



Collaboration and Communication – Ref98

with Robin Lansman

10th September 2020

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 subject 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 Lansman, Robin, welcome once again to the academy and looking forward to hearing what you've got to say, but I'm intrigued to know, 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 qualified 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 work with other groups of people and 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 has 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 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 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 postsurgically or presurgically 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. And some of those links have gone on for years.

Steven Bruce

Right. 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 obviously, 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 an interesting thing and then a chat over lunch with the surgeons or the doctors or the GPs brings up other topics in that more casual, sort of opportunistic environment. You get conversations going with them about things

that you probably wouldn't have covered by offering a lecture or something, it's a bit more mixed with the visit, the form of the chat and 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 I keep doing to this day in different guises now, it's moved on with the work I do now, but it's something that's come back actually, even working with the local CCG recently, I was meeting GPs I knew 20 odd years ago, and, you know, had good connections with them. And they knew how it worked. And they'd referred patients to the practice for some time. So that was a great entree as well as anything else. But 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, the 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. So that collaborative leadership is what we're trying to pull together in COG-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-UK does.

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 know what the purpose of COG-UK is. And I think you've taken the website down recently for maintenance. So it's not possible to look it up at the moment.

Robin Lansman

Well, no, it's back up today. 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 that is sort of gradually been 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 for 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 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, osteopaths have collaborated. 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 perhaps some of what we were trying to achieve. That's been appreciated.

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, 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, 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. And actually, developing other people is part of leadership. So 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 and the bad and the ugly of what people have said and helping others and others, perhaps making quite strong comments that may have been critical, and I think it's being a critical friend and it's learning to give feedback in the right way so that you're actually developing and boosting people while collaborating with them. So those skills, especially as you said, in professions where we're a little more remote and we're not used to working in that way, 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 kind of develop those skills. It's imperative to become, you know, AHPs 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

Are chiropractors a part of COG-UK as well?

Robin Lansman

Yeah, I mean, basically, it's open to other healthcare, any healthcare professional who is registered and qualified and insured in the right way and wants to share and collaborate. 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 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 sector, so private practitioners who may want to get involved and collaborate in different ways, you know, we're slightly still on a different bandwidth if you like than 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, aren't you? Is that something which is similar in purpose to COG-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 commenting on it as well. So 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, they're 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 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, Salome asked, how you describe what an osteopath does to the orthodox medical community?

Robin Lansman

Well, I think the question would be, perhaps sometimes is betting that back and asking what they think an osteopath is to the community. It's a 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 IO and others have got their definitions, but using hands on therapy, and particularly, it's about the assessment, technique and methodology that osteopaths 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 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 woo.

Robin Lansman

Well, if people choose to be woo, that's not my ideal of how a professional works. I think trying to articulate 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 forums where we can bring up a topic and actually dissect it carefully and thoroughly, not just as an audience member, but as a participant 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 critical friend, critical professional friend to really challenge your thinking. And I think what can happen is that people end up in perhaps circles or 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 the type of CPD or the type of activity that challenges I think is really healthy and developmental, 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?

Robin Lansman

No, it's COG-UK.info. There are lots of COG-UKs. It's actually started off as community osteopathy 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 ethos. So it's COG-UK.info is the full name.

Steven Bruce

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 part or showing interest.

Robin Lansman

Yeah, well, that was part of the reason why we changed it because we thought well, you know, it is very much about collaboration and it's not about making it one professional group. Obviously, we'd like osteopaths 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 chosen to work with for the Council of Deans, it's just been amazing sharing and actually seeing similarities and challenges that we've got as professionals between the group. 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 one to be having with other professionals.

Steven Bruce

Just to know, one which betrays my personal ignorance, what exactly is the Council of Deans? You mentioned it earlier on, but...

Robin Lansman

Well, they look after basically the undergraduate education, the Council of Deans 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 their kind of role and I must say they're an 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 is very collaborative and lots of great conversations which is what it's all about. No, it's been a great organisation to be part of.

Steven Bruce

Those other members of the Council of Deans for healthcare, are they themselves healthcare practitioners or experts? Or are they academics rather than...?

Robin Lansman

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

Steven Bruce

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

Robin Lansman

So you can join as a member and actually, after a little bit of an induction, you can become an enlisted member and 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 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 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 host your own events and actually we're teaching people really 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're actually providing the tools to make contact with community groups or other healthcare groups for people or 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 two 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 COG 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 and 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 had 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 COG, 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 the better thing for the patients and the better thing 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 or with the public, and what are some of the key aspects of what you're teaching through COG?

Robin Lansman

Well, so one big 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, or 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 that's an area where we're working towards with COG-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, and other 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 we'd 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, 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 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 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 practitioner 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 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 meeting's 45 minutes, people will drop in and out and you'll have people there 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 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 sure how you practice yourself. But if you happen to be a craniosacral therapist or a sacral 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 cranial approach to osteopathy for children, for babies, all sorts of things. And actually, it's interesting that 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 a personal experience rather than professional kind of experience. So they'll have a friend or they'll have someone whose friend's baby's 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 on personal recommendation like it might be in any other patient connected recommendation. So it's a little bit strange. And 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 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 to tread carefully, really to find out what they would like to know as well as a beginning of your lecture. And you need to know your stuff, you need to be able to answer whatever comes up.

Steven Bruce

That's what I imagined would be the intimidating thing for many 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 than we do.

Robin Lansman

In some areas. In some areas, yes, in some areas, no. I would say actually, the confidence an osteopath or a chiropractor might have in their, you know, their assessment ability or their treatment ability is going to be considerably wider and deeper 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 fed 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 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 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 feeding back questions if you get a difficult question is, bounce it back to your audience and see why they've asked it or where it's coming from, certainly on COG-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 pull together with COG-UK.

Steven Bruce

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 it will be up later today, will it?

Robin Lansman

Yes, the plan was yes. And we've been working towards it. But you know, these things, not everything is pulling together. If people look at a recording of this, I think it will probably be fine, the YouTube site, also I can mention, if you look on 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's some material we're going to be building with others to develop more of the same with osteopaths or individuals who want to explore how they want to express their way of working. So apologies. Yes, it's 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

So if you want any advice on glitches on websites, we've got thousands of them we can tell you about from our perspective, Robin, so in the meantime, we've a question from another Robin. Robin says you've clearly worked very hard to develop your professional relationships, have you 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 really is trying to find other opportunities, perhaps to look at other areas of the population. 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 who doesn't want to see probably. So, you know, it's amazing, I posed the question for his East Berkshire 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 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 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 GP, but it may be the one that's sitting next to you in that meeting, that is the one that 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 any social connected activities as well, and I think seeing it that way is probably the better way to do it, actually. Yeah, less stress.

Steven Bruce

I'm reminded by Claire actually, who's watching remotely that 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 thinking differently about how to promote themselves. And again, I wonder if you can offer any guidance to them? Obviously, we've talked about COG 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 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 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 osteopathy 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 on the 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 exploring the topic thoroughly beforehand that it became a much more watchable, much more interesting, educational, useful piece of work. So these things do take some energy, they do take some time. And I think the practice stuff definitely is what it is and narrowing down. 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.

Robin Lansman

You mean, received patients? Yeah, I mean, we get them. I mean, it's strange how it goes, 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, our 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 Westminster City Council to support their health and wellbeing 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, I wasn't even there on the day, but I mentor them, and they ran a very successful event on health care from that event. So things do have knock on effects 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 referrals, they do start to come in because people have heard of you and it's, you're the go to people to go to and that starts to build and in fact in January, in February of two hard 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 bit like doing business on the golf course. I mean, you know, it's the chat and the golf, that's the key. And I think that's a bit the same in what we're doing. I think 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 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 any other key areas that people need to be aware of that have come to mind as a result of 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 I actually found...

Steven Bruce

In clinic or in presentations you mean?

Robin Lansman

Well, in presentations or in even public places where you're meeting people, that the clinic coat 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 a good thing. We found that the numbers just increased

of people wanting to talk to us because we were sitting there looking, in fact, different in the environment where we were offering some health screening, health chats with various people that we've done. So 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 patients what we've discussed. And we produce reports, for example, not that that answers the question exactly, but we've produced reports 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 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 point of the question.

Steven Bruce

No, not at all, 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 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 sciatica 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 was you know, how we sort of targeted what we did really, again, 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 iPad instead. Amanda says does all this apply in Scotland, she's increasingly aware of the differences between our progress, she says in inverted commas with the medical healthcare professionals within England and in the devolved states. She says 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 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 can sort of cross any barriers of decency in health care, that's the right way to approach it. So. I mean, yeah, 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 devolved countries.

Robin Lansman

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

Steven Bruce

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

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 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 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 quoted and is really useful because you're part of what's been going on and it's, otherwise 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 connections, but it's not a one-minute thing. I think you've got to be part of the community of healthcare and show you are, really, a part of what's going on.

Steven Bruce

But as you say, I mean, if you've established that relationship, 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? There's a paradox to this as well in that wheel are not allowed to see to people and 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 osteopath or chiropractor, you know, that's a very, very rock-solid recommendation, which apparently is okay.

Robin Lansman

Well, it is, and 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 quite amazing. And they actually when you say, 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 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, well, it clearly isn't yet but it's something that everyone's working towards. So yeah, it's strange, but we need to keep really collaborating, 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 32 years ago. And as I say, during the lockdown, I've been delighted to speak to osteopaths online and zoom and telephone, that I've not met before, who have been amazingly inspiring and how much work they're doing to reach their communities 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 heartening to see actually, when that does happen, and actually, then it's shared. There's no, 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 with 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 agenda.

Steven Bruce

One final question for you, Robin. This is from Russell. Russell's asked about the videos that you've mentioned, and he says, are they suitable for inclusion on our own websites.

Robin Lansman

We branded them as COG-UK, rather than 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 COG-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 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 would, that any COG videos will be branded as COG, 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 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 doing an able job yourself of helping with videos. Robin, it's been fantastic. Thank you for giving up your time. I know you've spent out of clinic in Maidenhead 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 of COG-UK. 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.

Robin Lansman

Thank you, Steve.