

The power of listening

You know when you get that feeling inside that what you are pursuing is from God?

Tina Cumberlege had exactly that experience – and it took her to her local surgery.

In March 2016, three friends (two doctors and a priest) suggested independently that I look at becoming a chaplain in a doctor's surgery as they thought this was right up my street! I ticked all three professional requirements so, I thought, 'is this what God might be calling me to do?'

I started pushing on a few doors to see whether they would open. I went to Birmingham to a GPs' practice where this work has been pioneered and is now integrated into its life. I then approached my own GP who was enthusiastic although we both recognised that as a pioneer ministry there would be many hoops to pass through before such a service could be offered to patients.

All the doctors in the practice were very encouraging, recognising that the time available to listen to patients was dwindling with the demands made on them, and that perhaps this could be a way of offering something more to those who might need a listening ear, rather than pills. I shared this vision with local Christian leaders who encouraged me to pursue the plans and the diocesan Bishop gave me his blessing.

The guidelines for an NHS chaplaincy have to be strictly adhered to; its handbook of 2015 was studied carefully by the surgery manager and after the

compulsory training in patient safety and wellbeing in June 2016, I proceeded to offer three hours chaplaincy service each Tuesday afternoon.

A notice about the new service was placed in both surgeries in the group, a copy of which is reproduced in the box.

My name is Tina Cumberlege. I am a local Licensed Lay Minister and have worked within the NHS for 30 years. My role as Chaplain at this Surgery is one of listening and guidance where I can offer a one to one, confidential, non-judgemental service which is open to all.

I will listen to your story, hear your concerns, offer reflection and, together, seek to find a way forward. Prayer will be offered if you wish.

Please ask your doctor or a member of the Reception Team if you would like to find out more about the Chaplain Listening Service, or if you would like to book an appointment to see me and you think you would find this facility helpful.

This was an evolving experience for us all! The room was unsuitable even though I had made curtains to cover

over the various boxes of clinical things. And the time was not ideal. As the winter months drew on, and my last patient had to leave in the dark, it was difficult to send folk home sometimes in an emotional state.

I now work three hours on a Wednesday morning in a larger more comfortable environment. The work has been funded by a generous patient giving £1000 a year.

On arrival at the surgery I pick up my green plastic box just 2 ft by 1 ft 6 in. containing all my kit. I have refreshment making facilities, my file containing patients' notes (which has to be locked away at the end of the morning), a cloth, a lighter, a wooden cross, some candles, pamphlets from the local hospice and suitable bookmarks to give away.

In a typical morning, I might see three people for 50 minutes each. I decided that I would not have access to the doctor's notes, which means that I don't have any idea of the specific reason they have come. I only ask to be told if a patient I am to see has been very recently bereaved because I know the damage that can be done by an unintentional insensitivity at this very difficult time.

I do make simple notes after each visit, really as an aide memoire. My note taking has evolved! In the first few months my notes were more like a short novel but subsequently have become just a few lines. They always include any suggestions that I might make as we reflect together. I always ask permission to make these notes and say that they will be scanned into their medical records. I have wonderful help from my surgery colleagues who have been so willing to develop this service with me.

Each patient is offered refreshments on arrival and then encouraged to tell their story. My role is predominantly to listen. I have an evaluation form which has helped me to develop the ministry. Questions on this form include: what people expected from the service, whether they felt listened to, whether the service met their needs, if they would use the service again and whether they would recommend it to friends and family. I always ask for comments on

how the service could be improved.

These are a few of the early comments made by patients using the service.

'I hope this service continues as I am sure it could help many people come to terms with their own fears and problems.'

'Just needed someone to listen, but received much more.'

'I was very satisfied. I felt free to talk and to express my feelings. Very kind, friendly approach.'

One member of staff said:

'It gives our patients (and you have kindly extended this service to staff also) the opportunity to talk through their situation with someone who is not directly involved. I do hope this service will be able to continue long term.'

I have made mistakes along the way: steering away from dependency was one of them. This made me realise how vital it was to have regular clinical and spiritual supervision.

I did have to take six months off in 2017 when I had a course of chemotherapy for lymphoma. One of the practice nurses said at the time she thought I was taking empathy a bit too far! But it has given me insight into the impact that such a diagnosis can have. Generally, from my point of view, it has been an absolute privilege to offer this service over the three years I have worked as a surgery chaplain. I have seen over a hundred people, many up to four times although I don't make any deadline. It just seems that there are natural breaks when the service is no longer needed. Patient needs include bereavement, a terminal diagnosis, or they do not want to worry family about their anxiety. Many just want to pour out concerns which have become overwhelming. The demography of the area means that most of the people I see are retired, although I have had sessions in an evening so that people in work can also use the service.

The service has to be patient-led as it is part of the NHS provision. This is one area which I struggled with at first. In parish life, as a lay minister, I would always be sure to follow up with a phone call after a pastoral visit but this is not how a surgery works.

I have experienced many Holy Moments as I like to call them. I will share a couple of them* to give an idea of the reasons for the patients' visits and why I love what I do.

Linda*

A young woman in her thirties came in, very angry with the world and everything in it. A parent had died and she had not been able to say goodbye. It was the first time she had experienced the death of a loved one. I listened, and after about 45 minutes I suggested that she put pictures of her beloved parent around her home as a constant reminder of the good times they had shared together. At the next visit, three weeks later, I noticed the anger had subsided but the fact that she had not been able to say goodbye really worried her. I had written a short service which I suggested she might like to look at and decide whether this would be a help. On the third visit we said this service together, lit some candles and a tremendous peace descended over us both. There were copious tears but after fifteen minutes she just got up gave me a hug and left with a wonderful smile and I haven't seen her since.

George*

A lovely working man in his sixties came and talked about his life which, at that time, was a great struggle. He was 'a man's man' but this safe space gave him permission to have a good cry. I suggested that, as he loved his garden, he might write down something beautiful there that he noticed each day, and reflect on it at the end of the week. After he left, I feared that my suggestion had been inappropriate – but God decided otherwise! At the end of each week George and his wife would reflect together and there was real transformation in his life. After another time together, just exploring more light in this dark tunnel, he wrote to say thank you for putting his life back on track. He comes back from time to time, to let me know how things are going. What a privilege this is!

Experiencing the loss of a loved one can bring about reactions that are completely out of character and so often difficult to cope with. Perhaps my role in the surgery is to help people make sense of their grief in a safe environment.

One patient said, 'I would have had to make several appointments with my GP to talk through my emotional state which would have wasted valuable GP appointments. I needed someone to listen to me, take time to help me and to see that what I felt was normal and that I will survive and come through it.'

I respect the faiths or non-faith of those I see. I am not there to share my Christian faith but 95 per cent of those I see ask for prayer and this does add a beautiful dimension to their visit.

Because of the pioneering nature of this ministry it can be rather lonely as I don't have any surgery chaplain colleagues in the area. On the other hand, the surgery team are so supportive and I love working with them.

I have a real passion that, as Christians, we must look for ways in which we can bring the love of Christ into our communities. In a world where so many people feel unloved and of no value, it has been wonderful to share appropriately his love with all those who visit me on a Wednesday morning.

*Names and other significant details have been changed to protect patient confidentiality.

To find out more

See the Association of Chaplaincy in General Practice:
www.gpcchaplaincy.com

A copy of *NHS England – NHS Chaplaincy Guidelines 2015: Promoting Excellence in Pastoral, Spiritual and Religious Care* can be downloaded from:
www.england.nhs.uk/chaplaincy



Preparing the chaplaincy area.



Tina Cumberlege is a Licensed Lay Minister in Winchester Diocese.