link Worker

## Caseload management

- Average patient contacts per week: 45
- Average patient contacts daily: 9 – comprising of new referrals and follow up's.
- **Referral process:**
  - A. Health Professionals use SystmOne database to refer new patients onto Social Prescribers daily rota.
  - B. Patients can also be referred by sending a 'Task' using SystmOne.
  - C. Referrer origin: Health professionals & patient self –referral.
- Tracking patients & follow up's: SystmOne 'Tasking' system used for follow up's & Excel to monitor GP Practice patient referrals details & progress.

# Elaine Mulligan – Social Prescribing Link Worker

## Professional Boundaries

- Set expectations early & consistently throughout.
- Communicate effectively & clearly.
- Don't be afraid to say 'no' and stay in control of the relationship.
- Look after yourself & time management

## Ending relationship with the patient:

- Prepare patient prior to discharge that end of support is imminent.
- Discharge patient when 'Goals' are achieved and/or agreed support plan in place.
- Create patient confidence by developing support network for patient.
- Keep your door open for future re-referral.



# Elaine Mulligan – Social Prescribing Link Worker

## Top tips on how to end with a patient:

1. Ensure patient 'journey' is clear and understood from start (ensures smoother ending)
2. Be honest & transparent throughout relationship (ensures smoother ending).
3. Prepare patient for 'ending' e.g. point out positive outcomes & progress met.
4. Highlight support network in place post-discharge (possible future re-referral)
5. Request patient 'feedback' on their experience (indicates end of process).

# David Sagman - Social Prescribing Link Worker

## Professional experience:

- Service Manager, supporting living for adults with learning disabilities and mental health issues.
- Project manager for Blind/Deaf adults service
- Working as Social Prescribing Link Worker in Kilburn Primary Care Co-Op Limited since 2019 in a team of 4 SPLWs, and work across 4 GP Surgeries. Care navigator in Brent complex needs team.

# David Sagman - Social Prescribing Link Worker

## Social Prescribing in my PCN:

- 1 hour appointments to identify patients needs
- Flexible time for follow up appointments
- Time for admin tasks such as writing reports, referrals, research on appropriate organisations to support patients
- Time for community development activities, participating in meetings, forums
- Training and development time

# David Sagman - Social Prescribing Link Worker

## Caseload management

- I see between 10-12 patients a week, so I am able to focus on cases. Its important to have enough time for all tasks related to the patient.
- I had over 20 patients during Peak time of Covid
- I offer usually 3-4 appointments but its flexible, I can offer more if needed (sometimes one session is enough on average its no more than 2-3 sessions)
- I use Emis system to organise my caseload to check back on appointment book and notes.
- I usually always plan my next appointment with a patient.
  
- Examples : unusual one or two long term mental health related patients for welfare call

# David Sagman - Social Prescribing Link Worker

## Professional Boundaries

- Agreeing Personalised care plan/ goals with my patients
- Making sure my patients know how to contact me in between appointments if needed

## Ending relationship with the patient:

- When identified goals are achieved
- Patient feels comfortable with dealing with there own issues by themselves
- SPLW can discuss ongoing care plan with the patient
- Always option to call again if needed

# David Sagman - Social Prescribing Link Worker

## Top tips on how to end with a patient:

1. Prepare and tell patient when sessions are going to finish
2. Discuss future support plan with the patient, coping strategies or support options
3. Option to call SPLW if needed

# Michaela Coker – Social Prescribing Link Worker

## Professional experience:

- I have worked in various person- centred roles within the NHS for the past 8 years
- Since 2019, I became a SPLW working collaboratively with Age UK Lambeth and Streatham Primary Care Network

# Michaela Coker – Social Prescribing Link Worker

## Social Prescribing in my PCN:

- Initial assessment is booked for 1 hour, I explain the nature of my role so the patient is aware of what I can help with and my limitations.
- I then create a personalized care plan as a guide for the patient's goals
- Follow up appointments are 30 mins usually via phone ( we review actions and targets achieved)
  - Unless it's a case of simple signposting, I work with a patient between 8-12 weeks
  - Upon discharge, I inform them they are welcome to self-refer if they need the service in future.



# Michaela Coker – Social Prescribing Link Worker

## Caseload management

- On average I work with 25 people per week, I ensure that if I have face-to-face appointments that I have regular breaks in- between seeing them.
- I do manage my own diary, so I oversee booking my patients in.
- This is very useful as our role needs flexibility in order to partake in training, peer learning, clinical meetings or community development projects.

# Michaela Coker – Social Prescribing Link Worker

## Professional Boundaries

I advise patients what day I work for their practice and of my working hours.

All contact in person or via phone must be booked in advance but they can email me anytime. (This also leaves a paper trail so you can collate evidence when you present case studies or reports to your PCN)

I no longer share my work mobile number as receiving multiple texts and calls out of hours was demanding ( especially if im already working out of hours and tempted to answer another call)

## Ending relationship with the patient

What sort of circumstances must be met for you to discharge?

- All the targets on their care plan need to have been achieved or in progress. When there is evidence that service, they were referred to will offer long-term support

# Michaela Coker – Social Prescribing Link Worker

## Top tips on caseload management:

1. Ask to oversee managing your own diary and booking of patients
2. Set yourself realistic targets, ask yourself how many patients do you have capacity to see each day/ week?
3. Prioritise urgent cases first and ensure you take breaks throughout your shift (we are no use to anyone if we are burnt out!)
4. If a particular case is proving difficult speak with a peer for advice and raise the issue in a clinical meeting
5. Monitor how you have enabled a patient to become proactive
6. Evaluate whether the patient is ready for discharge

# Michaela Coker – Social Prescribing Link Worker

## Top tips on how to end with a patient:

1. In your first appointment relay that your service is intermediate support and what your role has to offer
2. Create a personalised care plan with targets to support them in being proactive
3. Review the interventions around week 5 and check if they have improved the patient's wellbeing if they haven't – ammend the care plan
4. Advise the patient in the 2nd to last appointment, that they will be discharged in their next appointment
5. Upon discharge advise the patient that they are welcome to be re-referred to the service if they need support again in future.

# CONCIA ALBERT – Head of Social Prescribing Westminster

## Professional experience

1. Social Policy with Sociology
2. Working and volunteering in the charity sector for 17 years mostly in Westminster and some international.
3. Trustee / Health and Wellbeing Lead OW

## Social Prescribing One Westminster

- Initial contact – Accurx message / letter
- Initial assessment - is between an hour to 1 hour and a half
- Decision to take on the case
- Seek out the SP remit within the case and action plan to support these alongside the patient.
- Frequency and average time with the SP

## CONCIA ALBERT – Head of Social Prescribing Westminster

### **Caseload management**

Monthly on the caseload is between 30 – 35. We are looking at winding this down to 25 for the MH SP's. Each SP is expected to see 243 patients per year.

**Support structures** - What's app groups x2, Resources Officer , Accessible - One to One casework, Weekly Peer to Peer group, Feedback and review built into the process ongoing and regular team meetings, Volunteers.

**Tracking** - Excel spreadsheet to track patients and record interactions – page assigned to each SP (Will share dummy page with Justyna to send out). Slow transition to Time to Spare

**Crucial to caseload management** – Knowing your boundaries and sticking to them, having an admin day weekly, traffic light system, flexibility, managing expectations, Systematic.

**GP/PCNs/MH Hubs** – Tasks and email. Confidence to say no. YOU ARE THE SP EXPERT

CASELOAD MANAGEMENT & ENDING PROFESSIONAL RELATIONSHIP WITH A CLIENT

### Top tips on caseload management:

1. Knowing your boundaries and sticking to them.
2. Having an admin day weekly
3. Traffic light system
4. Flexibility
5. Managing expectations
6. Systematic

### **Professional Boundaries & Ending relationship with the patient:**

- Discharge
- Common aspects of ending sessions
- Support if struggling with ending patient interaction
- Training for caseload management



## Things to remember and top tips

- **Creating a waiting list** – categorising priority at referral stage
- **Community referrals** – which organisations / services you refer to that can offer longer term support
- **Utilising volunteer befriending** - is this something that can be introduced early?
- **Spreading referrals across the team** – are there other SPLWs that have some slack?
- **Are you the best person to be supporting the individual?**
- **Work with PCN to consider building capacity within the team** – recruiting more SPLWs, Care Coordinators or Health and Wellbeing Coaches
- **Code your caseload according to complexity** – what % of your caseload are complex?
- **Speak up & share the load** – share concerns with supervisor and utilise support to brainstorm way forward

## Resources

- **Healthy London Partnership website** - [https://www.healthylondon.org/our-work/personalised\\_care/social-prescribing/](https://www.healthylondon.org/our-work/personalised_care/social-prescribing/)
- **London Social Prescribing Toolkit** – access [here](#)
- **Patient Caseload evaluation spreadsheet** – available [here](#)
- **Social prescribing and community-based support** – access [here](#)
- **NEL Guide for New SPLWs** – available [here](#)
- **London Social Prescribing Newsletters** – available [here](#)
- **Social Prescribing Observatory** – access [here](#)

## Feedback

Thank you for participating in our *Peer Learning: Caseload management and ending professional relationship with a client*. We hope you have enjoyed it and find it useful.

It would be great if you could complete this quick feedback form to let us know your honest opinions:

<https://forms.office.com/r/ZqZrLcyjhX>

or



Our next session on 3<sup>rd</sup> November will be:  
**Social Prescribing for people with cancer.** [Sign up here.](#)

Please feel free to email us if you have any questions.

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Justyna Sobotka: [j.sobotka@nhs.net](mailto:j.sobotka@nhs.net)

## Reflection

1. Are you able to establish a professional, supportive but time limited professional relationship with clients/patients?
2. How many patients do you support per week/year?
3. How confident are you in managing your caseload?
4. Are there any changes you would like to introduce?
5. What have you learned during the session today?