Margaret's story



Facilitation and resource pack











Introduction

Margaret's story is produced with the permission of Margaret Thornton, and support from the North East and Cumbria Learning Disability Network, St Benedict's Hospice and the Sunderland Community Learning Disability team.

At the point of making the film Margaret is palliative, she agreed to share her story to help others learn from the journey she has taken.

We are immensely grateful to Margaret for sharing her story and giving us the opportunity to stop and think about how we can better support and work with people with a learning disability and what good quality care looks like.

Aims of Margaret's story

The film and resource pack aim to provide an opportunity for facilitated discussion, increasing awareness of the additional support and care an individual may need. The story-based learning allows people to think about their individual rolls within health, social care or the third sector; how and when they offer support to individuals, and what good quality care looks like.

Who is this resource for?

This film and facilitator pack is aimed at people working within: primary and secondary care, social care and third sector organisations who support individuals with a learning disability on disease pathways.

Access to the film

Margaret's story is available on the Northern Cancer Alliance website at: http://www.northerncanceralliance.nhs.uk/resources-cancer-academy/supporting-people-with-palliative-care-needs/

And through the You Tube links:

The full-length version of Margaret's story (approximately 11 minutes) https://www.youtube.com/watch?v=q9CTAW2RROY&feature=youtu.be

The short version of Margaret's story (approximately 7 minutes) https://www.youtube.com/watch?v=2e35oJ1EGMU&feature=youtu.be

The film can be viewed independently or as part of a planned education/awareness session using the session plan in this facilitation and resource pack.

There are two versions of Margaret's story. We recommend the long version. This is 11 minutes. A short version is also available at 7 minutes.

How to use Margaret's story

Margaret's story can be used as a short film watched independently, but for a greater impact we would recommend presenting as part of a facilitated group discussion.

If you watch Margaret's story independently, we ask you to think about the learning points highlighted below and how you could improve the journey for people like Margaret.

If you are use Margaret's story as part of a facilitated group learning session, we have included a suggested session plan and slide deck.

Learning Points for those watching Margaret's story independently

Please take time to think about the following learning points after you have watched Margaret's story.

1. Communication

Margaret repeats that she felt unheard. What reasons might have contributed to this?

Please consider:

- Margaret was not flagged on any primary or secondary healthcare system as having a learning disability, what difference did this make to her care?
- When you share complex information with individuals how do you ensure they understand the information?
- How do you ensure diagnostic overshadowing (where symptoms are overlooked) does not occur for people with communication challenges?

2. What does good quality care look like

Margaret was very satisfied with her care once linked with the learning disability team. What do you think made the difference?

Please consider:

- If you are aware of a person you think may have a learning disability and would benefit from additional support, what can you do?
- When you next meet a person like Margaret, what can you do, within your organisation or role to ensure they are receiving the best possible care and support.

Margaret's story – Example session plan

Time	Suggestion of 1 hour 30 minutes for the session				
Resources	Ability to play film with sound				
Group size	To enable good discussion, suggest a group between 6 and 12. If you are working with a larger group have additional facilitators to support discussion.				
Room layout	Ensure the room layout enables discussion				
Safe environment	Ensure you create an environment that feels safe and allows people to discuss Margaret's story. This is about learning and not placing blame on any individual/s or organisation/s. You may feel it is beneficial to have a break out room in case any individual wishes to take time away from the discussions. Also remind individuals to not share patient identifiable information within any discussions.				

	Approx. timing	Aim	Detail
Margaret's Story	0.00 — 0.15	Opening slide	"Margaret's story is produced with the permission of Margaret Thornton, and support from the North East and Cumbria Learning Disability Network, St Benedict's Hospice and the Sunderland Community Learning Disability team. At the point of making the film Margaret is palliative, she agreed to share her story to help others learn from the journey she has taken. We are immensely grateful to Margaret for sharing her story and giving us the opportunity to stop and think about how we can better support and work with people with a learning disability and what good quality care looks like."
Session structure Introductions & ground ruce Soury Authorition equations, small group flist Sestimated discussions full group Habitalite Surveley		Session plan	"Today we will be covering:"
Introductions		Introductions	Introduce self to group. If group do not know each other facilitate introductions.

Concentions			
Objectives Does anyone want to get anything else out of the session? Objectives Does anyone want to get anything else out of the session? Octavity of the session of the session? Octavity of the session uses Margaret's story to help us think about how we support people with a learning disability and in this case a terminal cancer diagnosis. Margaret's story talks about how her experiences relate to your roles. Please note this session is about learning from Margaret's story and not apportioning blame." The full length version of Margaret's story (approximately 17 minutes) https://www.youtube.com/watch?v=q9CTAW2RR OY& feature=youtu.be The short version of Margaret's story (approximately 7 minutes) https://www.youtube.com/watch?v=2e35oJ1EGM U& feature=youtu.be Reference of the session of the service of the servic	Confidentiality		
Story "This session uses Margaret's story to help us think about how we support people with a learning disability and in this case a terminal cancer diagnosis. Margaret's story talks about her cancer journey, I will be showing Margaret's story on the screen and ask you to think about how her experiences relate to your roles. Please note this session is about learning from Margaret's story and not apportioning blame." The full length version of Margaret's story (approximately 11 minutes) https://www.youtube.com/watch?v=q9CTAW2RR OY& feature=youtu.be The short version of Margaret's story (approximately 7 minutes) https://www.youtube.com/watch?v=2e35oJ1EGM U& feature=youtu.be Ask group to discuss in small groups of 3 – 5 people This session uses Margaret's story to the low we support people with a learning disability and in this case a terminal cancer (lagnosis.) Margaret's story and not apportioning blame." The full length version of Margaret's story (approximately 7 minutes) https://www.youtube.com/watch?v=q9CTAW2RR OY& feature=youtu.be The short version of Margaret's story (approximately 7 minutes) https://www.youtube.com/watch?v=2e35oJ1EGM U& feature=youtu.be Ask group to discuss in small groups of 3 – 5 people This short version of Margaret's story of the things that make communication difficulty. Discuss with group some of the things that make communication difficult and how we overcome	Communication: Communication: Provided in Section 2015, Normal planship Communication of the Communication (Section 2015) Communication of the Communication (Section 2015) Communication (Section 2015) Delivering high condey cares *Interface, purpor any in Newmonth (Section 2015) Laking required (Section 2015) Laking required (Section 2015) Laking required (Section 2015) Laking required (Section 2015)		Does anyone want to get anything else out of the
Margaret felt unheard	Margaret's Story	_	"This session uses Margaret's story to help us think about how we support people with a learning disability and in this case a terminal cancer diagnosis. Margaret's story talks about her cancer journey, I will be showing Margaret's story on the screen and ask you to think about how her experiences relate to your roles. Please note this session is about learning from Margaret's story and not apportioning blame." The full length version of Margaret's story (approximately 11 minutes) https://www.youtube.com/watch?v=q9CTAW2RROY& feature=youtu.be The short version of Margaret's story (approximately 7 minutes) https://www.youtube.com/watch?v=2e35oJ1EGMU&
Management recommendation See defini understand share deep recommendation	Mangaret repeats that she left unheard.		
Would the group add any additional points - Generalization promption: "Other draw promption: "Other draw post understanding - State to brid by particular to dress understanding - Office written information plansy read if readed, core de the seg. - What makes communication difficult? - Lack of contempy - Lack of defendation in accounts information - Lack of defendation in account in accou	She wast, activised as used it turn catabilizated automatical activities and activities activities and activities and activities and activities activities activities and activities		Following discussion, discuss points
Discuss with group some of the things that make communication difficult and how we overcome	> 1-thou do your receptive commons with a leaving disability? > Commerciation essentials: - 19-art sets preception: "What do you understance?" - 3-acid layers - 8-beck layers - 18-beck back key profes to dress understanding - 18-beck back key profes to dress understanding - 18-beck back key profession with family preceived apporter		
Strong emotions, e.g. apres. dates s Department confidence of professional Disparities between professionals Time pressure	Lack of continuity Lack of information for inaccurate information) Lack of princip/inform/patient The nature of the discussion e.g. informats, but news Officially rengaging the patient e.g. cognitive impairment, hearing difficulty Strong emotions, e.g. anger, dottess Experience/condificace of professional		Discuss with group some of the things that make

Communication T			Briefly discuss with the group
Communication Tips Communication is a process not an event			
Words are just a part of communication; think about the effect of eye contact, how and where you sit, silence, touch. If you don't have time, find someone who does – pallistive care tearn, specialist			
If you don't have time, find someone who does - pollistive care team, specialist learning disability team, flag with primary care team			
	1		
Communication Tips THINK: right person, right time, right place? OHECK: do I have all the information I need?			
CHANGE: do you or the patient need someone with you? Can you prevent interruptions? ASK: questions; be sure to understand the patient's perception at the outset. Engage family/litered/slottler staff if appropriate and with permission; what is the person like when they're for a patient?			
LISTEN: to the patient. Remember, their priorities may not be the same as the clinical pathway.			
Pofloctive Question displant	0.50 -	Reflective	Ask the group to consider the question in their
Reflective Question Margane was sery satisfies with her care once linked with the community learning allowing to team.	0.55	qu. 2	small groups.
What do you trins made a difference?			
What does good care look like?	0.55 -		Following discussion discuss points
What made the difference when the learning disability team was involved? >Soring the mad	1.15		
F Giving time - Ustering to what mattered most to Mangaret - Central to Shared Decision Making - Rest task in Shared Decision Making - Rest task in Shared Decision Making is to give the patient a voice			
> Taking responsibility *Publishin profinsionals involved > Experime			
What obstructs good care?			Recognition of difficulty.
Lots of things: > Multiple professional phenoices involved > Risk that no one takes responsibility for key areas of care			Discuss with group some of the things that make
> Understanding information > Arranging and attending appointments > Offering emotional/practical support			good quality care difficult and how we overcome these
			uiese
Tips towards good care			Read through with group and give opportunity to
Assume responsibility Check the basis are assured; understanding, attending appointments, practical susport			add additional points.
Who is there to support the patient Office opportunities to ack quantum/vacion consums Think Indistibility use the Modalit Needs Assessment tool Listen patient priorities/quality may not be the same as a dinical action plan			
Listen partiting disability team Link with the learning disability team			
Local Contacts	1.15 –	Resources	Discuss with group who they could engage locally
	1.20	to support	to support someone they had identified as needing additional support.
		group	(you may wish to prepopulate this slide)
			Consider: community learning disabiltiy team,
			primary care role, charitable organisations role,
			support groups
Learning Objectives	1.20 –	Learning	Revisit to ensure group feel the learning
Communication: Recognise the needs of people with a learning disability Consider what good nonmonabilities in loss like to meet those needs Consider the anims to open document/cable on astrongles to overcome	1.30	objectives	objectives have been reached.
them Delivering high quality care: Involving people with a learning disability in their decisions (Shared Decision Makne)			
- Taking responsibility - Understanding what's available			
Evaluation		Evaluation	Ask group to complete evaluation forms