Self-management shared care wound care pathway

Pennine Care NHS Foundation Trust provides mental health and community services to people living in the boroughs of Bury, Oldham, Trafford and Rochdale. Wound care is provided in community clinics and as a domiciliary service to patients who are housebound. The Trust has embarked on a programme to support and encourage a proportion of the population requiring community services to engage in shared care of wound management. A pathway was developed in collaboration with clinical staff and patients that was rolled out to all community nursing services. Evaluation results to date have shown positive staff and patient experience and benefits to service utilisation.

The NHS Five Year Forward View Plan (2014) states *"we will do more to support people to manage their own health – staying healthy, making informed choices of treatment, managing conditions and avoiding complications".* If supported, educated and enabled to self-manage through a focus on improved adherence, patients' clinical outcomes can be improved. Supporting self-management will only become a reality by embedding it into standard patient pathways. This requires a cultural shift so that professionals are encouraged and supported to embrace patients as active partners in their care.

Wounds impose an economic burden on the NHS comparable to that of managing obesity (£5 billion) (Guest et al, 2015). Clinical and economic benefits could accrue from improved systems of care and an increased awareness of the impact wounds impose on patients and the NHS. Living with a wound can lead to loss of independence or control; all individuals should have the chance to understand their condition, be involved in decisions about treatment and take responsibility for managing their wound where they are able to do so.

Enabling patients to make good choices and sustain healthy behaviours requires a collaborative relationship between professionals, patients and their families. This, in turn, supports patients in building the skills and confidence they need. In addition to this, there is now an opportunity to support and encourage the innovative use of technology to improve health outcomes for patients with long-term conditions and deliver more cost-effective services.

PILOT STUDY

In 2015, the district nursing team in Rochdale identified opportunities to promote self-management in wound care. They decided to test a novel approach to support patients and carers to self-manage non-complex wounds using a robust governance and quality framework to ensure positive outcomes and risk management. To address clinical, operational and patient needs, the scheme required a number of elements to be developed and implemented, see *Box 1*.

Flo (or Florence) is a text messaging system that sends patients reminders and health tips tailored to their individual needs. It has had a huge impact on people's lives, revolutionising the way patients manage their own health. Since 2010, it has been used by more than 30,000 people in over 70 health and social care organisations in the UK. To ensure clinical relevance and make the pathway viable, groups of patients and interaction points were identified where Flo could help increase patient confidence and make self-management more likely to be successful. Two integrated nursing teams implemented the pathway. The staff involved were trained and supported on the use of Flo.

Before implementing the new pathway, staff were asked to anticipate the benefits to patients and the team. Staff had positive feelings about the potential of Flo but some concerns and potential challenges were expressed relating to patient

KIMBERLEY WILDE
Wound Care Pathway Lead, Pennine Care NHS Foundation Trust

attitude, competence and compliance with the new pathway, increased demands on staff relating to training, and developing competency.

Between July and December 2015, 28 patients benefited from the project. Eleven had a formal evaluation and 10 provided feedback. All respondents said they felt competent to self-manage using Flo, felt fully included in their care and would recommend Flo to others. Service capacity was created. There was a 53% reduction (75 planned visits with the nurse and 85 appointments where the patient self-managed) in required nursing contacts, enabling the team to focus on more complex patients. No unplanned visits were required over the 12-week time period when the patients were involved in caring for their wound, indicating that there were no urgent issues such as infection. Staff were positive about the revised care pathway, appreciating the support Flo offered with improvements to patient experience. Staff felt it released more time for care and improved their job satisfaction. These results led to a plan to adopt the self-management care pathway in all adult community services provided by Pennine Care.

DEVELOPING AND ROLLING OUT THE PATHWAY

The pathway aims to support patients and carers to share wound care with the community nursing staff. A number of stages of work were required to roll out the pathway, see *Box 2*. A project manager was appointed and a working group formed, with key stakeholders included in developing the pathway. The working group included a patient representative (who was chairman of the local diabetes group). Together the group reviewed patient-related documents, such as the patient leaflet and video. This type of collaborative working with patients improves outcomes and is recommended by NHS England (2013).

Leaflet and video

The leaflet and patient video were developed to offer the patient and carer a step-by-step guide on how to redress their wound(s) including preparation, handwashing technique, removal of dirty dressings, cleansing of wounds, the application of new dressings and disposal of waste. The challenge was to ensure the video

reflected how a patient carries out care themselves at home. The wound care group suggested a patient be involved and the video be shot in the patient's home. The leaflet was developed in collaboration with two patients. It contains images of how a dressing should be changed at home, key information on signs of wound infection and how patients can help their wounds heal, emergency contact details and a link to the video.

As patients frequently use YouTube to search for relevant videos that may support their healthcare, a Pennine Care YouTube channel was developed. In the 8 months since going live (6 July 2017–5 March 2018), the video has been viewed 25,645 times (20% in India, 19% in the USA, 7% in the Philippines and 5% in the UK). Thirty per cent of viewers watch the whole video.

Self-management assessment

A key challenge was to determine how to assess whether a patient has the capacity to self-manage his or her condition. A number of behavioural models were considered and after discussion with research colleagues at Manchester Metropolitan University, the COM-B model was used (Michie et al, 2011), see *Figure 1*. The model recognises that behaviour is part of an system involving four interacting components. Interventions need to change one or more components to effect change. The project manager looked at how wound care relates to the COM-B model and presented this the working group. A number of key questions were developed to assess each area of competency and to guide staff on which patients can be involved in their care and which need fully managed care.

There are approximately 260 members in the community nursing teams. To support the culture change, each staff member attended a session that reviewed current practice and how he or she could start thinking differently and take into consideration patient values. The training session covered:
- Important *to* or important *for*? Taking account of perspectives and preferences.
- Building activation. What works best?
- Patient activation, see *Figure 2*.
- Shared decision making.

Training in motivational interviewing enabled nursing staff to gain skills in goal-oriented, client-centred counselling in order to elicit behaviour
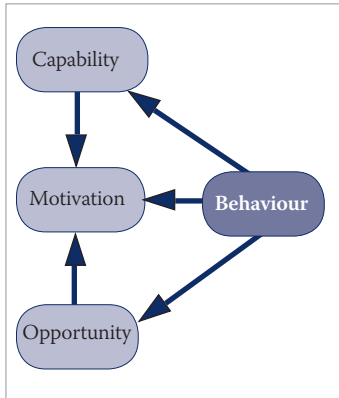
Figure 1. The COM-B model

NHS England (2013) *Transforming Participation in Health and Care: The NHS Belongs to Us All.* Available at: http://www.nurturedevelopment.org/wp-content/uploads/2016/01/NHS-England-participation-and-inclusion-guidance-2013.pdf (accessed 27 June 2018)

NHS England (2014) *Five Year Forward View.* Available at: www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf (accessed 20 June 2018)

change through helping patients explore and resolve ambivalence. The pathway was evaluated in the areas of patient experience, staff experience and service utilisation. Patient experience to determine whether self-management increases patient confidence, knowledge and competency. Staff experience to determine whether staff members feel safe and supported, have clear protocols and guidance in wound care self-management, and feel with the additional training and literature that there is more of a collaborative relationship with the patient. Service utilisation to measure how many appointments were planned, how many patients were self-managing and how many emergency appointments were required. Each nursing team undertook the evaluation over a 2-month period following the introduction of the pathway.

Results

The treatment room team in the borough of Oldham was the first to implement the self-management shared care pathway. The 16 staff members run clinics from several community bases around the borough. Between January and March 2017, 36 patients were signed up to the pathway. Patients were chosen due to their wound type/severity and following assessment of their capacity to self-manage. Surgical wounds were the most common wound type in this patient group. The patients had 78 planned clinic appointments. One-hundred-and-fifteen dressing changes were self-managed by patients and no emergency appointments were required. We were unable to relate this to a comparator group, as data were unavailable, but on discussion with the clinical team they felt the pathway had given them the confidence to allocate more patients to shared care self-management. All patients felt they were given

enough support to manage their wound and felt fully involved in the development of their treatment plan. These results demonstrate the patient empowerment enabled by the change in practice. Staff felt the key benefit to patients was an increase in confidence. They also believed patients would not need to attend appointments as frequently. Staff reported improved patient engagement, greater job satisfaction and more time to care for patients.

All staff members felt happy to sign patients up to the pathway. The results reflect a fundamental transformation of the patient–caregiver relationship to a collaborative partnership, which is an important element of self-management.

DISCUSSION

The pathway is still being rolled out within Pennine Care. To date, the results are extremely positive. The key challenge was ensuring there was a sustainability plan in place. This included clear local leadership to embed the new culture into each team.

The pathway has standardised clinical practice, ensuring staff involved in wound care are working to the same principles. The video and leaflet have had excellent feedback from both patients and staff due to their clear and easy-to-follow format. The capacity evaluation form has increased staff confidence in assessing patients' and carers' ability to self-manage wounds. No patients experienced emergency problems, such as wound infection, when engaging in shared care. From these data, we can conclude that the pathway is safe. Feedback from patients and staff has demonstrated a positive experience that was well supported.

This supports the NHS Five Year Forward View Plan of supporting patients to manage their health and avoid complications. Pennine Care will continue to embed the self-management culture into community wound care services to involve patients in recognising, treating and managing their own health in partnership with the nursing staff. **WUK**
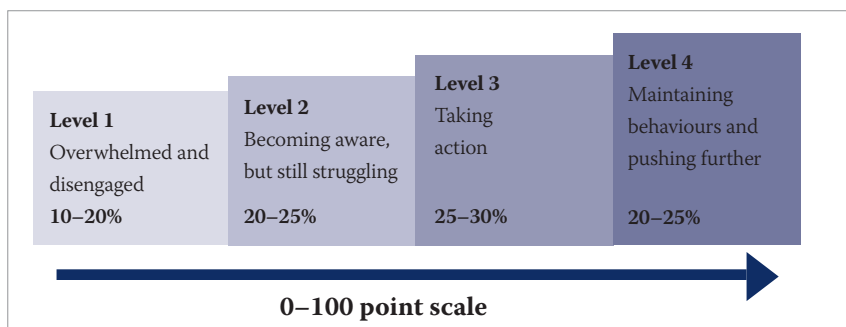

Figure 2. Patient activation model

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