



HM Partnerships
Innovators in Public Health

HEALTH TRAINERS AND GPs: Making the Links

**CHESHIRE AND MERSEYSIDE HEALTH
TRAINER PARTNERSHIP**

AUTHOR: Gemma Weston
Project Manager

DATE: 15th February 2010

In Autumn 2009 the Cheshire and Merseyside Health Trainer Partnership identified a joint need across the sub region to develop relationships, both formal and informal, between health trainer services and general practice.

As a result HM Partnerships was commissioned to project manage a distinct piece of work to gain an insight into the knowledge and attitudes of GPs towards Health Trainer services and to engage GPs in the Health Trainer agenda. It was proposed that this engagement would be achieved through the development of a targeted social marketing programme.

2.0 PROJECT OVERVIEW

2.1 Aim

To develop a social marketing approach that focuses on developing and strengthening the links between local Health Trainer services and general practice across the Cheshire and Merseyside region.

It is anticipated that the programme will further assist in raising the profile of Health Trainers (HT) both within primary care settings and amongst those most likely to use the services within the community and assist the services in tackling the underlying causes of ill health and a reduction of health inequalities across the sub-region.

2.2 Objectives

1. To scope GPs and other primary care health professionals level of understanding of the Health Trainer Service within their PCT area.
2. To identify the barriers primary care face in referring into the service.
3. To identify the barriers HTs have in engaging with primary care.

4. To create a strategy that meets the current needs of the HT service across Cheshire and Merseyside and addresses the gap in marketing and resource, tailored to the results of the scoping work.
5. To create resources that can be used within Cheshire and Merseyside and can be commissioned to print by individual areas to meet their current needs.

2.3 Outcomes

1. Better links between HT services and GPs
2. Greater awareness of HT services and practice across primary care
3. Greater awareness of HTs by members of the public using GP practices
4. Increased number of referrals / increased signposting through GPs and practice nurses
5. Sharing of information across the region between services.

2.4 Outputs

1. Insight report – outlining the findings from the interview phase and the forward strategy.
2. Final report – discussing the learning and presenting the project to partners for dissemination.
3. Final resources– 3 resources fully designed and commissioned as ‘in-design’ files, to be tailored and amended for each PCT area.

3.0 METHODOLOGY

1. Scoping of the project through detailed consultation with eight Cheshire and Merseyside PCTs through the Cheshire and Merseyside Health Trainer Partnership.

2. Identified sub group of five PCTs acting as the working group and pilot sites for the insight work (Liverpool, Knowsley, Warrington, Halton and St Helens, and Wirral).
3. Identification of social marketing expertise via the North West Social Marketing Provider framework.⁵
4. Insight work into attitudes and knowledge of Health Trainers services and GP practices including:
 - a. background reading, review of literature,
 - b. one to one Interviews with HT leads to establish current service delivery
 - c. facilitated workshop with eight HT leads across Cheshire and Merseyside
 - d. One to one interviews with GPs and practice nurses.
5. Strategy development – to include agreeing objectives, intervention, and any campaign rationale.
6. Creative development and design of supporting materials to include
 - a. first draft of the creative resources
 - b. email consultation with eight HT leads to review design concepts
 - c. second and final draft resources.
6. Final production of the resources to include a brand guideline document.
7. Dissemination of completed resources to HT leads.
8. Reporting to Cheshire and Merseyside partners and HT leads via an End Stage Report – to be circulated with copies of the campaign/concepts.

⁵ National Social Marketing Centre, (2009), The NW Social Marketing Provider Framework: Author

4.0 FINDINGS

4.1 Insight with Health Trainer Services

One to one interviews were held between HM Partnerships and five HT service leads and further one to one interviews held with sub regional and region partnership managers.

Corporate Culture* were sub contracted by HM Partnerships to conduct further insight work into knowledge and attitudes of HT services and general practice and they delivered a facilitated workshop as part of this process to draw out the opinions and feelings of the HT service leads, to share experiences and think about any barriers that may be involved in engagement with primary care. The workshop was attended by 15 Health Trainer and PCT leads from across eight Cheshire and Merseyside PCTs, service providers and other Health Trainer Partnership leads.

Findings, from the **HT leads** interviews and workshop found that services would like primary care to:

- see HTs as professionals and be confident in referring
- see HTs as a useful tool
- have HTs as their first choice service
- feel good about their involvement
- understand the benefits to their patients
- have pride and trust in the service
- see a reduction in in-surgery pressures
- encourage other people to refer.

* *Corporate Culture* are a creative communications consultancy with a focus on positive change. www.corporateculture.co.uk

The impact of the above would:

- see an increased general awareness of HTs
- see increased referrals from GPs and nurses into the HT service
- see HTs being viewed as a distinguished and innovative service
- see HTs become embedded in primary care.
- increase the knowledge of HTs in primary care
- increase the knowledge that HTs can help primary care hit QoF targets
- help primary care save money
- ensure primary care are using prevention as a reason to prescribe
- encourage a standardisation of the referral system
- see mandatory training and professional development around HTs become commonplace.

4.2 Insight with General Practice

Corporate Culture made contact with 115 GPs and Practice Nurses during the interview phase of the insight work. From this they conducted 27 one-one interviews (23% of total contacts). This was split down into

- 22 structured phone interviews with GPs across the five PCT areas
- 4 telephone interviews with practice nurses
- 3 face to face interviews with GPs
- 1 GP practice meeting
- 1 GP forum meeting (where they engaged with 6 GPs and 14 practice nurses).

Findings from the **GPs and practice nurse** interviews, re: awareness of HT service:

- Wirral - **33%** had an awareness of the service and **none** had referred previously
- Knowsley - **25%** had awareness of the service and **none** had referred previously

- Warrington - **none** had an awareness of the service and **none** had referred previously.*
- Liverpool - **67%** had awareness of the service and **50%** had referred previously
- Halton & St Helens - **71%** had awareness of the service and **71%** had referred previously.

*The information for Warrington is due to the service not having launched at the time of the interview, and therefore this finding was not alarming or cause for too much concern.

Positive associations with the HT service included some of the following quotes:

“The main benefit is having the time, I deal with GP education and we have the ‘yes but’ syndrome, when GPs ask patients do you know this service is available and the patient says ‘yes but....It could save GPs a hell of a lot of time in having those conversations”

“They are very supportive the Health Trainers (Lifestyle Support Team) in our area are a great asset to us in General Practice and for our patients! A fantastic service with good patient feedback”

“This has a new way of motivating patients– helping them take control”

Negative associations with the HT service included some of the following quotes:

“I can’t understand why the PCT launch these things and doesn’t tell you about them, there is no consultation, leave it as self-referral in the community I can see why it works there”

“Its under-resourced..I’d be surprised if they had the manpower to sit in the surgeries some areas haven’t got one to start with”

“The organisation they are attached to can have negative connotations particularly for the patient, Liverpool – Age Concern”

The insight work also looked at a number of other issues and potential barriers to referrals into the service, these included confusion around the names used by the different areas and different programmes meaning GPs did not always associate services with an NHS Health Trainer service. The insight indicated that more focus should be placed on what the service does, i.e. what this means to GPs and how it could help.

GPs viewed the referral process as time consuming and confusing, therefore, the insight work considered the method of referral and how to improve this process so that it does not take too much time to complete. The forms need to be simple to use, yet easily identifiable and eye catching to stand out from other forms used.

Some of the other findings suggested that GPs should be more regularly informed of statistics and key deliverables of the HT services in their area, national data should be publicised more widely to promote the successes. There should be specific messages drip fed back to primary care that HTs can ease pressure on resources and their one to one work should further assist in reducing the burden on repeat patients. The use of case studies and examples of good practice to include real life stories of patients successes were also deemed to be a good approach to bridging the gap of awareness of the variety of services successfully offered by the HT teams.

The full insight report ‘Making the Links: GPs and Health Trainers insight report’⁶ written by Corporate Culture can be found in Appendix 1.

⁶ Stott, R, (2009) ,Health Trainers and GPs: Making the links, Insight Report, Corporate Culture

CREATIVE CONCEPT

Findings from the insight report were evaluated to inform the creative concept of design. Corporate Culture worked up three 'themes' with final agreement reached to by the partnership to develop a brand around the theme 'fitogether'.



*fit*ogether

It was felt that this concept would encompass the work GPs do and the work HTs do and how these services can complement each other.

A themed set of images to be used as part of the campaign were designed and put into an 'image bank' (Appendix 2), they consider the diverse mix of services offered by the different areas across Cheshire and Merseyside.

The image overleaf is an example of the imagery and style used by the campaign and illustrates the brand, the black text being used to represent the work of the GP, the red to represent the Health Trainers input.



In order to meet the objectives and to produce a balanced campaign, the variety of draft resources were circulated to the wider group of partners across the five pilot areas to gauge opinion on which of the resources should be finalised and produced fully for print or general use.

The decision was made to add further resources as part of the project to produce:-

- **A patient facing leaflet**

This would give members of the public a good general overview of the services offered by the HT service. It would include a case study (where

appropriate), methods of self referral and other generic information including contact details.

- **HT Powerpoint presentation**

To be used by Health Trainers themselves in delivering statistics, examples of current practice and services to the primary health setting, with a particular focus for practice meetings and protected learning events. Utilising the imagery from the brand name and the images used by the campaign, this would add relevance and further act as an engagement and information sharing tool. This template is flexible and allows, the images to be changed and images used from the ‘image bank’ that is provided with the finished resources. This would enable the HTs to use those images most relevant to their services e.g. weight management.

- **GP referral pad**

To be used to ease the referral process to the local service, this would contain all the relevant information needed by a HT, but still be simple enough to not add extra work to a busy GP. It would also include some general information about Health Trainers and be adaptable so that it can be tailored to meet the specific needs in an area.

Appendix 3 contains the full template resources.

6.0 DISSEMINATION OF MATERIALS

The materials themselves have been designed in such a way to enable them to be tailored to local programmes whilst retaining the ‘fitogether’ brand identity. To fit an individual PCT area, there is space for logo to be inputted, space for contact numbers and names. The leaflet in particular features space for case studies and quotes attributable to their particular services to be

added, they are also able to change the imagery used and choose another image from the 'image bank' which contains a series of other photos and straplines relevant for the variety of services available.

As a social enterprise working to support public health across the UK, HM Partnerships are committed to make these materials available to all NHS Health Trainer programmes across England whilst retaining the copyright to ensure brand integrity.

As the project managers for this work, HM Partnerships are able to assist HT services in producing final resources, complete with relevant logos and local information. As a social enterprise, the company do not seek to generate profit from this dissemination and distribution of materials. However with no external funding available for dissemination the company needs to ensure its costs are covered.

Any local NHS HT service can purchase the materials from HM Partnerships, localised to meet local HT service brands.

Total costings to include:

- Localised, print ready PDF of double sided full colour referral pad.
- Localised, print ready PDF of A5 patient facing leaflet.
- Fully designed Powerpoint presentation tailored to each area accordingly.
- Design and print support managed by HM Partnerships, to include support in proof reading text for print and assistance with all aspects of the design amendments.
- Access to an 'image bank' of files to be used in conjunction with the campaign and for use in printed resources.
- All resources provided both electronically and on a master copy disc to allow local sourcing of printers.

The total cost per area for the above materials is **£594 + VAT**.

To discuss this report or materials further please contact:

Gemma Weston
HM Partnerships
Burlington House
Crosby Road North
Liverpool
L22 0QB

Tel: 0151 928 7830

E: gemma.weston@hmpartnerships.co.uk

W: www.hmpartnerships.co.uk

ACKNOWLEDGEMENTS

Cheshire and Merseyside Health Trainer Partnership

Sharon Kemp, Project Director – Health, Corporate Culture

Rachael Stott, Project Manager, Corporate Culture

North West Health Trainer Partnership

Sue West, Corporate Communications Manager, Heart of Mersey

Rachel Carse, National Programme Director – Health Trainers, Department of Health

Lorraine Harnett, North West Health Partnership Coordinator