

For everyone concerned with rehabilitation

Bridges launches as a social enterprise

Professor Julius Weinberg, Vice Chancellor of Kingston University, speaking at event at Dorich House, which marked Bridges becoming a social enterprise



Just over three years from our launch in 2010, Bridges has become a social enterprise. That means we can now develop our plans to support many more stroke survivors through our training programmes for practitioners. We are also able to develop new training programmes and support innovative developments and research in self-management, not only in stroke but for other neurological and long term conditions.

Bridges has always been informed by the experiences of stroke survivors and practitioners and to recognise this, we are dedicating this newsletter to sharing the success stories of those teams and individuals who are using Bridges in their practice.

Eileen, Carole and Robin from the Bridges Advisory Group. Bridges is extremely grateful for all the Advisory Group's support

UnLtd

Bridges would particularly like to thank UnLtd for all their support in helping Bridges become a social enterprise. UnLtd are the leading providers of support to social entrepreneurs in the UK and without their belief and commitment in Bridges, we would not have the opportunity to develop our plans for the future.

Join Us

We are very grateful for all the support and interest Bridges has and continues to receive locally and internationally. As a new social enterprise we want to ensure that we continue to be guided by people living with long-term neurological conditions and practitioners. We ask you to join us in shaping Bridges in the future; there are many ways you can do this so please read on and get in touch with us.

Bridges at the UK Stroke Forum 2013

We are looking forward to exhibiting at the UKSF in Harrogate from 3-5th December. We have also won a competition as the best example of involving stroke survivors and carers in the development, design and delivery of stroke courses and events, as chosen by the 'People Affected by Stroke' reference group. Part of the prize is the opportunity to present during the Education and Training session on 3rd December – please come and listen!



Our new workshops

Based on Bridges has been developed following increasing demand from practitioners who want to learn how to support self-management in people with long-term and neurological conditions. We are also hosting a number of open workshops in 2014. Open workshops are for stroke practitioners who may have missed their team training or would like to learn about stroke self-management individually instead of part of team training.

For more information about these workshops, and how to book, please contact us on 020 8725 2445 or email info@bridgesselfmanagement.org.uk.

Join us

'Early Bridges': the professional and stroke survivor perspectives of using Bridges on the acute stroke unit at St George's Hospital, London

St George's Hospital acute stroke unit has recently been trained in a version of Bridges adapted for the acute setting. Training was delivered to as many staff as possible including health care assistants, nurses, psychologists, therapists and therapy assistants. We have spoken to therapists, a health care assistant and a stroke survivor to understand their individual experiences of using Bridges in hospital.

Professional's Perspective: Hannah, a health care assistant (HCA), discusses the impact of Bridges training on herself and the wider nursing team.

Before attending Bridges training, what did you understand about 'self-management'?

A lot of the time it appears like the easiest and sometimes more caring thing to do is to help someone to do something or even do it for them rather than see them struggle. Although I was familiar with the concept of self-management and the importance of independence, the Bridges programme showed me how to apply it to a ward setting and it reinforced the impact that self-management has on the self-esteem, confidence and potential recovery of patients.

What do you remember about the training?

From the first training session, the thing that stayed with me most was how we should all be conscious of the language that we use when introducing activities to patients and the importance of providing them with choices without leading them to a decision through what we want them to achieve. The idea of risk-taking was also introduced at the workshop although this was more readily accepted by the therapy staff rather than the nurses.

How did your everyday practice change after the training?

For me the easiest way to apply Bridges principles is during the washing times in the morning and when we are mobilising patients. Asking open ended questions to start with and then offering choices if the patient is unaware of his/her options gives the patient control of what happens to them. Sometimes they prefer to take the easier route, especially if they've had a bad night's sleep or are in a low mood. This often feels like it's the wrong decision and you should be encouraging them to push themselves and work harder, but the idea of self-management dictates that it's their decision which must be used and ultimately we must accept that. After all it's their recovery, their mood, their choice.

What impact do you feel the training has had, for the rest of the ward staff?

Although there is a temptation to stick to the old routines and ways of doing things, I think there is certainly a more

open approach taken by most members of staff now when encouraging patients to make their own decisions. Bridges is now certainly a 'buzzword' and I believe the majority of therapy and nursing staff are familiar with the concepts of self-management. A number of workbooks have been distributed to patients throughout the ward which have all been treasured by them and their families. I know the patients take comfort in reading the stories from other stroke survivors, in particular the sections on how to deal with feelings of restlessness, insomnia and low mood.

What are your 'top tips' for other HCA or nursing staff?

I think the books are really the domain of the therapists as they have time to work through the stepping-stone plans of the patients' goals with them and discuss past successes etc. By talking to the patients and giving them the time and confidence to open up to us, we form a trust with them which allows them to feel free to try things their way. What we can do as a nursing team is support and expand on the work the therapists do by continuing to encourage and empower the patients to make their own choices during everyday activities such as washing and eating.

Hannah says
"The thing that stayed with me most was how we should all be conscious of the language that we use"



Professional's Perspective: Sofie, a Physiotherapist, and Emma, an Occupational Therapist, describe the impact they feel the training had on the multidisciplinary team.

"Prior to the training there were concerns amongst the staff that they wouldn't have time to use Bridges. The training was delivered over a series of half-days to enable all staff to be trained with minimal impact on service delivery. The content of the workshops was modified for the acute setting, focusing on strategies and principles which could be applied to the ward setting and staff coping with a fast throughput of patients.

Sofie and Emma perceived that overall the training was well received and that other staff had commented it reminded them about how using person centred approaches. A multi-professional group was set up to lead the implementation of Bridges between the initial and follow-up workshops. A number of changes were instigated to raise awareness of self-management and use Bridges in practice, including:

- Adding a 'Bridges' column on the patient whiteboard.
- Creating posters of useful self-management 'catch phrases'.
- Nursing staff attending goal setting meetings.
- Trialling a washing and dressing guideline for nursing staff, to promote self-management.

The main impact after training was perceived to be a change in the language staff are now using with patients, encouraging patients to take a more active role in their rehabilitation by enabling problem solving and self-discovery. Overall the team would recommend the initial investment in the time it takes to get the whole team trained, and encourage other teams thinking about this training to get the whole team on board and go for it!"

Stroke Survivor's Perspective: Paul, a 54 year old electronics engineer, was an inpatient on the stroke unit when the staff received Bridges training. He talks about how using the stroke workbook helped him to see how he's 'moving along'.

"Since I first opened my eyes on the ward after having the stroke, I became aware of the bathroom door. It became very important to me that I could go to the toilet on my own – it was a sign of utmost independence.

Early on this goal was an idea in my head, then I realised that it fitted with what the Physiotherapists were working with me to do – to stand up. The Bridges workbook allowed me to state in black and white, some of the things inside my head. In this sense the workbook was very personal to me, so that when I lost it, I felt very vulnerable. I was not happy

knowing that a third party could read my private thoughts that I was only happy to share with the therapists. [Paul was then given a new workbook].

I still find it hard to see my progress. The psychologist spent some time with me and helped me to record my progress in the workbook. She pointed out some things that I had achieved, like using the rota-stand for transfers – at the time I thought 'big deal!' Spending time to reflect on my achievements made me realise that I was learning things and I felt elated.

I realise that many of my goals are in the future, like going to the toilet myself and making a cup of tea. These are the little things that matter most to me, the things that I used to do 100 times a day without thinking about them.

The therapists always ask what I would like to achieve, what my goals are, but I feel that the professionals have a separate agenda; I don't want to override a programme that they know works. I say things like "You're the boss!" and they often reply with "It's your rehab" or "We're in this together".

I feel that it would be useful for all the staff to look at my workbook from time to time, to be reminded about the personal things that are important to me. I also liked reading the stories in the workbook as it makes you realise that there is a life after stroke."

Paul says "I feel that it would be useful for all the staff to look at my workbook from time to time, to be reminded about the personal things that are important to me"

An example of using Bridges in the acute setting: Kim with her daughters Carly and Luca

A comprehensive evaluation of Bridges training in the acute setting at St. George's Hospital is currently underway and results will be summarised in our next Bridges news and other publications.

Why rehabilitation assistants could be best placed to lead goal setting – Bridges in practice at Pennine Care NHS Foundation Trust

Jo Stevens is the stroke coordinator for Pennine Care Foundation Trust. The community stroke team, which includes early support discharge, completed Bridges training in July 2013. Here Jo talks about how the team worked together to make Bridges a success and why the assistant practitioners were so important in implementation.

Where did you hear about Bridges?

I visited the Bridges stand at the 2012 stroke forum. I really liked the stroke workbook and felt that the Bridges approach fitted with the ethos of my team, to reduce dependency on therapists and give as much responsibility to the person as possible.

How did your team find the training?

Everybody seemed to like the training as it made sense in terms of the evidence it's based on and the current policy drivers for self-management.

How has your team implemented Bridges into your daily practice?

We agreed on the day of the training to use it with every stroke survivor who came through our service. In particular we felt that it fitted with the role of the assistant practitioners who had no bias in goal setting. Everybody is given a stroke workbook at their first visit. The assistants then book a one hour session with them one week later, devoted to Bridges. During this session the assistants will spend time discovering the person's true goals, or 'Bridges goals'. In the meantime the therapists are completing their assessments. The Bridges goals are kept with the patient in their workbook and recorded in our documentation and each discipline then creates a treatment plan for the goal.



Jo and her team

How are the team finding this way of working?

It's easier for some more than others and the new paperwork is helping people get used to it.

Do you have any feedback from the stroke survivors?

They seem to feel more prepared for discharge and the therapists seem to feel happier to discharge them, perhaps because the focus has been to work on the things that are important to the patient.

What has been the impact of implementing Bridges into practice as a team?

We have not done a formal evaluation but patients who have worked through the Bridges programme seem to be discharged quicker from the service.

What top tips do you have for other teams who are using, or are about to be trained in Bridges?

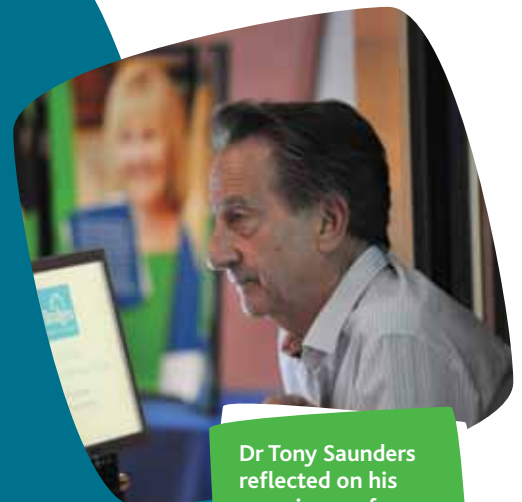
Commit fully to implementing it – we decided very early on that this was the way we were going to work with patients as it made sense to us. I would also advise people against 'cherry picking' potential patients.

Symposium success

June 2013 saw another successful and informative Bridges symposium with 81 people attending from health and social care, research and stroke survivors and carers.

Attendees heard from a range of speakers including the thoughts of Dr Tony Saunders following his stroke and how he has navigated some of the challenges particularly after his return to work, we also heard about some qualitative stroke research from South Africa and updates on two recent research projects related to self-management post stroke. This was followed as always, by networking with wine and food!

For those of you who were unable to make the symposium, you can download the pdf versions of the presentations from the Bridges website (<http://www.bridges-stroke.org.uk/symposium-2013.php>). You can also read a lovely quote from the book 'My Stroke of Insight' by Jean Bolte Taylor, which was read out by Douglas Maleka, from Wits University, Johannesburg. Watch out for video footage of the presentations coming soon!



Dr Tony Saunders reflected on his experience of having a stroke

Research and policy update

There are now a growing number of publications and guidelines on self-management in the public domain. We have summarised some of the most recent ones below.



Coulter, A., Roberts, S. and Dixon, A. (2013) **Delivering better services for people with long-term conditions: Building the house of care.** *The Kings Fund: London.* [Online] <http://www.kingsfund.org.uk/publications/delivering-better-services-people-long-term-conditions>.

This report uses the metaphor of a house to describe the coordinated and integrated care needed to support people with long-term conditions. The model can be used to redesign services according to a chronic care model that places the patient at the heart of the delivery system.

Responsive commissioning forms the foundation of the house, with engaged and informed patients alongside healthcare professionals committed to partnership working, forming the walls. Organisational processes form the roof of the house, which leaves the centre of the house for personalised care planning.

Underpinning the model are the skills required by professionals to deliver personalised care planning. This requires a collaborative process in order to bring together the perspectives and expertise of both the patient and professional, in offering personalised support that will develop the confidence and competence needed for effective self-management.

The report describes each part of the house in detail and offers case studies from services in England involved in the house of care programme.

Ory, M.G., Ahn, S., Jiang, S. et al. (2013) **Successes of a national study of the chronic disease self-management program: Meeting the triple aim of health care reform.** *Medical Care*;00: 000-000..

This is a brief report of a study conducted in USA that analyses the outcomes of the Stanford Chronic Disease Self-Management Programme (CDSMP), according to the three aims of the recent US healthcare law, the Affordable Care Act.

The CDSMP is the most well evaluated community and evidence based disease self-

management programme, which consists of six weekly workshop attendances for 2.5 hours based on key self-management skills for chronic disease. 1170 participants with at least one self-reported chronic disease were enrolled into this national study and outcome measurement was carried out at baseline, 6 and 12-months. Outcomes were arranged around the three aims of the Act; better health, better care and better value.

Significant improvement for all the 'better health' outcome measures (self-reported health, fatigue, pain, mental health, depression) and 'better care' outcome measures (communication with clinician, medication compliance, health literacy) were observed from baseline and 12-month follow up. The odds of visiting accident and emergency departments ('better value') significantly reduced from baseline to 12-month follow up, whereas significant reductions in hospitalisation were only observed from baseline to 6-month follow up.

This study does rely on self-reported measures and participants completing 6 and 12-month assessments were significantly different in terms of age and workshop completion than those not completing assessments. The findings are most relevant for the US but conclude that for certain individuals, evidence-based self-management programmes can be successful in achieving the triple aims of health care reform (better health, better care, better value).

Jones, F. and Bailey, N. (2012) **How can we train stroke practitioners about patient self-management? Description and evaluation of a pathway wide training programme.** *European Journal for Person Centred Healthcare*; 1(1), pp. 246-254.

This study reports on some of the positive effects of pathway-wide training for practitioners in a stroke self-management programme (SSMP) and was the first time professionals working throughout the stroke pathway received training together. The mixed-methods evaluation focused on the impact of Bridges training and the experiences of health and social care practitioners using the principles within everyday practice. It was informed by Normalisation Process Theory and sought to understand some of the reasons why

practice changed and whether changes could be sustained. These authors support the need for a whole systems approach to stroke self-management, considering the patient, professional and organisational context to ensure sustainability in the longer term.

Analysis of qualitative interviews and questionnaires revealed that participants were generally positive about introducing self-management strategies within their practice. However, they reported specific challenges in delivering a self-management programme to some stroke patients, which necessitated flexibility and creativity in strategies used. The majority of participants felt their practice had changed following the training and they were more mindful of using patient-led approaches.

Norris, M. and Kilbride, C. (2013) **From dictatorship to reluctant democracy: stroke therapists talking about self-management.** *Disability and Rehabilitation.* [Online] DOI: [10.3109/09638288.2013.776645](https://doi.org/10.3109/09638288.2013.776645)..

This paper uses a qualitative approach to explore the views of stroke therapists trained in a stroke self-management programme (SSMP) and their perceptions of the utility of a self-management programme (SMP) in rehabilitation. The rationale of the paper is to explore issues around professional ownership and control which could jeopardise one of the core principles behind delivering an SMP, that of a collaborative partnership between patient and professional.

The findings highlighted that therapists perceived a self-management approach is appropriate for encouraging ownership of rehabilitation post stroke. One of the two emerging themes described a sense of therapists as 'benign dictators', committed to helping patients but most comfortable when they felt in control. The process of facilitating self-management required therapists to address the balance of power between patient and professional, a challenge expressed in the second theme as a 'reluctant democracy'.

The authors highlight that a number of obstacles need to be considered and overcome to effectively implement a self-management programme into rehabilitation. Overall self-management could be integrated rather than added-on to existing therapy practice.

Update of Bridges in New Zealand



The 'Bridges New Zealand' project continues to be evaluated by Dr Leigh Hale (University of Otago in Dunedin). We would like to share some of the experiences of Leigh's research participants, who have been involved in the project and gave feedback on the acceptability of a culturally amended Bridges workbook, and how they got on with using it.

"...there's other people going through the exact same as you, you have to keep boxing on, I'm not embarrassed now, it's probably a good thing to come through this book, other people are going through their things, and I'm not embarrassed anymore."

"When you write [your goals] down, you realise that you have made progress. When you're living with it day to day, you don't realise. But it is important to write them down, because you realise that you've come along, and it gives you encouragement."

"Yeah it gets everybody involved. If our daughter is around, she takes an interest in helping out. 'Oh, you might be able to do this Dad, or you might look at doing it that way.' And she'll sit down and often read through some of the stories."

Keep in touch with Bridges

Bridges remains within, but is separate to, the Faculty of Health and Social Care Sciences at St. George's University of London.

This allows us to keep close links with our University partners. We are also on Twitter and Facebook so please 'follow' us or 'like' us for the latest Bridges news and updates. If you have previously participated in a workshop you will have instructions on how to access our discussion forum where we would love to hear your success stories or help you to overcome any barriers you may have experienced when using Bridges. We have also launched a regular e-bulletin.

 www.twitter.com/bridgesselfmgmt

 www.facebook.com/bridgesselfmanagement

Become a Bridges Champion!

Do you have an interest in learning more about how to support self-management and also share experiences and ideas with other practitioners? Have you previously been inspired through your attendance at Bridges training? We are looking to form a network of Bridges champions who can mutually support one another and be an 'advocate' for Bridges in your area. We would also offer you ongoing support and updates through attendance at our 'Master Class' workshops (development in progress). As a champion your name, geographical work location and contact details would also be available on the Bridges website. For example, you could get in touch with people in your area to form a virtual study group. Please contact us to register your interest or to gain more ideas about Bridges champion networking.

Register your interest:

For further information, including a copy of our 'frequently asked questions' and a booking form, or to join our mailing list and receive regular updates on the progress of Bridges and a copy of future editions of Bridges News, please contact:

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The Bridges Programme encourages self-management. Bridges has delivered over 60 workshops in UK, training 1,200 practitioners, reaching approximately 3,600 stroke survivors