![Middlesex University London]

An Evaluation of the Islington Community Education Provider Network Super Hub

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"Sustaining networking in Islington: learning from evaluation"

26th November 2015, 11am–4pm

Middlesex University, Committee Room 2 (Hendon Town Hall Building), The Burroughs, London, NW4 4BT

Overview of presentation

- Definition of terms
- Evaluation methodology
- Overview of selected findings
- Summary of findings
- Study limitations
- Recommendations for further discussion

Community Education Provider Networks (CEPNs)

- Health Education England (HEE) fund the CEPNs to focus local care on *__joint learning for service improvement__*

- CEPNs aim to align health and social care service providers, community groups and education providers, in order to focus on developing 'learning communities' which are:

  "different parts of the health and social care workforce, patients and the public systematically improving services by learning with and from each other" (HEE, 2015).

HEE objectives for CEPNs

- Facilitate integrated care
- Catalyse the adoption of best practice
- Create new innovative educational models
- Engage patients and the public

What is a 'Super Hub'?

- 'Super': "Above" "over" "beyond"

- 'Hub':   "The central part of a wheel, rotating on or with the axle, and from which the spokes radiate."

Oxford Dictionaries
Language matters

An epic drama of
adventure and exploration

Space Station One: your first step in an Odyssey that will take you to the Moon, the planets and the distant stars.

But what is a 'Super Hero'?

MGM PRESENTS A STANLEY KUBRICK PRODUCTION

2001: a space odyssey

SUPER PANAVISION AND METROCOLOR

Stronger
Together

London North West Healthcare **NHS**

NHS Trust

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About us

The Trust Board

News and media

Press releases

Health visitors boosted by new training hub

Publications

Freedom of Information

Vision, values and corporate objectives

Health visitors boosted by new training hub

Health visiting:
Leadership and research

Dame Sarah Cowley
19th September 2014

More than 100 health visitors attended the launch of the Trust's first Health Visiting Clinical Academic Hub for Brent, Ealing and Harrow at Trailfinders Sports Club in Ealing on 19 September.

The hub, one of three super training centres in London, was set up in May after a Department of Health

EN

11:12

PULSE

At the heart of
general practice
since 1960

OPINION

Dr Nigel Watson: New voluntary con[...]
general practice to thrive

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MOST PO[...]

GP practices must merge to survive, GP leaders warn

1 May 2013 | By Sofia Lind

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✉ EMAIL TO A FRIEND

GPs will have to merge, federate or form 'super practices' to survive in the new NHS, GP leaders have warned.

Debating the topic at the Pulse Live conference in Birmingham today, a group of GP leaders agreed that the traditional 'cottage industry' model of general practice was not fit for the future and that practices will have
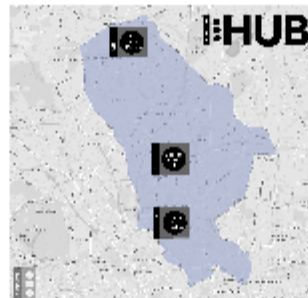
I:HUB

Islington

Number of patients covered: 229,457

Number of practices participating: 36

Names of CCGs covered: Islington CCG

Our top three planned service improvements/innovations are:

Creation of hubs

- Three hubs working in conjunction with all Islington GPs
- To deliver core primary care access 8:00am – 8:00pm, 7 days per week
- To use *Doctor First* as a primary patient interface
- With appropriate geographic spread across the north, central and south areas of the borough

They will be configured to offer the necessary additional capacity to provide 8:00am – 8:00pm, 7 days per week across the borough: 6:30pm – 8:00pm weekdays and 8:00am – 8:00pm weekends.

Extend ambulatory care

- Funding GPwSI or consultant coverage at weekends
- Building relationships and improving process to make best use of new patient pathways
- Prevent unnecessary hospital admissions for patients that are too ill for the hubs
- Work collaboratively with acute providers to develop step up and step down services; avoiding admission and facilitating discharge

There has been success in the prevention of acute/emergency admissions to hospital during weekdays and this pilot aims to extend this reduction to the weekend.

Technology

- Full access/ update capability to GP clinical patient records in real time
- Ability for patients to book appointment across multiple sites
- *Doctor First* service to electronically prescribe to patients
- Dedicated training/support across the technology offering to ensure the new way of working is safe and "the easiest way to work"

It will optimise existing technologies to create an integrated single point of entry, explore video-based consultations alongside telephone.

May 2015

Islington Super Hub

- Super Hub is a workstream of the Islington CEPN which aims to help the learning and development of community nursing and new apprenticeships by:

    - increasing library access for all nursing staff
    - updating and improving the quality of clinical supervision and mentoring opportunities
    - exploring how apprenticeships can be used to develop new career pathways across care services

    (NHS England, 2014).

NHS England (2014) Integrated Care Pioneer Programme Annual Report 2014. Pioneer Profiles and Case Study Examples. London: NHS England.

Our approach:
'Realist evaluation' (after Pawson and Tilley 1997).

Context	**Local conditions related to CEPN workforce learning & development**
Mechanism	Local means by which aims are evidenced from within the existing resources creating new capacity, processes and relationships between stakeholders & providers
Outcome	Local consequences arising in relation to these aims which may be anticipated or unanticipated

Islington Super Hub: themes & aims

THEMES	AIMS/POTENTIAL OUTCOMES
Induction, transfer & preceptorship	Enable nurses to transfer swiftly and successfully from hospital to community roles and to move between settings
	Establish robust preceptorship programmes to support newly registered nurses to move into community nursing roles on registration
	Strengthen current relationships between primary and hospital care
Practice-based learning	Ensure community nurses in training have an excellent learning experience in practice
	Build sustainable approaches to practice based learning for enhanced community nursing education and training
Multi-professional learning capacity & approaches	Contribute to establishing robust community focussed multi-professional collaborative educational approaches across Islington for the benefit of patient and population health.
	Increase the number and quality of student nurse placements in community settings in connection with other

Evaluation work plan
(agreed with CEPN Super Hub Task & Finish Group)

- Literature review

- Information gathering [data]

- Interviews [data]

- Survey [data]

Survey items (questions)
(agreed with CEPN Super Hub Task & Finish Group)

1. What is your job title
2. Are you a qualified mentor/preceptor?
3. What do you understand by the term integrated care?
4. Describe working within an integrated care organisation
5. How many types of integrated care pathways are used / accessed in your area of practice and what are they?
6. What one piece of advice would you give your organisation to improve integration of care?
7. What one piece of advice would you give to your own area of practice, to improve integration of care?
8. If you have to make changes to your working life in order to deliver more integrated care, please describe what these changes will be:
9. What are the benefits to patients of integrated working'?
10. How does an integrated team approach help learning?
11. If you do not have to make any changes to your working life in order to deliver more integrated care, please explain why this might be:
12. What sources of digital clinical information can you access from your workplace?
13. Would you be interested in undertaking a short telephone interview?

Eight interview topic guides
(agreed with CEPN Super Hub Task & Finish Group)

1. Managers of preceptorship & induction programmes
2. Nursing staff who participated in training to facilitate cross sector working
3. Primary care managers
4. Patient advice and liaison service (PALS)
5. Community based nurses (re: practiced based learning)
6. Nurses with experience of multi-professional training
7. Pre-registration students (cross sector working during community based placements)
8. Medical staff

Sampling strategy

- Purposive sampling using 'snowballing' from key informants (CEPN & Whittington Health)

- 13-item electronic staff survey distributed to 313 staff (including LSBU pre-registration nursing students)

- In-depth telephone interviews with a self-selected sample of twenty-one (n=21) survey respondents

Data Analysis

- Quantitative & qualitative data were collected relating to the Super Hub themes & aims
- Survey data analysed using *Survey Monkey* software
- Thematic analysis of the qualitative survey data in *NVivo*
- Coding & thematic analysis of the qualitative interview data in *NVivo*
- Synthesis of survey & interview findings
- The evidence (verbatim/other sources) was assessed for outcomes, which were labelled 'reported' in cases where outcome achievement was evident, and where not, 'hypothetical'.
- Mapping of workforce aims, mechanisms and outcomes related to the Super Hub.

Survey respondents: work roles

WORK ROLE	NUMBER
DISTRICT NURSE	0
COMMUNITY MATRON	5
SPECIALIST NURSE	0
DISTRICT TEAM NURSE MANAGER	1
LEG ULCER CLINIC MANAGER	0
HEALTH VISITOR	2
STUDENT HEALTH VISITOR	0
HEALTH CARE ASSISTANT (Health Visiting)	1
SPECIALIST POST (Health Visiting)	1
LOCALITY MANAGER (Health Visiting)	3
FAMILY HEALTH ADVISOR (Health Visiting)	2
COMMUNITY STAFF NURSE (Health Visiting)	1
HEALTH VISITOR (Health Visiting)	1
PRACTICE MANAGER	4
PRACTICE NURSE	6
PRACTICE NURSE (Qualified mentor)	1
NURSING HOME MANAGER	1
IF OTHER* PLEASE SPECIFY	12
TOTAL	41

*Other work role: student nurse, administrator; staff nurse; nursing home manager team infant development manager; nursing development manager; adult nurse; manager; nurse practitioner; family health advisor; and health visiting manager.

Interview respondents: work areas

ID	WORK AREA	DATE	LENGTH (MINS)
1	WORKFORCE DEVELOPMENT	05/02/15	20
2	PALLIATIVE CARE MEDICINE	06/02/15	32
3	CLINICAL SKILLS EDUCATION	09/02/15	25
4	DISTRICT NURSING MANAGEMENT	11/02/15	25
5	MIDWIFERY PRACTICE DEVELOPMENT	11/02/15	38
6	CARE HOME COMMISSIONING	16/02/15	40
7	GENERAL PRACTICE MANAGEMENT	17/02/15	26
8	MIDWIFERY PRACTICE	17/02/15	21
9	PATIENT ADVICE AND LIAISON	24/02/15	12
10	MIDWIFERY PRACTICE	25/02/15	11
11	PRACTICE NURSING	05/03/15	23
12	HEALTH VISITING PRACTICE	09/03/15	14
13	GENERAL PRACTICE MANAGEMENT	10/03/15	40
14	SPECIALIST NURSING (ACUTE)	10/03/15	12
15	CLINICAL DEVELOPMENT MANAGEMENT	10/03/15	21
16	PRACTICE NURSING	13/03/15	17
17	EDUCATION CONSULTANCY	16/03/15	22
18	SPECIALIST NURSING (INPATIENT)	16/03/15	20
19	LOCALITY MANAGEMENT & HEALTH VISITING PRACTICE	18/03/15	16
20	DISTRICT NURSING MANAGEMENT	25/03/15	20
21	STUDENT NURSING	22/04/15	20

Overview of Findings:
thematic synthesis from survey & interviews

1. Working within an Integrated Care Organisation
2. Attributes of integrated working of benefit to patients
3. Factors enabling the delivery of integrated care
4. Factors enabling transfer of nursing staff between sectors
5. Preceptorship & induction to support new RN's moving into community roles
6. Primary/secondary care relations & developing supported patient journeys
7. Quality assuring the practice learning experience
8. Approaches to locality-based multi-professional education
9. Student nurse placements & mentorship capacity in community settings

Survey finding:
Working within an Integrated Care Organisation (n=40)

Response to question: *"Working within an Integrated Care Organisation will.."*	Strongly agree [%]	Agree [%]	Uncertain [%]	Disagree [%]	Strongly disagree [%]	Number of responses (n=40)
A. Help us to develop a flexible workforce who can work across primary/community /acute care	13 [33.0]	21 [54.0]	3 [8.0]	0 [0.0]	2 [5.0]	39
B. Help me to reappraise my way of doing things at work/give me new insights	12 [31.0]	17 [44.0]	9 [23.0]	1 [3.0]	0 [0.0]	39
C. Give me confidence in supporting service users.	13 [33.0]	18 [46.0]	5 [13.0]	3 [8.0]	0 [0.0]	39
D. Help me make changes in my workplace	10 [26.0]	13 [34.0]	12 [32.0]	2 [5.0]	1 [3.0]	38
E. Help me work more collaboratively with other healthcare professionals.	18 [45.0]	19 [48.0]	2 [5.0]	1 [3.0]	0 [0.0]	40
F. Ensure that the learning needs of my area are identified and met by tailored education	8 [21.0]	17 [44.0]	12 [31.0]	2 [5.0]	0 [0.0]	39
G. Meet my expectations about providing integrated care to service users.	8 [21.0]	19[49.0]	10 [26.0]	1 [3.0]	1 [3.0]	39
H. Be valuable because it enables me to work with others in acute /community/primary care .	15 [39.0]	17 [44.0]	6 [15.0]	1 [3.0]	0 [0.0]	39
I. Be too difficult to implement	2 [5.0.]	3 [8.0]	13 [33.0]	18 [46.0]	3 [8.0]	39

Survey finding:
Working within an Integrated Care Organisation (n=40)
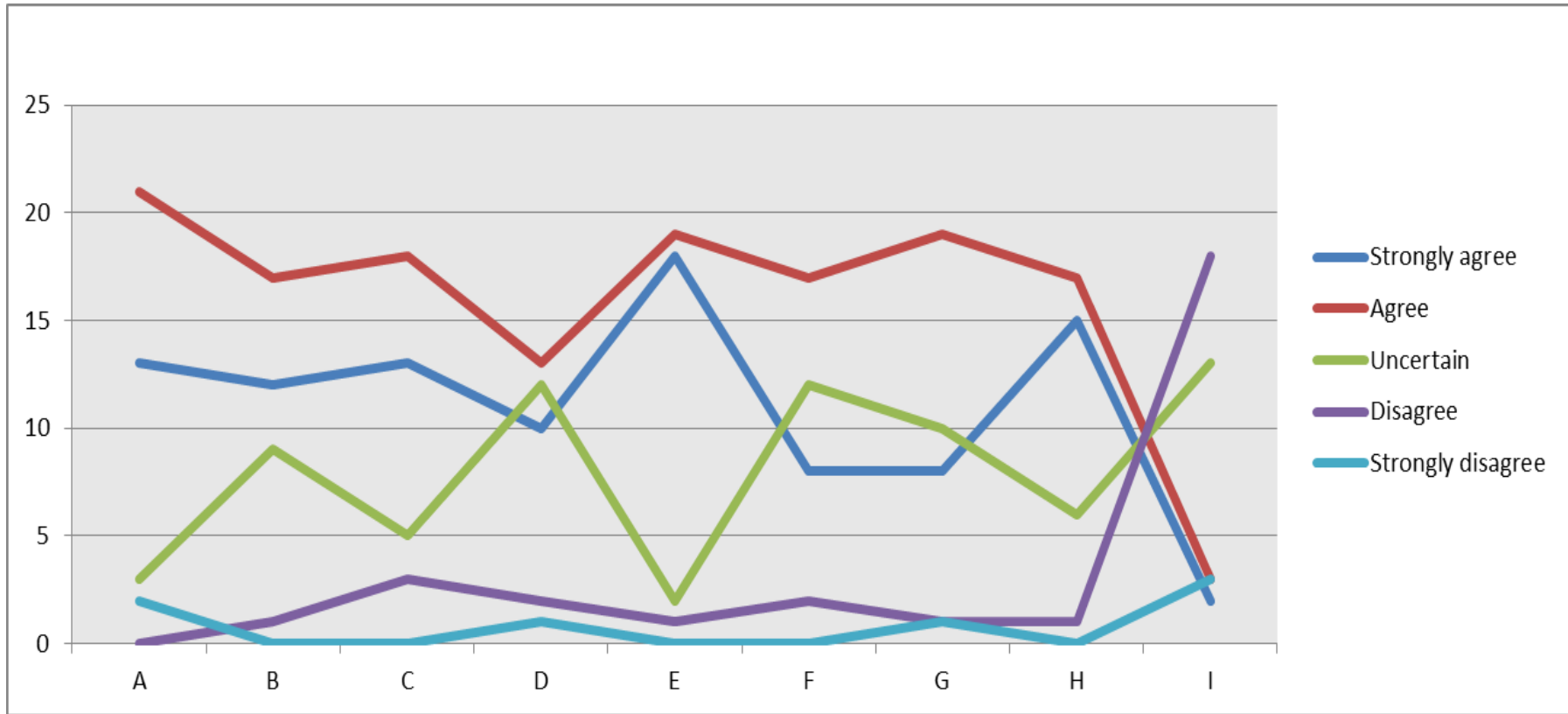
A. Help us to develop a flexible workforce who can work across primary / community / acute care
B. Help me to reappraise my way of doing things at work/give me new insights
C. Give me confidence in supporting service users.
D. Help me make changes in my workplace.
E. Help me work more collaboratively with other healthcare professionals.
F. Ensure that the learning needs of my area are identified and met by tailored education programmes
G. Meet my expectations about providing integrated care to service users.
H. Be valuable because it enables me to work with others in acute / community / primary care settings.
I. Be too difficult to implement

Survey finding:
Attributes of integrated working of benefit to patients (n=32)

Theme: "Co-ordinated"

- Better access to services
- Timely co-ordinated efficient care
- More responsive, reliable, faster pathways
- One point of contact accessing multiple solutions
- Less stress. Pt happy coming to see P/N and G.P
- Continuity of care - care from home ; seamless service
- Better support systems; time management; seen faster. More confidence in the system
- Professionals are working together rather than giving the families conflicting pieces of information
- Working all the same. Better communication between professionals and patients, able to support the family most effectively, early support, early intervention, identifying safeguarding concerns and able to act most effectively.

Survey finding:
Factors enabling the delivery of integrated care (n=15).

Theme: "Wait and see…"
- Would have to have *some time* to communicate
- Already *liaise very closely* with different services both acute and community social and health. However this is sometimes *difficult* due to differences in documentation process.
- I think this is *"wait and see"* As I am no longer clinical, this question is best answered by *clinical and front-line staff*
-

Theme: "Effort and drive, change"
- I want to *make changes*.
- *Improving* the health of local people
- Not extensive as *already working towards* an integrated care model
- As this is very time consuming you would need to make *changes to diaries*.
- The last 5 years have been an *ongoing change* - for examples organisations- service changes etc, very much more of the same namely changes.......
- All this takes **effort and drive**, **change is a good thing** with a common goal and each knowing their part and the scope and purpose of the outcome.

Theme: "To help streamline"
- To *reduce bureaucracy*.
- Working hours include *weekend working*
- The *pathway through* secondary care *needs to be slicker*.
- To help *streamline my workload*, to focus on quality and safety.
- To be able to *liaise with colleagues for a quicker better solution*.
- *Access to services need to be quicker & easier*, with *patients taking more control* of their appointment maintenance

Synthesis of survey & interview findings: Factors enabling transfer of nursing staff between sectors

"More opportunities for hospital staff to have opportunities to shadow and observe within the community environments so that we can learn from one another. Staff in higher positions being more visible on the ground level. Staff from community having opportunity to work in the hospital environment to share good practice. Opportunities to link with other professionals at away days, forums and training days."(Survey respondent Q6)

Synthesis of survey & interview findings:
Factors enabling transfer of nursing staff between sectors

"..student placements within GP practices, or around student nurses actually coming to placements within the district nursing team (...) the possibility of doing the placements more broadly in terms of community placements, rather than focusing on one part of the system or another, actually having the placements across different parts of our system.

So that the students actually have a better understanding of a pathway if you like. So that they kind of understand and work with and are placed with district nursing teams, but also part of their community placement is in kind of GP practices and then they actually possibly have placements in voluntary sector organisations that are doing navigation for a pathway ...

So what we would like to see is that people's experiences are not limited to make them think that it is either one organisation or another, but to make them think of it broadly in terms of whichever organisations that they are going to be in the future working with, they still need to think in a much wider framework and understand what happens in the different parts.. "(Interviewee)

Tripartite approach:
workforce development and planning

"Three layers isn't it, it's like working longer term with the kind of undergraduate students and making sure that their understanding is an integrated understanding ["3rd layer"], rather than one professional, or one organisation kind of focus, understanding ["1st layer"]. Then the second layer is for those people who are going to be coming in new, put in the new job. So it's new roles, those blended roles that we would kind of look at and look to create and look at whether this is something that is possible." (Interviewee)

- Approach needed to facilitate cross sector working described as three pronged: the interventions needed to support existing staff in transferring between sectors and also those needed for new staff and undergraduate students.

Mechanisms enabling transfer of nursing staff between sectors

MECHANISMS	OUTCOMES
Opportunities for hospital staff to shadow and observe within the community environments to encourage mutual learning	Hypothetical
Senior staff visibility within localities	Hypothetical
Community staff offered work within the acute sector to share good practice.	Hypothetical
Opportunities to link with other professionals at away days, forums and training days	Hypothetical
Rotations within other departments to learn about working and the challenges faced	Hypothetical
Department of Integrated Care (A&E) as a site for integrated learning	**Reported**
Sector-wide student placements between different community nurse disciplines e.g. practice nursing (general practice), district nursing, school nursing and health visiting.	Hypothetical
Three layered approach to promoting workforce integration: • existing staff: personal choice • new blended roles for upcoming vacancies • ensuring students' understanding is integrated rather than uni-professional or uni-organisational in focus	Hypothetical

Study limitations

1. Geographically dispersed and 'hard-to-reach' sub-populations
2. Busy work schedules and mixed priorities
3. Low response rate of the staff survey
4. Short time frame for undertaking the study

Offset by enabling factors:

i. Highly motivated survey respondents and interviewees
ii. 'Local knowledge' of the members of the CEPN Super Hub Task & Finish Group
iii. Workings of the project team, who were geographically distributed across different institutions

Summary of findings

1. Staff thought that the implementation of Integrated Care:
   a) *has* positive effects;
   b) *helps* collaborative inter-professional working;
   c) *enables* professionals to work with others across all care settings;
   d) *helps* develop a flexible workforce who can work across primary, community and acute care.
2. A range of specific mechanisms and outcomes were identified for workforce development and planning.
3. A variety of narrative evidence showed positive staff engagement and motivation for developing integrated care.
4. A tripartite workforce development and planning approach was suggested.

Recommendations:
for further discussion

1) Consider prioritising within specific workforce development mechanisms and outcomes mapped by this evaluation.

2) Discuss the feasibility of adopting a workforce development & planning model which has a tripartite focus in order to :

   a) ensure students, preceptees and mentees understand integrated working;
   b) offer new recruits blended roles so that new opportunities can be created which precipitate integrated working;
   c) offer existing professional and support staff a range of incentives to undertake rotational and/or blended roles.

3) Undertake a feasibility exercise on the potential utility of making new posts more flexible through the developing rotational and/or blended roles.

Recommendations:
for further discussion

4)   Support the creation of blended or rotational roles through learning and development and by creating local incentives.

5)   Develop more robust support for the learning and development of existing staff roles based on consideration of personal choice and role preferences.

6)   Develop prospective job advertisements, job role descriptors and job interview schedules which explicitly include employee preparedness to undertake work across the range of provider sites and/or within/across Care Pathways.

7)   Higher Education Institutions, providers and commissioners should collaborate in order to provide students with experience of integrated Care Pathways using inter-organisational and inter-sectoral placements which further develops student appreciation of the value of primary and community care including general practice.

8)   Organise tailored multi-professional education on the terminology and the nature of existing Care Pathways.

9)   Locally tailor existing learning and development to include diverse content and narratives from multi-disciplinary practice.

REACH FOR THE STARS

Watch out for broken o-rings and cracked wing panels along the way.