



**Meeting to discuss *Creative Health* Recommendation 8
Monday 23rd April 2018
House of Lords Committee Room 3
4-5.30pm
Notes and Actions**

Chair: Baroness Morris of Yardley

Attendees:

Baroness Greengross

Participants:

Grace Catchpole, Medical Student, Barts and the London

Professor Stephen Clift, Professor of Health Education, Canterbury Christ Church University

Evan Dawson, Director of Live Music Now

Dr Louise Dubras, Deputy Dean of Medical Education, KCL

Freya Elliot, Medical Student, Barts and the London

Vivien Ellis, Arts and Health Consultant

Professor Martin Green, Chief Executive, Care England

Dr Michael Holmes, GP in Yorkshire and Vice Chair of the Royal College of GPs

Mao Lim, artist and medical student, King's College London

Professor Marion Lynch, Deputy Medical Director, NHS England South (South Central)

Nick Ponsillo, Director of Philip Barker Centre for Creative Learning at The University of Chester

Dr Jane Povey, GP, Director of Creative Inspiration Shropshire

Professor Ross Prior, University of Wolverhampton

Matthew Swann, Director of City of London Sinfonia

Tina True, Creative Director, Mental Wealth Festival City Lit

Dr Louise Younie, Clinical Senior Lecturer, Barts and The London School of Medicine and Dentistry

Suzy Willson, Director of Clod Ensemble and Performing Medicine

APPG Secretariat, Partners and Members of the Next Steps working group

Alex Coulter, Secretary to APPG

Faith Biddle, APPG Assistant

Nikki Crane, Arts & Health Consultant

Jules Ford, Senior Programme Manager, Social Prescribing & Cultural Commissioning

Gloucestershire CCG

Dr Rebecca Gordon-Nesbitt, APPG Researcher, King's College London

Sarah Gregory, Researcher, King's Fund

Richard Ings, Arts Council England

Alex Pleasants, Researcher to Ed Vaizey MP

Alex Talbott, King's College London

Audience

Dr Jenny Allen

Amneet Johal

Alex Kavanagh

Suyeon Kim

Jacqueline Loncke

Angus McLewin

Dr Steve Vaughan-Smith

Recommendation 8

We recommend that the education of clinicians, public health specialists and other health and care professionals includes accredited modules on the evidence base and practical use of the arts for health and wellbeing outcomes. We also recommend that arts education institutions initiate undergraduate and postgraduate courses and professional development modules dedicated to the contribution of the arts to health and wellbeing.

1. Welcome and introductions

2-3. Discussion

2.1 This is a good direction of travel for the medical profession. As the world in healthcare evolves, it moves from a medical model to a social model. In the NHS England leadership development programme, we bring networks of GPs together from around the UK. We were at Tate Modern last week and used the content of the Tate to discuss taking risks. We used music and song to get us out of our comfort zone to create trust. If the question is how can we support this movement, it's by getting the support of larger organisations, like myself from the Royal College of GPs. I'm the Vice-Chair and I know I'd like to do more, but I'd like to know more.

2.2 I'm a GP and a medical educator and academic. I did my masters doctoral work around creative inquiry, on medical students developing practice through creative work, to try to move things beyond diagnosis and treatment to looking at how we can engage with people more holistically and the arts have been a very powerful way in which to do just that.

2.3 I come from fine art, theatre, and I'm now a second year medical student. It's been an interesting journey coming into medicine quite late in life and coming from an arts background. I'm now finding some things that are problematic to process. So I did an extra course, but I had to choose to do it, and there were only 6 of us. Because of the nature of medicine and having to learn so much, students narrow it down to what will help them pass their exams, and that's not for lack of interest, it's because of lack of time. If creative arts and medicine was a accredited part of the course, students would see it could make a difference to them. One of the students had no interest in art but probably came away from it with the most.

2.4 When doing medicine we can have all of the creativity sapped away from us quite early on. This is a mission to reengage what should be at the core of what matters to doctors. I would suggest that in the current climate, the top down approach just doesn't work. It's about raising awareness and the report is making huge efforts to do this and it's the advocates that are doing that. What's getting in the way? It's the training that takes a long time, so we need to know what will help us to thrive as doctors, and what will help our patients to thrive. It's important to get the medical professions on side, but also all care professions. I think that this is about going through professional bodies and lighting peoples' imaginations.

2.5 I'm a professional singer and I do voice workshops in the community, some at the Dragon Café, a creative hub, which is co-produced. I've developed a GP training in arts and health and worked with six clinicians. It's very important that this happens in situ. There is enormous enthusiasm but very little money. Today a member of the singing group said 'since I've been coming to this group, I've had the affirmation chants running around my head (particularly at night), and since then I've not had a panic attack for two months!'. Whatever we do it's co-produced with people who are using the service.

2.6 One of the things I've been very interested by is the openness of the trainee GPs. We would like to show that these kinds of activities work and make a difference, so we want to give GP practices experience to shift their attitudes: to make GPs aware that projects are happening, give an experience of it, and help them to signpost it. All of this can be done very simply and our evaluation shows that it does make a difference.

2.7 I run a project called Clod Ensemble and we already work across medical schools and NHS trusts. All students in all years have to do one course with us. We work at Kings College London looking at how students support people with long term medical problems. The key thing is that arts can deliver the skills that everyone knows GPs and consultants needs. At Guy's and St Thomas's we developed a framework called the Circle of Care (<https://vimeo.com/166819236>). Part of the reason why our project has had so much impact is that it has 3 year funding from Guys and St Thomas' Charity and Wellcome. The top down approach is just as important

as the bottom up because there needs to be commitment to continue programmes. Budgets for education across the NHS could do a lot with not much money. Lastly I want to ask how do we get more artists involved?

2.8 In my doctorate I asked how and why GP trainers use the theories they do to teach medicine. The reason is to deal with managing uncertainty, dealing with complex needs, understanding person-centred care, and having skills in narrative medicine. All doctors and nurses have appraisals. I will be changing the way we value arts within the appraisal process and say 'well done' to those who are using arts within their practice. One example is: I was talking about a safe guarding situation and everyone said 'yes but I've done the e-module' and everyone is a level 2 or 3. I said 'well what does that mean'? Someone said they learnt more about safeguarding from a book called 'when the music stops', than the e-module. So my mission is to make that more common. It's not about money, it's about the philosophy that we take.

3.0 I'm a medical student and have done three years. I'm now taking a year out to do integration in medical education. My question is 'how can theatre be used in medical education to teach students about patient suffering and how they respond to it?' I'm passionate about this because my mum has a long term chronic condition so how I relate to patient suffering as a family member vs as a future doctor is really important. We don't talk about the meaning of suffering because it can make us vulnerable. This is where theatre and the arts has a role. I did theatre at A level instead of biology. I had to justify it in all my medical interviews. Theatre brought me out of my shell, it allowed me to be able to tell stories. The medical syllabus is already jam packed and it's hard to tell people higher up that it could change. Perhaps we need to introduce small changes (e.g. forum theatre) for people to start exploring ideas. There is a lot to be said for the role the arts can play in our own mental health. I'm currently re-sitting third year because my first time round my mum got very, very ill and I was unable to cope, but the one thing that kept me going was the drama society. The arts have a role in the imagination. Students find it really hard to acknowledge when they are suffering. The arts can help play a huge role in assisting students themselves and for understating the pain of their patients.

3.1 I'm also a medical student and artist. I'm the founding member of the Health Humanities Society, which is now in its second year. It's not just the top down approach that matters, we need to build interest from the ground up as well. Even in Kings, we saw very little interaction between health and the humanities departments, but it is changing. We put together conferences for students and faculty members. We get second year medical students to come up with creative ideas. It is important is to be able to see the power that the arts can do, for example, singing for lungs. Using social prescribing as part of the medical syllabus is really important. In terms of steps forward, through discussions with my close students, we are interested in joining the national network (CHWA) and we know that there are many societies who would also be keen. We want to get students and societies to be involved in sharing resources, going to talks together and much more. So in short, the future on health and wellbeing depends on us.

3.2 There is clear evidence that it works and that there are long term and sustainable benefits, but one of our challenges is to make sure that these messages are in tune with outcomes messages in the system. It's always better to swing with the tide. Self-management of long-term conditions, the mental health strategy, the prevention strategy – all these things play very well with the arts. We have heard about people being able to manage their condition and then they can reduce dependency on drugs and the system. I think there is a huge impact on staff, the wellbeing of staff, which helps with retention and recruitment. My final point is don't forget the other parts of the system that could be helpful. For example, go and talk to the health and wellbeing boards about this. Those are bits of the system that are not very well used, but might be looking for a role.

3.3 I work for a charity called Live Music Now. We deliver music workshops all around the UK in hospitals, care homes, and special schools. We deliver over 4000 workshops with musicians. We train those musicians and we provide support. They stay with us for 4-5 years before we kick them out to bring on more. The reason for this is that we want to grow the available musicians who can deliver this work across the UK. Something that's often overlooked is that once you have trained someone that's not the end of the story. To have someone to turn to, then reflect is all part of the process as it can be a hugely emotionally demanding job. We have been exploring over training healthcare workers. We are currently writing a report to look at the long-term impacts of this work and it will be published in the summer. This is not just about CPD. People want to use music and the arts, but they felt they needed permission.

3.4 I run the City of London Sinfonia which is a professional orchestra. Mental health and wellbeing has become a particular focus for us recently. Mental wellbeing is something we are integrating into our

performances. We are using mindfulness in our concerts and we do it because we believe in it but it has also become an income generator for us. I don't think as an industry artists are trained for this very well. A lot of musicians are very highly skilled and are told what to play, where to play and what to do, but have very little power. A lot of our own musicians have their own mental health problems. So there are huge benefits for our musicians for their own mental health, but I think we need a culture change from the arts too.

3.5 I started the Journal of Applied Arts in Health nearly 10 years ago and since then we have had about 240 journal articles. Science is great for answering certain questions, but the arts and arts methodology is more appropriate to answering the questions that we are talking about today. I think CPD programmes are essential. I'm speaking at a conference in Australia and they are looking at issues with mental health in higher education. We have students with awful mental health issues. In terms of going forward, if we can get the medical professions reading the publications then that would be great.

3.6 About 26 years ago I suffered heavy stress that impacted my mental health and through some very good counselling I was pointed to City Lit because I was interested in doing some art classes to rebuild my self-esteem. It was a time when you did not talk about your mental health. So I start off as a passionate advocate for the way that the visual arts can be beneficial. At City Lit we run over 5,000 courses ranging from visual art to the sciences. I ended up running a visual arts department and found staff and students could have mental health issues. So we decided to have a festival that we could learn from. It started four years ago and it's gone from strength to strength. Instead of looking at the mental un-wellness, we focus on positive wellness. We have partnered with BUPA and Mental Health in the Workplace. A lot of our students at City Lit are thinking about swapping careers and we are up skilling and inspiring them. We are really pleased to be part of this process

3.7 When I started I was looking at how we can integrate arts and arts training for health and social care professionals. When the APPG report came out I marched over to health and social care and I pointed to recommendation 8 and said 'how are we going to solve this problem?' and I got a wonderfully open response! There are a number of initiatives that we know about, at Kings and in Manchester, that are involved in training the next generation of doctors, but the discussion today has made me think about social movements from bottom up. We have trailblazers, but what we need to do is to make this more mainstream. Rather than the arts fitting into healthcare or vice versa - I think it should be a two-way process. Could we look at taking clinicians out of the clinical environments and putting them into arts environments? Do we have the artists who are going to deliver with good skills. I'd like to take this back to the specialist schools to be a starting point.

4.0 Ideas for Actions:

4.1 we need to get the GMC (General Medical Council) involved. I looked at their paperwork before I came, and there is nothing in any of the text about anything holistic.

4.2 We need to get the CQC on board too. Care home managers really care about that.

4.3 With an artist's training, a lot of the arts in health work comes under learning and participation or learning and research. We need to value participatory arts.

4.4 We have 5 new medical schools in the UK. We select people with a science background and people who are good at passing exams. Are we in an era where emotional intelligence is more important than IQ? It would be really good to explore how we can use the arts to protect the wellbeing of our doctors.

4.5 It's not good timing because the GMC have closed their consultation on the new guidelines for graduates. The GMC for graduates is what determines what medical schools teach. Point of entry is a point of influence. That would be a way to look at the type of students coming in. I think there is something about encouraging medical schools to take graduates from a range of professions.

4.6 Maybe go to the high schools and tell them that medical schools really value all sorts of people from a range of backgrounds.

4.7 21st century health and social care will be looking after people to the age of 100. I was a nurse, but I'm in a Deputy Medical Director job because it was what the job needed and not what school you went to and how

you got there. The new design for our healthcare service is an opportunity to say the arts is a way of uniting us in place and population. This is the moment to say that arts is the way to making person-centred care work.

4.4 It should be everyone's idea that you have access to the arts throughout your whole life. We have seen lots of people for whom English isn't their first language, and by giving them the arts, it's given them the opportunity to connect with people for the first time. It's about culture change.

4.5 The advantages that come from the arts is that it will make you a good doctor, not a good student. There is a lot of evidence in the corporate world. They say there is a lot of value in team work so they've brought drama groups in to help them with their staff teams so it might be useful to look at those examples.

4.6 Our assessors are our patients. When we get patient feedback, it's usually about *how* someone did something, not what he or she did. Patients get a feeling from someone and a lot of that communication is done non-verbally and we can increase these skills and awareness through using the arts.

4.7 We are looking at the symptoms, the problems, and we need to take a step back and become people again. For example, learning instruments, painting, expressing ourselves. We don't want to see arts as a medicine because then it becomes problematic. Are we all, even in this room, reading the journals?

ACTIONS

- Martin Green has offered to speak to CEOs of Care Homes to identify which ones are the most interested in this agenda. *APPG to follow up.*
- Michael Holmes is happy to discuss with the Chair of the Royal College of GPs in considering the vision for what GPs in the future will look like. *APPG to follow up.*
- Tina True is getting a panel together to discuss arts and health aimed at teachers as part of the Mental Wealth Festival. *APPG to follow up.*
- Champions need clear objectives and tasks. *APPG to follow up.*
- Students would like to be part of CHWA. *APPG to follow up.*