CATALYSTS FOR CHANGE

FINAL REPORT

Project Title:

CHANCE2CHANGE* AS A CATALYST FOR HEALTHIER LIFESTYLES

Keywords: Community assets, patient empowerment, cardiovascular risk, lifestyle change, GP practice nursing, quality improvement

Duration of project: Jan-Sep 2017

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Project Team: Garscadden Burn Medical Practice

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***The original title of this project, Windows of Opportunity, was changed by the members who attended the group.**

1. Summary

This project has involved a GP practice nurse (myself) making connections within the community where I work, in order to set up and facilitate a small peer support patient group. The context is that of a highly deprived community with major social and economic challenges. The aim of the group was to try and maximise the impact of the relationships GP practice nurses have with patients by helping a group of people who are at high cardiovascular risk to meet together to gain the knowledge, skills and confidence to make positive healthy lifestyle changes.

The key characteristic of the group has been that it is very practical and hands on, with patients setting their own goals for lifestyle change. The encouragement and support received from fellow group members was a powerful tool in helping individuals to make and sustain changes, leading to pride in personal success and feelings of well being. The group participants explored alternative healthy coping mechanisms when life was especially difficult, and as confidence built they were increasingly willing to try new food and activities, and to tackle unhealthy habits.

Evaluation by small scale social reporting found that the participants viewed the group very highly and intended to keep meeting and making changes. On the basis of this experience the local GP Cluster has allocated funding for the group to continue and for two similar additional groups to be started. Patients from across the cluster will now be eligible to attend.

In my view this new way of working for GP practice nurses will be needed in the future, not only to support individuals to make changes but as a way to challenge health inequalities and to enable GP practices, such as Garscadden Burn Medical Practice, to bring a more community-focused approach to healthy living into routine general practice.

2. Background

Garscadden Burn Medical Practice is among the 100 practices ('The GPs at the Deep End') serving the economically poorest populations in Scotland, with 60% of our practice population who live in the 15% datazones categorised as the most socio-economically deprived in Scotland (1). Men who live in the most deprived datazones have a healthy life expectancy of 18.8 years less than those who live in the most affluent areas, for women similarly the figure is 17.1 years (2). A national study has found that GP practices, like Garscadden Burn Medical Practice, who work in the most deprived areas have 38% more patients with complex health problems (five or more long term health conditions) and twice as many patients with combined mental and physical health problems as those who work in the more affluent areas (3). In addition, patient consultations in deprived areas result in lower patient enablement and doctors report higher levels of stress. The patients who experience the lowest enablement are those with a long term condition and mental health problems (4).

Beyond the statistics, the daily experience of our practice team is of being faced with a very high need for GP availability, complex consultations with multiple physical and mental health needs to address, being expected to respond to the health impact of pressing social and economic problems, trying to support patients who lack resources for self-management, such as the finances, life skills, health literacy, social support or adequate housing arrangements. Over and above these pressing demands are the needs of patients who are not demanding and who have very low expectations but who have the lowest life expectancy and worst health outcomes of all.

Having worked in Drumchapel for many years I unfortunately have seen first-hand the negative outcomes when we fail to support our patients to achieve a healthy weight and become more active. NHS services often do not meet the needs of patients for early intervention due to multiple barriers to access, including exclusion criteria, waiting times, remote location and focus on individuals. Working as a practice nurse in a GP surgery I have the advantage of being accessible and knowing the patients well, but I also feel limited as to what I can do, beyond trying to impart my enthusiasm to patients and my knowledge, because people face lots of difficulties and barriers to changing risk factors in their life, often lacking the confidence or knowledge but also because unhealthy activities, such as smoking or comfort eating, are seen as ways of coping with stress, loneliness or poor mental health.

The overall aim of this project has been to try and maximise the impact of the relationships we have with patients in the GP practice by helping a group of people who are at high risk to meet together in a group and gain the knowledge, skills and confidence to make positive healthy lifestyle changes.

3. The Project

The project set out to create a different approach to helping patients affected by socio-economic disadvantage to live healthier lives. This brought together a number of key elements to empower patients to make healthier choices:

1. Patients identified and referred by their GP or practice nurse, *without barriers to access*. The group did not have formal exclusion criteria, and so was broadly accessible to any patients who their clinician thought would benefit from taking part. This also provided the clinicians

with an additional resource they could access when seeking to support people to reduce their cardiovascular risk.

2. *Building on trusted relationships*. The personal referral by a GP or nurse, having a known and trusted nurse leading the group, and having the group organised and run by the GP practice, created acceptability among patients who might otherwise lack the confidence to take part in a group of this nature
3. *Meeting in a local venue*. The venue identified was a small community gym, within easy walking distance for residents in the Drumchapel area. As well as being easily accessible and known, this choice of location also supported a local community asset, increasing footfall in the gym, increasing the number of people using its facilities and providing a revenue in the form of rent for the room.
4. *Making my nursing knowledge and expertise available* as a resource. I have felt limited over the years by the constraints of GP practice consultations and seeing patients maybe once or twice a year to be able to help them make any meaningful difference in their lives. By getting to know the group and making myself available to them over a series of meetings, they were able to access my knowledge and expertise at a pace that was meaningful to them, guided by their priorities and not by a template or clinical framework.
5. *Creating links with community assets* that can serve as a resource for change in patient's lives. I have worked for years in Drumchapel, and I feel ashamed to say how little I was aware of all the facilities and resources that are at people's disposal to help them change. I feel like I have been a hamster on a wheel, and finally the cage door has opened and I have discovered there is a big world out there. The project built up a small network of relationships with a variety of charities and local facilities, such as a cookery training project, a bicycle group, a yoga training charity, a mental health charity, local shops, the gym where we met, etc.
6. *Building on peer support and relationships*. The group developed organically and slowly, building with a snowball effect, supporting those taking part to get to know one another and to grow in confidence. One group member is herself very connected with projects in Drumchapel and was a fantastic resource for passing on her local knowledge. Others started to meet together to walk to the group, or to use the gym together before the group starts. Some also meet outwith group times for further activities and socialising together. There has been a very good bond developed between the members over the months; encouraging each other in their efforts to improve their lifestyle. The group also learn from each other and share learning within their own family and friends. This has not happened overnight, but has taken time to nurture and to grow.
7. *Addressing what matters to people*, rather than what is considered to be the matter with them. The project had a clear cardiovascular risk factor focus, however people were themselves allowed to steer how the content of the group developed and what priorities were addressed, to focus on the issues that were relevant to them. Ideas for activities were generated by the group themselves. The group set the agenda for the following weeks depending on needs. They even changed the group name! (to Chance2Change)

The group has met weekly since January 2017, and continues to meet at present, although the timescale of the project is now finished. After a slow start, weekly group numbers have ranged from 6 to 9 people, both men and women, with ages ranging from 30 – 73. The format of the group has

been very informal, with myself acting as a facilitator, with the programme and ideas for group activities being largely set by the group themselves, but with a large regular weekly component of yoga and mindfulness.

Regular group activities have covered three broad areas:

a. Education and information
b. Wellbeing promotion
c. Practical sessions and skills building

They have included:

- Yoga most weeks
- Mindfulness sessions
- Monthly bicycle trips
- Provision of recipe books and literature on healthy eating e.g. salt reduction etc.
- Practical cookery sessions (see below for examples)
- Food taster events. The group members are often reluctant to try new foods that they might not like, especially when the food budget is limited. Examples have included fresh fish without breadcrumbs or batter and a meat free chilli.
- Review of portion and plate sizes
- Eating on a budget, looking a cost saving ideas and avoiding wastage
- Food quiz. Including preparing and safe storage of food.
- Review of nutritional information of local takeaway foods e.g. bakery sausage roll, take-away pizza etc. Discussion re sugar, fat and salt contents and comparing with recommended daily limits. A few big surprises!
- Improving physical activity levels. Providing information of what is available locally. Cheap or free stuff. Setting of small individual goals. Use of pedometers and apps for monitoring physical activity
- The benefits of regular exercise on our health. Weight loss, CV risk reduction and improved well being
- Smoking cessation support
- Discussion on the importance of mental wellbeing in making healthy lifestyle choices.
- Benefit of interaction with others in tackling loneliness and social isolation

Practical cookery sessions:

Alternatives to takeaway food: Healthy chicken curry, Chicken kebabs. Healthy chips/sweet potato chips. Turkey burgers
Learning how to use herbs and spices and reduce salt
Healthy alternative snacks, e.g. Avocado, sweetcorn and tomato nachos replacing nachos and cheese. Homemade low fat dips and crunchy veg to replace shop bought high fat/salt dips. Kale crisps. Apple and carrot crisps (not so successful!).
Learning to make homemade sauces to replace shop bought jars
Healthier cakes and puddings e.g. brancake, melon crunch pots, chocolate cake.
Learning how to stir fry using wok
Alternatives to frozen ready meals, homemade lasagne.

4. Impact

Challenges, successes, and lessons learned:

A number of changes were made to the project as originally conceived to overcome the challenges faced and integrate lessons learned:

- Planning and development of the group took a lot longer than expected- this involved several months of meeting with local planning groups, third sector and community resources to create the network and build up the local knowledge to make the group possible in an effective way. This was a fantastic learning experience as a practice nurse and has given me an invaluable understanding of the facilities available in the local community, however it was time consuming and very much took me out of my comfort zone. However I have thoroughly enjoyed the experience.
- The 'inclusion criteria' of the project was dropped early on. The initial plan was for the group to be targeted to patients aged 40-60 who are overweight /obese and have a new diagnosis of hypertension or impaired glucose intolerance. This was on the assumption that being given this diagnosis would be a moment when people would be particularly receptive to change, creating a 'window of opportunity' to invite them to the group. This did not turn out to be the case, and numbers struggled initially, until the group was opened out to anyone considered to be at cardiovascular risk who was ready to take part in the project. This meant that people attended who were at a stage in the cycle of change when they were ready to take steps.
- The time frame for the group was also dropped. This was initially intended to be a 6-week holistic wellbeing programme, using co-design methodology but delivered around a structure with a distinct end point. In the event, the group developed far more informally and organically, with group members keen to continue meeting and to grow and learn together. This was far more successful in building peer relationships and giving the group control over the pace of learning and issues addressed. In many ways it is evolving into an ongoing peer support community group with a nurse facilitator which individuals can access for as long as they feel it is helpful to them. This raises issues of funding and sustainability which will be discuss below

- Evaluation of impact was challenging. I do not have expertise in evaluating this kind of intervention, and in practice the tools that were used to record the experience of those taking part perhaps did not capture the richness of the experience.

Impact on the individuals taking part.

The impact on the individuals taking part in the group was assessed in a number of ways, with some support by a researcher from the Alliance for Health & Social Care. For various reasons this input was more limited than intended. Evaluation of impact included-

- two brief video interviews
- a self-reported lifestyle change questionnaire
- completion of a standardised wellbeing score at the beginning and after attending for 3 months

Interview 1 (available on https://youtu.be/jNP5Gm_iOGE)

Selected quotes from Interview 1:

Learning how to cook, yoga, helps us all
One week we can do cooking, maybe the following week we go a bicycle run, health walks as well, we come up with ideas
Builds your confidence, I don't really have a lot of confidence, my confidence is quite low
People are coming along in the same situation as me, I love this wee group, I really look forward to it, even the yoga, you get a wee bit of mindfulness you know and it really really helps me
Margaret is really good with this healthy eating, how to start cooking from scratch
It would be a shame to see it go, it really would

Interview 2 (available on https://youtu.be/WGNQ11x1_Ko & https://youtu.be/64-_1AhITUo)

Selected quotes from Interview 2:

I thought this group was exactly what's needed in Drumchapel, I thought it was a brilliant idea, so I asked if I could join it

There's lots of stuff happening in Drumchapel but people but don't know about it

We get up to yoga, go to the gym, some of us have started meeting up and walking here

When I started coming to this group if you looked in my cupboard you would see jars, dorito chips, you name it…since I've started coming to this group you won't find a jar in my cupboard, I make everything from scratch

You'll find that lots of people in the group have cut down on salt intake… the most important thing we've been learning about is storage, I'd have thrown away food after 24 hours because I was afraid of food poisoning, I've learnt you can keep food in the fridge for 2 or 3 days or put it in the freezer, so it's been saving money as well as eating healthier

We've been doing yoga, mindfulness, that sort of stuff, it's relaxation… since I've started doing yoga it's made such a huge difference

It's not just us in the group but it's friends and families as well, I'm so enthusiastic I go back and share it with other people as well

There's a lot of people who wouldn't have the confidence to go to the gym

Building confidence is the most important thing from this group

Self-reported lifestyle change questionnaire

These were completed by the six people attending a group session in September 2017. The majority reported having made lifestyle changes or being better informed in all domains except for in the area of smoking, in which two out of the five smokers reported stopping or cutting down their smoking.

Self reported lifestyle change:
Questionnaires completed September 2017

Since joining the Chance 2 Change group:					
Q1	**Are you more physically active?**				
Reply	Definitely	A little	No	Don't know	Total
#	4	1	0	1	6
%	67%	17%	0%	17%	
Q2	**Do you take regular exercise?**				
Reply	Definitely	A little	No	Don't know	Total
#	4	1	1	0	6
%	67%	17%	17%	0%	
Q3	**Have you stopped/cut back on your smoking?**				
Reply	Yes	No	Don't know		Total
#	2	2	1		5
%	40%	40%	20%		
Q4	**Do you feel more informed about food?**				
Reply	Definitely	A little	No	Don't know	Total
#	5	1	0	0	6
%	83%	17%	0%		
Q5	**Do you feel more able to cook your own meals?**				
Reply	Definitely	A little	No	Don't know	Total
#	4	1	1		6
%	67%	17%	17%		
Q6	**Do you feel more confident using new ingredients?**				
Reply	Definitely	A little	No	Don't know	Total
#	4	1	1		6
%	67%	17%	17%		
Q7	**Do you feel you eat more fruit and veg?**				
Reply	Definitely	A little	No	Don't know	Total
#	4	2			6
%	67%	33%	0%		

Clearly self-reported lifestyle changes have their limitations, however the responses to the questions do indicate that the group participants considered their participation in the group to be meaningful in terms of the impact on their health and wellbeing.

Wellbeing scores

The group participants were asked to complete a Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) at the outset of the group and after attendance for 3 months. While the findings of this can't be interpreted in terms of the impact of the project on the individuals who took part, they are interesting nevertheless:

Wellbeing score at beginning of the group and after attending for three months (WEMWBS)

ID	Beginning	After 3 months
1	32	51
2	56	44
3	67	69
4	65	40
5	43	47
Average	52.6	50.2

It is noticeable that two out of the five group participants suffered significant decreases in wellbeing during the timescale of the project. This is a reminder of the severe challenges faced by people living in poorer communities, particularly at a time of austerity and benefits reform. This project has taken place against a backdrop of adversity, in which people face an uphill challenge and are vulnerable to economic, personal and social shocks. It should never naively be thought that projects of this nature will solve health inequalities, although they may help to mitigate the worst impacts for some individuals.

Ethical and legal considerations

A number of ethical considerations are raised by the project, that might be more prominent when applied on a larger scale:

- participants all signed consent for their photographs, interviews and video clips to be recorded and shared
- the group had to set ground rules as regards treatment of individuals, respecting confidence, etc. While this has not created any problems, it could potentially place the facilitating nurse in a difficult position were any issues to arise, for example racism, bullying or betrayal of trust between members of the group. Some formal training in group facilitation and managing difficult behaviour might be helpful if larger numbers are to be involved.
- the group took part in activities, such as cycling & cookery, which might involve an element of risk. While a risk assessment was undertaken, training or advice in structured risk assessment of the diverse activities would be an important consideration. Most of these activities were undertaken in partnership with third sector and community organisations. Where responsibility lies for health and safety risk assessment between the GP practice and the partner organisations needs to be clarified in any wider scale project
- the group would not be a traditional activity undertaken by a GP practice, and was not undertaken in NHS premises. Clarification may be needed as to whether the group participants are covered by the GP Practice liability insurance, and whether there are any issues for medical or nursing indemnity
- the group is a non-traditional activity for me as a practice nurse, and the question arises whether other GP practice team members could be equally as effective, for example a health care assistant. It remains to be explored the extent to which this might become a core part of health care professionals' duties in the future

- the question of resource use is bound to come up- this is focusing a large amount of GP practice nursing time on a small number of individuals. Is it an effective use of my time? I would argue that investing in helping a small number of people to make real and lasting changes in their lives that bring them greater wellbeing now and improved health and reduced sickness in the future is at least as good a use of my time as small doses of lifestyle advice to a larger number of people that may have little or no impact. For those people who face the greatest barriers and the worst health, this is perhaps the only way to help them make changes, and it is perhaps unethical to rely on traditional one to one nursing advice if this only reaches those who are already empowered and able to make change for themselves. Unwittingly we may contribute to widening the health gap between the haves and the have nots.
- as regards sustainability, my time is the costliest element of the project. It might be feasible in the future for the group to get funding as a community group, but this is unlikely to include money for nursing time. The sustainability of this type of work will depend on GP practices and Health and Social Care Partnerships recognising this role as integral to modern GP practice nursing, especially in areas of socio-economic deprivation, and structuring funding and services accordingly. Steps are already being taken in the local GP cluster to explore how this might be done

Summary of overall impact of the project

The individuals who are taking part in the group are enthusiastic about its value to them. The majority feel it has been helpful in bringing about healthier lifestyles, however the true value seems to be in increased confidence, stress management (particularly through yoga and mindfulness) and the social relationships it has created. For me as a nurse, the project has involved a steep learning curve and being taken out of my comfort zone, but has been hugely enjoyable and rewarding. For the GP practice the project has increased the options available for helping people make lifestyle changes and has created links with local resources and better awareness of community facilities

5. Sharing your work

The report of this work is going to be shared with the Drumchapel and Yoker GP Cluster, the Glasgow HSCP Northwest Locality and the NHS GGC health improvement team. The format of the group and the learning involved in building the local network, facilitating the group and engaging with individuals will be shared with other GP practices in the GP cluster as we plan to take the next step.

6. Next steps

There are two developments that will form the next steps. The first is that Garscadden Burn Medical Practice has agreed to explore integrating this role into my core practice nursing duties, initially for a trial period over the next six months. This potentially frees up the group to work towards becoming a self- sustaining peer support community group, at their own pace, with the possibility of applying for community grants and working with support organisations such as Thriving Places. The second is that this work has been agreed by the Drumchapel and Yoker GP Cluster as a priority across the whole cluster, serving more than 20,000 patients. Funding has been allocated and three practices

are currently considering the possibility of allocating nurse or health care assistant time. The plan would be for two more groups to be started, using the model of working that I have developed, opening up participation to patient registered with any GP practice within the cluster locality. In tandem with this, training is being arranged with the GP practices to raise awareness of what local resources for physical and mental wellbeing are available, so that patients can be signposted to these even if they don't need to participate in a group. I will use the learning from this project to help develop that training.

7. Key lessons:

- The group was difficult to get off the ground.
- Barriers to be overcome included:
    - My lack of local knowledge, despite having worked as a practice nurse in the community for many years
    - Moving into a different setting, outside of the GP practice- definitely outside my comfort zone
    - Developing different and more equal relationships with patients.
- The key element to success was a strong desire to deliver a service that would be genuinely helpful to patients, and strong support from the GP practice.
- Group members became more informed about healthy living and the effects of lifestyle on future health.
- Members have grown in confidence.
- Members have been able to share their learning within families and the community – this has produced a ripple effect extending the benefit of the group beyond the individuals who attend.
- The group activities have created good team bonding and sharing of knowledge, skills and motivation between members.
- This has been an enjoyable and rewarding experience for myself as a practice nurse, it has extended the range of skills I have to offer and has created professional satisfaction that I am enabling people who are at high risk of disease to make real changes for the better.
- The project has been fun
- There has been great teamwork throughout.

Hopes for the future

- Expand group to become a more community based asset and continue with the patient led agenda.
- Encourage other Practice Nurses or Health Care Assistants to try different approaches to empower patients to take control and responsibility for their own health.

8. References & acknowledgements

1. http://www.isdscotland.org/Products-and-Services/GPD-Support/Deprivation/SIMD/
2. Long-term monitoring of health inequalities. The Scottish Government 2010
3. General practice funding underpins the persistence of the inverse care law: cross-sectional study in Scotland Gary McLean, Bruce Guthrie, Stewart W Mercer, Graham CM Watt Br J Gen Pract Dec 2015, 65 (641) e799-e805;

4. Mercer, S.W., and Watt, G.C.M. (2007) Annals of Family Medicine, 5, 503-510.

I would like to thank the staff at the Stonedyke Neighbourhood Centre,Margaret Ann Prentice, community links practitioner, Annette Fennel, practice receptionist, Leanne McBride, local resident, Helen McGinn, yoga teacher, Anne Glass, Bounce activity coordinator, Elaine Smith, practice manager, Hilda Campbell, COPE director, Mary Wright, Health Improvement Officer and the GP Partners at Garscadden Burn Medical Practice for their support and advice in getting this project off the ground. I would also like to thank Peter Cawston, GP, who wrote this report on my behalf.

9. Financial report (Mandatory)

A summary of how the money was spent please use this table.

Item	**Detail**	**Budget**	**Actual**
Staff Costs (*detail number of staff and number of hours allocated to project)*	2 staff members 144hours	£2293	£3330
Travel Costs (*detail travel for staff and for participants, including travel to two QNIS workshops)*		£120	nil
Venue Costs (*include hire costs for rooms)*	40 x £25.00	£206	£1000
Other (*materials, postage, evaluation etc)*	Evaluation, Yoga, stationery, sundries, cooking ingredients	£2129.86	£920
Total		£4748.86	£5220.00

Your project report should follow the guidance set out below. If you wish to adapt the headings, please contact Fiona.Fitheridge@qnis.org.uk.

Please feel free to design your own report in a creative way whilst demonstrating the impact of the funding you have received. ***The report should be between 5,000 and 7,000 words*** *(not including the summary).*