

What impact does Bridges have on everyday practice?

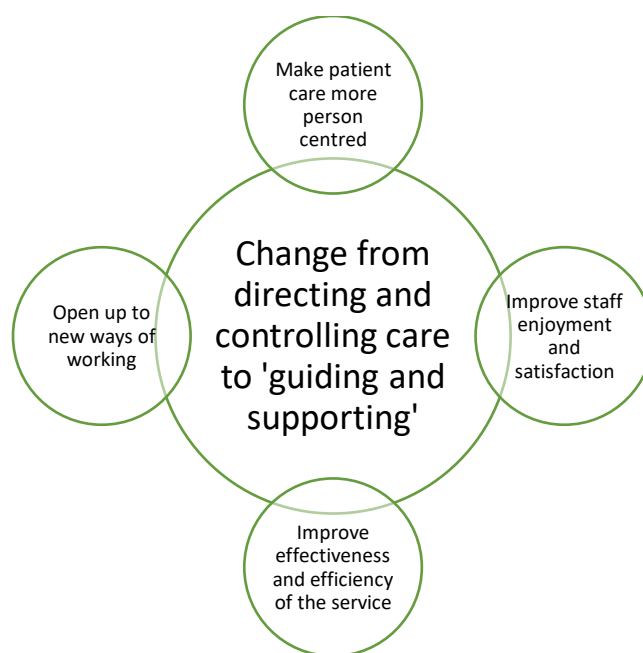
Bridges Self-Management has demonstrated feasibility as an approach to support self-management, being integrated into clinical practice across healthcare settings and used with people living with different acute and long-term conditions (Jones *et al.*, 2016; Mäkelä *et al.*, 2019). Staff trained to use Bridges feel more confident and knowledgeable to support self-management, change the way they interact with during healthcare interactions, which in turn can support patients’ knowledge, skills and confidence (Kulnik *et al.*, 2017). Since starting in stroke, Bridges has spread across multiple areas of the NHS, informed by more than 15 years of research and quality improvement projects. To date, more than 4,000 NHS staff across the UK have been trained to use Bridges

We wanted to understand some of the tangible changes and the impact of Bridges on everyday practice in healthcare, we spoke with **six senior NHS clinical leaders**, all had commissioned Bridges within the last 5 years. They reflected on their experience of implementing Bridges within their teams, some having received their initial training in Bridges over 10 years ago and others having trained within the last 18 months. Integration experiences varied, but all narratives contained **common activities and areas of impact**.

Why use Bridges?

All clinical leaders talked about the needs of their services and the gaps they hoped Bridges would fill. Aspirations included concerns that *‘more of the same was not an option’*, current ways of working were increasing the burden on staff and demands such as rising caseloads would be likely to continue.

They all hoped that by staff focussing on self-management support it would create greater efficiencies within care pathways creating a positive impact on staff wellbeing and service user experience.

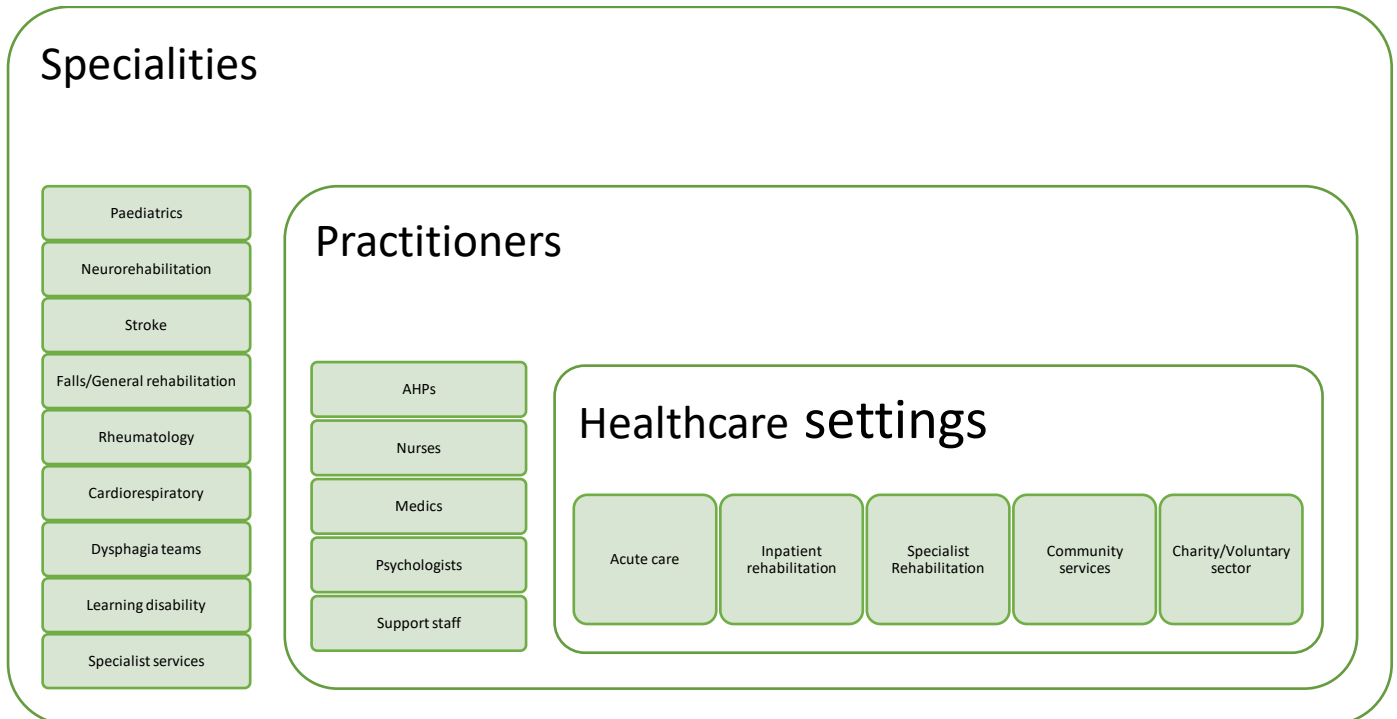


We would like to thank to all the service leads and managers from Northern Ireland, Wales, London and East of England who gave up their time to share their valuable knowledge and experiences for these interviews.

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Who uses Bridges?

We also asked who used Bridges and they talked about the diversity of services and teams that had adopted and integrated the Bridges approach. They saw the potential for Bridges to be used flexibly by different professional and support staff across both acute and community rehabilitation settings.



What impact did they see Bridges having in their teams?

A catalyst for working differently

The biggest change after introducing Bridges was that clinicians had been inspired to change how they approached and worked with patients and families; altering their communication and interactions to enable more personalised and individualised interactions. They also adapted their processes such as assessment forms and goal sheets, to reflect this new way of working. These changes acted as a catalyst which led on to broader influences and impact on practice.

What was the impact of 'working differently?'

By making these changes to everyday interactions, the service leads described wider follow-on impacts to services and personal experiences, shown below.

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- **New efficiencies in the pathway of care**

Introducing Bridges had resulted in pathways being more efficient, with reductions in waiting times and service user led reductions in length of rehabilitation periods. There were also examples of how new services had been designed with the Bridges approach at their core.

- **The influence on service user experience**

Clinical leads held the impression that the balance of control was shifting in therapeutic interactions. Service users were having more input into their rehabilitation plans which were decided collaboratively with clinicians. Commonly, a reduction in service user complaints was also seen.

- **Staff satisfaction and wellbeing**

When expressing their initial hopes for introducing Bridges, improving staff experiences were a common theme due to the demands from high workloads. These hopes had been realised and the positive impact on staff evident across interviews.

- **The 'Snowball effect'**

Many commented on the '**snowball effect**' of Bridges; when teams saw success in one area it led to further funding and adoption of Bridges training for other services across the organisation.

And would changes have happened without Bridges involvement?

They all referred to the '**power of the Bridges approach**' to pull together and develop a new culture and way of working, re-focusing the work they were already doing in a more patient-orientated way, which had not been possible prior to Bridges involvement.

'It has reinforced to me that we needed it ... I think it's re-focused us on what we actually do. And realise that in the past perhaps our approach has not always been really what the patient needs, in terms of really identifying what they want.'

Service Lead Physiotherapist, Wales

They talked about how their services have embedded the principles and ethos into their everyday practice and team activities, which has helped continue the benefits seen. However, many teams had a frequently changing workforce which could be a challenge to maintaining awareness.

'We've had a lot of turnover in that time, so there are periods where I feel we're more in tune with the principles of self-management than others. What we wanted to do was to have a really robust process for ensuring that everyone gets inducted and that we do a lot of reflection in terms of where we are with self-management.'

Head of Neurorehabilitation, London

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The use of **Bridges Champions** and **Masterclasses** are also commonly used to maintain the focus on self-management.

'The clinical managers held a Bridges Self-Management masterclass workshop, which was fantastic. It was really inspiring to look where things are using the Bridges approach across the team at the moment. I think we all came away feeling quite inspired again.'

Clinical Manager, London

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