

Case study: Whittington Health

Testing different approaches to recruiting patients to a patient skills programme

The challenge

Patient skills courses should ideally be run with 16 participants. The attrition rate for these types of courses is generally about 10–15%, meaning that recruiting at least 18 people on to the programme at the beginning would ensure that a good number of participants complete the course.

Previously when courses were delivered within GP practices, clinicians at the practice were not actively involved in the recruitment of participants. However, River Place Practice was scheduled to have a Practitioner Skills Development programme for all their clinicians to support them to develop their skills and confidence in supporting patients to self manage, and this was due to be followed by a programme for patients. Whittington Health wanted to review the process for recruiting patients to the Patient Skills Programme for a practice where clinicians had recently been involved in the related Practitioner Development Programme, using the Plan-Do-Study-Act (PDSA) improvement methodology.

What we did

Plan

In this stage we set out what we were trying to achieve and how we would achieve it.

What are we trying to accomplish?

- increase in the number of patients recruited to our self management course by focusing on recruitment strategies that are targeted on those who are less ‘activated’ (i.e. people who are currently less actively involved in managing their own health and who will have more to gain)
- ensure that local clinicians (particularly those trained in self management support skills through the Practitioner Skills Programme) are active recruiters to the programme.

This will be achieved by:

- carrying out a multi-pronged marketing strategy to advertise the course
- engaging GPs and clinicians in identifying and sign-posting eligible patients on to our courses
- target – 18–20 participants registered for the course.

Do

We identified a lead for the Patient Skills Programme at the Practice and discussed strategies that could be used in the recruitment process. As a result, we trialled the following approaches:

Method	Resources	Practice commitment/resources
Stall in Practice reception	Volunteers + admin support	Link in with diabetes clinic days
Talk to Practice staff	Staff member + sometimes a volunteer	Slot in team meeting
Letter to Practice patients	Template letter	Administration of letter distribution (mail merge, envelopes, postage etc)
Leaflets and posters in reception areas	Leaflets X 50 Posters – up to 50	Space for materials and someone responsible for checking stock
Email reminders to Practice staff	Administration of mailing lists	Important to keep constant dialogue with the practice

What the GP practice did:

- Searched for patients diagnosed with type 2 diabetes for more than one year (i.e. diagnosis coded before March 2011) – this brought up just under 300 patients in total which were divided into lists according to the patient’s usual doctor.
- The usual doctors scanned these lists and crossed off any patients they felt were NOT appropriate to consider for the programme (for example because they are housebound, receiving palliative care, have severe Learning disabilities etc).
- Lists were then passed to the diabetic nurse in the practice who has been running diabetes clinics for nearly 20yrs and knows these patients extremely well. She stratified these patients into three groups:

1. worth informing but unlikely to attend
 2. may attend: these patients were sent a standard letter with an information leaflet about the programme
 3. Very likely to attend and benefit (high HbA1C level): these patients were sent a letter with an information leaflet about the programme and received a follow up phone call.
- Details of patients on list 3 were then passed back to their usual doctor to follow up with a 'phone call. Many of the calls were made by the practice's Band 4 administrator.
 - Clinicians also did lots of opportunistic reminding of patients at diabetes checks and other appointments, sometimes catching patients in the waiting room!
 - An email was sent to the clinical team every 10 days or so reminding them to discuss the programme with patients opportunistically, and later to update them on the numbers who had been recruited to the programme.
- Identify 1 key champion who acts a representative from the GP practice.
 - Clearly identify who needs to be targeted for the Patient Skills Programme based on health needs analysis (high HbA1c, diabetes for > 1 year, attended DESMOND or structured education before).
 - Ensure that local clinicians are all active recruiters to the programme.
 - Continue to carry out a multi-pronged recruitment strategy.

What worked well:

- Identifying a lead from the practice to collate names and be the point of contact for their own clinicians and for the team running the Patient Skills Programme.
- GPs/clinicians being clear about which patients to identify and actively engaging in recruitment process at every opportunity.
- Providing leaflets and flyers in the practice.
- Sending an email out to patients and following up with phone calls.

What didn't work so well:

- Arranging a talk with the clinicians prior to recruitment – it was difficult to get the clinicians together as it was hard to find time in their diaries, and although there was a slot to talk about it at the team meeting, the slot was cancelled.
- Running stands in the GP practice – this was time consuming and few participants were recruited as a result of it.

Areas for further exploration:

- People who are housebound, receiving palliative care or have severe learning disabilities or mental health problems were excluded from the process by River Practice. We are in the process of finding out how many patients were excluded because of this, and how badly managed these patients' diabetes is, as this could be highlighting a gap in the service.

The impact

As a result of this approach:

- 300 patients were diagnosed with Type 11 diabetes for more than one year on register
- 60 letters were sent to patients it was thought who may attend and very likely to attend
- 30 patients who were identified as very likely to attend and benefit were followed up with a phone call
- 22 people signed up on course
- 22 people arrived to attended session 1 of the course
- 19 people currently enrolled on the course (Session 5)

Learning

- From this case study and work with two other practices, findings suggest that there is a positive difference in the number of patients recruited to the Patient Skills Programme when the GP (i.e. not just the Practice Nurse) is engaged in the process.