

**Case study: Cambridge University Hospitals NHS Foundation Trust**

# Developing training for clinical staff in facilitating personal health planning and self management

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## The challenge

The local community health services manager is responsible for seven multi-disciplinary clinical teams working with a range of patients living with a long term condition(s). These include diabetes, chronic respiratory disease, heart failure, tissue viability, Parkinsons, community matrons and continence services. As part of the contracting process these teams are required to introduce personal health plans and to support patients to develop and progress these plans if they wish to. Staff are based over a wide geographical area and cover both urban and rural populations.

Importantly the service manager has a strong commitment to developing staff skills and confidence to support patients to self manage and to adopting a collaborative partnership approach. The service manager approached Cambridge's Co-creating Health team to develop and deliver training for clinical staff to increase their skills and confidence to facilitate personal health planning and self management support.

## What we did

At an exploratory meeting between the Co-creating Health Team and the service manager, we identified the key objectives for the training and a set of meaningful outcomes measures which included measures relating to quality, service performance, training impact and importantly clinician confidence to support personal health planning.

A series of four workshops was designed. Each workshop lasted two hours and was based on the core elements as described in the Co-Creating Health Practitioner Development Programme. Additional contents and references to the locally developed personal health plans were included and examples of application of the skills in this respect were reinforced. Opportunities for delegates to explore their beliefs, challenges and successes were provided within all the workshops.

The training was mandatory and administrative support was provided to book training venues and arrange registration, booking functions and

printing of materials. Staff were offered a choice of morning or afternoon sessions at venues in three geographical areas. Each module was delivered sequentially with approximately four weeks between each workshop with active encouragement for skills practice between each session. Additionally a 'mop up' day was offered where the last three (skills based) sessions were offered over the course of the day for staff who had unavoidably missed one or more sessions.

Staff were encouraged from the outset to also consider the processes in which they worked and how these might support or impede successful personal health planning and self management support.

Clinicians completed a pre training questionnaire at the start of session 1 and a post training questionnaire at the end of the last session. Delegates were also asked to complete an evaluation form for each workshop. A further questionnaire is due to be administered three months after training.

## Impact

56 clinicians from multidisciplinary backgrounds attended the training including nurses, physiotherapists, occupational therapist and dieticians. 36 matched questionnaires were obtained and statistical analysis was conducted (Wilcoxon signed rank test to compare repeated measures on a single sample). We found:

- Outcomes from the training showed that the largest improvement in confidence was in personal health planning support. Participants rated these as the least confident areas pre-course and they showed the largest increases in confidence post-course. This area showed the largest statistically significant improvement in confidence.
- Following the training participants were more likely to agree that the person with a LTC and the health professional are equals and experts, and share responsibility. These increases were also statistically significant.

- Pre-course confidence in using behaviour change skills was slightly lower than for using communication skills. Clinicians often reported that prior to training they considered themselves to be confident with health behaviour change skills, however the training initiated an awareness that this was often based on their own agenda regarding what they considered was important for the patient, rather than collaboratively exploring what was important to the patient. They may therefore have over reported their confidence regarding health behaviour change skills pre training. There was a small statistically significant increase in confidence post-course for behaviour change skills.
- There were no significant changes in confidence to use generic communication skills with patients. Clinicians rated their confidence reasonably high both pre and post-course.
- No conclusions could be drawn about changes to clinicians' self-reported knowledge of self-management due to insufficient sample sizes pre-course (this questions was a later addition to the questionnaire).

## Next steps: achieving sustainability and spread

The Co-creating Health team is working with the CCS manager to identify focus areas for ongoing support to embed service improvement initiatives.

Additional opportunities for delivering training in different settings have been identified and include practice nurses in the Cam Health Clinical Commissioning Group, physiotherapists CUHFT, and more recently, Assistant Stroke Practitioners in the Stroke Rehabilitation Unit at Addenbrooke's Hospital.

Training content and focus is adapted as required to best fit the team and their context. For example, assistant practitioners in the Stroke Rehabilitation Unit will be trained in four Practitioner Development modules from February to March 2012. Service improvement tools e.g. agenda setting

forms will be developed within these sessions and tested between modules. In parallel the Stroke Unit's Personal Stroke Handbook will be revised to incorporate more patient focussed and self management support content.

## Our learning

- Beliefs, attitudes and behaviours of this group of staff were influenced by the clinician training.
- Linking the application of self management support skills to the personal health planning process increased staff confidence to facilitate effective personal health planning.
- Mandatory training ensured all staff had the opportunity to develop new skills and approaches.
- Administrative support delivered high numbers of staff through the training in an efficient and robust manner.
- Flexibility in training delivery (location, times) was crucial, and providing 'mop up' training sessions increased the number of staff who completed the whole programme.
- Working collaboratively with teams and the service manager ensured that the training, evaluation and service improvement tools were contextually relevant and supported them to address their local challenges including performance indicators, quality and personal health planning metrics.