



## Better together: Sharing learning to improve care

December 2012



The NHS is staffed by many brilliant and creative people. Individuals across the health service have been responsible for remarkable innovations and breakthroughs in medical science and the way we care for people. Improvements and advances made by determined individuals within their own organisations can be enhanced and spread more widely through collaboration with others.

There has been a growing recognition in recent years of the value of shared learning as a way for professionals to share expertise and experience while working to address a common goal. Together, a group can create more than the sum of its parts.

Action Learning Sets are increasingly used within the health service and there is a growing body of evidence about the benefits of a variety of approaches for shared learning. These include professional and personal development, greater motivation, and increased effectiveness in transforming services leading to direct improvements in patient care.

Within NHS Kidney Care, one of the principles of our improvement approach is to create opportunities for professionals to learn from each other wherever possible. Shared learning helps to ensure that improvements are sustainable, changes are locally led, and that learning can be transferred between organisations, to other long term condition areas, and across the wider health service.

The evaluation of two of our shared learning groups described in this report finds that healthcare professionals benefit greatly from working in environments that allow them to share their experiences, learn from others, discuss relevant issues and express concerns. The learning networks were found to be a valuable resource for both the project groups studied. In both cases, they were so successful that new networks have been established to embed and sustain the opportunities for improvement beyond the life of the original projects.

The evaluation also identifies a number of recommendations which will be relevant across other projects and long term conditions, including the need for clear objectives, time and commitment from members and a focus on relevant issues.

One notable aspect is the potential for new media to facilitate shared learning. Although a good balance of face-to-face meetings is important to build relationships, virtual meetings were found to be a good way to save time and resources. Looking forward, social media offers exciting opportunities to build communities of interest, make connections and share knowledge not only across the NHS but across the world.



The ambition of our learning networks was to provide a supportive working environment by bringing together people who face similar challenges. The fact that their members have gone on to set up their own networks to sustain and embed the approach is a powerful legacy and highlights the valuable role that shared learning can play in improving care for people with long term conditions.

A handwritten signature in black ink that reads "Beverley Matthews".

Beverley Matthews  
Director, NHS Kidney Care

# Reader page

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Description/purpose	This report follows an evaluation of NHS Kidney Care Learning Networks, and highlights good practice and learning with regard to what worked well within the learning networks, and why. Recommendations are provided that may facilitate learning across other areas within long term conditions.
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Action required	Healthcare professionals working on common projects in separate locations should consider the use of learning networks as a way to share experiences, learn from others, discuss relevant issues and express concerns. The recommendations outlined in this report should be taken into account when establishing learning networks.
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# 1. Introduction

Learning networks have been set up for a number of NHS Kidney Care projects to facilitate the sharing of knowledge and experience, and to allow members of the project groups to learn from each other.

The findings in this report focus on two separate learning networks that were set up to support two work-streams that were supported and funded by NHS Kidney Care. The End of Life Care in Advanced Kidney disease (EoLC in AKD) project consisted of project sites in three individual trusts while the Supporting Young Adults with kidney disease (SYA) project was made up of five project groups across England, some of which consisted of networks of trusts, involving 24 trusts overall. Learning networks were set up for both the EoLC in AKD and SYA projects in May and June 2010 respectively, with the aim of bringing together members from all project groups. The SYA learning network had its most recent meeting in December 2012, while the EoLC in AKD learning network came to the end of its leadership under NHS Kidney Care at the beginning of 2012.

Membership of the learning networks was wide-ranging, covering all members of a project team such as project leads, clinical leads and specialist clinicians as well as NHS Kidney Care programme leads, the director of NHS Kidney Care and members of the NHS Kidney Care research and evaluation team. In addition, the SYA learning network sought to engage with young adults with kidney disease.

This report presents the findings of an evaluation which set out to:

1. Obtain an understanding of the value of the SYA and EoLC in AKD learning networks in achieving what they set out to do
2. Highlight good practice and learning with regard to what worked well within the learning network, and why, in order to provide recommendations that may facilitate learning across other areas within long term conditions
3. Identify challenges and solutions
4. Examine the use of virtual technology to enhance learning



## 2. About learning networks

Groups which encourage people to work and learn together have been used under a variety of different names throughout healthcare settings. The literature indicates a number of positive benefits to be gained from collaborative learning and working. These include understanding each others' perspectives<sup>1</sup>, supporting personal and professional developmental needs<sup>2</sup>, and increased leadership competencies<sup>3</sup>. Furthermore, a review of the literature concludes that there is increasing evidence of the effectiveness of collaborative working in transforming healthcare organisation leading to increased staff motivation and direct improvements in healthcare<sup>4</sup>. However, there is also evidence that the education of clinicians does not currently take full account of the effects of group membership<sup>5</sup>.

A more commonly known form of learning groups is the Action Learning Set (ALS). Action Learning is an educational process whereby people work and learn together through discussion and reflection on their working practice<sup>6</sup>. With Action Learning there is often no agenda, with small groups made up of 7–10 people, who aim to discuss common issues and potential solutions through reflection on their own experience. Similarly, action research is research initiated to solve problems and address issues led by people working with others in teams<sup>7</sup>.

ALS has been used widely by the Department of Health in the UK<sup>8</sup>. The evaluation of one such Set, established to address access to services for children and young people with learning disabilities and mental health problems, concluded that commissioners and senior managers had much to gain by making good linkages with local practitioners such as those who attended the Sets. The project also demonstrated the importance of the contribution of committed individuals and local 'champions' in changing local cultures. Similarly, a programme in Wales designed to support pharmacists drawn from all sectors of pharmacy found that ALS were a powerful tool for personal development but noted that further research was needed to determine whether or not these changes were sustainable<sup>9</sup>.

Other examples include practice-based small group learning (PBSGL); an approach to continuing professional development (CPD) for general practitioners (GPs) that originated in Canada. It involves small groups of GPs who work through clinical modules and is now an established method of learning in Scotland and parts of England, and found to be effective in general practitioner, practice nurse and multi-professional cohorts<sup>10</sup>.

Collaborative learning has also been used successfully as a strategy to embed evidence within occupational therapy practice among therapists who lack the confidence to consume published evidence. The learning groups empowered the therapists to incorporate published evidence into the working practice and challenge long-held working beliefs<sup>11</sup>. Again, the authors noted the requirement for continued commitment from participants and their employers in order to maintain the benefits they had gained.

The ambition of the NHS Kidney Care learning networks was to provide a supportive working environment by bringing together people, both face-to-face and virtually, who work on related issues and who face similar challenges. In addition, the NHS Kidney Care learning networks set out to be more functional and operational than the traditional Action Learning Set.

## 3. Method

The evaluation took an iterative approach through interviews with those involved in the conception, delivery and running of the learning networks as well as members of both groups. The approach started with Beverley Matthews, director of NHS Kidney Care and NHS Liver Care, being interviewed to determine the vision behind the networks, followed by interviews with the NHS Kidney Care programme leads for the SYA and EoLC in AKD projects. This led to interviews with the two chairs of the learning networks and subsequently with members of each of the two learning networks (see appendix 1 for details of all interviewees). Members of the two learning networks were selected by inviting those who had been put forward by their local project lead. However, due to lack of availability within the time frame, interviewees from some of the SYA projects were selected on the basis of convenience.

Interviews took no more than 30 minutes and were carried out either face-to-face or via telephone or WebEx. Interviews carried out via WebEx were recorded while extensive notes were taken during face-to-face or telephone interviews. Eleven interviews were carried out with 14 interviewees; a 15<sup>th</sup> person responded to questions in writing. Desk research through exploration of the literature, analysis of minutes, actions and forums ran in parallel to the earlier interviews. Analysis consisted of systematic review of notes from interviews to identify common themes and issues.





## 4. Key findings

### 4.1 Establishing the learning networks

The SYA and EoLC projects were both set up with project boards that had overarching strategic roles but no protected time to discuss issues. The board consisted of members of NHS Kidney Care, other external experts, and one member from each project group; however this was not necessarily the person driving local implementation in each of the project areas. The director of NHS Kidney Care, Beverley Matthews, had previously taken part in Action Learning Sets which she found allowed people to be supportive of others in similar roles, and stopped people feeling isolated. Subsequently it was suggested that similar groups could be set up to provide support for people in the projects supported by NHS Kidney Care. In addition, a learning event in June 2010 for the SYA members revealed that people liked meeting, sharing and learning. In contrast, NHS Kidney Care initially felt some resistance from the EoLC in AKD project groups, which weren't sure that they needed such a group which originated as an extension of the board. Meetings for both the learning networks took place in a variety of formats including face-to-face, WebEx (online conferencing) and telephone conferencing. In addition both groups had a closed online forum hosted on NHS Networks which allowed virtual discussion and sharing of documents.

The first learning networks for EoLC in AKD and SYA took place in May and June 2010, respectively. Both networks were multidisciplinary, involving people from across the project groups. No specific objectives for the SYA learning network were laid out; however the minutes of the first dedicated meeting of the EoLC in AKD learning network outlines the purpose of that meeting;

- *For the sites to share knowledge and experience, and discuss issues associated with implementing the framework*
- *To draw out lessons learnt from the work carried out to date*
- *Discuss possible methods for sharing in the future, such as the forum on NHS Kidney Care website, and further joint meetings*

For the majority of interviewees the objectives of the learning networks were clear from the beginning and reported as:

- To provide an opportunity for the groups to get together
- To allow an exchange of information away from base
- To learn from each other
- To provide support and catch up.

*"Objectives were clear from the outset – enable us to share what was working, remit from King's was to support the other ones with regards to setup, evaluation component & experience."*

EoLC in AKD Learning Network Member

*"[The Learning Networks allowed us to] share experience, success and what wasn't successful; ensure we didn't all re-invent the wheel and [allowed us] to cascade more widely to other people."*

SYA Learning Network Member

However, a few members felt that initially the purpose of the meetings was not explicit. This may have been due to the evolving nature of both of the learning networks which may have created some confusion to some members. There was recognition from NHS Kidney Care that getting the commitment from projects to sign up to the learning networks from the beginning, by laying out the expectations and building them into the Memorandum of Understanding (MoU) may have helped to create greater clarity about the purpose of the learning networks.

*"It was not explicit at the beginning what the meetings were for; not called learning network; would have been useful to have an explanation although they became self-explanatory."*

SYA Learning Network Member

*"Objective wasn't very clear but learnt as they went along; difficult as some of us came into post later on after the project was set up therefore the idea behind them wasn't very clear."*

EoLC in AKD Learning Network Member

*"I didn't necessarily realise that these meetings were a 'learning network' although looking back it became very clear as I took part."*

SYA Learning Network Member

It was, however, always the intention that NHS Kidney Care would withdraw from the running of these groups and as such started to hand over the control of the groups approximately half way through the planned project time.

*"It was about planning an exit strategy – the resource comes to an end but the projects have to carry on."*

Director of NHS Kidney Care & NHS Liver Care

*"It was an evolving picture... it was their meeting rather than ours."*

NHS Kidney Programme Lead

## 4.2 Content of the meetings

The agenda, minutes and feedback from members of both networks indicate that time during meetings was generally spent on providing updates on the progress from each project group as well as discussion on specific issues that may be of mutual interest. A number of people from the EoLC in AKD learning network felt that the 10–15 minutes given to each project group to provide updates weren't as useful as they could have been as they often covered the same ground; these interviewees would have liked to have spent more time covering issues that were relevant to them all. In contrast, the majority of people from the SYA learning network felt the 10–15 minutes spent updating was not sufficient to go into the depth required.

Although NHS Kidney Care formally drafted the agenda it was the view of members of the EoLC in AKD learning network that they set the agenda and not NHS Kidney Care. Some members of the SYA learning network felt they would have liked to have had more control over the agenda, while others felt that their relationship with the NHS Kidney Care programme lead for the SYA project ensured that any issues that would benefit from group discussion would be listed on forthcoming agendas. These contrasting views highlight the need for members of each group to assert their views about their expectations from the group in order to make the learning network provide them with the learning they need and make the best use of their time.

*"We set the agenda not NHS Kidney Care; we talked about issues relevant to us all. Fliss was very good at keeping things on track and ensuring everything was covered without being over controlling."*

EoLC in AKD Learning Network Member

*"We're all doing separate projects but the meetings looked at common themes - Clare was very good at that as well as pulling out the things we were doing differently... the agenda was led by Clare, and clearly she had things that needed to be covered, but I was always able to raise things in our monthly calls that I could ask to put on the agenda."*

SYA Learning Network Member

*"Could have given each project the opportunity to lead a meeting and set the agenda. Would help people think through what they want to get out of the meeting and give them more control."*

SYA Learning Network Member

The overwhelming view from interviewees was that overall the meetings were exceptionally useful and a good use of valuable time. Specific meetings that were found to be particularly useful for the SYA project groups included a one day meeting to pump-prime the East of England project, although this was now open to all project groups, and a session spent imparting skills for care planning.



However, a few issues were highlighted which provide useful learning to help improve future meetings and similar learning networks. There was some criticism that the purpose of each meeting wasn't always clear in advance. As an example, some SYA learning network members reported that sessions aimed at improving general skills which, although useful to others, were not a good use of time that should have been dedicated to the SYA projects. Ensuring clarity of the purpose of each learning event would allow individual members to make an informed choice as to whether the meeting would be a productive use of their time. In addition it was highlighted that evaluating the usefulness of each meeting shortly after the event, could have helped inform future meetings as they occurred. Finally, it was suggested that more time could have been spent drawing on the wide skill set and experience that was present among the learning network members - for example, by allowing members with particular experience to discuss their role in depth with other members. Although many of these issues could be addressed by NHS Kidney Care, they could equally have been highlighted and managed by members of the learning network asserting their views as the networks evolved.

Occasionally experts external to the project groups were invited to learning network events. While it was recognised that it wasn't always appropriate to have people external to project groups attend the meetings, members of the learning network found it useful to have their input as well as a platform to disseminate their own work. In addition some members felt that the learning work shouldn't have been confined to the funding stream to allow for issues external to the projects to be discussed.

Finally, a recurring issue raised by the SYA learning network members was the involvement of the external evaluation group which was employed to undertake the overarching evaluation of the local work being carried out by the project groups. Network members recognised that using learning network time to discuss issues relating to the evaluation negated the need for a separate meeting. However, while members felt that too much time was spent discussing these issues it was the view of the external evaluation group that not enough time was spent discussing the evaluation. These points provide useful learning regarding the importance of clarity of the purpose of each meeting and obtaining an understanding of the needs, requirements and appropriateness of individual members.

## 4.3 Format and practicalities of meetings

Overwhelmingly, interviewees felt that face-to-face meetings were the most effective and, although highly valuable, the virtual meetings only worked well when people knew each other. Face-to-face meetings allowed people to interact more which, in turn, facilitated greater discussion. In addition, they encouraged informal discussion and development of stronger relationships between members of the learning networks. Furthermore, face-to-face meetings were found to be more important at the beginning when people didn't know each other, as was the case for the SYA project groups. The members of the EoLC in AKD already knew each other but despite this the first meeting was reported as being a bit awkward and too formal. The importance of the role of the facilitator was also highlighted.

*"You can't beat face-to-face. WebEx is useful but you need be able to get everyone going. Role of the facilitator and the skills of chair need to be different than meeting face-to-face – needs someone to bring people out and engage."*

Director NHS Kidney Care & NHS Liver Care

*"They [the learning network meetings] need to be facilitated by someone clinical and experience of facilitating who knows the nitty gritty at the clinical coal face."*

EoLC in AKD Learning Network Member

The main drawback for the face-to-face meetings was the time commitment spent travelling to and from central meeting locations. For both projects there were logistics of getting people together, agreeing central venues, timing and getting dates in the diary. It was suggested that setting the date and location for each meeting at the beginning of the year and adhering to them may have helped overcome these difficulties. It was also suggested that starting and finishing later in the day could have allowed some people to purchase cheaper train tickets, thereby reducing costs.

The EoLC in AKD learning network generally met in London rotating occasionally to the other project sites; however some people were reluctant to attend meetings outside London due to additional time spent travelling and, as such, meetings outside London were often poorly attended. The importance of visiting other project sites from a political point of view as well as providing a learning experience was noted by members of both learning networks. The SYA Board rotated the meetings around the sites which allowed more people from the host site to attend, leading to further dissemination of information and ideas; however the SYA learning networks were generally held in London. Funding for travel had been an issue for some of the project groups as it hadn't been built into costs from the outset. In addition, members of the EoLC in AKD learning network preferred to have their meetings on the same day as the board meeting while the SYA members preferred to keep them separate.

Time saving is the clear benefit of online or telephone conferencing. The general view of people interviewed was that once people knew each other, WebEx meetings worked better than expected. However, this opinion was stronger from members of the SYA projects than the EoLC in AKD project members as many of the latter group already knew each other. The main negative view expressed about the WebEx meetings were that discussion was

often restricted and came across as over rehearsed. Furthermore, the literature also highlights the importance of the enhanced skills that facilitators require to engage learners in meaningful interaction and to overcome the distance between facilitator and members commonly found with distance learning and e-learning<sup>12</sup>. Despite this, many people suggested that once people knew each other learning network meetings could have been held more frequently by using WebEx or teleconferencing for shorter meetings between longer face-to-face meetings, where more time could be dedicated to discussing specific issues in depth.

The online NHS Network forums were not viewed as successful for either project. The two most commonly cited reasons for lack of success of the online forum were firstly, time restraints and secondly, the fact that people had to go via a member of NHS Kidney Care to post their own documents.

*"The forum was not a re-sounding success - posts were probably read but there was no participation. It was good for spreading information but not for encouraging discussion."*

NHS Kidney Care Programme Lead

*"Forum not so successful; people don't have the time even with the best will in the world."*

SYA Learning Network Member

*"I would put up documents and try to start a bit of discussion but it didn't bloom... I ended up contacting people individually."*

NHS Kidney Care Programme Lead



## 4.4 Membership and roles

Both groups consisted of people with a wide range of roles from nursing, renal consultants and palliative care specialists in the EoLC in AKD learning network, and social workers, renal specialists and clinical psychologists in the SYA learning network. The literature suggests that a broad and differing range of experience in the group is more likely to generate an educationally valuable environment<sup>13</sup>. Both programme leads from NHS Kidney Care played a role in helping to facilitate the discussions but did not necessarily take part in the discussion. Overall members felt that the right people were involved in the learning networks and that everyone had the opportunity to participate and did so, although the importance of having a champion for the group was also noted.

*"The right people were involved and it was a consistent group. Having others such as Ken [Farrington] and Maria [Da Silva Gane] from Lister [hospital] could have been useful. Others generally no, unless they could have been invited specifically."*

EoLC in AKD Learning Network Member

A few people stated that they felt intimidated by the more experienced and senior members of the group, which may have prevented them from expressing concerns and admitting to things that weren't working. The director of NHS Kidney Care, Beverley Matthews, was also aware that people may have looked to her to make decisions while her presence may have stopped others from expressing their own views. However, the importance of having senior members of staff attending the learning networks was noted. Whether this is due to the fact that senior members were viewed as 'champions' or that their support was seen as a sign of approval is not clear, but it is likely that both these factors have a role to play.

A number of people noted that the presence of more outspoken people can change the dynamics of the group, while people who weren't as in touch with what was going on with a project could distort the discussion.

*"Some groups were very vocal and dominant so energy had to go into managing that. Others became more vocal as time went on."*

SYA Learning Network Member

As the projects developed, members of both groups expressed a preference to see additional expertise in the learning network, such as those from other disciplines who would also have an interest in end of life or transitional care.

*"It may have been useful to bring in people from the outside from different specialities interested in transition – not having diabetes there was a loss; their expertise wasn't harnessed."*

SYA Learning Network Member

*"It may have been useful to have discussed as a group who we would think would be influential/helpful to the projects and the development of new EoLC initiatives. For example inviting someone from the clinical arena in palliative care/primary care, about service delivery and developments in their area from which we could learn from in the renal arena, and challenges they face in sustaining services in the current NHS climate."*

EoLC in AKD Learning Network

It was also suggested that NHS Kidney Care could have provided additional expertise and support to some of the project groups in areas such as data handling and report writing. The relationships that developed as a result of the learning network meant that individuals who were seen to have greater expertise in these areas, beyond the expertise relevant to the project, may be called upon more than they had anticipated.

## 4.5 Legacy and success

The overwhelming view of everyone interviewed was that the learning networks were a valuable use of time and resources. A number of significant benefits which were expressed by many people are described below.

### 4.5.1 Contribution to building professional relationships

The opportunity to meet up with others working in similar roles with similar issues and challenges was invaluable. These meetings not only allowed projects to give formal feedback as well as have formal and informal discussion; people were able to learn from the experience of others, share ideas and concerns, as well as gain from the support of peers - all of which helped to progress projects in both the EoLC in AKD and SYA learning networks; while a number of people commented that the networks made them feel part of a national team.

The relationships which developed went beyond the learning network meetings and NHS Kidney Care, and hopefully will be maintained into the future. Visiting each other's sites allowed members to see things first-hand that they wouldn't be able to share over the phone or in a meeting room in London; for example visiting Bristol allowed the other EoLC in AKD project groups to see the Bristol IT system.

*"Cross visits occurred as a consequence of the meetings, they may have happened anyway, but it started with the visit to Bristol which allowed us to see the nitty gritty – gave us a push."*

EoLC in AKD Learning Network Member

*"Project feedback from all those involved was extremely helpful and inspiring, it was interesting to hear from the other projects what was going well and what challenges they had met and how these were overcome."*

EoLC in AKD Learning Network Member

*"Relationships extended further than the formal learning network meetings. Got to know each other really well to the extent we could phone and text one another with queries. We had a good working relationship - that's where you learn from people, same as working with your colleagues, same thing applies."*

EoLC in AKD Learning Network Member

*"The Supporting Young Adult project was really well supported and Clare was very good but towards the end it became less driven and more fragmented. They were very useful and very positive and I've missed them subsequently. You had a sense of being part of a national team; [other] projects feel more isolated...."*

SYA Learning Network Member



The sense of support and reassurance that others may be having the same problems was also expressed by many people:

*"I found it really useful meeting all the other key workers, helped me to be broken in gently. It's very useful for key workers to meet separately and keep in touch via e-mail."*

SYA Learning Network Member

*"If nothing else they provided reassurance about what they were doing; we spurred each other on!"*

EoLC in AKD Learning Network Member

*"Everyone was in the same boat which was useful to know and reassured us that we were doing the best that we can."*

EoLC in AKD Learning Network Member



## 4.5.2 Contribution to other resources

Both the SYA and EoLC in AKD learning networks contributed to the development of a number of resources that are available to the wider community for long term conditions and can be obtained through the NHS Kidney Care website ([www.kidneycare.nhs.uk](http://www.kidneycare.nhs.uk)). These include:

- EOLC in AKD - Top Ten Tips for GPs
- How To Guide - Renal remembrance service in Manchester
- SYA How to Guides:
  - o Facebook group connects young adult patients
  - o You're Welcome quality criteria lead to out of hospital kidney clinic for young adults
- Self Assessment Framework for transition of young adults
- SYA external evaluation report
- SYA resource pack
- SYA learning network helped to inform other project developments within NHS Kidney Care and has agreed to open up its e-seminar meetings to all interested professionals thereby forming a learning network meeting virtually using e-seminar formats.
- Ongoing ethnographic studies in supporting young adults and end of life care



## 4.5.3 Legacy of the learning networks

The learning networks have helped both projects progress on the wider kidney care agenda. In June of this year Fliss Murtagh and Ken Farrington (Lister Hospital) launched the new *UK Renal Palliative and Supportive Care Network* at the British Renal Society Annual Conference. Building on the success of the EoLC in AKD learning network this new network aims to *“continue the momentum to improve renal palliative and supportive care, through sharing the learning and resources from the test sites and other initiatives, promoting national recognition of this area of work, and continuing to build better evidence to inform care.”* In addition, having all three project groups present their findings in conference sessions helped get the momentum going and led to the development of the new UK Network described above. However it was pointed out that a bigger group would need to be more formal, have greater control, with clearer objectives if it is to achieve what it is setting out to do.

Similarly, members of the SYA groups are keen to maintain the relationships they have developed by continuing to meet up to share learning and ideas, and there are plans to widen the network to include groups from outside the original five NHS Kidney Care project groups throughout the UK. It is their intention that they should become a special interest group. However, concerns have been raised about ownership of the group without the leadership and incentive of NHS Kidney Care despite the clear desire for such a group to exist.

*“We got together all interested partners to catalyse change; it really worked. Now we want to do similar work with the North West and Yorkshire to disseminate what has been achieved and stimulate things to take them forward. Edinburgh & Glasgow have both also expressed interest”*

SYA Learning Network Member

*“Supporting Young Adults has become a visible community. The vision [that was present this year] wasn’t there before - maybe only a very small group of people. The learning networks are encouraging people to get together.”*

Director of NHS Kidney Care & NHS Liver Care

*“All groups are enthusiastic about what they have achieved; great success in a relatively modest injection of funding”*

SYA Learning Network Member



### 4.5.3 Legacy of the learning networks

*"NHS Kidney Care provided the opportunity to make this happen – the Special Interest Group wouldn't have happened without NHS Kidney Care."*

SYA Learning Network Member

*"Need to keep the momentum going and make sure the meeting in October happens even if it's just getting people together."*

SYA Learning Network Member

*"Good way of getting added value without a lot of extra resource"*

EoLC in AKD Learning Network Member

Finally, all the project groups from both the SYA and the EoLC in AKD projects have received sustainable funding from sources outside of NHS Kidney Care to continue the local improvement work they have started, signifying clear recognition of the importance of what has been achieved to date and a need for it to continue.



## 5. Conclusion and recommendations

The published evidence shows that professionals benefit greatly from working in environments that allow them to share their experiences, learn from others, discuss relevant issues and express concerns. The evidence gathered from this evaluation shows that the NHS Kidney Care learning networks are no different and have proved to be a valuable resource for both the EoLC in AKD and SYA project groups.

A number of the issues identified here will be relevant to any kind of discussion group; however the main points for learning that have come out of this evaluation have informed the following recommendations, which may be relevant across many long term conditions:

- Ensure that members are committed to the learning network from the beginning and have the time and resources to attend and host meetings, for example through explicit expectation in the Memorandum Of Understanding or project agreement.
- Have clear objectives with agreement about the scope and the involvement of external groups. Allowing projects to sign up to the learning network from the outset may help to clarify the objectives. Similarly, reiteration of the purpose of the group at each meeting may help to maintain the focus.
- Members must have control of their learning network. Although the intention from NHS Kidney Care was that the project groups should take ownership of the learning network this wasn't always translated into practice by some members. As such, members need to assert their views to ensure that such networks meet their needs and expectations.
- Carry out evaluation of meetings as they occur so that the networks can adapt and evolve where necessary.
- Establish meeting dates on a long-term basis in advance and adhere to them.
- Make use of both face-to-face and virtual meetings. Virtual meetings allow for valuable conservation of time and money; however they only work well when individuals know each other and therefore should not occur in isolation. Face-to-face meetings are essential at the beginning as networks become established to allow relationships to develop.
- Make effective use of the time. The most valuable time is spent on updating, sharing and discussing issues relevant to the specific theme of the learning network. Using the time for more general training sessions is not necessarily seen as a good use of time.
- Draw on external expertise. Many of the issues that people with end stage renal disease face are present in other long term conditions. Experts from these other areas may be able to add to, or indeed learn from, the shared learning of a disease specific learning network.

The legacy left by both learning networks in the form of new, larger groups with aims of national recognition is a significant endorsement of the success of the NHS Kidney Care learning networks, in addition to the success of the local work being implemented by the individual project groups. Questions about the sustainability of such groups are found in the literature and were raised by some interviewees despite the clear desire expressed by all for these networks to continue. However, difficulties in attending meetings due to time restraints and clinical commitments can be addressed by current virtual environments which continue to grow. Ownership and leadership, as well as clarity on the purpose of such groups are clearly essential to ensure that momentum generated by NHS Kidney Care continues into the future.

# Appendix 1

## List of participants in the evaluation of NHS Kidney Care Learning Networks

- Beverley Matthews, Director of NHS Kidney Care and NHS Liver Care; Initially chair of SYA and EoLC in AKD learning networks

### Participants from the EoLC in AKD Learning Network:

- Cherry Bartlett, NHS Kidney Care Programme Lead
- Fliss Murtagh, King's Health Partners (latterly chair)
- Ann Banks, North Bristol NHS Trust
- Louise Long, North Bristol NHS Trust
- Kate Shepherd, King's Health Partners
- Katherine Bristowe, King's Health Partners
- Susan Heatley, Greater Manchester Kidney Network (Responded in writing)

### Participants from the SYA Learning Network:

- Clare Beard, NHS Kidney Care Programme Lead
- Paul Harden, Oxford University Hospitals NHS Trust (latterly chair)
- Emma Coyne, Nottingham University Hospitals NHS Trust
- Charlotte Bebb, Nottingham University Hospitals NHS Trust
- Lorraine Lentell, North East Renal Network
- Rachel Gair, South West Renal Network
- Christina Theodore, Matrix Knowledge

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