

Communication and Collaboration - Ref 98RL - Draft Transcript

with Robin Lansman

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TRANSCRIPT

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Steven Bruce

Today we're going to be talking about communication and collaboration in healthcare, not perhaps the most obvious subjects for our CPD programme. But actually, they figure very prominently in both the chiropractic code and the osteopathic practice standards. And I've got someone who is very expert in the zoom conference room with me to discuss that. Robin Landsman, Robin, welcome once again to the academy and looking forward to hearing what you've got to say, but I'm intrigued to know that is this something new for you this communication and collaboration thing?

Robin Lansman

Now, I have to say thanks for having me on. Yeah, it's been something actually since I qualify 32 years ago, which is quite hard to believe. My first you know, period of work was actually connecting with the local hospital, meeting, practice nurses and GPs, and even actually working with corporates as well. I was working with HR managers quite early on and it just seemed, to me an obvious collaboration and obvious link really to share what I was doing and perhaps you work with other groups of people and find I found it really, really amazingly interesting, actually as well as anything.

Steven Bruce

Yeah, right. So yes, I can imagine how it's interesting. I mean, how does it actually affected your own practice? And how does it contribute to us being better practitioners?

Robin Lansman

Well, I think also seeing people in their workplace, for example, with the HR sort of connections I was having with Johnson and Johnson and various companies at the time, it actually meant you could actually visit people in the workplace at the time and see people even treat people there at the head office. In fact, they gave me space when I started quite some time ago. So that that was a sort of good collaborative match. I've worked in gyms and health clubs and so learnt from the gym instructors and working with them even training a bit with them. So, they're learning how they work. And then yeah, through the medical connections, I mean, lots of visits to hospitals, all the big wards, you know, to see people post-surgery presurgical in and just start to appreciate really other parts of the spectrum that perhaps, you know, wasn't part of the training, certainly, you know, directly that I got as an osteopath. We have a physiotherapist. Yeah, we've been very useful. And some of those links have gone on for years, right?

Steven Bruce

We had a physio on a few weeks ago who was talking about targeted rehab and how that was very bespoke. And they were going out to the workplace and looking at what we all did enter their places of recreation and

so on. But of course, that's all-very time consuming. Do you get the sense that you know, people aren't doing that these days because you qualify you go into practice? I'm sure some will work in gyms, but I suspect very few have got the time to go out into the workplace or do very much in the way of visiting hospitals and so on.

Robin Lansman

Well, you know, it's part of CPD, you know, so it does take up some time, but it's actually, you know, an interesting thing and then a chat over lunch with the surgeons or the doctors or the GPs brings up other topics that in that more casual, sort of opportunistic environment. You get conversations going with women about things that you probably wouldn't have covered you know, by offering a lecture or something, it's a bit more mixed with the visit the formal the chat and the building those little collaborative relationships really, with other healthcare professionals. So, you know, I found it incredibly productive over the years. And so, something that's, you know, I keep doing to this day in different guises. Now, it's moved on with the work I do now, but it's but it's something that sir, has come back actually even working with the local CCG recently, I was meeting GPs on you 20 odd years ago, and, you know, had good connections with them. And they knew how it worked. And they'd referred patients, you know, to the practice for some time. So, you know, that that was a great entree as well as anything else. But a useful a useful connection, definitely, in lots of ways.

Steven Bruce

But when you said with the work you're doing now, does that mean the work you're doing with cog UK about which I know very little?

Robin Lansman

Well, that has developed actually out of quite a lot of work I've done formally with the Council of Deans of health that was the 150 litres programme. So, I've been running quite a lot of coaching sessions with paramedics, midwives, osteopaths, as well, and also occupational therapists. So, learning from them and actually, the cog UK idea came really to try and make this a bit more collaborative with not just health, other healthcare practitioners, but with the community and other people within that environment in public health. So, we've been working closely with Westminster Council in central London, on a number of projects, which is sort of a cog UK concept is sort of just pre-launch, it's gone on through COVID-19. It's produced a lot of links and a lot of possibilities, which we've been exploring. It's all taken a bit longer, but you know, it's fine. it'll arrive when it arrives. But so that collaborative leadership is what we're trying to pull together. The UK that's interprofessional and develop some programmes that are CPD orientated but also personal development orientated professional development. So that's kind of what the cog

Steven Bruce

we might be sort of jumping ahead a little bit here. Because you're telling us you're kind of assuming we know what cog UK years but actually, I don't I don't know what the the purpose of code UK is. And I think you've taken the website down recently for maintenance. So it's, it's not possible to look it up at the moment.

Robin Lansman

Well, no, it's back up today. It is we're still working on various aspects of it. But it's evolved during COVID-19 into a project that was very much about collaboration with the community. And that's come up obviously a lot through this whole period that we've all been in and with other healthcare professionals, and it came down to a lot about leadership skills. So, the that is sort of gradually be moving and morphing in a sense over the last few months into its target really. So, the website is a way of other professionals getting together, learning how to communicate with community and themselves better, and sharing information and even promotional if you like material, which is based on education. So, it's all going to be health education based on the population, running events and so on for local groups. And as you found, you know, zoom has become the new thing. So, we're building a part of the cog UK package that enables people to learn how to present and learn how to put across their health care, health education information in better ways as well. So, it's, yeah, it's a lot of work. But we didn't want to launch until it was kind of shaped in a way that was better, and actually asked the past to collaborate. We've had a little group on Facebook and we had a meeting a while back to discuss things and I've had feedback from individual osteopaths again, and actually Claire, from the Academy of Physical Medicine has helped me a little bit as well when she had a chat with me and said how to refocus.

Steven Bruce

One thing that always puzzles me a little bit in this context and maybe others as well, when one talks of leadership, you might, knowing my background, I tend to think of, you know, somebody standing in front of a group of men with a knife between his teeth, encouraging him to take that enemy position on the hill. And I'm not quite sure what but given that we work so much in isolation as osteopaths, and chiropractors, where does the leadership aspect fit into our profession?

Robin Lansman

Well, I think it's that candid and frank conversations and giving feedback, that's honest and frank with your colleague, basically, I mean, that's fundamental was and actually developing other people as part of leadership. So that that I think sometimes with all the conversations I've seen, and we've all seen on Facebook over the last few months and all sorts of comments and good on the bad and the ugly of what people have, you know, said and helping others and others, perhaps making quite, you know, strong comments that may have been critical, and I think it's, it's Being a critical friend and it's learning to give feedback in the right way so that you're actually developing and, and boosting people will in collaborating with them. So those skills, especially as you said, in professions where we're a little more remote, or we're not used to working in that way, can be, can be an issue and it's a skill set, not just something that's a given. And I also think, work I've been doing coaching has shown me in other professions really, that it's entirely necessary for osteopath and others to, to kind of develop those skills. It's imperative to become, you know, perhaps in the full sense allied healthcare professionals and support what goes on around I think we need to, you know, those skills are really quite key to explore and develop

Steven Bruce

our chiropractors are part of code UK as

Robin Lansman

well. Yeah, I mean, anyway, I mean, basically, it's open to other healthcare any healthcare professional is registered and qualified and insured in the right way and wants to share and collaborate I mean, you know, it's, it's, it's really about that rather than about Anything else and it's open to allied healthcare professions, but I think the NHS structure and I've, I'm on a number of different forums within Public Health England but also other other areas of the NHS, having a look at the future programmes and future plans that are going on. So there's an awful lot of stuff brewing up targeted more in NHS circles, but much less so at the private, the private sector, so private practitioners who may want to get involved and collaborate in different ways, you know, we're slightly still, you know, on a different different bandwidth. If you like them, then then the standard NHS pathways that are available at the moment.

Steven Bruce

You're on the board for the Institute of Health Promotion and education as well on here is that something which is similar in purpose to Coke, UK?

Robin Lansman

Well, it's different because theirs is more broad in public health in general, and they invited me to become a trustee a few months back and they do a lot of work, translating. If you like the Information about public health communications and, and commenting on it as well. So that that's a very interesting part of what I do now. And my particular role with them is going to be actually reaching out to allied healthcare professionals as well as osteopaths all sorts of groups of healthcare professionals to share a little bit about that type of health promotion and education that can be done in different ways. And the team on the board, I mean, hugely diverse in lots of different universities and health sectors across the UK. So I think a very useful pool to work with, you know, as other other trustees on the board. So yeah, that's gonna evolve yet further. So yeah, it's been a very interesting beginning, though, definitely.

Steven Bruce

I have a few questions from our audience for you sell us how you describe what an osteopath does to the Orthodox medical community?

Robin Lansman

Well, I think the the question would be, perhaps sometimes is betting that back and asking what they think of those deep ideas to the community itself. Bit of a technique, but I think it's a good one to see where they're coming from before answering the question, so I can answer the question. But I think it is very much. There are lots of definitions already on NHS websites, which are reasonable enough. And I know the i o and others have got their definitions, but using hands on therapy, and particularly, it's about the assessment, technique and methodology that osteopath use that I think I stress when I explain what I do. It's not just the tools, it's the actual approach and the way of looking at a person and their lifestyle and

context, which I think is very much the way I work. And I think that's worth stressing in anyone's explanation.

Steven Bruce

One of our viewers actually asked, they asked how you find working with other health care professionals, but related to that answer you just gave, they've asked whether you find that they think of us as being a bit Whoo.

Robin Lansman

Well, if people choose to be Whoo, that's not my ideal of how a professional works. I think trying to I'll take clearly what you're doing and why you're doing it. And what your thinking is about is something that comes actually from collaborative working. And one of the things on cog UK, is we're going to be having a number of different forum where we can bring up a topic and actually dissect it carefully and thoroughly, not just as an audience member, but as a participant in on a particular topic, so that we actually challenge to the degree which perhaps does happen sometimes at College and University studying undergraduates, but actually sometimes is missing later on in people's careers. So I think it's always important to have that sort of Well said, critical friend, critical professional friends to really challenge your thinking. And I think what can happen is that people end up in perhaps circles of communities of professionals where a bit like you meet people at the pub and you talk to your friends about the same football team or whatever you're all into. Doesn't always it's comfortable, but it doesn't necessarily challenge terribly greatly what goes on so I think, you know, the type of CPD or the type of activity that challenges I think is really, you know, healthy and developmental, which which is critical, really. So participants of CPD, I mean, a lot of the stuff you do and the type of questions you're asking people on your programmes, you know, I think is an important way of dissecting thinking, rather than just having someone standing at the front talking, because that's quite a different way of teaching and sharing information.

Steven Bruce

Nick has asked, and I'm not sure I understand the question. He says, Is it cog UK consortium? I'm not sure what

Robin Lansman

it's called UK dot info. There are lots of cookie bouquets. It's actually started off as community off the top of the group, because it was very much targeted to communities. But we thought actually, the cog link to the UK and to healthcare was just another way of sort of putting that together and the dot info very much because it is about sharing information and collaborating. So that was kind of the So so it's called ci g. UK dot info is the full name.

Steven Bruce

Yeah. It's always a bit of a risk, isn't it? Putting the word osteopathy in a title but it tends to deter other healthcare practitioners from taking parts or showing interest.

Robin Lansman

Yeah, well, that's that was part of the reason why we, we changed it because we thought well, you know, it is it is very much about collaboration and it's not about making it one one professional group obviously, we'd like osteopath to be involved, and to share what they know and to learn how to do that even better. But I think yeah, it's open to lots of other professionals and the people I've met through allied health care professional networks and the ones I've choose to work with for the Council of Dean's it's just been amazing sharing and actually seeing similarities and challenges that we've got as professionals between the group so it's, I know we all perhaps do slightly different things, but a lot of the underlying discussion points and challenges are very similar and a good ones to be having with other professionals. So

Steven Bruce

just One way to betrays my personal ignorance what exactly is the Council of Deans? You mentioned it earlier on, but

Robin Lansman

right well, they look after basically the undergraduate education of the Council of Dean's of health, actually look at all the undergraduate Health Training establishments in the UK and including medical schools, nurse training, midwifery training across the UK. And so representatives of their Council also stimulate and produce changes within governmental influence and NHS influence to spread the word about what's needed really in health care. So that schools and universities of training can sort of pick up and say, We need more of this or we need more of that we need to support our students in different ways. So that's that's their kind of role and I must say they're an amazing Yeah, amazing bunch. Actually, I've met them many times. I'm now one of their coach groups. So we all meet when we can physically and certainly online, the other coaches and it says Be very

Steven Bruce

well collaborative and lots of great couples. Which is what it's all about. So yeah, no, it's been a great organisation to be part of those other members of the Council of Dean's for healthcare. Are they themselves healthcare practitioners or experts? Or are they academics rather than specific

Robin Lansman

bits of everything? A bit of everything? I mean, the people who are members of the board are healthcare professionals, someone not because obviously got lane members. The coaches are people I've met from all over the UK who are Dean's of medical schools, nursing training midwifery school, so that the diversity is enormous. You know, they've made some great, you know, connections with people across the UK in all sorts of health care training. So yeah, they span literally well, midriff free certainly, and, and nursing, amongst others. But all the allied health care professionals are members of this organisation, the centres of representative body for undergraduate, undergraduate, connected events, and stimulating the deans to actually change apps or be influenced by views that they pulled together about what's needed in healthcare. So, yeah,

Steven Bruce

we're still getting, we're still getting some questions about the about how cog UK functions. Perhaps you could talk us through what happens if you're an osteopathic chiropractor or physiotherapist who wants to participate in it? How would they do it? And what would they get promised? Exactly? How do you,

Robin Lansman

okay? So you can join as a member and and actually, after a little bit of an induction, you can become an enlisted member and that a provider of healthcare so you can be listed on the site as a health care provider. And what we're offering is also people who can offer community rates, for example, or something slightly more attractive to different parts of the population who might not access private fees so easily. That's part of what we're offering, as the membership. And in a sense, it's not a passive membership just to pay and join, because you need to be a collaborator and that's the whole point of the being involved. There's lots of listing sites that list people doing all sorts of treatments and therapies. That's not what this is for. So the part of it that you can do are several different levels of leadership and collaboration training. There's a more basic programme, which allows you to produce a video at the end of it, which is your, if you like show reel, your professional show reel, which we coach you through to get you more confident, and to get you to understand what really, you want to express within your professional sphere to the outside world. So that could be to the public, or it could be to other professionals or a mix. So we produce that that's one level. And the other level then is is where you can do a longer period of study, which will involve leadership training, and presentation skills and a whole list of other things which we're offering to learn more about how to work with communities, and how to really to get to know how you work as a professional better, and collaborate more. So there's a number of different components modules, if you like in that section as well. And then in fact, you can enhance that And events and actually teaching people really to to host their own events and form their own groups to be more effective collaborating groups if you like collaborative groups.

Steven Bruce

So you actually providing the the tools to make contact with community groups or other healthcare groups for people are you leaving them to do that once you've taught them the skills to make the presentation?

Robin Lansman

Well, a bit of the to in fact, because the connections we've already got with various county councils we produced during lockdown a number of videos, for example, which we've started to use and produced with Westminster Council and the Royal Borough Windsor Maidenhead on different topics, and those have already led to other things and other connections. So I think once we're ready, what will happen is that I think the members can also promote a code concept and actually pull in other organisations like libraries who might want live events on health care or zoom events on health care. So that will kind of build the team and the framework between the community What professionals are willing and able to offer as part of their service in a sense. So, I mean, during the lockdown period and during even now actually I've met a lot of osteopaths online and spoken to on the phone and have calls with. And we're now starting to share. And there are other osteopaths doing a little bit of this as well with video content, but we're producing a number

of different parts of video content, and they're sharing the stuff that cog is producing. And we're sharing and we'll do more so through code, what other people produce to build a bigger network in a sense of sharing and collaboration more widely. Because I think a lot of practitioners do get to do their own thing, but not that much collaboration goes on, it's not competitive, it's really working together that is going to be, you know, the better thing for the patients and the better thing, you know, for people's practices as well.

Steven Bruce

So, what then would you recommend to people who want to communicate with either the rest of the healthcare community With the public, and what are the what are some of the key aspects of what you're teaching through core?

Robin Lansman

Well, so one being one is actually getting that confidence. And again, there's some people have done that successfully, others less so to build really their message and a lot of people who qualify for newly qualified osteopaths sometimes, you know, they've got a lot of things they're juggling. And that can be an area where we could actually build people's confidence to actually present and deliver things, which I think would help the professional help the population as well. So So that's, that's an area where we're working towards with CO UK, and people who've been in practice for quite a while, again, a little bit of dissection of how they're thinking how they're working to freshen it. And to give it a different angle, perhaps, that they've been perhaps using certain angles to express how they work, but might actually freshen it up and actually develop new ways of putting forward what they're thinking about and how they want to express that more clearly, to the populace. Really, another professionals as well.

Steven Bruce

If for example, a practitioner manages to get an invitation to speak to the local GP surgery as one of their CPD events from their lunchtime events or whatever, what do you suggest would be the key messages would be trying to get across?

Robin Lansman

Okay, well, what I have done in the past is actually have a pre meeting with the surgery to make sure I ask them exactly what they want to know. I mean, it sounds sounds, you know, you could present lots of different angles on osteopathy or other things. So I think normally sit down with the GP who's invited or someone has with the practice manager and say, so what what do they want? What do they want to know about so you can prepare properly for it, because the angle is limitless where you could take things almost. So I've done that with surgeons, I've done that with GPS GP groups, GP training centres, and actually, to be honest, that is the best way of preparing. These things can come at short notice and they can come a bit out of the blue so you know having something in mind. First, I understand is useful. But really knowing how you want to work on what you want to express as an individual practitioners is to say, who are the normal typical cases, you see, what are the type of people, you're happy to have referrals on the type of cases, the type of conditions, the type of scenarios and, and have a few of those prepared, because it's very much You know, when you're actually presenting, you want to make it a very flexible feast because you'll

also find the GPS particularly they drop in and out of the meeting, there'll be there, let's say the meetings 45 minutes, people will drop in and out and you'll have people for five minutes or 10 minutes or they'll leave and come back. So you need to almost have sound bites, which a bit like elevator pitch, if you like, a little bit of soundbite material that you can leave with them. Which I which I find works better for GPS if it is a GP group.

So I don't know if that helps a little.

Steven Bruce

Well, let's take one of the extremes of practice. If I can put it in those terms. I'm not quite How you practice yourself. But if you happen to be a craniosacral therapist or a secret occipital therapist, if you're a chiropractor, what sort of reception would you expect to get from the people that you've just mentioned?

Robin Lansman

Again, you know, it's strange. I've tested out I don't work in those particular ways of working, but I've actually asked several paediatric consultants I've met at other seminars, I've been to how they feel about the cranium approached or sympathy for children, for babies, all sorts of things. And actually, it's interesting that they, they, some of them are quite open. Others are more suspicious. And I've guessed that's going to be how it's going to be across the board. Most people end up having a personal connection to something so they know even as a doctor, they often quote what they're going to do based on personal experience rather than professional kind of, say experience. So they'll have a friend or they'll have someone whose friends, babies tried treatment or had cranial treatment. And that's kind of often how it goes and that's how they develop in a sense of reputation. It's It's on personal recommendation like like it might be in any other patient connected recommendation. So it's a little bit strange. And I, you know, I think, I think going in gently to find out what they want to know, means that you can angle an answer what they're asking, rather than so present a hard line about the approach that you might choose to take. You can certainly present a little bit about how one approaches things or what age group or some of the basics, but I would be led just just to tread carefully, really to find out what they would like to know as well as the beginning of your lecture. And you need to know your stuff needs to be able to answer whatever comes up.

Steven Bruce

I think that's what I imagined would be the intimidating thing for many practice practitioners. Because while we are well educated in the sphere of medicine, I think most of us are aware that your average GP has a much, much more detailed, broader spread of knowledge and we do

Robin Lansman

and sometimes in some areas, yes, in some ways, no, I would say Actually, the confidence that osteopath or chiropractor might have in their, you know, their assessment ability or their treatment ability is going to be considerably wider and deeper than than the most GPS. But, again, going on the defensive that if one is treading on areas that they don't know about or feel uncomfortable about, they will perhaps, you know,

switch off a little bit and be a little defensive to whatever they've been told. So, again, being driven by their questions. I mean, they're intelligent people, I would say being driven by what they've heard, or what patients have had back to them, or what colleagues have said, is a useful way just it sounds a little bit more chatty, rather than formal. But I think probably it's an easier way to see what they're the hearsay has led them to believe, because that's what maybe is the only thing that's informed them to a point. Certainly, when I worked with GPS, we were we were working with about 45 GPS in the practice some years ago, and all around and, you know, the GPS at a meeting I mean, a technique certainly is, is feeding back questions if you get a difficult question is Don't sit back to your audience and see why they've asked it or what where it's coming from, certainly on Cote UK. The plan with the leadership, if you like, or collaboration and communication skills, is to actually take people through some of these scenarios and actually ask questions to the point where they can give an answer that's cogent, meaningful, reasonable, you know, honest, and doesn't necessarily lead them into ground that becomes shaky or difficult for them. So it is very much a training issue as far as I can say, to improve that and that's something I want to try and, you know, pull together with kagi. Okay. I think

Steven Bruce

viewers, Nick has sent in something to back up what I said I'm afraid the cog UK site is still under maintenance as far as the public's concerned. So presumably we'll be up later today, will it?

Robin Lansman

It? Yes, the plan was yes. And we've been working towards it. But you know, these things are not everything. Not everything is pulling together. If people if people look at a recording of this, I think it will probably be fine if the YouTube sites are So I can mention, if you look on cog UK, just that cog UK on YouTube, you'll find actually quite a lot of the interviews we did during lockdown with various organisations, talking about community groups talking about all sorts of things which we recorded as a number of videos, including Westminster Council and various sporting organisations. So, I mean, that is that some material we're going to be building with others to develop more of the same with osteopaths are individuals who want to explore how they want to express their way of working. So apologies. Yes, it's a today came suddenly quicker after the whole period of the summer. And yes, so we've had a few glitches which we have to overcome. But I mean, if people want to get hold of us, either through you guys or otherwise, the website should be up and running.

Steven Bruce

Yeah. So if you want any advice on glitches on websites, we've got thousands of them we can tell you about from from our perspective, Robin, so in the meantime, we've had a we had a question from another Robin Robin says you've clearly worked very hard to do velop your professional relationships have you find found that it takes a very long time? His local GP has absolutely no interest in meeting him. You got any tips for him?

Robin Lansman

Well, you know, these things do take a long time. There's a lot of knock backs. It's hard work, it's it really is trying to find other opportunities, perhaps to look at other other areas of the population, you end up but if you go to, for example, the local county council meeting or the local other meeting or the CCG, publicly invited meeting that anybody is allowed to go to the public meetings of your local clinical commissioning group, you will end up meeting doctors in the area, including the one that doesn't want to see probably. So, you know, it's amazing, I posed the question for his barcia for example, CCG and I said as a health care professional and local osteopath, I want to ask a question about physical therapies in the area. They put it on the public website, they put it on their programme, they put it on their agenda, and I was bold enough to stand up in front of 40 or 50 people including the committee and ask some questions and you know, it led to a number of other meetings and other other things because of that. So, you know, there are ways to be seen and heard within the local area and the health community, you have to be a bit bold to do it or even go along and sit in the meeting, because no, you will talk to lots of people who are they're also interested to change things and make a difference. So it may not be that gap, but it may be the one that's sitting next to you in that meeting, that is the one that you you connect with. So, you know, unfortunately, not every target you go for is going to be that interested. But then as you spread the word, you get more invitations. I mean, it's how it goes with, you know, any social connected activities are well, and I think seeing it that way is probably the better way to do it, actually. Yeah, less stress. Yeah.

Steven Bruce

I'm reminded by Claire actually, who's watching remotely that so one of the reasons we've got you on the show is because so many practitioners are very nervous about putting themselves forward to do presentations and so on and and thinking differently about how to promote themselves. And again, I wonder if you can offer any guidance to them? Obviously, we've talked about Korg, and what they can do there, but what sort of successful mechanisms are there for them to improve their presentational skills?

Robin Lansman

Yeah, I think I think the point of it is really to get the confidence means you need to have critical friends and I mean, critical, who are willing to pull apart some of what you're saying, and actually to sort of explore it in a helpful way. Because you know, that, that that builds your confidence. And it's not about learning things by rote, it's very much being flexible and adaptable, and perhaps choosing a narrow area to talk about rather than to tell him everything you know about osteoporosis because that will end up, you know, being too much for people to take in. So, narrowing it down thinking of a small topic that you can do well, practising that with others, and we're going to be doing that with video and other techniques. To do that. I've done that with my colleagues in the practice, in fact, as well and one particular one We produced a video which is only a YouTube site as a result of several meetings and chats and exploring what we were going to talk about to produce the final result. And indeed, it lifted so much with the practice and the exploring the topic thoroughly beforehand that it became a much more watchable, much more interesting, educational, useful piece of work. So, you know, these things do take some energy, they didn't take some time. And I think, you know, the practice stuff definitely is what it is and narrowing down. But that really is important.

Steven Bruce

Um, Sarah has asked whether you've received or given many patient referrals as a result of all this. You mean,

Robin Lansman

we received patient Yeah, I mean, we get them. I mean, it's strange how it goes, we did we run a lot of children's events, for example, in a local library, on healthcare. Now, initially, we were getting four or five people along and then we ended up just before lockdown. last event, you know, we ended up with well over 20 people and people saying we've seen it before. So and this starts to lead into Other referrals and other connections then we get asked to do things, for example, by Western city council to support their health and well being programme. And we then ended up running an event in the local park. That was last summer, not the summer, of course, last summer. That was a hugely successful event. And I did some mentoring for the osteopaths who are helping me on that if I wasn't even there on the day, but I mentor them and they ran a very successful event on health care from from that event. So things do have knock on effects and and I think it's partly the interest of development. If you only see it as a direct mechanism of referral, I think you'll end up sounding that it's salesy, and it's not really being what it is, which is promoting health care and sharing information and collaborating and I think you need to see it in that way. Otherwise, I think it becomes something quite different than it is. And then at the federal starts, they do start to come in because people have heard of you and it's your go to people to go to so and that starts to build and in fact in January in February of 200 years of doing all these things in the new practice, we established, we started to find that we were very, very busy, particularly busy in January in February until March, better and busier than we had been for the years before. So I think it proved it worked. But as a business, it's a business but it's a it's a bit like doing business on the golf course. I mean, you know, it's the Chatham of golf, that's the key. And I think that's a bit the same in what we're doing. I think it's, it's sharing information, learning from other people, and then becoming a resource that people call upon, which is what started to happen. And we're producing 10 videos for an organisation in Westminster as well, which they're editing with me chatting again with one of their members of staff, which was done during lockdown. And then I want the video to edit and to turn into some new work that's going on their website any minute. So things of things have happened, you know, and I think you just have to keep up the energy and the, in a sense, the willpower and the reason really, that sounds very much part of just trying to share What you know?

Steven Bruce

Yeah. In terms of communicating with the public, other than the sort of the inherent nervousness that many of us have when we're standing in front of a large group of people, are there. Are there any other key areas that people need to be aware of that have come to mind as to what you've done?

Robin Lansman

Oh, well, I think sometimes the one to ones I mean, it's interesting, we have the conversations about white coats and no white coats with various associates I've been talking to recently, and actually found

Steven Bruce

when a coin presentation with you mean,

Robin Lansman

well, in presentations or in even public places where you're meeting people, that the clinic code is actually not a barrier, it draws people in to the professional because you do stand out and look different in lots of other environments. So we've actually found that that's a good thing. We found that the numbers just increased. The people wanted to talk to us because we were sitting there looking, when in fact different in the environment where we were offering some health screening health chats with with various people that we've done. So that That was something I think that has been an interesting experience. And indeed, we've reflected with the team, various osteopaths have helped over the last couple of years. And we've fed back actually very much on what we've learned from the patient's what we've discussed. And we produce reports, for example, not what answers the question exactly that we've produced reports for, for the local public health, on the types of issues that we were getting presented with as well. So we have quite an interesting set of things that came up and we the Royal Society of public health also published my case study on that as well. So yeah, I mean, it goes in all different directions. And again, I may have lost the one of the question,

Steven Bruce

sorry, no, those all of you you've covered lots of things related to that question. One of the things I was thinking about, I suppose was related to Advertising Standards and just if people have particular interest which are not borne out by sufficiently rigorous, randomised control trials and so on, what are they allowed To say in a public gathering as opposed to on their website or in print advertising?

Robin Lansman

Well, yeah, I mean to answer that, I mean, we we very much did practical demonstrations. We were showing people how we assess how we look at things. We weren't doing a diagnosis because there was no case history. But we were exploring how we approach people and how we look at how their body moves and works. And I think that really appealed to people. There was not a great need to stand up and talk about a particular scientific or back pain. People might share that with you from the public, but just exploring how you move and how you use your body or not use your body properly was the conversation that was most interesting to most people. So that that was you know, how we sort of targeted what we're what we did really, again, it's it's getting the prompt from the audience, rather than delivering a hard and fast presentation.

Steven Bruce

Excuse me looking down at my lap, but I've lost my question board at the moment. So I have to look at the the iPad instead. Amanda says does all this apply in Scotland, she's increasingly aware of the differences between No progress, she says in inverted commas with the medical healthcare professionals within England and in the devolved states. She said it's very difficult and very frustrating.

Robin Lansman

Well, I suppose it might be I wouldn't have thought anything that we've been talking about today is is not allowed in other areas of the country, on the basis that providing experience professionally done in a safe manner, isn't making claims. It's just exploring and sharing information in that way. I don't think that sort of cross any barriers of decency and health care, that's the right way to approach it. So. I mean, yeah, that that seems to be it. It's not making claims. It's just being a professional and a person who is able to stand up and actually show what we do to members of the public and to show how we explore people how they work, how they don't work, and what they could do better.

Steven Bruce

But those CCG groups that you mentioned earlier on and the other health care groups that meet publicly Are they the same in the developed countries

Robin Lansman

I honestly can't answer that question accurately. So I won't. But I know, obviously, no, I don't know. I can't

Steven Bruce

read instinctively, I would imagine they would be because it doesn't seem to be a contentious area of healthcare. But

Robin Lansman

no, well, they will have public meetings, I'm sure because that's the general way of doing these things. Not all the meetings are public. But the ones that are you as a local practitioner are more than welcome to go along, it takes time out of your day, it might be two or three hours, what you might learn from other people there, and all what's covered in the topics, I'm sure you know, is very useful in terms of health care provision, and, and so on. So it's an interesting afternoon. But you will have to probably take time out of work to do it, which is what I did on a number of occasions, but, you know, it was it's useful experience. And actually, when you go to another meeting, or meet some other doctors, you go well, when I was at the CCG meeting, this can be created and is really useful because you're part of, you know, what's been going on and it's some other ways one can, as a private practitioner, perhaps feel very separate from the mainstream, but this is way in a sense of finding out what's actually going on and how these things are structured. I mean, I had a call with a guy who's head of geriatric care for the NHS, who was chair of that board over lockdown, and we had a whole chat about provision going forwards for the elderly, and falls prevention and a whole list of other things. And he was happy to chat to me, and he met me and he was chair at the CCG when I was at lots of the meetings, and I knew him as a GP even years before that. So, you know, one can learn an awful lot from these from these connections, but it's not a one minute thing. I think you've got to be you know, you've got to be part of the community of healthcare and show you are really part of what's going on.

Steven Bruce

But as you say, I mean, if you've established that, that relationship there's there's not much that is a stronger message of encouragement to the public than their GP saying, well, you might want to go and see this

chiropractor, this osteopath is there. And the other side of this as well in that wheel are not allowed to see two people. I don't treat cranially but we're not allowed to say To people we can treat your baby for colic or reflux. But if a GP says oh my baby was treated for reflux by this osteopathic chiropractor, you know, that's a very, very rock solid recommendation, which apparently is okay.

Robin Lansman

Well, it is an everyone. I mean, many of the people you meet who work in the NHS at top levels that I've known across when I was president of the Institute and all sorts of things, you kind of, they all say they go to an osteopath. I mean, you know, it's kind of like quite amazing. And they actually when he said, Well, you know, it's not as easy as all that for some people to see an osteopath and not everybody gets referred and it's not as open as that they find it hard to believe they're all delighted with the osteopath they see and that's come across so many times it's it's almost like a bit of a I can say a hidden secret with what works because the people who go go and almost assume that it's an obvious thing that everybody has access to and yet what ugly isn't yet but it's something that I'm everyone's working towards. So yeah, it's strange, but it's we need to keep really collaborative Meeting talking to people because it won't go away. The fact that we have some barriers to overcome. So taking a backseat as you can tell from me is not one that I've ever done since I qualified two years ago. And as I say, during the lockdown, I've been delighted to speak to osteopaths online and zoom in and telephone, but I've not met before, who have been amazing inspiring and how much work they're doing to reach their communities and, and in a wholesome way, that's not just promotion, it is very much working with groups of people out there. So, you know, it's, it's it's heartening to see actually, when that does happen, and actually, then it's shared. There's no, you know, it's, you know, I'd be sharing stuff with them. They've been sharing stuff with me. And I think that's really what again, I'd like to achieve the cog a bit more is more of that sort of collaboration working together and sharing because otherwise everybody's working far too much on their own, you know, an agenda.

Steven Bruce

One final question for you, Robin for this is from Russell Russell's asked about the videos that you've mentioned, and he says, Oh, they Suitable for inclusion on our own websites. I presume you means

Robin Lansman

branded that we branded them as Kogi Okay, well, anything to do with my practice on the whole, if they were specifically practice mentioned, then apologise. But again, no one's funding this except, you know, me and how we've structured it. So we had to put something in. But again, we're local to London and Berkshire. So we're not trying to rule the world. And I think, you know, the UK idea is very much bigger than that. So, you know, people do want so I think some of the interviews on sports injury, some of the other things on work life balance, we've gotten a number of other videos, I think we did about 17 in the end, I think, and some of them are 30 minutes, some of them five minutes, but they vary. Yeah, I mean, why not? I don't I don't you know, it's not owned, it's very much if people want to use them, they can use them if they do join the idea be that any cold videos will be branded as coke and anyone can share them. You know, that's the whole point is spreading, you know, spreading the network of what we're doing.

Steven Bruce

And I would just like to say that ever since we've began the Academy. We've always offered to help people with their own website videos if they are members with their their website videos if they want us to. So we're happy to do what we can to help there as well. Although it sounds as though you're you're doing an evil job yourself of helping with, with videos. But we know it's been fantastic. Thank you for giving up your time. I know you've spent out of clinic in Maida Vale to get home in time for this one. And I think you've got to get off to patients again now. Thank you so much. And I'm sure we'll be hearing more. I'm sure we'll be getting you on the show again in the future because you're always great to listen to. And that's it for today. Thank you.

Thank you, Steve.