An Evaluation of the Islington Community Education Provider Network Super Hub.

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Background

Health Education England (HEE) fund the Community Education Provider Networks (CEPNs) to focus local care on joint learning for service improvement. The Islington Super Hub is a workstream of the Islington CEPN which aims to help the learning and development of community nursing and new apprenticeships in Whittington Health by: increasing library access for all nursing staff; updating and improving the quality of clinical supervision and mentoring opportunities; and exploring how apprenticeships can be used to develop new career pathways across care services (NHS England, 2014).

Design

The design used Realist Evaluation methodology (Pawson and Tilley 1997) to analyze the context, mechanisms and outcomes of Super Hub workstream associated with:

- The enabling factors for the transfer of nursing staff between sectors.

- The current preceptorship and induction (formal/informal) programmes which support newly registered nurses moving into community roles on registration.

- The current relations between primary/secondary care in order to both strengthen relationships between sectors and the core training needed for hospital-based nurses to support patient journeys.

- The practice learning experience of a representative sample of community nurses such as specialist practitioners (district nurses/health visitors); non-specialist practitioners; and health care assistants in order to ensure community nurses in training have an excellent practice learning experience.

- The current approaches used or recommended to build sustainable approaches to practice based learning for enhanced community nursing learning/development.

- The current approaches to multi-professional education across all [Islington] localities which contribute to establishing robust community focussed multi-professional collaborative educational approaches across Islington for the benefit of patients and population health.

- The number/type of student nurse placements in community settings in order to help increase mentorship capacity in community settings.

Methods

Literature searches, semi-structured interviews and an online survey of community and primary care staff. Purposive sampling using 'snowballing' from key informants across Islington CEPN and Whittington Health, an integrated care organisation (ICO).:
- 13-item electronic staff survey distributed to 313 staff (including pre-registration nursing students).
- in-depth telephone interviews with a self-selected sample of twenty-one (n=21) community and primary care staff (nurses and practice managers).
- *Survey Monkey* data analysis (quantitative data).
- *NVivo* coding/thematic analysis (qualitative data).
- Synthesis of data and identification of outcomes.
- Mapping of workforce aims, mechanisms and outcomes related to the Super Hub.

Findings

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

Emerging themes

1. Working within an ICO.
2. How integration benefits patients.
3. Enabling the delivery of integrated care.
4. Enabling transfer between sectors.

1. Working within an ICO

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

Respondents agreed that working within an ICO had positive effects. Strong agreement was expressed for the view that working in an ICO helps respondents work more collaboratively with professionals (n= 18, 45%) and is valuable because they reported it enables working with others in acute, community and primary care settings (n=15, 39%). Respondents agreed that working in an ICO would help develop a flexible workforce who can work across primary, community and acute care (n=21, 54%). Few respondents strongly agreed (n=2) or agreed (n=3) that integrated working was too difficult to implement.

2. How integration benefits patients

- "Better access to services"
- "Timely co-ordinated efficient care"
- "More responsive, reliable, faster pathways"
- "One point of contact accessing multiple solutions"
- "Continuity of care - care from home ; seamless service "
- "Better support systems; time management; seen faster. More confidence in the system"

3. Enabling the delivery of integrated care

Theme: "Wait and see…"
- 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, drive and change"
- I want to make changes…Improve the health of local people
- All this takes effort , drive and change which are good things 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.

4. Enabling transfer 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."

Tripartite Approach

"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."

Mechanisms for transfer of 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
Tri-partite 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

Recommendations

- Adoption of a tripartite workforce development & planning model to ensure students, preceptees and mentees understand Integrated Working; new recruits should be offered blended roles.

- Blended or rotational roles should be offered to existing professional/support staff via learning and development by creating local incentives and/or personal choice and role preferences.

- Job ads, role descriptors and interviews to identify employee preparedness to undertake work across the range of sites and within/across Care Pathways.

- Higher Education Institutions, providers and commissioners to work towards providing students with experience of Integrated Care Pathways which develop student appreciation of the value of primary/community care including General Practice.

Bibliography

Corbett K, Odelius A, Traynor M, Mehigan S (2015) An evaluation of the Islington Community Education Provider Network Super Hub. A report commissioned by the Islington Community Education Provider Network and produced for the School of Health and Education Middlesex University. Project Report. School of Health and Education, Middlesex University, London, U.K.

NHS England (2014) Integrated Care Pioneer Programme Annual Report2014. Pioneer Profiles and Case Study Examples. London: NHS England.

Pawson R, Tilley N (1997) Realistic Evaluation. London: Sage.

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