

West Midlands Respiratory Improvement Programme

Call for Expression of Interest

Regional spread of Community asset based respiratory clinics

Introduction

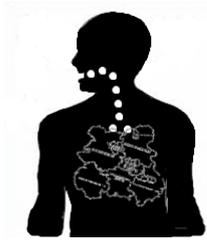
The Health Foundation recently sponsored a project to develop a new model of respiratory community clinic. The new model focuses on an asset-based community development approach, to improve wellbeing and reduce the high levels of anxiety and social isolation observed in individuals with severe Chronic Obstructive Pulmonary Disease (COPD).

We now wish to support and seed fund six additional sites within the East and West Midlands to spread, enhance and further evaluate the model.

COPD is a major health problem in the United Kingdom (UK). It is the second most common cause of NHS emergency admissions and causes 1 in 20 deaths in the UK. COPD is characterised by cough, phlegm and breathlessness, which lowers self-esteem, reduces mobility and negatively impacts on quality of life. A survey by British Lung Foundation (BLF) found that 90% of people with COPD were unable to participate in socially important activities (British Lung Foundation 2009). In addition, a significant percentage of individuals with COPD have other Long Term Conditions (LTCs), including anxiety and depression, which further impact on their health and wellbeing and compound social isolation. Patients with a severe disease can end up in a negative spiral, where increased social isolation leads to anxiety and loss of confidence, which then in turn leads to further isolation and increased anxiety. This anxiety negatively impacts on the ability to self-manage. Anxiety and poor self-management are significant causes of unscheduled admission to hospital.

People with long term conditions, such as COPD, are substantial users of the health service. However, they are likely to spend less than 1% of their time in contact with health professionals (*Five Years Forward View, NHS England 2014:13*). It is therefore very important that patients are empowered to self-manage their own conditions. We are aware of evidence of the strong correlation between wellbeing and the ability to self-manage and we want to ensure that a patients' own life goals and experiences are fundamental to the success of the model.

A new model for a community based clinic centred on clinical and social support, commenced in early 2015. At the clinic (based within a 'normal' community venue) people with COPD have the opportunity to share their experiences with one another and engage in social activities. They can



West Midlands Respiratory Improvement Programme

also take advantage of more structured sessions, which cover elements of self-management, relaxation, healthy eating, exercise and practical advice, such as use of inhalers, rescue packs and oxygen.

In addition to the clinical elements, there are facilitated activities, so that the clinic becomes a patient-led activity, meaning the specific needs of participants are addressed as and when they arise. Partnership with the third sector is intrinsic to this model as local community organisations are the best placed to provide certain aspects of the holistic process regarding sustaining community engagement and understanding the assets of local communities.

The project has enabled individuals with COPD to be more active and involved in the community and their self-care, resulting in increased mental wellbeing, a large increase in their confidence of their own ability to self-manage their condition and preliminary evidence of a reduction in unplanned hospital admissions. Because this radical transformative model offered such positive outcomes we now want to further spread and evaluate the model across the Midlands. This project matches the desire expressed in the *Five Year Forward View* (NHS England 2014) that the 'NHS will become a better partner with voluntary organisations and local communities.'

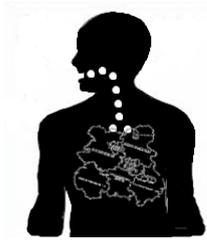
The project aims

- To support the development and spread of an Asset Based Community Clinic model for people with Respiratory illness.
- We would like to evidence outcomes, barriers and potentials in setting up these models.

Impact Achieved

Listed below are the key impact areas of the project;

- *Transformational change in patient reported quality of life.*
- *Increased mental well-being.*
- *Improved ability to self-manage.*
- *Reduced unplanned admissions.*
- *New model of service delivered in co-production.*



West Midlands Respiratory Improvement Programme

Focus of this call

This call is an opportunity to apply and test new methods of developing a community based clinic for patients with Respiratory illness within the East and West Midlands Regions.

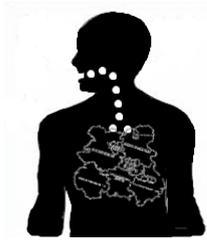
We will support and seed fund six sites with their development of a model that has the key successful attributes from the initial project. We welcome additional local innovation.

Partnership expressions will be welcomed from across the Sectors. The six Spread sites will be able to display local innovation and evolution based around key critical components of the existing Ripple model. The sites will include a focus on;

- People with COPD being included to co-produce a local model.
- Mindfulness and mental well-being.
- Physical wellbeing and exercise.
- Social inclusion.
- Basing sessions in local communities.
- An asset based approach.
- Clinical input at consultant or Nurse Level with engagement of associated health professionals.
- Self-management support that includes peer to peer sessions. (BLF tailored materials will be provided)
- Desire to include Third Sector and cross sectorial partners to co-deliver the model.
- Understanding of local transport solutions.

What we will offer

1. There will be seed funding of up to £25,000 per site to initially support the set up and running of the model.
2. There will be dedicated support and advice in setting up and running the clinics including advice from a dedicated clinical consultant.
3. There will be dedicated support regarding change management dimensions and how best to collaborate with potential partners.
4. Spread sites will benefit from locally tailored British Lung Foundation self-management literature.
5. Spread sites will receive their own detailed University evaluation of the project via embedded researchers.



West Midlands Respiratory Improvement Programme

6. Knowledge sharing across all six sites.

University evaluation

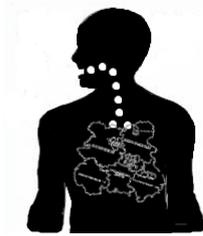
Full NHS ethics is to be obtained for rigorous evaluation of the impact and outcomes of the RIPPLE community clinic across the spread sites. A team from Coventry University will be leading the research and evaluation process, and each site will have a dedicated researcher offering support, advice and assistance. In addition to patient reported evaluation measures, and questionnaires administered at each clinic we will also be accessing clinical data, and so support from local ethics leads, and management permissions will be required. Please indicate in your Expression that you have initiated discussions regarding ethics, and submit the contact details for local ethics, and management approvals.

Expression of interest

Short Expressions of Interest are invited. These should briefly outline how you fulfil the criteria listed below;

Criteria for inclusion *(Please send a concise description, 2000 words max)*

1. Must be located within the East or West Midlands Regions.
2. To include patients/carers as co-producers of the project.
3. A desire to include local Third Sector providers.
4. Clinicians to be involved in the model.
5. Need to have fidelity to the key aspects of the Ripple model whilst displaying local innovations.
6. A history of working collaboratively on projects within their health economy.
7. Board level sign up to the project.
8. An open approach to working with a wide range of stakeholders
9. An enthusiasm to carry forward learning and improvements towards a business as usual approach.
10. Ability to develop a stakeholder board for the project.
11. The willingness to support the dissemination of the project outcomes to other Health economies via case studies, publicity materials and appropriate conferences/events.
12. The ability and enthusiasm to influence change via levers within the system.
13. Need to have dedicated project management or responsible manager/coordinator.
14. Need to capture data and work closely with University evaluators.



West Midlands Respiratory Improvement Programme

15. Please indicate in your expression that you have initiated discussions regarding ethics, and submit the contact details for local ethics, and management approvals.

Expressions of Interest will be evaluated by a committee made up of clinicians, Third Sector, patients, NHS programme management staff and University evaluators

The cut-off date for expressions will be **12.00 on the 26 February 2016**. Expressions will be sent to James.Breakwell@northstaffs.nhs.uk. For an informal discussion or to arrange a 1:1 information meeting contact Paul.Dodd@northstaffs.nhs.uk or call on 07787436434.

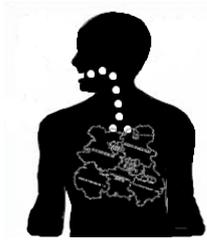
The RIPPLE (Respiratory Innovation: Promoting a Positive Life Experience) model.

The RIPPLE project has thus evolved an innovative way of integrating the social and medical models of care for people with COPD.

Delivering the RIPPLE model requires health care specialists to overcome traditional ways of thinking and 'fixing' and instead to approach patients as co-decision-makers, therefore moving towards a more asset-based approach where patients, carers and other stakeholders are able to operate as a collaborative team.

One of the key successes of this project has been getting individuals and organisations from a wide variety of backgrounds to trust each other and work together cooperatively. Early in the project it became clear that different organisations had different cultural and linguistic values leading to misunderstandings. These were rectified by having a regular open and honest dialogue that enabled a trusting shared relationship to emerge.

A key characteristic of the RIPPLE clinic is the informality of the setting. Patients are not in waiting rooms idly waiting for their appointments. The clinic enables health care professionals to interact with patients, build rapport and get to know people based on regular, individual interaction. This gives health professionals a more accurate understanding of a person's health needs which may not always be picked up in a more formal clinic appointment. As trust is built between patient and professional, patient confidence increases and any doubts that the patient may have had lessen and with the encouragement of third sector partners, patients begin to approach professionals about their condition and thus more actively take responsibility for managing their own health. A striking feature of the RIPPLE clinic is that patients relax, ask questions that they have not been confident to ask in a traditional clinic setting, and listen to and believe the answers given particularly if they are reinforced by other patients within their peer group



West Midlands Respiratory Improvement Programme

The self-management and peer advice activities provide an opportunity for health professionals to contribute their expertise. These sessions reassure patients as they provide the medical evidence in response to a more 'social query' discussed in the session, i.e. a clinical question related directly to patient's own priorities. One example is the session on 'planning a holiday': The Third sector partners provided the necessary information re location, offers through agencies and insurance, and the clinical team provided information related to preparation of medication and ordering oxygen bottles. Patients themselves shared coping strategies on how to minimise the impact of COPD on their holidaymaking, and encouraged each other to go on holiday despite their severe COPD.

The RIPPLE project provides a model that enables all partners to co-produce and contributes ideas and suggests improvements. Patients are supported and enabled to become active partners in the project and determine the programme based on their needs and interests. Patients are empowered to take control of their COPD and live their lives.