Case study: Cambridge University Hospitals NHS Foundation Trust

Developing an Enhanced Pulmonary Rehabilitation Programme to promote self management
The challenge

In Cambridge, the approach to embedding self management support within services has been continuously evolving. The key focus for the team has been on creating a personal health plan (PHP) for each patient, supported by comprehensive training materials which have been developed in partnership with the ‘Breathe Easy’ team and clinicians.

The tutor group on our existing pulmonary rehab (PR) training for COPD patients reviewed the training with a view to increasing the focus on personal health planning. Through the review the group identified that:

- the existing pulmonary rehab training was too didactic and didn't give enough training to support people to self manage
- attendance rates were often irregular
- the positive impact of pulmonary rehab training is lost after one year.

What we did

As a result of the review, we created an Enhanced Pulmonary Rehabilitation (EPR) programme which is built around the Personal Health Plan and included in the respiratory care pathway.

Prior to starting on the programme, patients are introduced to the personal health plan (PHP) and the Enhanced Pulmonary Rehabilitation (EPR) programme is a rolling programme delivered over 12 weeks consisting of one hour of exercise and one hour of education. It is delivered by a patient lead and physiotherapist, with support from a patient with expertise in self-management skills who leads a session on their personal experience, the skills they use, and how these help to manage their condition.

Unlike standard Pulmonary Rehab, the Enhanced programme has an extra focus on helping participants to develop their skills in setting their own health goals and how these are followed up, so it combines COPD education with training and support to develop patients' skills and confidence in self-management.

The personal health plan (PHP) is introduced in a pre-course one-to-one assessment session and is used as a reference throughout the course. The PHP provides a key tool to support behaviour change during and after the programme. Patients record agendas, goals, action plans, diaries and logs and are encouraged to use the PHP to monitor and plan their activities. As the programme is rolling, there are always patients with more skills in goal setting who then support the new attendees.

The impact

Patient feedback has been very positive and tutors have seen group intervention in goal setting and follow-up engender high engagement levels in individuals. Even the most ambivalent and reluctant patient has now set a personal goal.

- Patient M said that the programme had changed her life to the extent that she was close to giving up smoking, something that she never thought possible.
- Patient B has struggled a little with the process to date as it reminds him of his sales days, however this week he admitted to the group that it worked. He said the programme had made a big difference to him, 'I didn't think the goal setting was for me at first but it really works doesn't it – coming here has really helped, now I want to get on and live my life'.
- Patient P managed to get to Tesco on the bus for the first time since March and says her confidence is improving.

The rolling programme format also means that the tutor can draw on the more experienced goal setters in the group to show the new starters the way, as there are advantages to goal setting being demonstrated by other patients rather than between tutors.
Our learning

− Initial evidence indicates that integrating self-management skills training into standard Pulmonary Rehabilitation results in more activated and motivated patients.

− Focusing on the Personal Health Plan as the central component of the programme sets the context for teaching self-management skills and gives each patient a toolkit which they can refer to after they have completed the programme.

− Hearing tips from other patients about how they manage their condition and getting support from other patients helps give individuals confidence and helps patient buy-in to the programme, which then supports higher attendance levels.

− COPD patients attendance is often hindered by their personal and health related set backs. Having a rolling programme means patients who have been unable to attend sessions can rejoin at the appropriate week of training.

− Learning from EPR will be transferable to other condition specific rehabilitation programmes where behaviour is a key factor, such as cardiac rehabilitation and diabetes support.