# **Self-Care Forum Self-Care Award 2024**

# **Award Application Form and Eligibility**

***The Self Care Forum is inviting applications of good practise in self-care, personalised care, and social prescribing that have made a difference to individuals, groups, or organisations.***

**Who can apply?**

This invitation is open to everyone, whether you are an individual, a community champion, an employer, surgery, council, library, school, college, business, or services organisation (public, private, or charitable). For a guide, see examples table below.

**£500 bursary**

The winner will receive a £500 bursary to spend on a self-care related initiative and the top entries will be included on the Self Care Forum website to share best self-care practise and excellence. The winners will be announced during the UK’s National Self-Care Week (18 – 24 November) as part of its launch and promotional activity.

Closing date for admissions: **31st July 2024.**

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| Examples of possible initiatives | If specific health-related conditions were targeted, they might include |
| * 2023’s Self-Care Week activities * Signposting to services * Protecting mental health and wellbeing * Promoting self-care to the shielded population * Self-care for the elderly or other specific groups * Self-care introduced by employers. * Local authority population or community initiatives * Pharmacy initiatives * Surgery-led initiatives * Self-care education by schools, universities, or community groups such as Scouts, Guides etc * Empowering vulnerable groups | * Long-term conditions * Obesity * Diabetes * General health * Nutrition * Exercise * Mental Health * Self-treatable conditions/minor illness |

## Please use the form below to tell us about your self-care initiative.

If you are typing directly into the form, do not worry if the box extends beyond the page – it will continue onto the next one.

## Title and contact details.

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| Title of Initiative (please ensure this is a good description of your initiative in no more than 6 words)  Initiation of a Patient Self-Management Team |
| Name of Organisation and Region (please state context, i.e. general practice, community care etc)  Locala Health & Wellbeing CIC |
| Name of person or team or individual being nominated.  Locala Self-Management Team |
| Contact name for entry.  Helen Arnold |
| Contact email for entry.  helen.arnold@locala.org.uk |
| Timeframe and dates of initiative  The team was established in May 2023 and is ongoing |
| Date of submission  11/7/2024 |

## About your self-care initiative

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| **Describe the problems you were facing and your objective(s) in tackling this. (200 words max)**  It’s widely acknowledged that there are considerable pressures on Community Nursing Teams not only a significant increase in caseloads but also higher levels of complex care is required within the community setting. There are also still problems with recruitment and retention of colleagues.  With this in mind, we needed to consider innovative ways to continue providing high quality care whilst maintaining a safe and sustainable service. Our focus was to deliver a personalised service, supporting patients to self-care at home whilst also providing an all-round holistic approach including signposting to other support networks. Our aim is to have positive impact on the independence and quality of life of our patients, carers and in turn the wider community. We also wanted to embed a shift in how patients and our colleagues view self-care as an appropriate alternative option.  We are an ambitious team, and moving forwards our goal is to widen the reach of the Self-Care Service. Our positive impact upon patients and carers has been clear to see and with the full support of our colleagues we will continue to provide this bespoke personalised support. |
| **Outline your initiative, explain your planning and execution of the project. (200 words max)**  We’ve created a highly skilled self-management team led by registered nurses and delivered by non-registered colleagues. We put in place additional learning to ensure advanced communication skills, appropriate clinical procedures and teaching techniques and behavioural change models. Learning around shared decision making and health coaching was also carried out, this additional learning has been essential to ensure a fresh perspective on how patient care can be delivered.  We created a team that visit patients at home to facilitate teaching around certain nursing interventions. The teaching takes place under one main self-management facilitator for consistency, patient goals are set, visits vary between mediums so they would be both empowering but also supportive, and we work alongside the community nursing teams so when we aren’t available then nurses would continue with the plans set in place.  At initial visits we complete a holistic review, motivational interviewing, and set goals. We document initial confidence levels and incorporate any issues the patients may have, for example, memory, dexterity, past trauma or fears, possible phobias, and any other potential barriers.  Teaching is provided around insulin administration, injection administration, application of hosiery and compression kits, wound care, catheter care, eye drops, transdermal patch application and stoma care. |
| **What were the challenges and how did you overcome these? (200 words max)**  There are challenges, significantly data collection and the way we monitor outcomes of self-management. The nature of our work means it can be hard to define success using standard data collection process - referrals, successful discharges, teaching interventions, time spent on caseload. It is more difficult to define outcome measures in a qualitative way. What has our input meant socially, mentally, and emotionally for the patient and carer? How has it helped build other social connections? The impact of referrals to other more social services? We are currently developing ways to measuring this.  We do capture feedback and stories from patients and carers who have overwhelmingly been supportive of the team and the impact we have had on them. These have been shared across the organisation to showcase the work of the team and initially we had to work with our colleagues to share the benefits of self-care and to encourage referrals into the team.  Another challenge has been the safe delegation of teaching by un-registered colleagues. Historically much of the care we deliver has been seen as the nurse’s job that it was difficult to move away from this mind set. However, after close working with our service specialists and professional development this is working effectively. |
| **Did you collaborate with other local partners, if so, who were they?**  We work closely with our local Council and connect with services including Community Plus Social Prescribers and with other support services who can help and support our patients. We also have good links with third sector organisations within the community including Carers Count and Age UK. We are also undertaking some initial conversations regarding a pilot with a local NHS Foundation Trust to undertake training with patients prior to discharge for subcutaneous injection administration. |
| **Would you describe your initiative as “innovative,” if yes please provide details. (100 words max)**  The concept of self-management is still in its infancy nationally, but with the support of the leaders within the organisation we have been able to mobilise at pace.  We work closely with our clinical departments ensuring the work we carry out is both safe and robust and much of the teaching is carried out by un-registered colleagues. Using an un-registered team has really pushed the capabilities of these colleagues, and it has meant we can build a service that will stand better against the issues of nursing retention rates. |

## Impact, outcomes, and evidence

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| **Who was the initiative directed at and what were the benefits to the targeted group or individuals? (200 words max)**  Initially our patients were referred from District Nursing caseloads. They identified people who fitted our eligibility criteria and were happy to be referred to the team. We have gone on to visit patients identified through caseload reviews and discuss self-management options directly with them.  Patients who have been regularly visited by our District Nurses can sometimes be reluctant to consider self-care, they want the independence this brings but are anxious about making those first steps. Our partnership approach has helped people overcome any worries and identify the best ways to empower them to self-care where possible.  We have a colleague within the team who speaks Urdu and Punjabi, and this has meant we have been able to provide self-management training to individuals we may otherwise have not been able to. This great benefit has added far more insight around our future requirements as a team and allowed us to focus work in areas where health inequalities are prevalent.  Key phrases picked up from patient feedback are:  “They explained everything in a way that I can understand.”  “I feel so much more confident.”  “They have been amazing; can’t speak more highly of the help I’ve had.” |
| **Please quantify the impact of your initiative. (e.g. cost improvement, numbers of people helped, time saved)**  As previously mentioned, one of the challenges we have is around the reporting of performance in a way that is meaningful in a clinical vs social aspect and in a qualitative way vs quantitative.  To date:  Over 245 referrals into our service  Over 120 patients admitted to our caseload for catheter care, these patients would previously been admitted to a district nurse caseload and would have needed weekly visits. Anecdotally we have been informed by our continence service that due to early intervention and teaching from our service around Flip Flo Valve they have subsequently seen a greater number of patients have their catheter successfully removed.  Discharged or changed the care for 26 diabetic patients on insulin and this has saved the district nursing teams more than 15,000 visits over the following year.  Our data and performance tools are still being refined and we are also developing our outcome measures moving forwards so we can see the benefits in both a qualitative and quantitative way. |
| **Do you have formal or anecdotal evidence of success? (e.g. qualitative, quantitative, informal feedback?)**  As the self-management team leader, I have recently delivered an introduction health coaching training session to the Band 7s highlighting the benefits of ‘better conversations’ with patients and I shared some of the positive outcomes we’d had reported to us back from patients.  For example:  Patients were able to go on holiday with loved ones due to self-caring.  Patients were able to have their ‘lie ins’ because they didn’t have to get up early for insulin visits from their district nurse.  A patient who was concerned about his cleanliness around prayer time trialled a flip flo valve for his catheter and this benefitted his prayer and he then happy to attend his local mosque again.  A lady who had some communication difficulties found it difficult having different nurses in her home and she feels much happier avoiding the upheaval and completing stoma care herself.  A gentleman who was fearful of his catheter leaking due to previous incident had training around a flip flo valve and then happily reported to our team he had been able to take his wife on a date to the local cinema.  Patients report being happier that they can eat meals with their families due to them being able to give their insulin at times that suit them.  We work closely with our Engagement Team to capture feedback using patient surveys and stories. |

## Learning and sustainability

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| **What was the cost of this initiative in time, money, and other resources? Please be as specific as you can.**  The costs come in the form of the colleagues employed within the service, this includes a Band 7 Team Leader, a Band 6 Clinical Lead, and multiple Band 4 Self-Management Facilitators.  Most of our training took place in house, much of this was existing clinical training but our health coaching was developed by an internal colleague, some was online learning and we funded everyone in the team to attend Cognitive Behavioural Therapy training at a local University.  Supplies for the work we carry out exist within the current community nursing structures and the teaching supplies we use are often obtained through pharmacy industry representatives for products we are already using. |
| **Were there any learnings from the initiative, if so, what were they? (200 words max)**  Patients need time to go at their own pace.  Patients need consistency in their learning.  We need to make sure we are having ‘better conversations’ and that we always consider ‘what matters most to the patient.’ The personalisation of care should always be the main motivator to whatever we do.  We don’t see a pathway, we see a person who has choices, lived experiences, and should have the ability to contribute to their care in whatever ways they are capable of.  Don’t underestimate the capabilities of un-registered healthcare professionals.  We have recently initiated a learning module for our colleagues in the Community Nursing Networks, this helps share our learning and highlights how to undertake better conversations finding out ‘what matters most’ to the patients they see. This has meant that a personalised approach to community care is becoming ‘everyday business.’  It has been so important to build partnerships with stakeholders across the area, there are great resources that have not been ‘tapped into’ previously and as a team we can deliver training in clinical skills and then we can signpost patients to what will be beneficial for them on a more social level. |
| **Are you continuing to implement the initiative, please give details. (200 words max)**  Our service will continue, and we are planning further recruitment of Band 4 Self-Management Facilitators.  We plan to recruit another RGN to assist with the triaging of patients, adequately ensuring the safe delegation of work to an extended team of un-registered self-management facilitators.  We are exploring the possibility of setting up self-management groups to work with other services such as Tissue Viability and Podiatry to encourage self-management and provide some level of peer support. This is an exciting step and offers the opportunity to work with other partners to provide advice and support for these patients and their carer’s.  The success of the team has been widely shared across the organisation using a mix of data and patient feedback. This has led to other services wanting to work with us and we are now taking referrals from tissue viability and stoma nurses.  We are excited to shortly be piloting Self-Management In-Reach within a local Trust. This will start with one intervention type (anticoagulation injections) and will expand once established. We also plan to increase referrals into social support networks prior discharge to improve patient outcomes. We would then replicate the model in other local Trusts. |

## And finally…

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| **How easy will it be to replicate your initiative, and do you have top tips to share? (max 200 words)**  I don’t feel the work would be that hard to replicate, a lot of time that goes into the resources provided for patient however making sure everything is safe and robust means a much more sustainable service, better supported colleagues, and ultimately happier patients.  Top tips would be:  Involve everyone in the team in its development, my team is highly motivated and excited for the journey, and this shows in their interactions with our patients.  You must speculate to accumulate, make the time to spend with patients, it feels hard with a shortage of staff, but you will feel the benefits in the long run. In the last year we have discharged or changed the care for round 25 diabetic patients and that has saved the community nursing teams around 15,000 visits over the next year. That is only one of the areas we provide teaching in.  Have faith in your un-registered workforce, they are absolutely our backbone.  Respect patients right to choices, self-management is still an option even if the interventions look different. If you can safely risk assess and keep the patient safe, then everyone has the right to choose what is right for them. |
| **Did you use any of the Self Care Forum’s resources? If so, please specify.**  Whilst I am aware of the Self Care Forum’s resources I haven’t used them in the implementation of our service. |
| **Please provide the social media addresses of all those who were involved in the initiative.** |
| **Why do you think this initiative deserves to win the award? (Max 100 words)**  There are many reasons - the saved visits for the community nursing services and specialist nursing services, the hard work of the team involved, the level of innovation that has pushed boundaries or the successes seen using an un-registered workforce. However, all this would all be secondary to what matters the most, and that would be the direct impact this has had on the patients we have seen. The feedback on how empowered they feel, how they can do so much more now and how confident they are in managing their own health conditions is by far our biggest success. |
| **Do you have an image, materials or weblinks to supplement your application? Please supply no more than 2 images which may also be used to promote your application if successful. Ensure images are square (ie height and width dimensions are the same).**  Attachment added- 2 patient stories |
| Your application may be chosen to be uploaded to the “best practise” page of the Self Care Forum website to share self-care excellence so that others might use the learnings in your application. We will also include your email address so that people may get in touch with you. If you would prefer that your application and/or email address was NOT chosen, then please make it clear in the box provided below. |
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Thank you for taking the time to apply for the Self-Care Awards. We look forward to receiving your application. Please email your completed form to: [selfcare@selfcareforum.org](mailto:selfcare@selfcareforum.org)

**About the Self Care Forum**

The Self Care Forum supports organisations in helping their communities and service users better understand how to self-care. It is the leading independent provider of best practice around self-care and the ‘go-to’ place for top quality resources, current opinion, and self-care interventions in the UK.It is a charity and aims to improve public health by promoting self-care at national policy level. It creates free resources including self-care fact sheets, runs the UK-wide National Self-Care Week, and supports robust research evidence.

For more information about the Self Care Forum please go to the website. [www.selfcareforum.org](http://www.selfcareforum.org). Please find and follow us on LinkedIn, X and FB.