

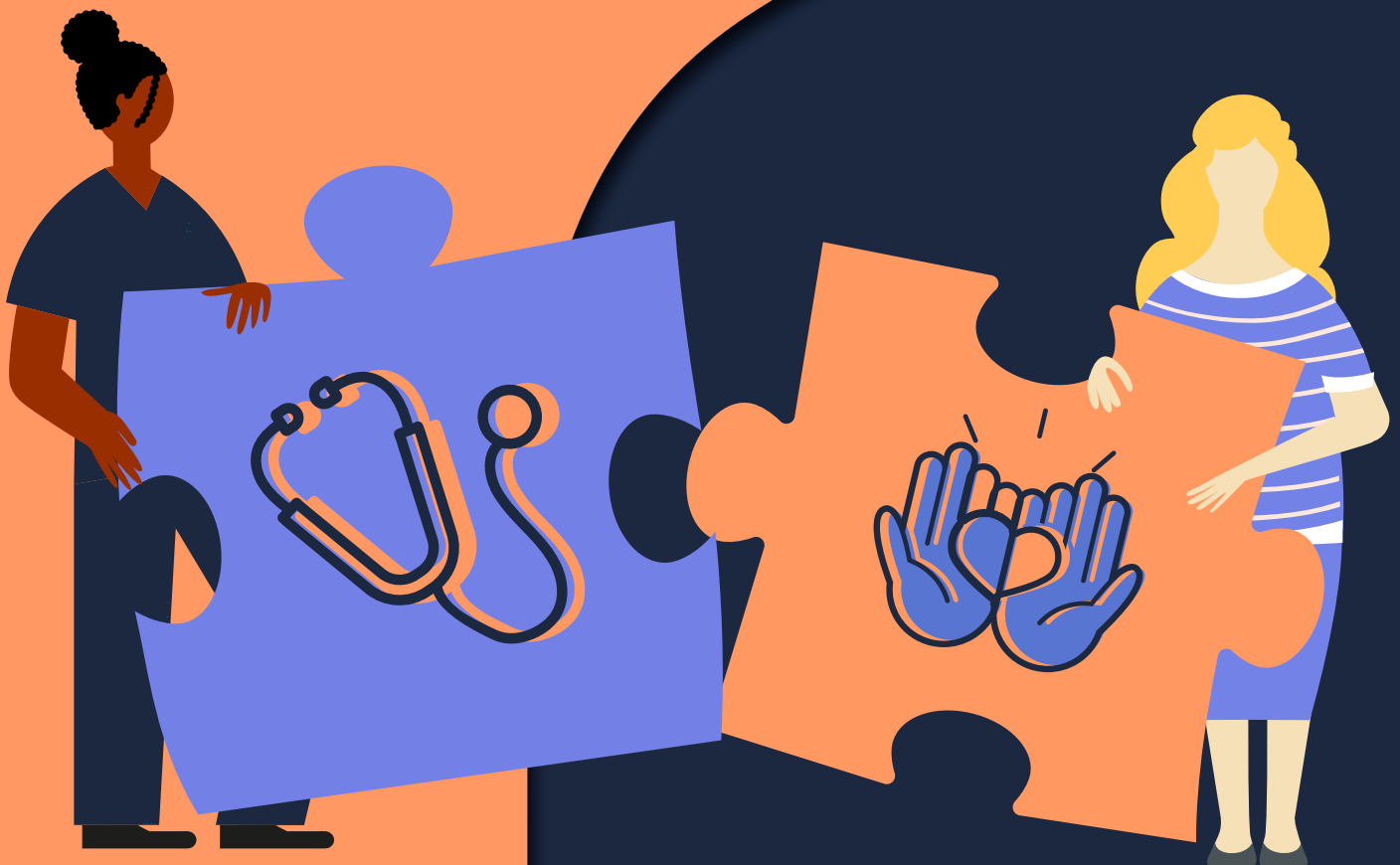


Royal College
of Physicians

Physicians and social care professionals: working together

To deliver the best outcomes for
those we care for.

March 2023



Purpose

In order to deliver the best outcomes for those we care for, the secondary care and social care systems need to work together effectively. Social care is fundamental to ensuring the health and wellbeing of the people in our care. It enables them to live happy, fulfilling and independent lives.

Working together effectively to both plan and deliver services is particularly important at times of high service pressure. The ease with which people flow between hospital and home is both cost-effective and beneficial for individuals and institutions.

There are many factors that affect how well the secondary care and social care systems work together, some of which are beyond our control as individual physicians. One area on which we can have a direct influence is the quality of the relationships we have with the other professionals who care for the people we treat, including those in social care. It can be especially challenging to focus on this when time and resources are extremely limited, but having strong relationships at an individual level can be very valuable during such periods. These relationships will not resolve every problem, but do make it easier for us to find solutions so we can provide people with the best possible care.

The Royal College of Physicians (RCP) has been working with the Association of Directors of Adult Social Services (ADASS) to better understand the dynamics of the relationship between physicians and social care professionals. Based on this, the RCP has developed this short document for its members, suggesting some key principles for how physicians can work effectively with their colleagues in social care.

It aims to give practical, general advice for physicians working in all specialties, providing advice to support effective collaboration with social care professionals. It is not intended as formal guidance. Certain physician specialties will work more closely with social care professionals than others, and for those who would like more detailed information, we have suggested further reading.

In practice, the boundaries between primary, secondary, community and social care often overlap, and providing care also involves many other health and care professionals. While the focus of this document is on secondary care and its interaction with social care, the principles put forward can be applied more widely.

If you would like to discuss anything in this document, or are interested in helping us develop further resources, please contact us via policy@rcp.ac.uk.



Working with others to meet a holistic set of needs

The people we provide care for have a holistic set of needs. As physicians, we have the skillset to meet their medical needs, but to achieve the best possible outcomes there are other needs – which could be social, psychological or emotional for example – that

must be addressed too. This requires us to work effectively with a range of other health and care professionals and services – including in social care – as well as an individual’s family and friends, unpaid carers and others who may provide informal support.



The basis for building relationships between physicians and social care professionals

The physician and social care professions share important similarities in the way that they operate. Each has its own training requirements for practice, as well as duties and responsibilities informed by their respective models of care. Physicians and social care professionals are also both subject to governance and regulation, and are expected to uphold certain attitudes and behaviours.

These similarities provide the basis for building understanding and positive working relationships between physicians and those working in social care, underpinned by a strong professional commitment on both sides to deliver the best possible treatment and care.



Differences between secondary care and social care

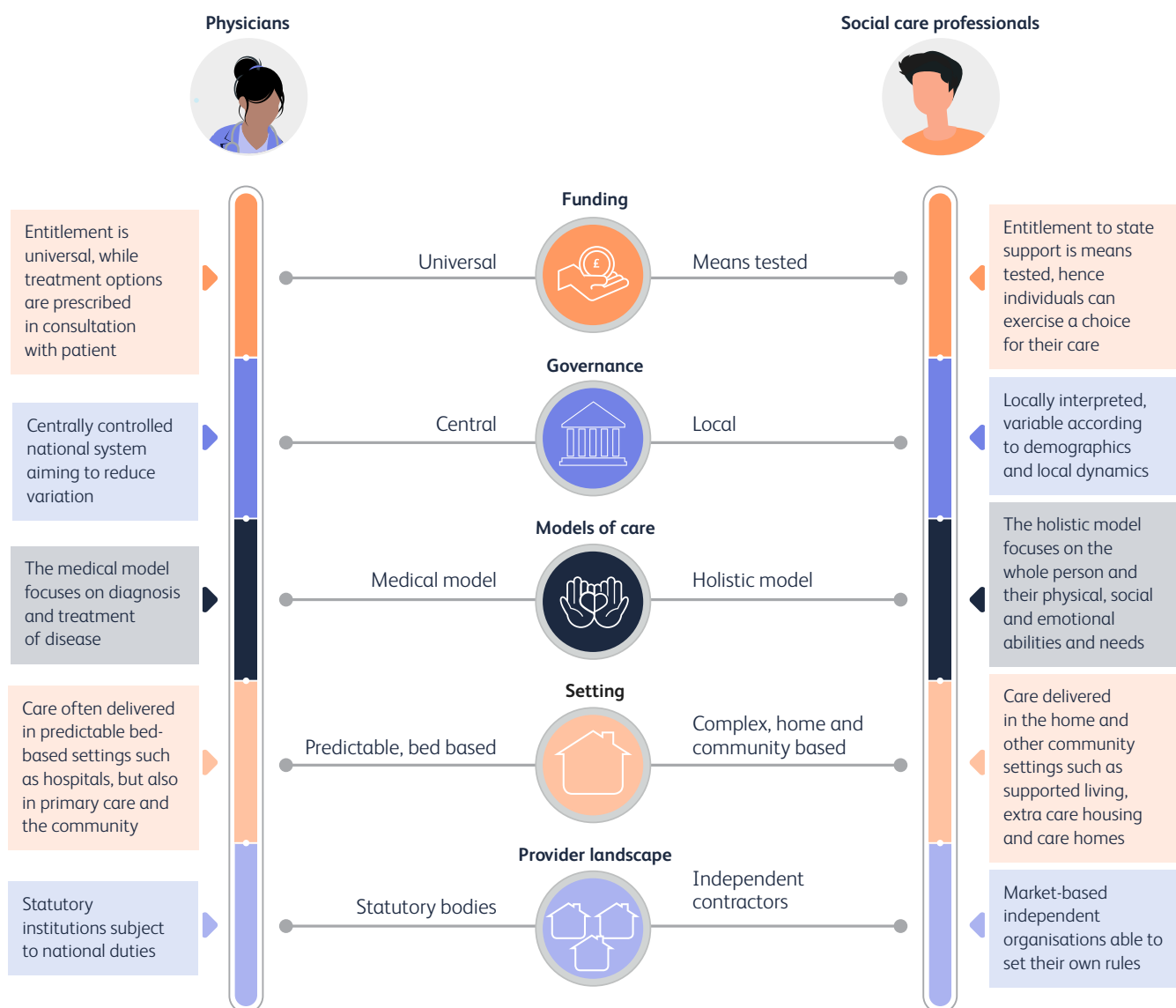
There are important differences between the secondary care and social care systems, meaning that physicians and social care professionals face distinct demands and pressures that influence their decision making. For example, while treatment provided by physicians through the NHS is universal and free at the point of need, social care is paid for by those receiving care subject to a means test, which creates different dynamics around provision and choice.

Equally, the approaches taken by physicians and social care professionals are informed by different models of care, with physicians following the medical model, aiming to diagnose and treat disease (deficit), while social care professionals

provide care in line with the holistic model, aiming to work with the abilities (assets) of the individual.

An appreciation of how system drivers and approaches differ can help build mutual understanding between the professions. The chart below summarises some of the key differences in terms of funding, governance, models of care, setting and the provider landscape.

In some of these areas, such as the setting in which care is provided, the differences between the physician and social care professions are not necessarily binary, but exist on a spectrum (physicians do not solely deliver treatment in hospitals and acute settings, while social care professionals provide care in a range of different environments).



Considerations for working together

1 Mutual understanding and respect

Developing a better understanding of each other's professional working environment, responsibilities and perspectives can help break down cultural barriers. It can also help professionals to understand when it is and isn't appropriate for them to make a decision without consulting a colleague. Consideration should be given to including this as part of training or induction sessions.

2 Parity in joint working

Physicians and social care professionals should work together as equal partners. Service reflections and improvements should be part of normal business and focused on improving things for everyone, regularly bringing together the right people to collectively consider problems and develop solutions.

3 Shared values

Ensuring that we have a shared set of values enables us to jointly develop the right attitudes and behaviours for working together. It can be helpful to establish a shared language between physicians and social care professionals (referring, for example, to 'the person' rather than 'the patient'). The focus should be on the people we provide care for, not the process.

4 Shared aims and communication

Having a shared set of aims can help physicians and social care professionals to work together effectively. These should be focused on outcomes that matter to the people we care for, as well as their family, friends and those who provide informal and unpaid care. It is important to recognise that these can be broader than just health and medical outcomes – for example, for a younger person supported by social care, this might include getting a job. Good communication, both between professions and with those we care for and the people around them, is crucial to realising these shared aims – the quality and timeliness of communication are especially important.

5 Co-producing services

Physicians and social care professionals should work collaboratively to co-produce services and pathways with the people we care for. If a 'home-first' approach is being implemented, with a focus on anticipatory care to avoid hospital admission or speed up discharge from hospital, all stakeholders should have an equal voice when designing the model of care.

6 Living with uncertainty

Physicians and social care professionals can have different understandings of risk, particularly if they do not have the same knowledge of the support available in the community. It is important for physicians to know about and have confidence in the resilience of community assets, and the ability of individuals and their families to cope, so they can make informed decisions.



Suggestions for further reading

- > The King's Fund has developed a series of short videos explaining what social care is, how it is provided and paid for, and how it works with the NHS and other services:
www.kingsfund.org.uk/projects/what-is-social-care
- > The King's Fund has also published further resources, such as long-read articles and blogs that explore the current issues in adult social care, which can be accessed at:
www.kingsfund.org.uk/topics/adult-social-care
- > In August 2021, the British Geriatrics Society published a report, *Ambitions for change: Improving healthcare in care homes*, which described the care home sector in the UK and initiatives taken to improve healthcare for care home residents, including during the COVID-19 pandemic:
www.bgs.org.uk/resources/ambitions-for-change-improving-healthcare-in-care-homes
- > In December 2022, former ADASS president Sir David Pearson wrote for the *Health Service Journal* about the importance of involving social care providers in integrated care system decisions, as part of a series of articles from the National Care Forum:
www.hsj.co.uk/integrated-care/social-care-providers-must-have-a-say-in-ics-decisions/7033785.article
- > For those involved in service transformation, the NHS's updated guide on *Leading large scale change* may be helpful:
www.england.nhs.uk/sustainableimprovement/leading-large-scale-change/

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