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**Talking about Bereavement Podcast Series - Transcript of ‘A primary care approach to bereavement – developing an educational resource for clinicians’ Podcast**

**Presenter:** Lynne Innes, Senior Educator, NHS Education for Scotland

**Speaker**: Dr Sheena Sharma, Associate GP Dean, Thames Valley / NHSE and Senior GP Partner and GP Trainer and Dr Lynsey Bennett, GP and Bereavement Care Fellow Thames Valley and Wessex Primary Care School

**LI:** Welcome to the Talking About Bereavement podcast, which is brought to you by the Bereavement Education Programme in NHS Education for Scotland. I'm Lynne Innes, one of the educators in the team. In these podcasts, I'm going to talk about bereavement by sharing with you some of the work and learning our team is involved in, as well as hearing from our guests. And in this podcast, we will hear from 2 GPs, Dr Sheena Sharma and Dr Lynsey Bennett, who will talk about how they're developing an educational resource for clinicians, focusing on a primary care approach to bereavement.

**LI:** Let me introduce them. Sheena works as a Senior Educator in GP Education at Thames Valley in England and is an experienced GP and Senior Partner in Oxford City. She has a specialist interest in bereavement care and medical education and is working to combine these to help improve experiences and outcomes for patients. And Lynsey is also a GP in Oxford and is a bereavement care fellow for Thames Valley and Wessex Primary Care School. They say that although managing loss is bread and butter GP work, it can nevertheless instill feelings of helplessness. They are developing an educational resource for clinicians which draws on current grief theory and examines how they might use the short GP consultations to support patients who are bereaved through the psychological and physical manifestations of loss over months and years. As such, they have designed a toolkit which highlights three points during the grief journey and aims to give the clinicians tools they can reach for that may fit with our modern understandings of grief.

**LI:** Good morning. Sheena and Lynsey have joined me from, I think, Oxfordshire. Is that right? This morning? Yeah.

**SS:** Yeah.

**LI:** Lovely to have you both, both with me today. How, how are you both today?

**SS:** Good morning, Lynne. I'm good this morning, thank you. Slightly on the edge of my seat as I'm having a mains pipe fixed in my garden.

**LI:** Oh right.

**SS:** But otherwise, the weather is warm and I'm feeling good.

**LI:** Ah yeah ok. Good, good. Let's hope your mains pipe doesn't do anything too dramatic this morning. Lynsey, what about you?

**LB:** Yes, I'm also well, although mourning the departure of the lovely sunshine that we've been having these last few days. It's very, very cloudy and it's going to be raining soon.

**LI:** Oh, right ok, ok. Yeah, we've got some sun here today in Scotland. We've not had as much sun as you've had I don't think over the last few days, but it, but it's nice today. So, so that's.

**SS:** Great.

**LI:** That's good. So really interested to speak to you this morning, to speak to you in this podcast because I know that you've been working hard on a, a resource and toolkit around bereavement and I wondered what your kind of motivation was to develop these resources and toolkit.

**SS:** Thank you, Lynne. Thank you. Yes, so, I'm an experienced GP working in Oxford City and I've also been on the ground working in GP education for quite some time, both at ground level but also at organisational level and have my own experience of loss and bereavement through losing a child of mine about 12 years ago and since then have really taken an interest in bereavement care in my day-to-day work with my patients and trying to you know gather information about what's supportive, read resources on what's helpful, both for myself and in my teaching. And over the last, well about a year and a half ago when we first started working on this, I noticed especially that with the GP learners that I was working with in practice, that there wasn't really very much available for us working in primary care and, and it's work that that we do really on a day-to-day basis and it's so important. So, through that kind of experience and interest, and, and realising that there was a lack of resource we have a colleague of mine decided that we would try and create something by drawing on the experience, all of our experiences and the information I'd gathered over the years as well as pulling out literature and research that was particularly relevant in primary care and that we could find and, and creating a very simple resource and toolkit that people working in primary care in particular. You know it was targeted initially towards GP trainees, but it really is relevant for everybody working in primary care that they could use in teaching and in day-to-day work. And we've deliberately kept it quite simple so that it is really accessible for people to use. Yeah, I'll hand over to Lynsey to tell you a little bit more.

**LB:** Yeah, just to say really that I'm also, I'm also an experienced GP, also have a, have an interest in bereavement. And I think you know as, as GPs we're just ideally placed to be providing bereavement care for our patients because we've often known them for a long time. You know, we see them through all sorts of different life events. So, it's very much a bread and, bread and butter part of a GPs job is, is helping our patients navigate loss. But as Sheena says, it's often something that we've probably not really been taught very much about. It's something that, that we may learn on the job if we're, if we're lucky enough to have someone that can mentor us in that way, or we sometimes learn it through our own life experience as we experience loss ourselves. But you know, acknowledging that we have an ageing population, and that loss is increasingly part of, of modern life, wanting to develop something that is amenable to the primary care interaction which is short. Most of our appointments are very short, in, in length, but of course we do see patients weekly or monthly or over years. So, it's just looking at really giving clinicians a framework to use in those bereavement based consultations.

**LI:** Yeah, I'm kind of noticing what you're, you're both saying there and, and, and struck by that kind of relationship building that, that happens in general practice which can be quite unique in that area because it's sustained over years and, and, and is also across families as well. So, you, you, you know you, you may know I suppose you may know about a bereavement that may not be your patient but maybe somebody in the local community from a family member. So, it's, so you're, you're aware, maybe I wonder if you're aware of more bereavements and more loss and so the importance of it, of navigating it in a really gentle and sensitive way, is important.

**LB:** Yeah. And it's just also acknowledging really that we're talking about grief in terms of someone dying. But there are also lots of other kinds of grief that we deal with in general practice. It might be that someone loses a job. It might be that someone retires. It may be that someone has a parent that starts to suffer from an illness. All sorts of situations. And, you know, of course, particularly in the wake of the pandemic, there was a tremendous amount of loss, loss of identity, loss of role, loss of income, loss of structure, loss of social contact. And it's just sort of acknowledging, really, that grief isn't only about death. That make sense?

**LI:** Yeah, yeah, yeah, yeah. So, in terms of developing the, the resources and the toolkit, I know you've already done a bit of work on that. How are you planning to share the, the, the toolkit?

**SS:** So, you're right, we've developed it and, and published it on BJGP Life, in its current format and the next stage, you know we've and managed, the next stage was sort of putting some resource into it and bringing Lynsey on board as our, as a clinical fellow so, we're now working on this project together in England and hopefully with you in Scotland. And we're trying to, at the moment, put it out there, really use it in teaching situations, present it at conferences, have, spread, spread the word I suppose in as many methods as possible and also using that those forums to gather feedback on our, on our toolkit. And the next steps would be also to potentially using some research methods, to test it, both in terms of gathering feedback from the users of the toolkit, but also perhaps from bereaved patients as well about their experiences of bereavement care in primary care. So, there’ll be work to be, it'll be fine tuning it, develop, sharing it, fine tuning it, developing it, and working towards having a really well tested model that could then be put into GP curriculums into other health and social care training curriculums so that we see bereavement care as you know a bigger part of those curriculums rather than at the moment it tends to be a very much a one line as part of, of end of life care but so something where it's done more actively as opposed to sort of a passive, passive approach which I think is what happens quite often at the moment. And you know we hopefully, the RCGP will endorse our work in the future. That would be our goal.

**LI:** Ah. Ok, Lynsey.

**LB:** Something about, something about as well, I think you know, sort of acknowledging that, that we probably haven't had much training as, as primary care clinicians or certainly as GPs. We're not going to have had really much training beyond perhaps a lecture in medical school about the Kubler Ross stages of grief. So, you know, acknowledging that actually that's, that's not really what we think about grief in the modern world.

**LI:** I was a, a nurse in general practice for, for most of my clinical career. So, I suppose then as you were talking, both of you talking, I was wondering about, you know, you talked about how you're going to share that through kind of medical curriculums and you spoke about other health and social care training curriculums. But is there any kind of way to, to influence those, those curriculums at this point in time? Because I'm thinking about this would you know, nurses would really benefit from this as well.

**SS:** I think there is, although I work in the GP training world, the structure in England is that we also in parallel have the structure of training of the other allied healthcare professionals in primary care. So that's nursing, pharmacy, paramedic, physician associates and that's really a growing body and there are very much some new models of training that are coming through now. For example, we're now beginning to train people in primary care which we never did before. We've trained primarily nurses, were always secondary care trained, but we now have apprentice nurses. So, there was lots of change happening in all of the training structures. So, I think there's because of that, there's opportunities to, to influence that.

**LI:** That's, that's good because I was thinking it was, it was you know as, from my own perspective, it would be really great to for that to be kind of rolled out.

**SS:** Yeah.

**LB:** And I think something is, as well that we talked about this morning. We, we just had a quick chat before we met with you this morning Lynne. And we were talking about how this is an educational resource which we're saying is for primary care clinicians which includes all the, the people that Sheena’s just mentioned. But also, it's something that we would feel that our receptionists could really benefit from as well and find useful because often our receptionists are the first port of call when someone is distressed, when someone is wanting help. And, you know, they're often amazing. But it may be if they're very young, or they've not had that experience before, that they would really benefit from, from having a little bit of education around how to, how to deal with that situation.

**LI:** Yeah. So, yeah, absolutely, totally, yeah, totally agree with that. So, in terms of, as you share and disseminate the toolkit, how do you, what are your reflections or thoughts on how that would that, how, how that will improve practice and impact, and not just improve it, but impact practice. You've maybe mentioned that a little bit but I wonder what, what differences you think that could make for, for the people that we care for.

**SS:** So, so our tool kit is quite, just to tell you a little bit about it I suppose. It’s quite, it's, it's quite simple. So, we've used a sort of a triangle to represent the toolkit to help as a kind of sort of aid memoir. And in the centre of the triangle there's some sort of tools that could be used at any point. And then at the three corners of the triangle, there are, we call them points because we want to move away from stages, but they are sort of points of grief that, that a clinician could use to sort of identify where somebody is in their grief and therefore some tools that could be used at that stage. So, it's we, we've called them acute grief and storytelling phase and a looking forward, sorry, phase was not the word I wanted to use point, looking forward point and by you know our, our proposal is that by using sort of this, sort of active, active, actively using these, these methods to help support someone in their grief. We are providing, essentially, holistic care for a patient in a, in a better way, we reduce the chances of developing complex grief. We reduce the chances of them developing sort of health related problems or medical symptoms, because of unresolved grief.

**LI:** Yeah, yeah.

**SS:** We can signpost them to people more effectively. So, we're part of, therefore part of the community around them that support them in their grief. We're obviously not. Not everything. We do have very short, short interactions with our patients compared to say a counsellor or a therapist or a community support group. But at the same time, we may be doing that over such a long period of time that we're also that kind of, any kind of coordinated the conductor I suppose of their bereavement care. So, so on reflection, I think if people kind of can embed these tools in their day-to-day life and that shouldn't be difficult because it is a very, it's something that we do, do every day and we'd hope that actually we would be able to improve both physical and mental health of people.

**LI:** Yeah, yeah. Yes, sounds, sounds really positive.

**LB:** Yeah.

**LI:** Lynsey, would you like to say anything?

**LB:** Yeah, just again, you know, acknowledging that that, that grief is just, is extremely common with our, with our ageing population and I think compared to you know times past when, when loss was very much more common in, in our daily lives. So, say 100 years ago, 150 years ago pregnancy loss very, very common. Losing a sibling very common, having people die at home. You know, people just did die of things all the time. And I think, you know, probably there were tools embedded into everyone's daily lives to cope with that. But our, our world has changed so much. Medical interventions have prolonged life so much, and of course, we all live in small, very small families now. Society has changed in such a way that that there is more of a need to develop the tools to deal with grief. Whereas it may be something that we just sort of implicitly learnt, perhaps, you know, from our, at our mother's side in, in, in generations gone by being supported by our communities. And perhaps that may have involved a religious community as well, which is much more, much less likely now obviously. And I think it's, I mean certainly for me this is something that, I'm relatively new to this post, but Sheena and I have been working together and discussing sort of for three or four months. And I have found that, that's it's just it's really brought grief up my agenda. When I'm consulting at work, I think much more frequently about could, could grief be playing a part in this. And we know, we, we often, people often present to us with physical symptoms. Physical pain for example. And it's, it doesn't sometimes it doesn't take much to realise, actually, that that physical pain is an expression of some profound emotional experience that that person has had either. It might be really easy because it might have happened to them very recently and they may volunteer it, but it may be something that happened to them a long, long time ago. And I think if we can, enable clinicians to just have a little bit more of an awareness, of, of the fact that loss can present in very unusual ways. So that we can identify it and help people to, help to support people through it rather than sending them off for lots of unnecessary tests.

**LI:** Yeah, yeah, you know, it's really, really kind of valid points. I was thinking about that kind of emotional, spiritual, psychological, well-being. And that's, that's kind of a, what I'm hearing and what I'm noticing is that that's kind of what you're trying to enable through your, the awareness through your toolkit which is, is quite profound actually. We’re probably just about at the end of the podcast and before we, we do kind of finish. I wonder if there's anything you, you wanted to say further that you haven't said already that you feel is quite important to articulate.

**SS:** No, I think we've shared, you know, we've shared the, the toolkit itself is available on BJGP Life if anybody wanted to be able to access it there rather than us trying to say it, you know, in this podcast today. And we are very open to receiving thoughts and feedback on our toolkit. And yeah, we, I guess we just hope it would be, be useful for people and we hope that, we hope that it will reach the goals that, that we're hoping for. And we also hope that is in keeping with the kind of modern understandings of grief and models because that, that was our goal, to fit with our modern understandings of grief but create something that is, is very much geared towards, towards primary care and, and you know recognising that we're not therapists and counsellors that, that, that we are who we are.

**LI:** Yeah, yeah, yeah. So, it’s been really lovely to speak to you this morning and really encouraged to hear about your toolkit and how that, that can impact future practice in terms of helping to support people and those compassionate conversations. So, thank you both so much for, for joining me here today.

**SS:** Thank you, Lynne. Thank you.

**LB:** Thank you for having us. Thanks very much.

**LI:** I hope that you've enjoyed listening to Sheena and Lynsey talking about the development of their educational resource, and thanks so much for listening. Take care and hope that you can join us for future podcasts.

The podcast was recorded in October 2023 and can be found at <https://www.sad.scot.nhs.uk/events/podcast-series/> or <https://open.spotify.com/show/11AORpjHqbsYwgg1DJUtLk?si=687dba351d1f45d4>

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