HEALTH INEQUALITIES

Health Equality Framework shows promise in improving service users' well-being

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None declared

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Abstract

The Health Equality Framework (HEF) is a tool that records the work of learning disability clinicians to address the health inequalities experienced by a person with learning disabilities. This article highlights a project funded by the Scottish Government to implement version one of the HEF across the four health board areas of the South East Scotland Learning Disability Managed Care Network (MCN). Participants were engaged, motivated and positive about the HEF. However, three issues with its implementation were identified: IT problems, competing clinical demands and the need for additional training. Actions were put in place to support these concerns. The HEF has been widely accepted in the nursing workforce and is now integrated in current community learning disability nurse (CLDN) pathways. CLDNs need to ensure that administration time is built into their working day to allow them to complete the HEF. Training will be extended to include inpatient nurses and specialist nurses.

Keywords

community learning disability nurse, Health Equality Framework, learning disabilities, Scottish Government, time management

PEOPLE with learning disabilities experience significant health inequalities (Emerson and Hatton 2014). The charity Mencap (2012) has detailed the continuing poor care that people with learning disabilities experience in health services.

The Winterbourne review (Department of Health 2012) and the Mid Staffordshire inquiry (Francis 2013) highlighted the need for commissioners and providers to ensure high quality, safe, person-centred services.

In 2012 a UK-wide review of learning disability nursing was undertaken. The resulting policy, Strengthening the Commitment (Scottish Government 2012), highlighted the need for an objective measurement framework through which learning disability nurses could clearly demonstrate their effectiveness at individual and service level.

The Scottish national learning disability policy document The Keys to Life (Scottish Government 2013), demonstrated the need to address health inequalities and improve outcomes for people with learning disabilities.

In response to these drivers the UK Nurse Consultant Network developed the Health Equality Framework (HEF) (Atkinson et al 2015) in collaboration with a range of stakeholders, including the National Development Team for Inclusion, the Improving Health and Lives Learning Disability Observatory, people with learning disabilities, family carers, service providers and commissioners.

Recording the work

The HEF is a Microsoft Excel-based tool that records the work undertaken by learning disability clinicians to improve or stabilise the health and well-being of a person with learning disabilities. It is designed to capture the effect of the evidence-based determinants of health inequalities on people with learning disabilities by doing a before and after measure in relation to any service provided (Atkinson et al 2015).

Electronic recording of the HEF at an individual nurse caseload/ward level enables aggregation of anonymised data at team and service level. Understanding the HEF outcome score has the potential to support caseload management, reduce health inequalities through proactive health promotion, and improve planning and commissioning strategies.

Extent of the project

The aim of the Scottish Government-funded HEF project is to support the implementation

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of version one of the HEF across the four health board areas of the South East Scotland Learning Disability Managed Care Network – NHS Borders, Fife, Forth Valley and Lothian. The four health boards vary in the services they offer:

- Scottish Borders community learning disability team (CLDT) has one joint health and social care team.
- NHS Fife and NHS Forth Valley each have three CLDTs, specialist nurses and an inpatient service.
- NHS Lothian has seven CLDTs, a range of specialist and intermediate service teams, and an inpatient service.

The project was initially funded for a 9-month period with a further 9 months funding planned, and potential for a phase three.

Although the focus of the project is regional, the Scottish Learning Disability Senior Nurse Group recommended that the HEF be implemented by all Scottish boards (Scottish Government 2015). Links have been established with all boards and appropriate national groups.

Implementation science is a way of promoting the integration of research evidence into healthcare policy and practice (National Implementation Research Network's Active Implementation Hub 2015).

Implementation drivers are the components of infrastructure needed to develop, improve and sustain the ability to implement an intervention as intended, as well as create an enabling context for the new ways of work – leadership, organisational factors and training.

The initial phase of the project focused on ensuring that essential infrastructure was in place before training clinical staff. This involved a range of activities including those listed in Box 1.

Skills and competence

Training for the project manager was accessed through practitioner training provided by a co-author of the HEF. To develop her skills and the underpinning knowledge required to run training programmes and roll out the HEF, the project manager initially co-facilitated training alongside an experienced HEF user.

This worked well and the project manager has built on this to become the local expert for the training and implementation of the HEF and is using a similar model to develop the skills and competence of HEF champions in each of the boards.

The HEF project manager developed a training package to support the training and the ongoing roll out. This was based on existing materials from the HEF authors, including the HEF practitioners' manual, and supplemented with locally developed presentations and other materials. The training package continues to be refined based on experience and to ensure it remains fit for purpose.

The training strategy for practitioners included a number of interventions:

- HEF awareness training for stakeholders across the region delivered in advance of training of clinical staff to ensure they were prepared and able to support implementation.
- HEF training for practitioners who would be using the HEF tool operationally.
- HEF awareness for other learning disability practitioners to ensure they had an overview of the HEF tool and could become involved if they wished.

Once the board preparations were in place a training plan was developed and agreed with each board (Box 2).

Training was initially provided to:

- Health and social care staff in NHS Borders (13 staff).

BOX 1. Initial phase of the project

- Securing engagement and support from local nurse managers and service leads
- Ensuring IT arrangements are in place including eHealth and information governance risk assessment
- Including a Health Equality Framework (HEF) statement of intent in local board strategic work plans
- Engaging with boards to ensure all required permissions are in place (Caldicott principles)
- Identifying HEF champions in each board/team
- Developing clinical standards and an agreed audit timetable

BOX 2. Training plan

Issue	Action
Access to local nurses	Community learning disability nurses identified as priority Information provided about training Agreement that training would be in small groups (teams)
Venue	Flexible – either in nurse base or access to IT computer suite
Date/time	To be agreed: 3 hours allocated
Content	Formal presentation on the background to the Health Equality Framework (HEF) Live practice to demonstrate use of the HEF
Training certificate	Provided to support Nursing and Midwifery Council nursing revalidation
Evaluation	Training satisfaction sheet completed following training

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- Three community learning disability nurse (CLDN) teams in NHS Fife and specialist nurses (15 staff).
- Three CLDN teams and five nursing students in NHS Forth Valley (13 staff).
- Two CLDN Teams and one intermediate service team in NHS Lothian (14 staff).

The training was delivered ahead of schedule, which then allowed training to be provided to four further CLDN teams in Lothian (31 staff). These nurses would be included in phase two evaluation work.

Training was also provided to lecturers at Edinburgh Napier University and Glasgow Caledonian University.

This was to support them to include the HEF in their undergraduate teaching programmes. This will ensure all new learning disability nursing graduates will have an understanding of the HEF and be able to use it once they join the service.

Table 1 shows the total number of attendances for each intervention – some staff attended each session.

Training evaluation strategy

The strategy developed was based on the Kirkpatrick's Model for Training Evaluation (Kirkpatrick and Kirkpatrick 2013). Evaluation tools were developed for each of the four levels of evaluation. Each level of evaluation involved a minimum of two different evaluation tools (Table 2). The project manager contacted the NHS Scotland Public Benefit and Privacy Panel for Health and Social Care. It was confirmed that the proposed work was a service evaluation that did not require formal consent from the panel to proceed.

Training satisfaction

A total of 57 people completed a training satisfaction questionnaire immediately after the session. There were eight questions scored using the standard Likert 5-level scale ranging from with 1=very poor and 5=very good. Participants rated training as average, good or very good (3, 4 or 5 on the scale). There were no poor or very poor results (1 or 2 on the scale). The results are shown in Figure 1.

TABLE 1. Number of attendances for each intervention

Phase one	Managed Clinical Network Board	Non-Managed Clinical Network Board	Others	Total
Health Education Framework (HEF) Awareness	81	0	Edinburgh Napier University/Glasgow Caledonian University = 7 Scottish Learning Disability Observatory = 1	89
HEF Training	90	5	Edinburgh Napier University/Glasgow Caledonian University = 7	102
HEF Champion Support	26	4	0	30
HEF Awareness for Other Learning Disability Practitioners	22	1	Scottish Government = 1	24

TABLE 2. Evaluation of training

Kirkpatrick's Evaluation Model levels	Focus of evaluation strategy elements					
	Training satisfaction survey	Online survey manager	Online survey practitioners	Focus groups	Clinical standards	Interactive workshop
Level 1: Reaction	X		X			X
Level 2: Learning		X	X	X		X
Level 3: Job performance		X		X	X	
Level 4: Results		X			X	

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Feedback from participants was positive. Comments have been grouped into themes and are summarised in Box 3.

Participants were engaged, motivated and positive about the HEF and the need to use an evidenced-based outcome measure tool. However, some participants were anxious about the process of change, how they would transfer their new learning into clinical practice, and whether time was set aside to promote and build their confidence and competence to embed the HEF into practice.

Evaluating the benefits

Nurse managers from the four boards were asked to complete an online survey about implementation of the HEF. There was a 100% response rate. All managers attended an HEF awareness session but not all completed HEF training as they did not have a clinical caseload. All were fully engaged in the HEF reference group or the Managed Clinical Network (MCN) Quality Improvement Group or both.

They were asked if they encountered any issues with the roll-out of the HEF to other practitioners. The main focus for the current implementation process is CLDNs.

The HEF is being implemented by nurses. Further discussions are required to consider how use of the HEF can be extended beyond nursing to multidisciplinary use. The managers agreed that the main benefit of using the HEF was that it could provide a national approach to the use of an evidence-based outcome measuring tool to provide reliable and consistent health data. The HEF gives practitioners support to provide evidence for their interventions and how they have reduced health inequalities for patients.

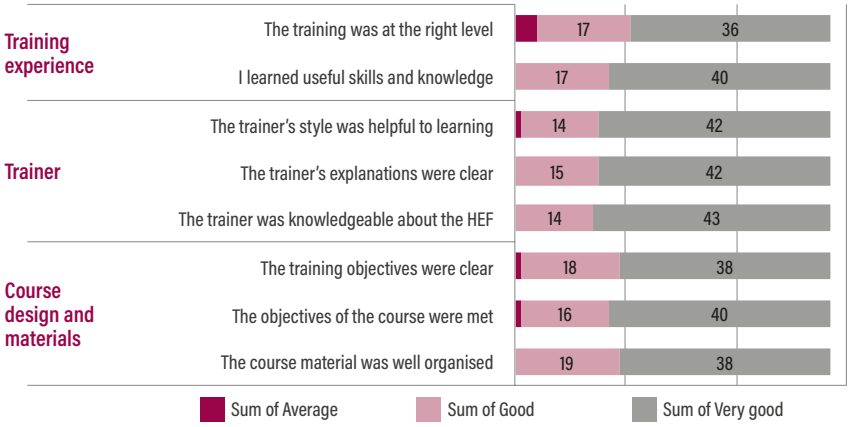
The managers identified the main difficulties in implementing the HEF as IT issues (80% of respondents) and competing clinical demands (40%). Managers felt the difficulties identified could be minimised through additional help and support from the IT manager (60%), nurse manager (60%) and the HEF project manager (80%).

Reliable and consistent

The online survey received responses from 28 of 59 HEF practitioners, or 47%. Responses came from nurses and one psychiatrist across seven boards, which included the four MCN boards.

Practitioners agreed the main benefit of using the HEF is a national approach to the use of an evidence-based outcome measuring tool to provide reliable and consistent health data.

Figure 1. Results of training satisfaction questionnaire (n=57)



The HEF supports practitioners in providing evidence of their interventions and how they have reduced health inequalities for patients.

Practitioners were asked if they had encountered any problems with HEF implementation. Three issues were identified: IT problems, competing clinical demands and the need for additional training. Practitioners felt additional help and support would be beneficial from IT (50%), the manager (27%) and the project manager (45%). It was also suggested that peer support would be helpful,

BOX 3. Feedback from participants

Theme	Feedback
Presentation	» Very clear, helpful and informative » Delivered in straightforward language » Easy to follow » Well-presented with opportunity to practise use of the tool » Plenty of opportunity to ask questions » Project manager was enthusiastic
Emotional satisfaction	» Enjoyable and interactive » Exciting » Enjoyed training, feeling positive and motivated to use
Clinical practice	» Keen to use the tool in practice » If it is useful it will not need to be mandatory » Fantastic resource to evidence health inequalities
Resource	» Good to have the training manual
Venue	» Informal learning in own work setting » Constraints with venue and parking identified in one board
Support	» Additional support from the project manager will be helpful

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although 18% of practitioners said no additional help was needed.

Practitioners were asked to indicate at what point the HEF was being completed. Among the respondents, 15 nurses were using the HEF for new referrals only (52%), three nurses used it for existing patients on their caseload (10%) and nine nurses (31%) completed an HEF for both new referrals and existing patients on their caseload.

Practitioners were asked how many HEFs have been completed:

- First HEF: 89.
- Follow-up HEF: 31.
- Final HEF: 10.

Thirty of the 89 HEFs completed were by one board outside of the MCN as part of a pilot scheme using a nursing framework in collaboration with the HEF. 59 first HEFs were completed within the MCN.

Exploring in depth

Focus groups were held to explore people's views of the HEF and how it has been implemented. Nagle and Williams (No date) describe focus groups as a qualitative data collection method to gain more in-depth knowledge, insights, attitudes and experiences from a group of people.

A consent form was then developed. The questions developed for the focus groups were designed to promote discussion:

- Have you had the opportunity to put HEF training into practice?
- What is working?
- What is not working as yet?
- Can you identify any areas for development?

The project manager planned to meet with the 10 teams who completed training. Four teams were not using the HEF due to IT issues and one team was unable to meet in the

BOX 4. Feedback from focus groups

Question	Feedback
Have you had the opportunity to use the Health Equality Framework (HEF) tool?	» Some nurses across the five teams have had the opportunity to use the HEF with new referrals » Many have not had the opportunity to use the HEF as they have not had new referrals and/or have not built administration time into their working week, which includes time to complete the HEF
What is working?	» HEF is a national 'must do' for nurses » It is easy to use with clear visuals (graphs and bar charts) that support reflective practice as well as discussion within and between professions » Continued use of the HEF will support nurses to build their confidence and competence as well as to embed it in practice
What is not working?	» Wider concerns were noted about the HEF in relation to reliability. Scoring can be challenging if a patient's need does not fit neatly into the descriptors » IT glitches and teething problems caused some nurses to lack confidence about using the tool » The HEF is single use by nursing staff only

BOX 5. Feedback from practitioners

Question	Feedback
What is working well?	» The implementation of the Health Equality Framework (HEF) has generated considerable interest in health inequalities and the role of the learning disability nurse » The HEF can be used by all learning disability practitioners » Implementation of the HEF is under way
What is not working?	» The implementation process is slow » Concerns were expressed about the content of some of the descriptors, the IT set-up and technical glitches when using the tool in practice
Areas for development	» IT issues are the most significant barrier to implementation » Interpretation of the descriptors in the tool is an issue (inter-rater reliability) – this is currently being addressed by the HEF authors working to develop version 2 (HEF+) » Practitioners need to develop their time-management skills to ensure that administration time to complete the HEF is integral to their practice

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time frame of the focus groups. Focus groups were arranged with the other five teams.

All teams were positive and engaging, with rich discussion on use of the HEF. Nurses were all enthusiastic about use of the HEF. Consistent themes were identified and are summarised in Box 4.

Ideas and solutions

A workshop was held to provide collaborative support to HEF champions and establish a network that could provide ongoing support.

An interactive workshop is a recognised way to gain user feedback and improve the process of working as a team: 'the dynamic nature of such workshops encourages creative thoughts and can quickly yield ideas and solutions' (Pavelin et al 2014). Microsoft (2016) has said an ongoing training and support programme can increase productivity by promoting, expanding and enhancing knowledge and skills.

The workshop was set up by the project manager with expert input from a co-author of the HEF, and was attended by 30 learning disability service nurses from South East Scotland regional boards, as well as nurse representation from NHS Ayrshire & Arran, NHS Grampian and NHS Lanarkshire.

Feedback from practitioners was positive. There was strong motivation to use the HEF. Implementation was progressing in three boards and had yet to start in the fourth. Following updates on the HEF project work plan and HEF developments, participants were invited to work together in groups to consider the following questions regarding the HEF implementation process:

- What is working well?
- What is not working?
- Identify any areas for development?

Feedback from the groups is summarised in Box 5.

Setting standards

'A standard is an explicit statement describing the quality of care to be achieved, which is definable and measurable' (University Hospitals Bristol 2016).

Two standards were developed in relation to routine community nursing practice:

- All adult patients of CLDN teams will have a first HEF completed at point of referral as part of the assessment process and then repeated as appropriate through their care journey to discharge.
- All CLDN teams will complete a first HEF score for all existing adult patients on their caseload within 3 months after HEF training.

It was agreed that setting a standard would promote staff confidence and competence in use of the tool as well as measuring compliance. A self-audit tool was developed and will be administered in phase two of the

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TABLE 3. Actions to support implementation of the Health Equality Framework

Issue	Action	Who
IT	» Board Health Equality Framework (HEF) administrator will change the HEF from individual nurse HEF set-up to team caseload set-up » Project manager will liaise with HEF co-author to highlight issues with content of the descriptors, IT set-up, IT glitches and use of the aggregation tool » Project manager will discuss with senior nurses the potential for HEF to interface with electronic patient management systems – TRAK/FACE	Project manager Senior nurses Project manager Senior nurses
Confidence and competence	Nurses will receive ongoing support from peers, senior managers and the project manager HEF	Project manager Senior nurses
Time	Nurses will be supported to allocate time to complete the HEF	Nurses supported by senior nurses
Clinical standard and self-audit Referral to discharge pathways	» Nurses will be supported to implement the clinical standard » Project manager will administer self-audit » HEF will be integrated into community learning disability nurse (CLDN) pathways	Project manager Senior nurses
Training	Project manager will continue to extend training to include CLDNs not already trained, inpatient service and specialist nurses across the Managed Clinical Network and begin to extend national engagement with senior nurses regarding organisational factors	Project manager
How to engage with other community learning disability team members including social work	Project manager will discuss with senior nurses and others potential for multidisciplinary use of the HEF	Project manager Senior nurses
Development of learning resources	NHS Education for Scotland (NES) will lead on this work	Educational project manager NES
Variety of nursing assessment frameworks being utilised	Review of nursing frameworks by the Scottish Learning Disability Senior Nurse Group	Scottish Learning Disability Senior Nurse Group

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project. The HEF is now integrated in current CLDN pathways, ensuring it is integral to day-to-day clinical practice.

The outcomes from the workshop and focus groups were collated and analysed. The actions highlighted in Table 3 were agreed to support the ongoing HEF implementation process.

Findings

Analysis using Kirkpatrick and Kirkpatrick's four levels of evaluation (2013) indicates that the project has been effective to date. Following feedback from a range of stakeholders, including operational and senior staff, and consistent with the implementation science requirement for adaptable and technical leadership, the project manager role appears to be critical. There is concern that the success of HEF implementation could be limited unless it has ongoing consistent leadership and coordination from a project manager who has dedicated time to support training, implementation and the process of change in clinical practice.

Training and leadership alone are not enough. Organisational factors have also been critical. IT issues presented the most significant challenges in the initial set-up and implementation of the HEF in each of the boards. The project manager undertook a range of actions to mitigate these challenges.

Local variations

Each of the boards' eHealth departments required an HEF risk assessment to be completed. To support this and avoid duplication a detailed privacy impact assessment was completed for one board and made available to other boards to be used to support local board assessments. There was a need to ensure operational staff had access to the correct version of the required software. Each board identified a senior nurse to act as the lead person to make progress in IT set-up. The project manager ensured they were aware of the guidance in the HEF practitioner's manual and were talked through the process – setting up the HEF shared drive and team folders. However, the guidance in the HEF practitioners' manual failed to recognise the possibility of local variation in set-up. This required further work and investigation.

While there are local reasons for this variation it may be problematic in aggregating data across the region or nationally. Further work is under way to develop an agreed recommended IT set-up.

Conclusion

This article highlights the beginning of the process of training and implementation that will be extended across the four regional boards, with learning shared with other boards in Scotland to consider and take forward a national roll-out of training and implementation of the HEF.

The HEF has been widely accepted in principle in the nursing workforce in the MCN boards as a tool to identify and address the health inequalities experienced by patients who have learning disabilities. The evaluation process has confirmed that transformational change in practice takes time.

Practitioners need ongoing support. This support has been required from peers, senior managers and the HEF project manager. CLDNs need to ensure that administration time is built into their working day to allow them to complete the HEF and comply with agreed clinical standards. Training will be extended to include inpatient nurses and specialist nurses.

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