Training Manual

WISE = Whole System Informing Self-Management Engagement

Training Manual

Definition of self care support

'Support for self care involves increasing the capacity, confidence and efficacy of the individual for self care by providing a range of options.' (Department of Health 2005: Self care: A real choice – Self care support: A practical option)

WISE = Whole System Informing Self-Management Engagement

The WISE approach has been developed by members of the self-management team at the National Primary Care Research and Development Centre.[1]

Contents:

[1] The members of the team who developed the training package are: Tom Blakeman, Carolyn Chew-Graham, Linda Gask, Anne Kennedy, Joanne Protheroe

WISE Approach

WISE = Whole System Informing Self-Management Engagement

	Patient	Professional	Systems
Strategy	Make better use of self care support	Provide better self care support	Improve access to self care support
Specific method	Find best option for self care support based on: • Current ability and needs • Personal goals and priorities • A negotiated plan	Training in • Assessing patient's skills, beliefs and values • Shared decision making • Helping patients get access to appropriate self care support	• Access to training for staff • Access to computer support tools • Regular update of local support options • Ensure patients have easy access to support options • Awareness of barriers to access in the practice
Tools	• PRISMS • Menu of options • Management plan	• Computer template • PRISMS • Explanatory model • Menu of options • Management plan	• Computer template for support tools • Menu of options

The Key Principles of the WISE Approach

Self care support needs to:

- Work for: patients, professionals and fit with NHS organisation.
- Include the different ways patients self-manage.
- Build on existing skills of patients and professionals.
- Make sure people from disadvantaged backgrounds and with low health literacy are included.

The WISE approach and self care support in the NHS

The Wise approach builds on existing evidence concerning self-management interventions. It has been developed to improve the benefits of self care support by:

- Linking patients' self care needs, abilities and values to the management of their condition;
- Engaging and involving health professionals in giving self care support; and
- Making sure self care support fits into NHS systems.

WISE training will:

- Give you strategies to use in interactions with your patients
- Help you find ways to change your interactions with patients and colleagues that:
    i. Do not disrupt the way you already work
    ii. Improve your relationships with patients
    iii. Help you increase your patients' responsibility for managing their conditions in a safe way.
    iv. Allow QOF and evidence based care guidelines to be used more meaningfully.
    v. Improve the way you work as a team

Supporting people to self care lies at the heart of policy related to management of people with long-term conditions. The Department of Health has categorised self care support into 5 types:

1. Self care information, for example
    a. Information prescription
    b. Audio-visual aids
2. Self care skills training, for example
    a. Expert Patients Programme courses
    b. Pulmonary rehabilitation classes
3. Self care support networks, for example
    a. Peer support groups
    b. Walking groups
4. Self care plans, for example
    a. Asthma plans
5. Technologies and self monitoring devices, for example
    a. Self-monitoring of blood pressure

b. Telehealth monitor in the home

Support can be specific to a long-term condition (such as diabetes or COPD); more generic (such as EPP courses); or related to health promotion issues (such as alcohol addiction or smoking).

The ultimate aim of the WISE approach is to make self care support part of everyday routine throughout the practice.

Training Participants: All the staff at a primary care practice
Training Aim: A training programme to improve knowledge and skills and change behaviour concerned with self care support

Why do we need training in how to provide self care support?

Here are some quotes from local patients and practitioners to illustrate some current problems:

1. Current ways of monitoring and managing patients are often wasted opportunities to provide self care support – and a frustrating experience for both patients and professionals.

COPD patient: They send for me every so often, to go for a check up and blow in through this thing.
Interviewer: OK and is that helpful? Do you learn anything then?
Patient: No not really
Interviewer: so what's the point in doing it?
Patient: She just says whether you're better than the last one you had or worse and that's it, end of story

Practice nurse: I mean the patients won't care if we've done an FEV1, but their quality of life and their breathlessness is far more important isn't it? But because of the nature of general practice now were just constantly thinking oh you know make sure the box is ticked, make sure – and at the end of the day that doesn't make any difference to the patient's quality of life and you know their agenda's probably totally different to our agenda.

2. *Both patients and practitioners think it is important to share and build on positive experiences of self care support, but this doesn't happen in the current system.*

Patient: It was a doctor that sent me here [to pulmonary rehabilitation classes], he said he thought that breathing exercises might benefit me and then but that was months and months ago and he's never asked me about it since, not to find out if I've been on it or if I've been on it how I'd gone on.

Practice nurse: Quite often you refer patients to these things and you never get any information back, so you have no idea what's gone on and when, and you're just waiting for the patient to, to see the patient again to ask what's happened.

3. *Practitioners have a wealth of experience in providing self care support that they often don't share with each other*

Quote to show example of strategy used to motivate people:

You'll pick out something like for example vacuuming the house, you know, do you find it easier now to vacuum than you did a month ago before you started this treatment, so sometimes depending on the patient you have to pick a specific activity that they're struggling with and then look at that activity again and so is it better is it worse, is it much the same and sometimes that's easier for them to focus on isn't it?

Current challenges for patients in getting their self-management needs attended to during consultations

Some general comments

1. Both clinicians and patients find it difficult and uncomfortable to challenge each others' behaviour
2. Patients do not expect the NHS to help them with self care support
3. Patients think lifestyle issues are not prioritised during consultations because clinicians don't have the time
4. Clinicians frequently ignore cues to open up discussions
5. The way problems link up could open up the discussion – sticking to guidelines can prevent this happening
6. People want help to develop strategies for future problems
7. Some people already have plans for action BUT maybe the real problem is *putting* the plan into action
8. Having more than one condition often causes dilemmas about self-management decisions
9. Some people are very stoical (those who say they have no problems although they are obviously struggling) and it is hard to get beyond this attitude.

These are some quotes from patients who are explaining the problems they have getting help to self-manage

The doctor or nurse does not recognise their information needs – patients often have well-defined ideas of what it is that they really need

I don't think she realised quite how much I was pondering on it, I think you know, like I said about feeling hungry all the time and she said, "Right well smaller and more often, you need to eat more often, and maybe smaller quantities, and maybe instead..." … but she didn't sort of other than try this and try that, not giving me more in depth guides, I mean they don't have the time do they you know. … I think maybe a diet book…you know, like a cook book might help me, because I say like I need quantities and things and what you should be having.

Patients sometimes don't feel able to be open and honest for fear of being told off

I try a lot of the time to push it to the back of my mind that this isn't happening to me. So some days I don't bother doing anything, and there's times I've thought, it's not me, this, it's not me. And I won't take a tablet and then I'll feel ill. And then I'll start back on my tablets. But if I tell my doctor that he'll go absolutely ballistic at me. But then he's only giving me, he's only doing it for my benefit, you know, I know why he's doing it. It does upset me as well, what's wrong with me.

Patients often know that there is more self-management work they can do – particularly around diet – and feel that medication offers an easy way out for both parties

I think in that respect um, nutrition, that is a big issue really isn't it? You know, you have to take care of that side of it and it has to be drummed that you need to take care of that side of it, because they can be quite blasé about it. And not worry about it you know, it's just oh I will take a tablet you know, so that's fine. I think you need to impress on nutrition and diet... that's the biggest thing for me, that's what I found the most confusing and still finding the most confusing and I work in a hospital and I have attempted to find answers...

Patients can be left feeling that the explanation and treatment is not tailored to their individual needs

I think with my own doctor, the thing is, there is like a lot of not describing, you know, what things are. They're just like; here, you got IBS, there you go, this is your treatment, off you go. Instead of like tailoring it to an individual... Because I want to get rid of it. I don't know if you can or not. I don't know that much about it, to be honest. I've always just been told, it's a process of elimination. You've got IBS; this is what you take for IBS. I'm thinking right, have I got to do this for the rest of my life now? I've not really been told, so I don't really know that much about it. I've just kind of, got on with it.

Patients can feel compromised when doctors and nurses are not working well together

I don't think the relationship between doctors and nurses is brilliant, you know. I don't know whether it's right or not I don't know, but one or two of the nurses are, reading between the lines you know. Whether it's the situation like I was saying before where you know, I cannot tell him what's wrong with me....I also think they're in a position where say they do a spirometry test and they say *[patient's name]* is suffering from, I think he is the type of bloke who would say, "I'll decide what *[patient's name]* is suffering from." You get the impression they don't feel like they are respected by him, sort of their opinion.

Patients can feel squashed when their expertise and knowledge is ignored

(This patient found a local group that helped with eating problem) So I was able to tell the doctor, I said you know if you have other patients with the same problem, its well worth thinking about. Well he said, "Thank you that's very interesting" but didn't attempt to take any; he certainly didn't write it down. So I doubt he'll remember it in future.

Taking active responsibility for self-management can become less likely when clinicians are reluctant to accept patients as true partners

I will question things yes. They don't like it.
Um, well they tend to be quite dismissive you know, *(The patient has diabetes and explains what happens when she first asked one health professional for a specific treatment and it was dismissed as not suitable and then a later experience when a different health professional proposed and initiated the treatment she had originally asked for.)*
So now I can have it. When I didn't suggest it.

Self-management becomes even more of a challenge when other conditions impinge on management decisions

I think a lot of people say all you have to do is not eat it, all you have to do is follow the diet. The diet isn't a problem, I know what the diet is inside out. It's the other you know, the comfort eating that I can't control.... I mean I've got to say when the GP said it to me, I actually came home and felt er, why should I stick to this diet, because I was depressed I felt, I've nothing to live for anyway, the diabetes will kill me anyway, I might as well die now, eating the things I want. I mean that was when I was very depressed and there is a tendency to feel like that you know, really why should I bother because it will kill me anyway. All I'm doing is just putting off the inevitable.

Whole Practice Training Session 1

Training Aim: How can your practice provide better self care support?

First of all you need to consider what happens to patients with long-term conditions in your practice now. Then start to think about what needs to change to improve the self care support you give them.

Whole Practice Exercise 1

Think about a typical patient with diabetes.

Consider:

1. Making appointments; are they mainly:
    a. Self-initiated?
    b. Clinician-led
    c. Prompted by practice e.g. for annual review
2. Tests and monitoring
    a. Who does blood tests, weight, eye checks, feet checks
    b. Who gives dietary advice
3. Who do they see? How is this coordinated?
    a. Special clinic?
    b. A series of people at annual review?
4. How is the consultation structured?
    a. Guideline directed
    b. QOF focused
    c. Is there space for discussing self care support?
    d. When is (or should) self care support discussed?
5. What self care support is currently offered?
    a. Informational
    b. Skills training
    c. Access to local support services and networks
    d. Use of written self-management plans
    e. Self-monitoring equipment and technologies
6. How do patients get that support – who helps them?
7. How do they get urgent advice?

Your thoughts and comments on this exercise

WISE Tools and Resources

The PRISMS tool *(Patient Report Informing Self-Management Support)*

The PRISMS form can be used during consultations to help assess patients' needs and share decisions about the most appropriate type of self care support. It can be used to help patients think about what symptoms or problems trouble them most.

Patients think using PRISMS has the following benefits:

- It can highlight areas where behavioural change is needed
- To help remember key issues to discuss
- It could cut down routine questions asked during consultations and focus on their priorities and needs
- Gives them permission to talk about issues they would not usually bring up during consultations
- It gives a focus and purpose to review consultations

Clinicians have ideas of how PRISMS could help focus on patients' priorities

"so we try and get to the bottom of the patient… you know, the main, their concerns and deal with that concern and it's knowing that, OK, so we spent a long time on that today, and we haven't done that, but we can do that next time."

When to use the PRISMS tool

The first time you use a PRISMS tool with a patient, you may need to explain:

- how they should fill it in;
- that it is designed to help focus the consultation on their support needs; and
- that it will be used to help decide what sort of self care support they need.

You can also use the explanatory leaflet about PRISMS which is included with this training pack.

At the end of the consultations, you could either print off a blank copy of the PRISMS form for them to fill in before their next visit or decide together to go through the form during the next consultation. Some patients may find it helpful to keep their completed charts as a

record of their support needs. Those patients who are coping well may not need to use the form.

Another way the PRISMS forms can be used is to send them out with letters inviting patients to come for their annual review consultation. We suggest that you include the following explanation:

Using the PRISMS form
This form is something you can fill in before you come for a consultation with your doctor or nurse.

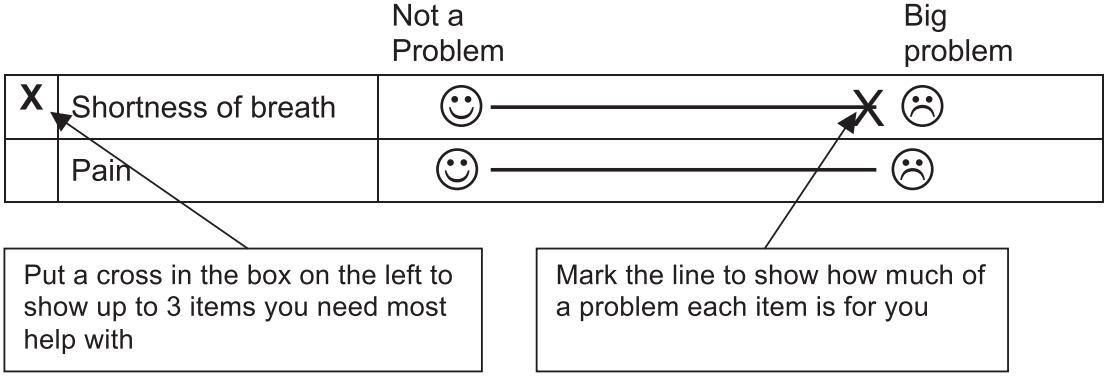
It is to help you think about how well you are able to manage your health and what you need most help with.

It will be used by your doctor or nurse to help them find the right sort of support for you.

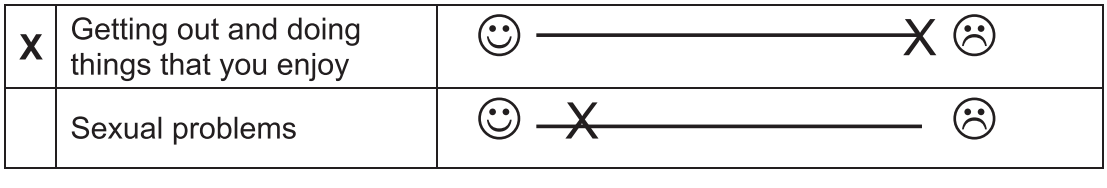
The form can be used by anyone so some items may not be a problem for the health condition you have.

What to do
Here is a made-up example of how to fill in the form.

This is a woman who is worried about her breathing. She does not have a problem with pain at the moment.



She feels that she is unable to get out and do the things that she would like to do. She would like some help with this.



PRISMS – Patient Report Informing Self-Management Support

Please put a cross on the line to show how much of a problem each item is for you

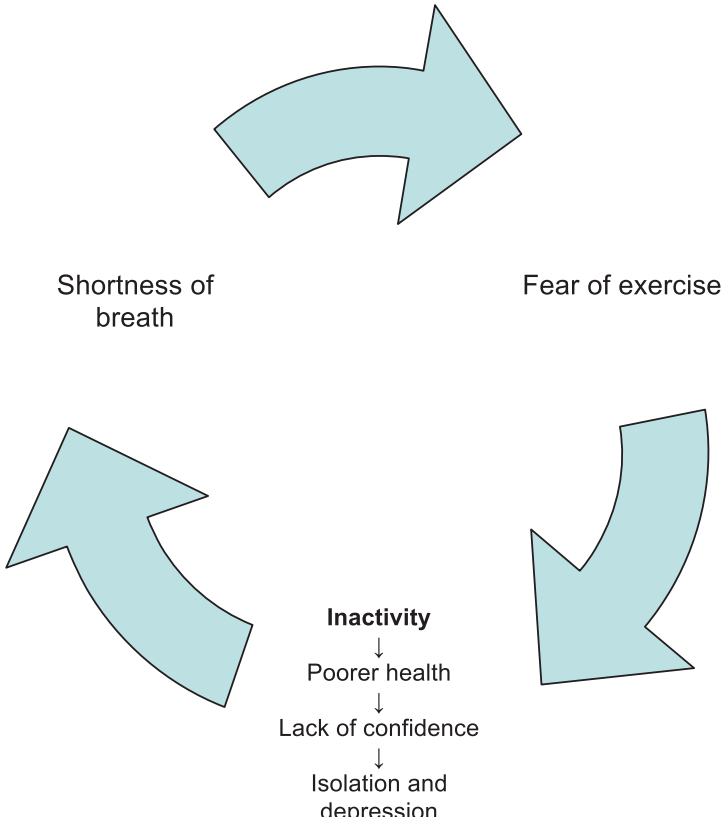
		Not a problem — Big problem
	Being tired, no energy	
	Stress and worry	
	Shortness of breath	
	Pain	
	Sleep problems	
	Managing to work	
	Support from family and friends	
	Support from the NHS	
	Learning about your condition	
	Being able to relax	
	Doing exercise	
	Getting out and doing things that you enjoy	
	Sexual problems	
	Healthy eating	
	Stopping smoking	
	Managing your medicines	
	Measuring your symptoms at home	
	Any other problems?	

Now, please put a cross beside the 3 items you feel that you need most help with

Explanatory Models

Explanatory models are ways to make sense of problems and highlight the misplaced beliefs patients sometimes have about the management of a condition. You may find that your patients have a different way of explaining or understanding their condition than the medical model you think about and use.

Here is an example of an explanatory model that can be used with people who have COPD and who are too scared to exercise because they fear an acute episode of breathlessness. Try to think of a similar model to use for people with diabetes who feel they can't exercise.



Developing and using a menu of options

Patients have different needs and a 'one-size fits all' approach to self care support is not likely to be effective. The WISE approach is to get your practice to set up a menu of self care support options. You can link your initial assessment of patients to this so as to provide interventions more suited to their needs.

How you develop and use the menu will depend on:

- What is available locally (for example, whether EPP courses are being run by the PCT).
- What you as a practice decide is important for the population you serve.

Suggested options for self care support

- Information sources
  - Web based information
  - Guidebooks
- Group training and support
  - EPP courses
  - Group education
  - Exercise classes
- Voluntary sector and local support
  - Patient support groups
  - Health trainers
- Stepped up care for IBS
  - Cognitive Behavioural Therapy
  - Hypnotherapy

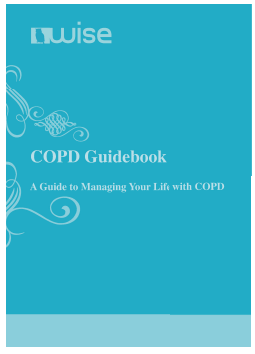
Stepped-up care

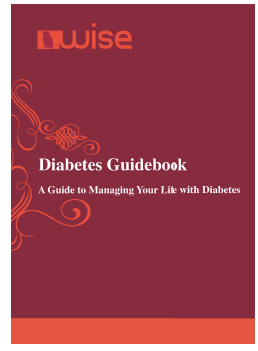
New services have been provided by Salford PCT for patients with IBS who are having problems managing their condition. These are:

- CBT – Cognitive Behavioural Therapy; and
- Hypnotherapy

Information sources

Guidebooks for people with COPD, diabetes or IBS have been developed to fit with the WISE approach and are available for your practice to use as a source for information support.





This is the introduction which outlines the content and purpose of the guidebooks:

There are two types of research evidence that you can use to help you manage your diabetes:

1. Medical evidence about treatment
2. People's own knowledge and experience about how to live with diabetes

This guidebook will tell you about what has been learned about how people live with diabetes. This sort of evidence comes from interviews with people and research about self-management. Many people with diabetes are also interested in medical evidence about treatment and use this knowledge to help them manage their day-to-day lives.

We know that this sort of information does help people feel better and more able to manage their conditions. You may be helped by finding out how other people deal with the day-to-day struggles and problems of having diabetes. You may find support from finding out that other people have the same thoughts and feelings as you.

We hope you will use this guidebook to:

1. Think about how you are managing your diabetes now.
2. Think about whether you want to change anything.
3. Plan ways to make changes by
    a. Doing things for yourself; or
    b. Working with your doctor or nurse.

Remember:

- You know best how to manage **your** life with diabetes
- No-one expects you to know everything about diabetes. Medical knowledge changes all the time – it is ok to ask basic questions even when you have had diabetes for years. Some people find it helpful to go back over the basics as a reminder.

Group level interventions

Group interventions such as Pulmonary Rehabilitation classes are an effective way of improving patients' health outcomes. The Expert Patients Programme course has been included on the menu because evaluation of the EPP found that it improved people's confidence and many people enjoyed and valued the group aspects of the course.

Using the voluntary sector

There are probably many schemes and voluntary organisations in your local area that could provide help and support your patients might benefit from. The problem lies in keeping an up-to-date record of what they offer along with contact names and addresses.

Training Aim: What changes at the systems level are needed to improve how patients get self care support?

System change

To make change happen, support from senior management is vital and plans for action need to include the whole practice team, not just clinicians. The WISE approach involves making changes to improve access to primary care and relevant social care and community resources (e.g. group-based support, voluntary organisations, and internet resources). These changes will involve discussion at practice level and contact with the PCT to develop a local menu of self care support options.

Building tools into the practice computer system should help bring self care support issues into the consultation. Remember, there are potential problems with using computerised templates and checklists during consultations; they can make it hard to focus the consultation on what the patient wants to discuss.

There are a number of things to think about.

1. How to create computer templates for the tools so that they can be easily accessed during consultations
2. How to ensure local self care support options are kept up-to-date and are accessible by all staff – including information about social services
3. How to help patients access useful web-sites and print off information

A model for developing opportunities

Working from a strong foundation

Look back at the positive actions you identified at the end of the process mapping exercise.

- What works well in your practice currently around the Self Care support you provide to your patients?
- What do you value about your place of work?
- What works well within your team?

The perfect future

If you consider for a moment what would be the perfect/ideal vision for your general practice in how you work together, how your patients would behave.

If a miracle happened tonight as you were sleeping and you were unaware it happened because you were asleep….

When you arrive at work how will you know that the transformation has happened?

What will you be doing?

What will your patients be doing?

What will your colleagues be doing?

Make a note of your thoughts and ideas

Small steps to big changes

What small action could you make as an individual or as an organisation to make a big impact on your patients' experience?

Make a note of your thoughts on your small steps for big changes

Putting the WISE tool- PRISMS into action

As a group work together on how you can put PRISMS into practice over the next three months.

Collectively create a poster that show how and when you will do this

Make a note of your thoughts on the action plans for putting PRISMS into practice

Using problem - solving skills

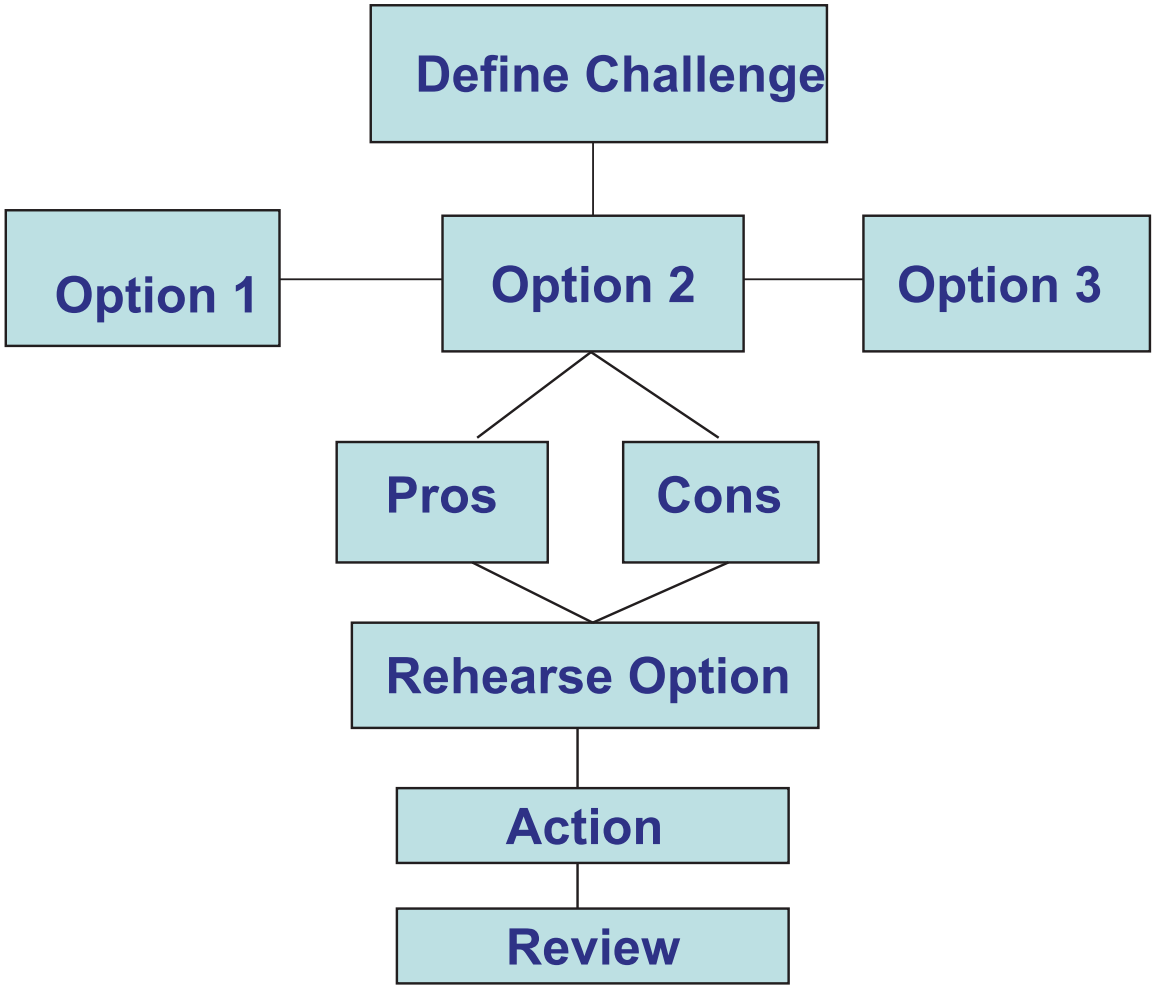
There are simple techniques you can use as a group to come up with a plan for how your practice can introduce the WISE approach and tools into everyday practice. These skills can also be used to help you find group solutions to other management challenges.

Step 1

- What is our list of challenges?
- Which shall we deal with first?
  - Hint: Choose an ‘easier win’ first
- What exactly is wrong?
  - Whose challenge?
  - What are the issues?
  - What needs to change?
- What are the options for dealing with it?
  - Brainstorm
  - List them

Step 2

- What are the ‘pros’ and ‘cons’ of each option?
- What is the best way forward?
- What exactly do we have to do?



Whole Practice Exercise 2

Using the model above – come up with a plan of action for the following:

1. PRISMS – how to make the PRISMS form work in your practice
2. Menu options – how to compile and maintain a list of local resources practice staff can access

Make a note of your thoughts on the action plans

Whole Practice Exercise 3

Decide on people in the practice who will put WISE into action. Perhaps you could link this to the work you do as a practice to make sure the QOF clinical indicators are met.

1. Find ways to get WISE tools into practice
2. Generate a list of local self care support resources

Notes

Summary of system changes needed to improve self care support

- Make sure staff are trained.
- Use computer support tools.
- Make sure details about local self care support options are kept up to date.
- Make sure patients have easy access to support options.
- Promote new ways of working within the system.
- Identify someone in the practice who will take the lead on making sure systems are kept up to date.