



## Notes from the presentations at 11<sup>th</sup> February Learning Event

### Learning Note 5

March 2009

#### Contents of this learning note

- about this learning note
- The Leading Change project, NHS Ayrshire and Arran
- Introducing the Lifestyle Management for Arthritis Programme



## **Notes from the presentations at 11<sup>th</sup> February Learning Event**

### **About this Learning Note**

Getting Involved is a learning programme for staff in the Allied Health Professions in NHS Greater Glasgow and Clyde.

Part of the programme is a series of events for staff working in Greater Glasgow.

This note has material from 2 of the presentations at the first event on 11<sup>th</sup> February, including sources of further information.

The PowerPoint presentations from other speakers are available on the website: [www.otbds.org](http://www.otbds.org), under the Getting Involved project.

Material from the session about supporting people to plan their own care will be part of a fuller Learning Note on this topic.

Material from other sessions will also be included in future Learning Notes and events around engaging with people who are thought of as 'hard to reach'.

## **The Leading Change project, NHS Ayrshire and Arran**

***Lesley Brady, Project Leader, and Christine Breslin, Senior Occupational Therapist***

### Introduction

This project was one of the first Leading Change projects supported by the Scottish Government as part of implementing the changes set out in Delivering for Mental Health.

The focus was on services which up until then had less contact with existing activities to promote recovery. The 3 pilot settings covered 5 inpatient areas. These areas are:

- Two (adult) acute inpatient wards within the setting of a general hospital.
- One (adult) intensive continuing care ward on Ailsa Hospital campus in Ayr, which is the main psychiatric hospital in Ayrshire and Arran. This ward was locked at the time this project started. This is the ward that Christine works with.
- Two admission/assessment wards for older people – one on the Ailsa Hospital campus and one on the site of Ayrshire Central Hospital in Irvine.

The main message for the work we have been doing is that one size doesn't fit all.

### What we did

One of the main ways we introduced the concepts and practice around recovery was by giving staff training in the Tidal Model.

The Tidal Model was developed by Dr Phil Barker and has been introduced in many in-patient settings in the UK. It aims to enable staff to focus on the needs of each individual patient.

#### ***Tidal model – ten commitments***

- Value the voice
- Respect the language
- Develop genuine curiosity
- Become the apprentice
- Use the available toolkit
- Craft the step beyond
- Give the gift of time

- Reveal personal wisdom
- Know that change is constant
- Be transparent

### Outcomes for staff and patients

We saw a range of impacts for staff from the training and the change project:

- Working in a recovery-focussed way
- Engaging with the people they care for and with relatives
- How the staff work – individually and as a team
- Contact with other parts of the mental health services in Ayrshire and Arran.

“This is a much healthier, happier place to work. I have never felt so enthused about something, and the reason is that it works so well.”

“Within the ward environment there is noticeable change in the ambience. There is a more relaxed air, less heightened emotion and tension.”

The impact for people receiving care was also positive.

“This is the most valued I’ve ever felt.”

“I’ve been here a long while. This place has felt better in the last few months.”

“I have seen a difference since the last time I was a patient here. I feel I have hope and that everyone in the ward gives support to each other.”

“The staff inspire hope.”

### Links with OT practice – Christine Breslin

I and the other OTs who were part of this found that it fits well with OT role:

- individual story and journey for each person
- listening and hearing the story
- planning together – planning with each person; team planning how we support them

The Tidal modal has been useful training for everyone. Glasgow has used this for nurses and the feedback has been good. We took it a step further and have included everyone.

These are some of the aspects of the overall change process that stand out.

- Letting people record their own journey – what is important for them as the starting point, rather than what staff think it is important to record.

- Challenging some of the systems around how the NHS records information – work on finding a solution
- Accepting change in our practice
- Element of risk taking

We found that taking a recovery approach creates opportunities

We also found that people do not always agree, and working through this is an essential part of the process.

#### **Contacts for further information**

Lesley Brady  
Project Leader  
Lesley Brady  
Mental Health Services  
Strathlea Resource Centre  
Holmes Road  
Kilmarnock KA1 1TR

Tel: 01563 550144 Ext. 245  
Email: [Lesley.Brady@aapct.scot.nhs.uk](mailto:Lesley.Brady@aapct.scot.nhs.uk)

The full report and summary from the Leading change project are at:  
[http://www.otbds.org/index.php/projects/view\\_details/68/](http://www.otbds.org/index.php/projects/view_details/68/)

Information on the Tidal model is at  
[www.tidal-model.com](http://www.tidal-model.com)

The concept of recovery for people with mental health problems has been promoted by the Scottish recovery Network, which was set up in 2004 as part of the implementation of the National Programme for Improving Mental Health and Well-being.  
[www.scottishrecovery.net](http://www.scottishrecovery.net)

## **Introducing the Lifestyle Management for Arthritis Programme**

***Fiona Pollock and Jacqueline Lebida  
Specialist Rheumatology Occupational Therapists, Wishaw General  
Hospital, Lanarkshire***

*“To dare is to lose your foothold for a moment; not to dare is to lose yourself.”  
Soren Kierkgard*

### Background

We are both ordinary OTs who work part-time in Lanarkshire.

A few years ago we both had an opportunity to find out what was happening elsewhere as part of personal professional development.

- We submitted a project proposal: ‘Investigation of how OT programmes could impact on prevention of work disability with Rheumatology patients’.
- We heard in February 2006 that both our applications were successful.
- We travelled to Canada for 2 weeks.

### What we found in Canada

- client education and vocational rehabilitation were extensive
- we witnessed different services in different parts of Canada
- Work was an integral part of the treatment plan.

This opportunity and experience got us fired up to try things in our own practice.

On our return we were involved in two huge projects.

- One was setting up a new Occupational Therapy service in Occupational Health.
- The other was the implementation of the Lifestyle Management for Arthritis Programme.

We attended the Rheumatology conference in Glasgow. At it, we met Alison Hammond, who is a consultant researcher and was speaking on the Lifestyle Management for Arthritis Programme (LMAP). Since 2004, she has been developing and implementing a joint protection programme ‘looking after your joints’.

We came back and had a discussion with Amorel Allen, AHP Practice Development Lead, about the follow on from our travel scholarship and the scope for LMAP training in Lanarkshire.

We had a meeting with the Multi-Disciplinary Team members to secure their commitment to the project.

We put in a bid for funding which was successful.

### About the LMAP course

We started by having initial training for the staff who would be leading the course.

- February and April 2007 - 4 days leaders training, Wishaw General
- Course was attended by 2 Occupational Therapists, physiotherapist, podiatrist, nurse specialist and pharmacist.

These are the points we covered:

- Evidence for programme interventions
- Patient education and behavioural change methods
- Tips for good teaching practice – e.g. voice modulation, eye contact, open questions, reflecting back, positive feedback
- Programme structure
- Role play of sessions, emphasising group processes, talking techniques and skills teaching.

What is LMAP?

- Educational – behavioural programme. multidisciplinary led
- 2 modules, comprising 2-3 hour weekly meetings
- Criteria for entry to programme: diagnosed with Rheumatoid Arthritis, Psoriatic Arthritis or Inflammatory Arthritis.
- Early to middle stages of disease, although it is better if patients can attend soon after diagnosis.

This is how LMAP works at Wishaw General Hospital.

It starts with an introductory meeting.

- This involves presentations from all team members, including Rheumatologist.
- It is informal – encourages patients to ask questions about their condition.
- The aim is to get patients to 'sign up' to the programme modules.

Module 1: Looking after your joints and managing fatigue – 6 participants

- Discussed RA and PA
- Personal feelings of arthritis
- Attitudes and motivators for change
- Ergonomics to reduce pain
- Hand exercises
- Fatigue management
- Goal setting
- Homework manual – diary

Module 2 – Keeping mobile, managing pain and stress – 7-10 participants.

- Discussion of participants' exercise beliefs
- Problem solving
- Flexibility and strengthening exercise programme
- Graded walking programme
- Warm up plus first 6 moves of Tai Chi for Arthritis Programme
- Footwear and foot care advice
- Stress management
- Pain management

### Outcomes for patients

The evaluation was through a focus group with the people who had taken part on the programme.

The feedback has been very positive. People have described changes that were the ones we hoped to achieve through the programme.

These are examples of feedback

Introductory evening:

"Gave clear idea of the course and how the team fits together"

Module 1:

"I had been terrified of damaging my joints and was scared to do things – I got more confidence about what was safe and unsafe to do and finding alternatives."

"I was coming home from work exhausted, but now can do a half hour's ironing or go to the gym."

Module 2:

"I don't take painkillers now because of other things I am doing to protect my joints."

General comments regarding the programme:

"You get inundated with leaflets – it's much better if someone shows you the exercises. I can retain that better."

About the future:

"It is an essential part of the whole process – just as important as seeing your consultant every six months."

### ***Sources and further information***

Hammond A, Bryan J, Hardy A. Effects of a behavioural arthritis education programme: a pragmatic parallel-group randomised controlled trial. *Rheumatology* 2008; 47:1712-1719

Alison Hammond, Centre for rehabilitation and human Performance  
Research,  
Brian Blatchford Building  
University of Salford  
Frederick Road  
Salford M6 6PU  
[a.hammond@salford.ac.uk](mailto:a.hammond@salford.ac.uk)

Fiona Pollock and Jacqueline Lebida  
Specialist Rheumatology Occupational Therapists  
Wishaw General Hospital  
50 Netherton Street  
Wishaw  
ML2 0DP  
Telephone: 01698 361100 - switchboard  
[Fiona.Pollock@lanarkshire.scot.nhs.uk](mailto:Fiona.Pollock@lanarkshire.scot.nhs.uk)  
[Jacqui.Lebida@lanarkshire.scot.nhs.uk](mailto:Jacqui.Lebida@lanarkshire.scot.nhs.uk)