# Framework for Neurological Care 2020 -2025
# FINAL REPORT

**Project Title:** Development and evaluation of an online Goal setting and Action Planning (G-AP) training resource

**Department/NHS Board:** NHS Lanarkshire

**Project Lead:** Dr Lesley Scobbie: AHP clinical academic, NHS Lanarkshire & Glasgow Caledonian University. **Project Team: 1.** Dr Sally Boa: Head of Palliative Care Education, Research & Practice Development, Strathcarron Hospice; **2.** Iona Izat: Physiotherapist, NHS Lanarkshire; **3.** Lynn Grayson: Speech and Language Therapist, NHS Lanarkshire, PhD researcher Glasgow Caledonian University; **4.** Emily Chesnet: Speech and Language Therapist, NHS Lanarkshire; **5.** Katherine Elliott (PhD researcher, Glasgow Caledonian University), **6.** Unavoided (video production and website development company)

**Project Start Date:** 11.6.21 **Project End Date**: 31.7.22 **Report Date:**  24.8.22

## Background

Rehabilitation staff should work in partnership with people who have neurological conditions to find out what matters to them and help them to set and pursue their personal rehabilitation goals (1,2). However, evidence suggests that this is problematic in practice (3-5).

Evidence and theory based, the Goal setting and Action Planning (G-AP) framework informs person centred goal setting practice in community rehabilitation settings (6-8). A G-AP record and Access G-AP (an accessible version for people with communication difficulties) is used as a personal copy of goals, plans and progress (9).

G-AP online and face-to-face training was developed to prepare multidisciplinary staff to deliver G-AP in practice (10). Whilst the training was well received, staff reported that it did not prepare them to implement G-AP within their local team or to support people with communication difficulties through the process. Furthermore, the COVID-19 pandemic rendered G-AP face-to-face training unworkable.

**Overall Aim:**

The aim of this project was (i) to further develop the training into a fully online G-AP training resource incorporating supplementary webinars, (ii) to add additional content about implementation and supporting people with communication difficulties, and (iii) to evaluate the developed G-AP training from the perspective of community rehabilitation

## What has your project done?

**1. We developed** a fully online G-AP training resource and supplementary webinars to inform person centred goal setting practice in community rehabilitation settings.

The **G-AP online training resource** includes the following sections:

- o **Home Page:** Welcome to the G-AP training; training objectives
- o **About G-AP:** Why use G-AP? G-AP theory and evidence; Positivity and Hope
- o **G-AP Training**: Descriptor of each G-AP stage (what, how, why, outcome); Role-play videos illustrating delivery of each stage in practice; examples of how to write Goals, Plans and Progress in the G-AP record.
- o **Rights, Barrier and Ramps:** Information, video clips and suggested strategies about supporting people with cognitive and/ or communication difficulties through the G-AP process.
- o **Implementation**: Information and resources to help teams plan for local G-AP implementation.
- o **Resources**: Downloadable versions of the person held G-AP and Access G-AP record, relevant academic papers and recorded conference presentations

**The G-AP Webinars** are 2 x 2 hour interactive sessions delivered on MS Teams:

- o **Webinar A:** Supports shared learning and discussion about supporting people with neurological problems through the G-AP process. In particular, it focusses on common 'clinical dilemmas' and how to manage them in practice.
- o **Webinar B:** Supports teams to think about local G-AP implementation. Evidence based implementation strategies are introduced and implementation plans discussed.

**2. We convened a stakeholder group** comprising three people with neurological conditions (including one person with a communication difficulty), two carers and three staff members to inform, review and feedback on the developing training content and evaluation findings.

**3. We delivered** the G-AP online training resource and webinars to 50 multi-disciplinary rehabilitation staff in three NHS Lanarkshire community rehabilitation teams providing rehabilitation to people with neurological problems.

**4. We evaluated** the G-AP training resource and webinars from the perspective of rehabilitation staff.

**5. We conducted follow up implementation meetings** in each participating team to explore how G-AP implementation was progressing and troubleshoot any arising issues.

**6. We are conducting a longer-term evaluation of G-AP implementation** in each participating team through a linked PhD study. As well as leading the analysis of questionnaire and focus group data (see below), Katherine Elliott, a Glasgow Caledonian University PhD researcher, will evaluate G-AP implementation in the longer term (> 9 months).

## How have you evaluated the project?

**What did we do?**

We have completed an evaluation of the G-AP online training resource and webinars. The **research questions** that guided our evaluation were **1.** What are staff opinions and experiences of the G-AP online training resource and webinars? **2.** To what extent does the G-AP online training & webinars prepare staff to implement G-AP in practice?

We **collected data** using the following methods:

- **Online questionnaire:** Following training, all staff (n=50) were invited to completed an online questionnaire which included questions about the delivery and content of the online training and webinars; participant's ratings of their G-AP knowledge, skills and confidence and recommended improvements to the training.
- **Focus group:** A sub group of purposively sampled staff (n=8) were invited to participate in a focus group discussion. The focus group topic guide included open questions about what was good/not so good about the training, recommended improvements and the impact of the training on their local G-AP implementation efforts.
- **Follow up implementation meeting in each team** (3 months' post training): Staff were asked to rate how G-AP implementation was progressing within their team using a 1-10 visual analogue scale (1=G-AP is not being implemented at all; 10=G-AP is being fully implemented). Implementation challenges were identified and action plans agreed to progress local implementation.

**What did we find out?**

*Participants*

Forty-one rehabilitation staff (82%) completed the G-AP online training questionnaire; 8 of those (5%) participated in the focus group discussion.

*What are staff opinions and experiences of the G-AP online training resource and webinars?*

The vast majority of staff rated the G-AP online training and webinars as either excellent or good (see Figure 1). The majority reported they were very likely (55%) or somewhat likely (38%) to use the online training resource again and that it was either extremely easy (52%) or somewhat easy (45%) to navigate through. The majority of staff reported the online training resource (87%) and webinars (78%) was relevant to their work with patients. Almost all said they would recommend the online training resource to other rehabilitation staff (95%) and students (98%).

*Figure 1*



G-AP online training and webinars: overall ratings
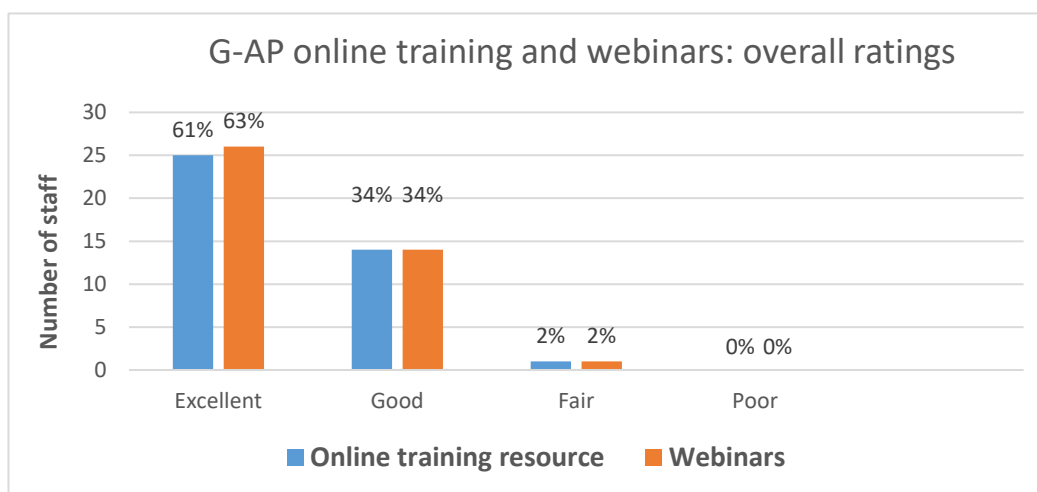
Following completion of the training, the majority of staff agreed or strongly agreed they were knowledgeable (90%), confident (87%) and skilled (93%) to use G-AP in practice, including supporting people with cognitive (90%) and communication difficulties (87%).

*To what extent does the G-AP online training & webinars prepare staff to implement G-AP in practice?*

The majority of staff agreed (95%) that the webinars had prepared them to deliver G-AP as an individual staff member.

> "[The training] *definitely prepared me to use the resource* [G-AP] *individually. Like, I used it with a patient last week and it felt comfortable using it and it worked really well."* [P7]

Staff accounts suggested they were at the early stages of planning G-AP implementation at team level.

> *"Our kind of end point from the implementation one* [webinar] *was 'right, we need to set up a G-AP implementation working group within our team to figure out how to get through all these things.'... we're just setting up our implementation team at the minute."* [P3]

**Findings of follow up implementation meeting**

Team ratings of local implementation ranged from 6 - 7.5 (see Figure 2) indicating that G-AP was being implemented to some extent in all teams; however no team had achieved full G-AP implementation.



Figure 2
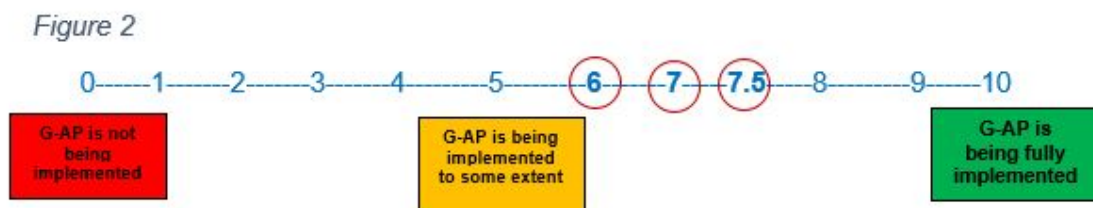
The main implementation issue reported across all three teams was the need to modify the G-AP record / Access G-AP to enhance ease of use within each team. To address this issue, each team was sent editable versions of the G-AP record and Access G-AP; modifications were permitted to support G-AP implementation as long as each stage of the G-AP framework was observed.

## How did our advisory group inform our project development and evaluation?

Our advisory group met three times over the course of the project. Their input informed the following project developments:

- Patient and carer advisors told us they the **preferred to be referred to as 'people' rather than 'patients'** and that staff maintaining a **positive and hopeful approach** was critical to their motivation and wellbeing. In response to this advice, we replaced the term patient/ patients with person/ people throughout the training and included a section called Positivity and Hope.

- Staff advisors told us that the training content should include information about **how to manage difficult conversations** (e.g. how to support people with ambitious/ difficult to achieve goals) and **how to support people with cognitive difficulties** through the process. In response to this, we included a FAQs section, which offered advice on how to manage difficult conversations. We discussed

**What has changed as a result of the activities?**

This project has created impact for NHS Lanarkshire rehabilitation staff, community rehabilitation teams and for the people with neurological problems (and their carers) receiving their care.

**Impact on rehabilitation staff and teams:**

- 50 staff members have been fully trained to deliver G-AP - an evidence and theory based approach to person centred goal setting practice.
- Three community rehabilitation teams have been supported to implement G-AP in their local setting.
- Each team has the G-AP online training resource available for top up training and to train new staff and students coming to their team.

I**mpact on people with neurological people and their carers.**

- People with neurological problems receiving care from the three participating teams ( approx. 2000 per year) are being supported to (i) identify personal goals that reflect their needs, priorities and preferences, (ii) create action plans (or stepping stones) that will support them to pursue their goals, (iii) make informed decisions about continued goal pursuit or goal adjustment to support their ongoing recovery and well-being, and (iv) are provided with an accessible record of their goals, plans and progress.
- Those with communication and/ or cognitive difficulties are supported to discuss and record their goals and progress in a way that suits them.

Carers are supported to be involved in the process (if appropriate) and can access the G-AP record if their family member is agreeable.

**What did not go so well and what would you do differently?**

The project has largely gone as planned. The project took longer than expected due to a number of unforeseen challenges:

- Time taken to secure back fill for NHS project staff took longer than expected.
- Data protection issues and lock down/ social distancing restrictions due to the COVID pandemic incurred delays to filming role-play videos.

Whilst we managed to overcome these issues and complete most of our planned videos, it required more time than originally planned.

*What would we do differently?*

Adjust project time lines to allow more time for back filling NHS staff.

**What are the next steps including scalability, sustainability & dissemination?**

We have already disseminated information about our project through conference and poster presentations (see below). An academic paper describing this work is in preparation and will be submitted to a rehabilitation journal so that it is widely available to rehabilitation staff working with people with neurological conditions in Scotland and beyond.

**Conference presentation:**

**1.** Boa S, Izat I, Chesnet E, Grayson L, Scobbie L. Development and evaluation of a Goal setting and Action Planning (G-AP) online training resource*. NHS Education Scotland (NES) Annual Virtual Conference, 2022.*

**Poster presentations:**

**2**. Elliott, K.; Fisher R.; Barber M.; Scobbie L. Evaluation of training strategies used to support implementation of the Goal Setting and Action Planning (G-AP) framework: a mixed methods study. *Scottish Stroke Audit Conference, Royal college of Physicians Edinburgh.*

**3.** Elliott, K.; Fisher R.; Barber M.; Scobbie L. Evaluation of training strategies used to support implementation of the Goal Setting and Action Planning (G-AP) framework: a mixed methods study. *Accepted for poster presentation UK Stroke Forum, Nov 2022.*

## Scalability

We would like to make our G-AP online training resource available to rehabilitation staff working with people with neurological conditions throughout NHS Scotland, and beyond. The training is web based and available via a specific URL link therefore can be accessed locally, nationally and internationally. We would like to conduct a larger scale evaluation of the G-AP online training resource prior to roll out beyond NHS Lanarkshire. A grant application to secure funding to complete this work is under development.

**Sustainability within NHS Lanarkshire and beyond**

We are confident the G-AP training resource will continue to support person centred goal setting practice within NHS Lanarkshire in the long term as (i) G-AP implementation groups have been set up within each team, (ii) managers continue to be supportive of G-AP implementation, and (iii) as an AHP clinical academic within NHS Lanarkshire, I will have ongoing responsibility to support ongoing use of the training resource in routine practice.

The G-AP online training resource incurs an annual cost for hosting (£200). The first 2-year hosting costs have been covered by the Scottish Government funding. Funding will be sought to cover website hosting costs in the medium to longer term.

## Expenditure

| Project Costs | Budget | Spend to date |
|---|---|---|
| 1. IT development costs (including secure website hosting for 2 years) | £9,600.00 | £9,600.00 |
| 2. Backfill for Band 6 physio (0.2 WTE x 9 months) Iona Izat | £9,083.00 | £7,355.25 |
| 3. Backfill for speech and language therapist 0.2 WTE x 9 months | £9,083.00 | £5,255.22 |
| 4. Dr Sally Boa costs £34 x 64 hours | £2,176.00 | £2,176.00 |
| 5. Zoom remote platform subscription x 9 months | £119.90 | £0 |
| 6. G-AP records (binders and colour printing) x 150 | £490.00 | £300.00 |
| Extra approved spend: Talking Mats | | £912.00 |
| **TOTAL** | **£30,551.90** | **£25,598.47** |

**Project Underspend: £4,953.43\***
\* With permission, we will use the underspend to action recommended improvements to our G-AP online training resource, including enhancements to navigation functionality and more content about how to support people with deteriorating neurological conditions.

## References

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**3.** Plant S. Tyson S, Kirk S, Parsons J. (2016) What are the barriers and facilitators to goal-setting during rehabilitation for stroke and other acquired brain injuries? A systematic review and meta-synthesis. Clin Rehabil.;30(9):921–30

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**5.** Brown SE, Brady MC, Worrall L & Scobbie L. (2020): A narrative review of communication accessibility for people with aphasia and implications for multi-disciplinary goal setting after stroke, Aphasiology, DOI: 10.1080/02687038.2020.1759269.

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