your story. your time. your wellbeing.

Full report on the national Scottish action research project

Second Cycle : May 2011 – September 2012

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for

NHS
Education
for
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Executive Summary

The Community Chaplaincy Listening (CCL) project enters its third phase in September 2012. This executive summary documents the second phase of the project between March 2011 and September 2012. Phase one has been written up both as a report[i] and a journal article[ii]. The full CCL provides space and listening for patients who have troubles and concerns they want to talk about that are negatively impacting on their health wellbeing.

The Patient Journey through CCL

Patients are referred to the Community Chaplaincy Listening service most commonly by their GP; alternatively they can refer themselves.

- The Chaplain offers the service in a room within the General Practice Surgery
- The patient meets with the Chaplain listener who introduces them to the service.
- The patients then have as many sessions with the listener as are needed for them to tell their story, consider any existential issues they are facing and feel some sense of resolution or peace with what is currently happening in their life.
- Sessions last 50 minutes and patients are free to discharge themselves from the listening service at any time, without explanation, they are also free to return at any time in the future.

Phase one involved the set up of the action research process and early qualitative data collection from a small number of chaplains, patients, doctors and health care managers. The indications from this first year were that

- Patients overwhelmingly reported having a positive experience with the CCL service.
- GPs found the CCL service helpful.
- Building good relationships, providing clear information/ materials was important.
- Clearly articulating the concept of spiritual listening was essential.
- Listeners reported largely positive experiences of providing the CCL.
- NHS Managers would like to see the CCL as part of a suite of talking therapies.
- The use of chaplaincy volunteers as listeners in the CCL requires careful consideration.
- Having a settled space to provide the CCL service helped patients and listeners.

Community Chaplaincy Listening: Phase 2

Armed with this initial understanding of process, purpose and outcomes the project widened its scope. Findings were reported at a national workshop in March 2011 and lead chaplains across

Scotland invited to become part of CCL Phase 2. This resulted in 8 Health Boards delivering CCL across Scotland, using 15 listening Chaplains and covering 18 GP surgeries.

Research Framework: Participatory Action Research

> "a process in which researchers and stakeholders collaborate to design and conduct all phases of research (e.g., formulating research questions, research design, data collection, data analysis, dissemination, and utilization). The ultimate goal is increasing the likelihood that the products resulting from research will solve the real, "on-the-street" problems that stakeholders experience" [iii]

The aim is to build up evidence for measuring a complex intervention as described by the Medical Research Council. This involves exploration of the theory and practice of CCL as it actually occurs using qualitative exploratory methods. The action research framework ensures that findings are fed back into the practice and used to inform the next steps; thus research influences subsequent practice.

The next research stage is to use a developed Patient Reported Outcome measure (PROM)[iv] based on a now clearly understood intervention.

Data Collection

Within this broad framework, phase 2 has collected data from

- **Chaplains** qualitative themed interviews and development visits x 2 over 11 months
- **Chaplains** reflective intervention forms (n = 24)
- **Patient** interviews (n = 18)
- **GPs and Practice Managers:** feedback from email questionnaires and GP interviews/visits from all sites
- **Patient:** Descriptive statistics gathered by chaplains with practice support

Data Analysis

- Descriptive statistics
- Use of some parts of return on investment framework; *satisfaction: reaction: use: motivation: future intention*
- Use of known literature and theological/philosophical insights: For instance *Wounded listener, narrative gerontology, concepts of presence, transformation and use of time*

Findings

Eight health boards across Scotland delivered CCL2 within 18 GP practices. 250 patients used the service between September 2011 and July 2012 with patients most commonly attending one or two sessions lasting one hour. CCL patients were 75% female and ranged from 18-89 years old with the majority of attenders (41%) aged 40-59. Bereavement and relationship difficulties were the main reasons reported for using the service.

Patients were overwhelmingly positive and enthusiastic about CCL. They found it highly person centred because they were able to determine the agenda, pace and outcomes. They reported real and positive changes in their understanding of their situation and their capacity to cope. Without exception, patients said they would recommend the service to others.

GPs overwhelming felt the key value of the service was that it was available and local. This was seen as different to other mental health services, which had long waiting lists, often involved travel and were more proscribed. The chaplaincy service seems to positively influence subsequent consultations and the fact that the listener is a chaplain does not seem to be a problem. GPs report the CCL provides much needed time for patients where the life issues they are dealing with have the capacity to compromise their wellbeing and health.

Conclusions

This is a valuable person-centred service, based on the principles of therapeutic story telling and listening, which provides primary care patients with immediate access to help in the circumstances of life crises and dramas as well as longer-term difficulties. It acts as a rest stop and gives the opportunity and time for patients to reflect on their situation and make necessary changes to the way they are seeing and acting within their situation. The results from the study show that patients, doctors and chaplains all value the service and hope for its continuation and growth. Issues of capacity and training are being addressed in Phase 3, now underway.

Introduction

Over the last 10 years creative spiritual care and chaplaincy departments in Scotland have explored the idea of listening in general practice surgeries. A number of experimental services were developed and CCL was able to learn much from these. These pioneering services helped encourage the thinking around the development of a national NHS service delivered by NHS healthcare chaplains for patients who had existential anxieties, which impacted on and related to their health and wellbeing. Dr Ewan Kelly, the strategic lead for Health Care chaplaincy in Scotland decided to invest in the development of a programme that would explore the listening in GP delivered by health care chaplaincy.

Community Chaplaincy listening is a service for patients offered by healthcare chaplains working for the NHS and delivered in General Practice surgeries. The primary aim of the service is to offer patients visiting their GPS the opportunity to tell their story to listening chaplains in the hope that doing so will help them move forwards and gather strength despite difficult circumstances, not all of which can be changed. Typically GPs refer patients to the service.

The generic name 'Community Chaplaincy Listening' emerged from the initial discussions and phase 1 work with chaplains (Mowat, Bunniss and Kelly: 2012). The wish was to develop a national strategy and service which would help patients and provide a community focus for healthcare chaplaincy in the context of health care policy which increasingly emphasises care in the community highlighted by the 1990 National Health Service and Care in the Community act. This act heralded the beginning of the current journey of the NHS both North and South of the border, which is attempting to change the relationship between patient and service from one of dependent recipient to active negotiator and co-author.

The intention was to develop the CCL service using an action research framework. This research framework allows for change and development in real time and uses recognised data collection techniques the information from which is fed back to participants and helps to inform the desired change process.

CCL is now over two years old and is embarking on its third stage, which focuses on roll out in Spring 2013 and aims to become mainstream practice by 2015. The third phase of the project is funded by the Scottish Government and overseen by the University of Aberdeen, School of Divinity History and Philosophy. It provides:

- an administrator,
- an allocated lead chaplain,
- audit materials for on-going research and feedback,
- support from researchers
- a training programme for potential listeners .

It also provides the necessary communication methods to ensure that the GP sites and the corresponding chaplains are supported as much as is possible.

Listening as health care

Story telling to help understand the past, act in the present and shape the future is a practice, which is integral to our human experience. Story telling as a collective endeavour or an individual practice is at the heart of most meaningful communication. Listening is a core social activity.

Listening: an ancient practice in a modern context: understanding the lived experience

Lived experience, that is, how we live our daily lives is increasingly seen as the most valid way of understanding our world and the main way we seek to understand things. We understand our lived experiences by talking about ourselves and telling stories about our lives. The telling of our story gives us the context and from this we derive theories about what might be happening.

This is a departure from previous times. Charles Taylor (2007) in his astounding work on the secular age makes this point. Our lived experience now takes precedence over theory as a basis for understanding moral/spiritual lives. This approach is concurrent with the "secularising" movement away from *unquestionable* belief in God to questioning our belief in God. Understanding our lived experience and the experience of others has become the process and the method by which we try to make sense of our worlds. Heelas and Woodhead[v] refer to this as the "individualisation" of society.

As testament to this emphasis on the lived experience, story telling and listening projects are flourishing in various parts of our social life. There is a growing emphasis on the importance of story in developing our sense of self and others and in forming resilient and coherent communities. As one example of this, the BBC and the British Library have a joint project currently running which invites people to tell their stories about different aspects of their lives. The intention is to gather oral history, which helps us understand the present and future generations to understand their pasts. The strap line to this project is "it is surprising what you hear when you listen"[vi] . Story telling can act as an account, an explanation, an interpretation, the basis of negotiation and a future plan. In most story telling situations there is a listener and a teller.

The notion of listening as "good practice" is now accepted in most institutions and organisations. Steve Covey's 7habits of a successful organisation/person list listening very high.[vii] Listening is well accepted as a positive and indeed important part of organisational and personal development. Listening implies response and appropriate change and it implies civilised discussion about future plans based on mutual respect.

Types of listening

There are different types of listening depending on what is required.

Obtaining feedback to optimise service delivery: A Health Board might want to know, as part of its development strategy, if its patients are happy with the canteen, if they like the new layout for the surgery, or if the new arrangements for making appointments suit them. The patients' comfort will improve productivity and satisfaction and is important to the overall operation of the health service. This is often done with patient surveys[viii].

Obtaining information that helps understand the relationship between the individual and the organisation concerned. For instance patients are given the chance to talk about themselves and

about how their life experiences impact on the requirements of them as patients and how they feel the health service can help them in that. This information is sought through questionnaires with open-ended sections or by interview or focus group[ix]. (Malterud and Ulrikson 2010)

Where listening is the objective A qualitatively different form of listening is where it is deep and personal and is intended to support the teller in their struggle to understand their world. Expectations of change, if there are any, are on the teller not the listener. This dramatically changes the meaning and focus of the listening. The listening is not set up ***for*** anything. The teller is invited to tell their story and there is no expectation of change, development or outcome on the part of the listener. The onus is on the teller. It is their show, it is entirely teller centred.

Listening as part of health care

A recurring desire in the experience of people who are undergoing life crises (trauma, separation, sickness, death, loss) is to reminisce and to tell the story[x].

The experience of illness is a significant life event which people need to talk about. The talking about illness is part of the process of understanding it and accepting the changes that flow from it.

Hospice care leads the way in seeing story and listening as important in the illness journey. One of the core principles in the foundation of hospice care was that health care professionals, working collaboratively, should revitalise their attention to patient and family narrative, in order to respond to their needs. When Hospice care developed in the latter part of the 20th century, its founding practitioners sought to promote and deliver care which was based on the needs of patients and their families, over against the routines and procedures of health-care providing institutions and professions. A core objective was that the patient's own story had a determining influence on the care provided. The concept emerged of the experience of illness as a bio-psycho-spiritual "journey"[xi] and depended on the component of patient and family narrative, with its determinant influence on the therapeutic responses of health care professionals working together in a multi-professional team.

Health care professionals and in particular General Practitioners know that listening can be the most effective form of intervention for some patients who are in need of trying to understand their situation. Medical education in general practice and in specialist hospital care has specifically targeted good listening skills as being key to good medical practice and avoidance of complaint and litigation[xii]. Listening is understood to be a key skill in health care[xiii].

The interest in narrative based medicine has been revived and there is a lively debate in the medical and nursing press around the value of narrative based practice and possibility of narrative research[xiv]. The patient story is key to understanding the patient journey and suffering. Without the patient story the treatment is less effective.

The importance of listening and being listened to are displayed in current NHS values. Many of the health and social care talking therapies are based on story telling. The patient experience or 'patient journey' is seen as central to the process of healthcare that is offered in the NHS. The quality indicators of the Scottish NHS revolve around the quality of the patient experience. As we have

seen[xv] Patient Reported Outcome Measures (PROMS), specifically use patient perceptions to inform change, development, rationing and targeting of services.

Patient centred policy

Listening is at the heart of a patient centred NHS policy. The NHS Quality Strategy (2010) understands patient centred care to mean

- Putting people at the heart of NHSScotland. Those working in the health service will listen to peoples' views, gather information about their perceptions and personal experience of care and use that information to further improve care.
- Building on the values of the people working in and with NHSScotland and their commitment to providing the best possible care and advice compassionately and reliably, by making the right thing easier to do for every person, every time.
- Making measurable improvement in the aspects of quality of care that patients, their families and carers and those providing healthcare services see as really important.

Patient focussed care and patient centred practice has become a key pillar of the health care service philosophy. Effort is being made through training and development to emphasise the importance of patient centred care.

The challenge of time

In contemporary 21st Century society in Scotland we find that careful listening is costly in terms of time and energy. The pressure on staff in the NHS has resulted in a tendency to devolve listening to a specialist group of therapists who, in various ways and to various degrees, can provide space to listen to our story, reflect upon it, make judgements about the story and come up with advice by which behaviour can change. Listening, or talking therapies are now seen as an integral part of the suite of help available to those in some kind of difficulty.

The link between listening and wellbeing

Being listened to, heard and dignified with respect for our story makes us feel better. We are able to experience a sense of well being despite suffering illness. Much of the work of the palliative care health staff is about listening and acknowledging the story of those dying and working with meaning-making and pain relief in the absence of a cure. However, all of us in one way or another feel better if we tell our story, it is heard and even better, understood. To be misunderstood and to misunderstand ourselves through lack of opportunity to tell our story can be demoralising and at worst life threatening.

It is in this context, of an increasing interest in listening and a turn towards community wellbeing and resilience to help us in our troubles, that health care chaplaincy listening services have developed.

Spiritual Listening

> Helping people unravel the events going on in their lives so that they can make meaning, find purpose and strength and a hopeful way forward. (CCL2 chaplain)

Health care chaplains have long known that the art of listening is a central part of pastoral care. Chaplains' central work is to listen. However in health care chaplaincy the listening is not prompted by a need to hear about specific health issues or symptoms. Spiritual listening is listening to someone who is in some way trying to make a connection between their health and wellbeing and their current circumstances; someone who is making existential enquiries of their world. This is a particular way of offering patients a patient centred service. The patient talks, and the chaplain listens. Sometimes the teller wants to refer to God, transcendence, numinous and soul journey. The healthcare chaplain is trained to listen to these stories.

Chaplains as listeners

Swinton[xvi] identifies the unique qualities of the chaplain to be in the ability to retain and remind people of the mystery and wonder of God and do so through the use of story telling and listening.

In theological terms listening and waiting are important concepts that are mediated by discernment. Reflective practice encourages listening to oneself and observing and understanding professional practice through reflection. Those trained in theology have learnt the importance of story as a vehicle to express knowledge, understanding, spiritual realities and faith[xvii] (Frank 1995: Nouwen, 1972).

The Scottish Healthcare chaplains' consensus statement[xviii] specifically identifies listening and story telling as a core function of the chaplain.

- Engaging in a therapeutic listening, talking and being present with people in difficult times.
- affirming that fear, anxiety, loss and sadness are part of the normal range of human experience in healthcare;
- establishing trusting relationships in which others can explore hard questions relating to mortality, meaning, and identity;
- helping people to (re)discover hope, resilience and inner strength in times of illness, injury, loss and death.

The challenge for those entrusted with the task of spiritual care is therefore to foster a climate in which people can reflect on and share their life stories; to be helped to see these in the context of a journey, and to be alert to clues whereby their story may find links and resonance to a faith story.

The changing role of the health care chaplain

Over the last 10 years healthcare chaplains in Scotland have moved away from part time Church sponsored visiting to full time, NHS appointments with the spiritual care needs directive (HDL 76 2002) formalising the role of spiritual care in health care. The healthcare chaplains are on a journey of development and professionalization.

Chaplains have to compete in the NHS market place for professional identity as part of the NHS health service staff. The last 10 years of health care chaplaincy in Scotland have been characterised by trying to confirm "what chaplains do" and how they contribute uniquely and usefully to the patient journey. CCL offers a very clear and specific role which is understood by other health care staff and which requires skills and knowledge that are at the heart of pastoral work.

Recently the spiritual needs of patients and indeed staff have received more attention and the relationship between spiritual, socio economic, psychological and physical wellbeing is increasingly understood[xix]. (Marmot 2003)

The CCL Research Focus

Our earlier research examined the design and first introduction of CCL as part of the provision of service within NHS Scotland; this is published elsewhere[xx]. The key findings after that initial phase (CCL 1) showed:

- Patients, GPs and chaplains reported very positively overall on their experience of the CCL service and found it helpful. NHS Managers would like to see CCL become part of the NHS provision of talking/listening therapies.
- Providing clear information materials and having settled space to conduct the CCL service helped patients and listeners have a positive experience.
- Building good working relationships between chaplains and GPs was important for effective referrals.
- The use of (non-chaplain) chaplaincy volunteers as listeners in the CCL requires careful consideration.
- Clearly articulating the concept of spiritual listening is essential for everyone involved in CCL.

The second phase (CCL 2) reported here, aimed to deepen and develop these findings with the following emphases:

- To further clarify the value of CCL to patients and doctors and the difference it makes to their healthcare experience?
- To explore what makes the CCL service distinctly *spiritual* listening and therefore the preserve of healthcare chaplains and spiritual care providers?

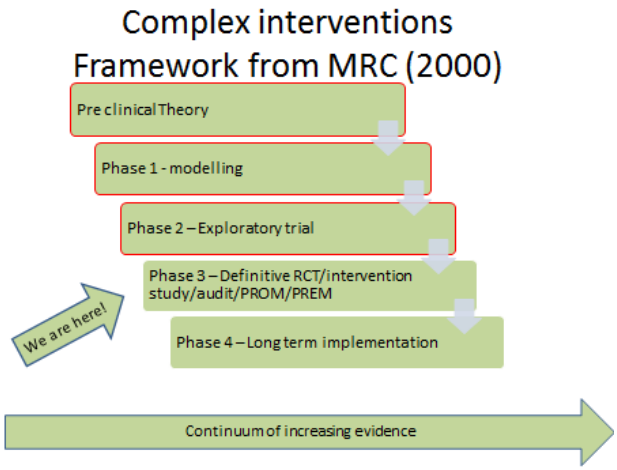
- To identify what is required to make the CCL service sustainable and continuously useful?

Research Methods

This study was informed by the methodology of participatory action research; the findings focus on the lived experience of the participants and how the CCL service can be continuously improved. Exploratory qualitative research such as this does not seek to uncover one 'true' account of the world but rather to present emerging themes that capture a range of complex opinions and ideas[xxi].

The UK Medical Research Council provides a structure by which to build evidence for complex interventions such as CCL. Our research methodology reflects this structure in that we locate the CCL progression in the continuum of increasing evidence from

1. Theory
2. Modelling
3. Exploratory trial
4. Wider testing of the established intervention
5. Long term implementation



According to the MRC model this paper describes the findings at the end of the exploratory trial. The next stage will apply audit tools to measure outcome and process as the established intervention is tested more widely. The outcome will be the Lothian PROM as described earlier in this special edition.

Data Collection

CCL2 Data was gathered during an 11-month period of service delivery. This encompassed qualitative data from patients, general practitioners and chaplain listeners as well as basic quantitative audit data about patient participation. The research was conducted in line with NHS Research Ethics guidelines (12/NS/0004) and consent was secured in all cases. Names and other personal references have been removed.

CCL Phase 2	Data Sources
Patients	Descriptive statistics for 250 patients in/through the service 18 semi-structured telephone interviews
General Practitioners	6 focus groups with GP practice teams 6 eQuestionnaire responses
Chaplain Listeners	Semi-structured interviews (pre and post delivery) with 13 of the participating chaplains 26 Ideal Intervention Forms

Data Analysis

The action research framework makes central the process of feeding back data to participants that helps them adjust and refine their practice. We used Gadamar's cyclical process of hermeneutical 'moments' to move from pre-understanding to positive action[xxii]. We also employed the levels of analysis outlined in Swinton and Mowat[xxiii] to incorporate the reflective theological eye throughout the analysis.

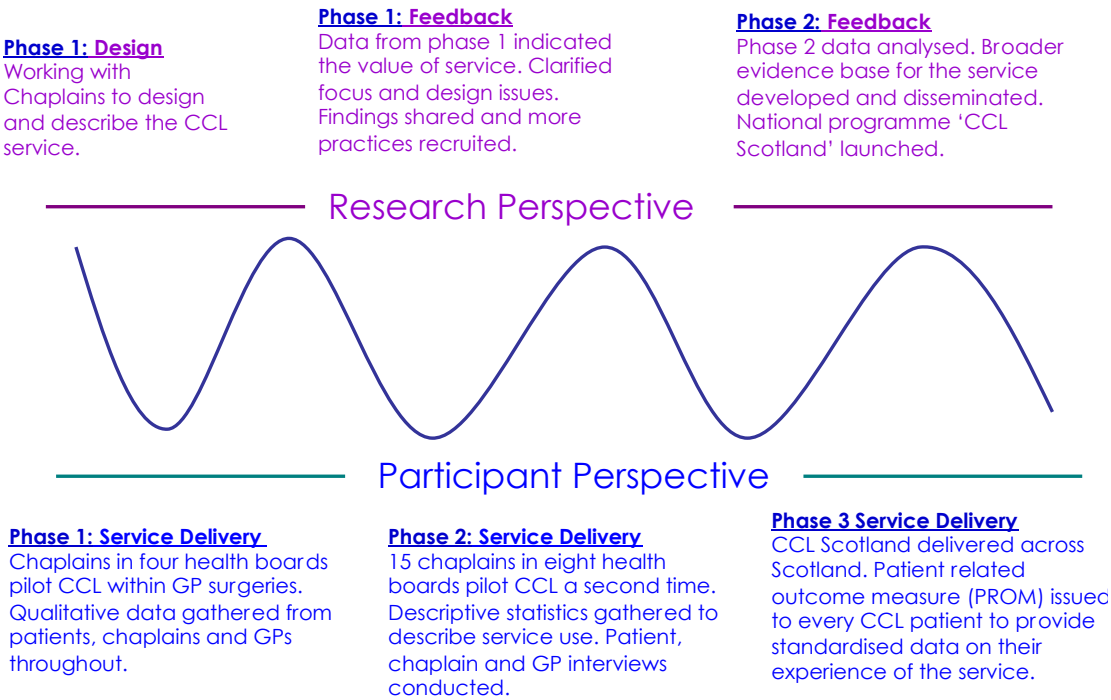


Figure 1: Developing CCL Scotland – Iterative Phases

Findings

1) Describing the CCL Service Provision

The CCL Service - An overview of delivery

Eight health boards across Scotland delivered CCL2: 15 healthcare chaplains provided listening sessions to 18 GP practices.

There were 310 active patient referrals to the service with 250 patients using the service between September 2011 and July 2012. 215 patients were seen and discharged, 35 were on going at July 2012 and 60 patients (19.35%) booked appointments but did not attend at all.

On average patients attended three CCL sessions. Maximum attendance was ten sessions; however, most commonly patients attended one or two sessions.

Chaplains reported sessions lasting from 30 minutes to 3 hours but most commonly sessions were one hour.

CCL patients ranged from 18-89 years old with the majority of attenders (41%) aged 40-59. Patients were 75% female and 25% male.

Why patients come: Reported reasons for using the CCL service

Reasons for using CCL	%
Bereavement	32.24
Relationship Issues	16.33
Stress	9.39
Depression	9.39
Ill health (self or close others)	6.94
Fear/anxiety	6.94
Self esteem/confidence/identity issues	3.67
Loss of purpose/lifestyle issues	3.27
Drugs/alcohol issues	2.45
Loneliness	2.04
Ageing	0.82
Guilt	0.82
Unattributed	5.71

Overall the chaplains summarised three categories of presenting problem.

- SEARCH for meaning understanding and reconciliation
- LOSS – loneliness, anguish, confusion, "lostness" sense of abandonment
- SHOCK – with consequent symptoms of anxiety, trauma and depression

Patients also reported practical prompts for using the service. The endorsement of the service via the GP referral was helpful for patients and a number of them wanted to try the service rather than be prescribed anti-depressants. The availability of CCL met the immediacy of the need to talk to someone and contrasted favourably with other talking therapies, which sometimes have long waiting lists. Some patients used the service with other psychological therapies, using the chaplains' listening service as a way of talking through what they were learning elsewhere.

Practicalities: how the service operates?

Chaplains were based in the GP surgeries, using a room in the practice. Patients were typically referred by their GP and made an appointment via the GP reception. Patients were seen within a few days of making the appointment and sometimes (exceptionally) the same day. Patients would be introduced to the idea of the listening service by their GP or from promotional materials and then again at the beginning of their first session with the chaplain. The chaplain would emphasise the confidentiality of the service. Patient were then invited to tell their story and the chaplain - experienced in listening and discernment - would use a variety of ways in which to hold and reflect that story and to discuss possible next steps, which might include further appointments. Patients can then make further appointments to return at any time to with or without further discussion with their GP.

2) What the patients say

CCL as a positive experience with practical outcomes

Patients were overwhelmingly positive and enthusiastic about the service. They described it as being highly person centred because they were able to determine the agenda, the pace and the outcomes. They reported real and positive change in their understanding of their situation and their capacity to cope. Without exception the patient interviewees said they would recommend the service to others.

Patient Reported Outcomes: What difference did CCL make?	
Shifted my perspective	Brought clarity Made me hear and see my own story differently I'm a stronger person now 'I went in suicidal, came out with hope.'
Found the purpose to go on	I felt pointed in the right direction
Enhanced wellbeing	Drinking less Taking less tablets Back at work/found a job
Helped me cope	Developed coping strategies Feel more in control of my choices Found ability to get on with things I have the courage to talk to others Gave me confidence in my GP

> Having him (Chaplain) listen to it and him telling it back to me…it was like hearing some one else's story. And hearing their story I wanted to change their life for them and get them to do what they need to do and motivate them and that's what he done for me. He repeated it back to me and that made me go 'well if that was someone else's life, I'd want to motivate them and help them, so I need to do that for myself.' (CCL patient)

> Even that one session made me realise a lot of things and made me change my life around from then. (CCL patient)

Patient experiences of the CCL sessions

The patients reported that the predominant activity was that they talked and the chaplain listened. Sometimes the chaplain asked questions that helped them unravel their story a little more. They felt they could speak freely about whatever they wanted to. They reported feeling relaxed and that they had the sense that the Chaplain was giving them his/her undivided attention. They cried and felt able to tell the whole story from beginning to end without being interrupted. They felt they were given all the time they needed, they could take their own time and that the chaplain was non judgemental, did not attempt to label them and remained right with them throughout the experience. The patients liked the fact that the chaplain was a stranger, did not have notes or any preconceived ideas of them and that they could provide an outsider perspective; they were not emotionally involved and that the door was always open for them to go back.

> You just walk in, he welcomes you and he asks you to start where you feel comfortable starting. There is no pressure, you take your own time, and you go through it at your own speed, no matter how long it's going to take. You say it how you want to say it, and you say it in the order you want to say it, it doesn't matter if

you go from 10 years old to being the age I am now, you can do that as much as you want. You're totally in control of it. (CCL patient)

Before I went I thought 'Oh no, it's just going to be someone else judging me like the psychologist, just a load of crap', but I went in and it was so relaxed. He wasn't judging, it was useful just to have that one person listening to you, it was just so relaxed, it wasn't like somebody was getting paid to do it…he was genuinely concerned. (CCL patient)

Mostly they would just say 'how are you today?' They just seemed to find the right questions to get me to open up, talk about things that were worrying me, how I was feeling and giving me strength to carry on. (CCL patient)

I could sob my heart out. (CCL patient)

Patient reactions to spiritual listening

The issue of the service being spiritual listening delivered by a chaplain did not appear to be a barrier. The patients made a strong association between the words 'spiritual' and 'religious'; therefore some patients wondered if the service would be religious but found quickly that it wasn't. One or two patients said they wondered how they would get on with a chaplain since they were not religious, but all patients interviewed said that the faith orientation of the chaplain was not a factor and if anything was helpful. Patients tended to associate the listening with other types of counselling that they had tried, or knew about.

It was great… I only spoke to him for a while. I was very very down that day, I was in a terrible state and the doctor did help because he was supportive, he suggested I talk to the chaplain and I am a totally unreligious person in the world and I was very wary of that, but he was dead nice. I walked in suicidal and I walked out full of hope between him and the doctor. (CCL patient)

I'm a completely non-religious person; I would consider myself an atheist. I was at first a wee bit anxious when doctor suggested him. I wasn't sure I wanted to see somebody like that…for me there had been issues about that. Actually being able to speak to that particular person who was a chaplain actually clarified it for me that I had done the right thing...it helped with all that really. (CCL patient)

CCL as a prevention against serious mental health deterioration

The patients described the preventative health potential of the listening service. They saw it as a buffer before the next step, that it saved them from deteriorating further. Some patients who knew the signs of their own potential decline, reported the service helping them to nip things in the bud before they got too difficult.

> Everybody is into preventative medicines and preventative this and preventative that nowadays, and like I said to you, I think that this service is something that definitely fits in the middle of when you're suddenly going through something, whatever it is, and you can feel your self going down and your GP can maybe see that. It kind of stops you at the edge of that cliff from maybe progressing further. It just kind of gets in there and it is really useful, really helpful. (CCL Patient)

3) What the Doctors say

The overwhelming agreement from the participating doctors was that they saw great potential for the CCL service and hoped it would continue in their surgeries on a weekly basis. In particular, GPs felt the value of the service was that it was available and local because this differs from other mental health services, which have long waiting lists, often involve travel and are more proscribed in format.

> Positive feedback from patients…found that it has helped them a lot. (GP)

> There aren't many options available so locally as quickly and efficiently. (GP)

CCL seems to provide much needed extra time for patients dealing with life issues that have the capacity to compromise their wellbeing and health.

> Patients I've referred are people who are struggling with a life situation, somebody to enable them to find their place. (GP)

GPs singled out three elements of the listening service for particular discussion.

Spiritual Listening: Finding the language

This is the first national initiative where healthcare chaplains provide structured services within primary care surgeries therefore initially GPs were unsure about how best to describe the service to patients. Some found themselves nervous about using the term 'chaplain' or 'spiritual' and tended to refer to the listening service, which was conducted by a chaplain. Some described how they would qualify this by telling patients: 'it's ok, he's not religious'. This nervousness about language was not really reflected in the patient's and this sensitivity may be as a result of organisational culture rather than real difficulty for patients.

> Originally I was tripping over myself saying that the listener was a chaplain, providing a spiritual service etc. but latterly I've stopped doing that. I don't think it matters. I just give them the leaflet. (GP)

Enhanced patient consultations post-CCL

Secondly, GPs reported that some of their consultations with patients showed positive changes after the patient had attended CCL. One unexpected outcome was that GPs reported examples of patients who were subsequently more compliant with their medication because they had discussed how they feel about taking prescription drugs with the chaplain during their sessions. It is too soon to tell whether the CCL impacts on prescribing in other ways however GPs reported the tone and relationship of their consultations were enhanced.

> At least two have found it very helpful…and needed less consultations as a result of seeing the CCL (GP)

> I've not seen one patient at all since she has been at the listening service! (GP)

> I had a patient who normally I might have given an antidepressant…went to see the chaplain and came back to me feeling a lot better with no prescriptions. (GP)

Feeding back: New working relationships between GPs and Chaplains

Thirdly, the GPs were looking for more feedback and communication with the chaplains. Many of the GPS had had no real engagement with the chaplain and there were a variety of feedback methods, none of which were very substantial. This is balanced against the importance that the patients placed on the confidentiality of the service. However a simple mechanism of alerting the GPs to the fact that the patients had had some sessions would be welcome.

> Maybe (give us) some greater clarity about the types of patients you feel you can help/cope with. (GP)

> I don't know if patients take up the offer…we don't know what's happening…it's a wee bit different for what we are used to. (GP)

GPs also saw the service as a potential support to themselves and wanted the chaplains to be seen as part of the team. They saw that future spin offs in different areas; e.g. working with staff in the PCT as well could be a result of this relationship.

4) What the Chaplains say

Chaplain experiences of the CCL sessions

Chaplains were also asked to describe what they did in the CCL sessions. Their descriptions were highly resonant with the patients' descriptions of what happens in a CCL session. They confirmed that the main activity was to listen, hold, reflect back and sum up the patient story. They saw themselves as providing a safe, accepting space and a sincere relationship by which the patient could feel able to tell their story. Sometimes they encouraged different future actions.

> Quite a lot of people only came once. Or was once enough to help them feel a bit better to carry on? Enough for them to carry on a bit longer? (Chaplain)

> Once person said to me 'I thought I had to carry this guilt for the rest of my life and now I see I don't.' That happened in one session. (Chaplain)

Chaplain descriptions of what they provide in CCL:

- Eliciting and holding the story
- Articulation of pain
- Listening
- Summing up and playing back
- Provision of safety
- A sincere relationship
- Acceptance
- Availability
- Person centred
- Encouraging different future actions

> This is a change to how we operate as chaplains. Getting head round not being in-patients but in the community. (Chaplain)

> We need great integration into the GP team. This is drawing chaplaincy into the greater community care package. (Chaplain)

CCL: Suggestions for Improvement

From patients	Better and more suitable room space (with windows) More advertising to make it easier to self-refer Information (pictures) of the chaplain as part of the promotional materials
From general practitioners	Extending the service to include home visits to housebound patients Strengthening the feedback mechanisms between themselves and chaplains
From chaplains	Having more availability of sessions Becoming more integrated with the rest of the GP team.

Discussion

The second delivery of the Community Chaplaincy Listening service raises a number of discussion points.

It would appear the CCL is thus far meeting it's own aim of being a genuinely person centred NHS service; this will bring inevitable capacity issues. As demand for the service grows it will potentially lose one of it's most appealing characteristics; namely, the immediate response to (most commonly) short-term patient spiritual and emotional distress.

CCL is a complex service currently provided by experienced chaplains and the findings of our earlier research still stand: if future demand for CCL is to be met in any part by volunteers they must be recruited, trained and supervised in keeping with the calibre of the current specialist spiritual care experts who provide it.

There is notable resonance between chaplains' descriptions of what the service aims to do, and patients' descriptions of how they experienced the service and the impact it had on them. It is unusual for an NHS service in current times to be able to meet, and even exceed, patient expectations in the way the findings demonstrate. This point also emerged from the Lothian Spiritual Care PROM research and will be explored more fully in the coming months.

This study shows the beginnings of new and important working relationships within the primary healthcare team. Government bodies, healthcare policy, the media and healthcare professionals themselves are acutely aware of the patients who 'slip through the cracks'. A service such as CCL that sees chaplains as a natural addition to the multi-disciplinary team[xxiv] is one more step towards the national aspiration of joined up, preventative healthcare in the community.

Conclusions

The CCL Programme progresses alongside the PROMS development. Taking into account both the reported study here and the PROMS work[xxv] we can conclude the following:

- Chaplains now developed an evidence-based tool that can be used to measure the impact of spiritual care interventions on patients within the UK context.
- Spiritual care is useful and valuable to patients regardless of their faith and belief perspective and helps them make sense of their circumstances.
- Chaplains are now able to show how their particular role can fulfils the Scottish Government policy for person centred health care in the community.
- Chaplains provide a truly person centred listening intervention. This results in reported change in behaviour in patients, which contributes to their increased sense of wellbeing. It has the potential to reduce the need for GP consultations, to positively affect the subsequent consultations between the patient and GP and may contribute to appropriate use of medications. Chaplains help patients find coping mechanisms within themselves for life's difficult issues that may not change the situation but help change the response to it.

To reiterate, the Scottish Government's quality strategy is calling for healthcare professionals to

> Put people at the heart of NHSScotland. Those working in the health service will listen to peoples' views, gather information about their perceptions and personal experience of care and use that information to further improve care. Building on the values of the people working in and with NHSScotland and their commitment to providing the best possible care and advice compassionately and reliably, by making the right thing easier to do for every person, every time. Making measurable improvement in the aspects of quality of care that patients, their families and carers and those providing healthcare services see as really important.

The CCL Programme and the PROM development demonstrate that chaplains have the capacity, tools and training to contribute to the delivery of this strategy in a meaningful way.

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