

Pre diagnosis

During diagnosis

Supported self-management

EMOTIONAL SUPPORT

EMOTIONAL/SOCIAL SUPPORT

Building emotional/social connection is seen as important to enable acceptance of diagnosis and progress towards supported self-management. Who is best placed to provide this support?

VALIDATION AND REASSURANCE

Acknowledging and validating people's symptoms and experiences of FND as real and offering reassurance play a key role in acceptance of diagnosis and progress towards supported self-management

EARLY SUPPORT TO MANAGE SYMPTOMS

People would value support for managing physical symptoms and emotional impact due to uncertainty when waiting for a diagnosis. This can be an opportunity to introduce a single point of care/coordinator who can be reliable support for the person throughout their care journey

SUPPORTING HOLISTIC WELLBEING

Offering a variety of services/ resources/ tools (including resources and support within non-clinical environments, e.g., art therapy) based on understanding what matters to the person and their choice on how they would like to be supported to live well and manage their condition

COMMUNITY SUPPORT

COORDINATION AND CONSISTENCY OF CARE

Integrated care between primary and secondary care services, and a joint approach to care for physical and mental health through multi-disciplinary working, along with a key person (potentially an AHP) identified as care coordinator. The coordinator will work together with the person to identify their goals and appropriate services/support informed by these

ACCESS TO SUPPORT SERVICES

This should be informed by the person's choice on the type of support they need to manage the condition

GP BASED CARE

TRIAGE WHEN MAKING AN APPOINTMENT

Identifying the appropriate health professional and time required for consultation when the person makes an appointment

FIRST APPOINTMENT - UNDERSTANDING THE PERSON AS A WHOLE

Someone presenting with multiple symptoms will need a longer consultation and an understanding of what is happening in the person's life (in their home/social environment) rather than only what is visible immediately in front of them

BUILDING A RELATIONSHIP

This is important for supporting the person through their diagnosis and for ongoing care following this

ARTICULATING COMPLEX SYMPTOMS AND EXPERIENCES

Tools to support patients to articulate multiple symptoms and narrate complex experiences, which is part of a routine experience for most people living with FND, is important to enable diagnosis

MDT TO SUPPORT COMPLEX DIAGNOSIS AND REFERRALS

Multi-disciplinary team (MDT) approach to look at multiple symptoms holistically, to investigate and eliminate unlikely causes/conditions and make a timely diagnosis, along with supporting appropriate referral options following this

DIAGNOSIS CONVERSATION

It is important to consider who will be best placed to have this conversation with the person - ensuring that they have a good background knowledge of the person in order to tailor this communication and to help them to accept the diagnosis and to ensure consistency of communication across different health professionals the person might be referred to

UNDERSTANDING THE CAUSE AND RELATION TO STRESS

A large part of acceptance of diagnosis for the person relates to their understanding of the cause, which can be difficult with FND. For example, stress can be a cause or effect of FND and education around this is important in supporting acceptance of diagnosis

EARLY PEER SUPPORT AND EDUCATION

Peer support groups organised by community-based teams to aid understanding of FND soon after diagnosis and to help with identifying strategies for managing the condition

REFERRAL TO PSYCHOLOGY SERVICES FOR ALL

Normalising referral to psychology services as part of routine pathway to reduce stigma and increase uptake of the service

TIMING OF REFERRALS

Understanding the person's readiness for specialist input and services such as rehab, and timing these to ensure that the person has accepted the diagnosis and is ready for support is important to ensure effectiveness of the services in supporting the person's care journey

MULTI-DISCIPLINARY APPROACH TO CARE

Integrated care between primary and secondary care services, and joint approach to care for physical and mental health through multi-disciplinary working

STRATEGIES TO MOVE TOWARDS SUPPORTED SELF-MANAGEMENT

Understanding the person's satisfaction with where they are in the care journey and their motivations to make progress to make progress towards supported self-management

HOSPITAL BASED CARE

HOW MIGHT WE ...?

How might primary care staff be supported with the triage, and how might management of GP appointments change in response to this?

How might we enable relational and emotional forms of support for the person?

How might we create tools and systems that enable a holistic understanding of the person and articulation of complex symptoms to support diagnosis?

How might we develop/ adapt roles and services to enable early forms of support to people waiting for a diagnosis?

How might we develop conversation tools and information resources to support patients' understanding and acceptance of FND during and following their diagnosis?

How might access to some of the general and specialist services be tailored to meet the needs of people living with FND?

How might we create tools and systems that enable MDT working and joint assessment of patients, to understand their preparedness for different services/ support and enable appropriate, timely referrals?

How might we develop/ adapt roles and services to ensure ongoing and consistent forms of support for people living with FND?

How might we work across different types of clinical and non-clinical services and forms of support to ensure holistic, tailored care for people living with FND?