Perceptions and experiences of co-delivery model for self-management training for clinicians working with patients with long-term conditions at three healthcare economies in UK

ABSTRACT: This paper presents a case study evaluation of self-management training courses for clinicians working with patients with COPD and Depression, at three NHS sites in United Kingdom. These courses were part of the Health Foundation’s Co-Creating Health Initiative project and were co-delivered by a trained patient and clinician tutors. Interviews with 30 clinician attendees, four clinician tutors and two patient tutors suggested that the course content and delivery style were valued by everyone and clinicians reported a higher use of self-management skills following training. Analyses of the video-recorded consultation sessions of two trained clinicians showed limited use of co-production skills.

W e present a case study of how three health care economies, including primary and secondary care services for people with a long term condition (LTC), have implemented training to enable clinicians to support self-management. The training intervention is part of The Health Foundation’s Co-creating Health (CCH) Initiative. The CCH is a quality improvement demonstration programme which focuses on adults with the long-term health conditions (LTCs) of diabetes, COPD, musculo-skeletal pain and depression and the clinicians and healthcare services that they interface with, acknowledging that for people with long term conditions to take a more active role in their health, patients need to develop the knowledge and skills to manage their condition while working in effective partnership with their clinicians. This include problem-solving and action planning, which aim to help people increase their confidence and self-management skills.

Eight different NHS sites in the UK were involved in the CCH Programme, combining primary and secondary health care in each locality (http://www.health.org.uk/areas-of-work/improvement-programmes/co-creating-health/)

Theoretical background to CCH initiative

The prevailing model of public service delivery tends to highlight that power, skills and knowledge are possessed by providers and users are put in the role of passive recipients, which unwittingly ignores patients’ capacities for engagement in decisions about coping with their condition and lifestyle (Boyle, Coote, Sherwood & Slay, 2010). This might also make service users ever more dependent on service providers (Marmot, 2010). A more active and involved role of patients in the management of their disease is essential to health care systems (Coulter and Ellins, 2006). The provision of services which encourage provision of self-management support (SMS) is also part of the drive to reduce cost and improve outcomes by the Department of Health (Department of Health, 2009). SMS training may facilitate less dependency on clinical services as well as improvement in health outcomes in the longer term (Brownson, Miller, Crespo, Neuner, et al., 2007; Lorig, Sobel, Stewart, Brown, 1999). There is a considerable research
literature that supports the effectiveness of clinician lead, as well as lay-lead approaches to self management. Lay led SMS training programs were shown to result in reductions in the intensity of symptoms, reduced GP visits and an increase in patients’ confidence for managing their condition (Kennedy, Gask, & Rogers, 2005).

There are numerous approaches to training clinicians to conduct effective diagnostic interviews, to be more patient centred and to motivate patients to change specific unhealthy “habits” such as smoking- for example employing motivational interviewing skills (Rollnick, Kinnersley, & Stott, 1993). These however do not address the particular skill set required for consultations for people with a LTC (Realpe & Wallace, 2010). This is because people with a LTC are likely to have many contacts with a diverse range of clinicians in different services as they face different choices and challenges over many years related to their LTCs. Therefore, for clinicians to be effective in supporting patients to self manage new models of consultation are required.

The co-production model describes an equal collaboration between service users and providers in a way that uses the patient’s experience of living with a LTC in designing and delivery of services (Boyle, et al., 2010). It emphasises an equal partnership between service providers and users in a way that service users are encouraged to engage in the decision making process about their own illness, but with expert support from the clinician. This is expected to enable effective knowledge transfer and shared decision making resulting in better health outcomes (Epping-Jordan, Pruitt, Bengoa, Wagner, 2004; Hibbard, Collins, & Baker, 2008; Needham & Carr, 2009). This model requires a shift in clinician consultation style and skills from the traditional approach whereby, clinicians dictate the course of treatment for patients to follow, to a shared partnership between patients and clinicians (Coulter & Ellins, 2006).

Although previous research has suggested what skills might be essential to enable clinicians to perform such a role, there are few empirical studies to test how such skills are best learnt, practiced and sustained through the use of a co-production model (Realpe & Wallace, 2010). In an attempt to address this gap in the health care system, an Advanced Clinician Development Programme (ADP) was designed and implemented as part of the CCH initiative.

The Advanced Development Programme component of the CCH initiative

The Advanced Development Clinician Programme (ADP), developed and delivered by the Client Focused Evaluations Programme (CFEP), is designed for all members of clinical teams working with patients with LTCs (including doctors, physiotherapists, dieticians, nurses and psychologists). The ADP is designed to develop the skills for supporting patient self-management through social learning processes. It is a Self Management Support (SMS) skills training course for clinicians that aim to enhance acquiring and strengthening clinician-patient communication skills that support co-creation of health and patient self-management. The basic underlying theory for SMS training is that positive comments made by a credible role model (the tutor) about a person’s ability to manage a task, leads to an increase in self-efficacy beliefs in the trainee. Increases in self-efficacy will then result in enhanced ability and confidence to perform a task (Bandura, 1977).

The ADP is delivered through three workshops of four hours each co-led by a clinician tutor and a lay tutor. Such co-delivery of ADP courses may have some advantages over delivery by either clinicians or lay tutors alone, since it may afford new opportunities for clinicians to learn from the way the tutors can co produce the training and can readily relate the course material to their own respective roles and experiences. It is therefore to be expected that a co-delivery model for clinicians, who may be many years away from their initial training, will be a new experience and one which may challenge traditional expectations of clinician-patient authority and knowledge.

Design of current study

We report here on the process evaluation of three courses covering clinicians working with patients with COPD in Ayrshire and Arran and the services within Cambridgeshire and Cambridge University Hospitals NHS Foundation Trust. We also examined the course for clinicians working with patients with depression in Devon and Torbay Partnership Care Trust. The ADP course at all sites consisted of three, four-hour sessions.

We aimed to find out:

+ What are the experiences of participants, clinicians and lay tutors of the co-delivery model of the ADP?
+ What is the experience of clinicians and lay tutors themselves in the use of co-production skills during consultations?
+ What is the evidence that ADP results in co productive consultations?

Sample

The sample consisted of six clinicians at Ayrshire and Arran NHS, 14 from Devon and Torbay, and 10 from Cambridgeshire NHS site. In addition, four clinician tutors, i.e. two from Devon and Torbay, and one each from Cambridge and, Ayrshire and Arran; and two lay tutors, one each from Devon and Torbay and, Ayrshire and Arran NHS sites were included.

Measures

The ongoing evaluation is a holistic approach incorporating assessment of the reported use of practices applied in clinical consultations via semi-structured exploratory interviews developed by the evaluation team (Ahmad, Wallace, & Turner, 2009) to assess the experiences of participants and tutors. Videotaping of consultations was also offered in order to analyse the style and content of co production in consultations. Key findings from thematic analysis (Braun & Clarke, 2006) of interview transcripts are discussed here and some illustrative quotes are presented.

Key findings

Aim one

What are the experiences of participants, clinicians and lay tutors of the co-delivery model of the ADP?

All the respondents, including the clinician tutors, clinician participants and the lay tutors reported a general sense of appreciation about the ADP course and found specific elements of the course useful. Both clinician and lay tutors also reported that they felt supported by colleagues and managers for delivering ADP courses, as indicated in a quote below:

“Oh I’m supported by a team of facilitators. I mean as I say in [name of site] we have the clinicians that are on the ADP.
programme very, very helpful indeed.” – Lay tutor

However resistance was commonly expressed by clinician participants towards the presence of a patient as their tutor. For example, one clinician participant reported that lay tutors might have felt that they did not get many opportunities to deliver the session but it is because there is a need for additional competences in delivery of training by lay tutors. A lay tutor reported experiencing feelings of ambivalence from the clinician tutor and the participants initially, but felt more comfortable and welcomed as the sessions went along. “Well I’m more comfortable with clinicians now, in the initial stages, you know, a doctor and such like were people, well in the old fashioned type, you looked up, but then working with them.” – Lay tutor

**Aim two**

What is the experience of clinicians and lay tutors themselves in the use of co-production skills during consultations?

All clinician participants reported a change towards a more partnership oriented consultation style and an increase in the use of SMS skills during consultations.

“I’ve got better at giving people information and being less prescriptive.” – Clinician tutor

A clinician tutor reported that some clinicians were also resistant to learning new ways of consultation after years of professional training and clinical practice in their career. The clinician participants also expressed a need for clearly defining the limits on how much autonomy should be encouraged in patients about decision-making related to self-management of conditions by patients.

“Some people want to be told what to do. We don’t want them to be told what to do, so what is the balance?” – Clinician participant.

Some clinician participants also struggled with time management during consultations while providing SMS to patients.

“My self-management [support] style falters as I try to keep to time.” – Clinician participant

A lay tutor reported an increase in confidence in attending consultations for themselves in which they discussed self-management of their condition with their clinicians. Another lay tutor found the course so useful that a desire was expressed to spread more awareness about the availability of such training courses for teaching self-management skills to clinicians and patients.

“I think such training programmes should be organised more often and at more NHS, it is so good, I can notice a big change in myself, I wish I could spread it to whole Britain” – Lay tutor

**Aim three**

What is the evidence that ADP results in co productive consultations

Ten consultations conducted by eight clinicians, which includes one clinician from the Cambridge site and one from Ayrshire have been analysed so far in the CCH evaluation programme as a whole. The video-recordings were analysed with the Roter Interactional Analysis System (Roter & Larson, 2002; Roter, 2006). The analysis showed that the more experienced ADP trained clinicians talked less than their patients and discussed psychosocial issues to a greater degree during a consultation as opposed to those clinicians newly trained or not trained via the ADP. Although these results are merely descriptive, they are encouraging as they may be indicative of a progression from a clinician-centred and mainly biomedical type of consultation towards one in which patients are able to express themselves for longer. In addition, patients may also share not only biomedical information but also information on how their LTC impacts on the psychological and social aspects of their lives and the mechanisms they use to cope with their changing circumstances.

An example of a consultation is outlined below (Figure 1) and contains transcription extracts taken from the video-recording of consultations which illustrates some of the communication skills taught in the ADP that have been applied to routine consultations.

**Learning points**

The ADP courses are welcomed by participants and by co tutors. Interview findings reveal that clinicians are not wholly convinced of the practical applicability of these practices in their consultations. However, lay and clinician tutors value the co production of courses and co delivery with lay tutors is welcomed, even if, at present it is somewhat restricted to demonstrating their experience of their condition. Finally, there is limited evidence that co production is practised in consultations from the preliminary findings of video analysis of live consultations. We recommend that methods, such video analysis and structured feedback of learning points to the clinician about consultation style is needed to achieve transfer of co production skills to practice in consultations.