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Mobilising health professionals - a demonstrator project

Interim Report – May 2020

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Introduction

The Mobilising Health Professionals Project is a demonstrator project to establish how information on air pollution can be integrated into the patient pathway. The project began in December 2019 and was expected to finalise in May 2020. As a result of the Coronavirus outbreak in early 2020 the project was put on hold in mid-March 2020. This document is an interim insights report, to ensure that the learning which was gathered during the first three months of the project is captured. Over this first phase of the project the following activities were delivered:

1. In early January 2020 two co-design workshops were held with 12 respiratory and paediatric health professionals to gather insights on the most appropriate messaging for their patients on air pollution and the best places in the patient pathway to share that information
2. A range of communications materials on air pollution were developed based on insight from the co-design process, based on materials previously developed and used by health professionals.
3. A training guide and materials were created for health professionals to cover the impact of air pollution on patient health, the principles of communicating with patients on air pollution, and an orientation on attendee's involvement in the demonstrator project.
4. Clean Air Champions were recruited to participate in the project and three in-person training sessions with 23 respiratory and paediatric health professionals were held over late February and early March.

This Interim Insights Report aims to make suggestions on approaches to start to mainstream the provision of air pollution advice to patients across the country based on: health professional's feedback on communications materials, feedback on training methodology, and the team's experiences on recruiting health professionals to the project.

A final Insights Report for this project will be developed in late 2020 once all piloting for the project is able to re-commence, and materials have been shared with patients. This final report will cover the following areas:

- Feedback from health professionals on whether/how the approach and materials worked in practice and/or what else they require to feel confident to provide air pollution advice to patients.
- Learning on the impact of the Train the Trainer/Cascade component
- Evidence on the impact and best approach for online training options
- Overarching recommendations on an implementation approach to ensure that all health professionals are able to provide relevant advice

Background Statement

Air pollution is well recognised as an urgent public health emergency: it causes up to 36,000 deaths, over 20,000 respiratory and cardiovascular hospital admissions and 6 million sick days every year in the UK, at an estimated total social cost of £22.6 billion per annum. It is a health issue that the health sector needs to address, with an initial focus on the most vulnerable groups, such as pregnant women, children and those with heart and lung conditions who are at a disproportionately high risk from air pollution.

As some of the most trusted messengers in society, health professionals can play a crucial role in protecting people's health. This is especially the case for some of the more vulnerable people who come through the door of the health service every day.

However, at present, there is no mainstream approach to ensure that health professionals are equipped to give advice to vulnerable patients on air pollution. Specifically, the causes of air pollution, the impact of air pollution on health, and the ways that patients can avoid exposure to air pollution. There is a missing link in terms of a public health campaign on air pollution – to highlight the urgent need to tackle air pollution and protect people's health.

The government's 2019 Clean Air Strategy reinforced the need to *'equip health professionals to play a stronger role by working with the medical and nursing royal colleges and the General Medical Council to embed air quality into the health profession's education and training.'*

In November 2018 Global Action Plan and the UKHACC, held a meeting with the Medical & Nursing Royal Colleges and health organisations for initial ideas of whether and how to engage health professionals with air pollution, which went on to inform the design of this Mobilising Health Professionals (MHP) project. UKHACC members were clear that health professionals were willing to engage and provide advice on air pollution to patients. They flagged that the messaging would need to be adapted based on patient groups – as a result the MHP was focused on developing messaging and a methodology for two health groups - respiratory health professionals and paediatric health professionals. The project team were also keen to look at messaging for cardiologists, GPs and midwives – funding for these components has not been secured yet.

Other early insights from the November 2018 meeting included that patients must not shoulder the responsibility for change. As such it was strongly felt that alongside the project, an accompanying public campaign would be required, so that all people – and not just vulnerable patients – were being asked to change their behaviour to protect their health from air pollution. Health professionals also reflected that they cannot be expected to be air pollution experts – and requested an information resource to send people to. Since then Global Action Plan, with support from DEFRA and other partners, developed the **Clean Air Hub**, as the go-to place for information on air pollution.

Patient Pathway

In early January 2020 two co-design workshops were held with 12 respiratory and paediatric health professionals. The purpose of the co-design process was to map patient pathways and create resources for paediatric and respiratory health professionals to aid them in talking to their patients about the risks of air pollution for their health. As the paediatric and respiratory health professionals know the most about what works when discussing health risk factors with patients a co-design process was selected to include their feedback.

Key Insights:

At the co-design workshops respiratory and paediatric health professionals mapped out the obvious entry points to share information with their patients on air pollution. Health professionals reflected that patients needed to receive information about air pollution several times during each visit to a health facility e.g. as a poster on the waiting room wall, advice from a health professional and a summary leaflet to take away.

A summary of some of the key patient groups and pathways identified included:

Respiratory Patients:

Patient/target groups those with asthma, COPD, cystic fibrosis, interstitial lung diseases, occupational lung diseases, pre-term children
Specific pathways for target groups: first consultations, patient advice lines, annual reviews, patient support group meetings, screenings
Broader entry points in health settings: waiting rooms, car parks, emergency departments, outpatient departments, appointment letters, online booking pages, pharmaceutical packaging.

Paediatric Patients:

Patient/target groups: antenatal/expectant parents, new parents, neonatal intensive care, children in need of respiratory/wheeze care, those with long term conditions (cystic fibrosis, diabetes, epilepsy, cardiac), teenagers/adult services, carers/parents,
Specific pathways for target groups: gateway midwives, antenatal clinics, pre-pregnancy appointments, parental classes, baby weigh-in clinics, community nurses, patient support groups, vaccination clinics
Broader entry points in health settings: waiting rooms, car parks, emergency departments, outpatient departments, appointment letters, online booking pages, pharmaceutical packaging, parent phone apps, pulmonary function labs,

As part of the second stage of the project we will assess which of these entry points were most impactful and whether there were entry points we had not identified initially which should be included.

Communications Materials

At the co-design workshops health professionals were then asked to consider the most appropriate forms of communications materials to share with the patient groups and in the pathways they had identified.

Initial messaging about air pollution for health professionals to share with patients was reviewed by the groups. This messaging was based on a Public Health England approved messaging matrix, previously used by Global Action Plan for air quality projects, including Clean Air Day. Communications materials that had been developed with paediatric respiratory professionals and patients and parents/carers in Tower Hamlets were also shared for inspiration, and the Clean Air Hub was presented as the main point of reference for further information for patients. Clean Air Hub branding was used in the example materials to keep consistency.

With these facts and visuals as a base, professionals were asked for their opinion on what they would need to be able to provide clear advice to patients about how to protect their health from air pollution, looking at the language used and the format of the information. After the first group fed back, changes were made to the communications resources and were then shared with the second group for review and refinement. In addition, resources were shared with patients via Breathe Easy groups managed by the British Lung Foundation to gather patient input before being finalised.

Key Insights:

- Health professionals wanted to have physical materials to provide to their patients
- The co-design attendees agreed that the messaging in the materials should ideally include clear information on the impact of air pollution on patient's health, but also practical ways that patients can limit their exposure to air pollution.
- Health professionals highlighted that they will not have much time (only seconds) to talk to some patients about air pollution so the messaging needs to be simple and clear with somewhere/something to clearly refer them to for more information.
- In certain contexts, it would be more useful to be able to provide more detailed information, in which case a longer leaflet would be useful.
- The health professionals identified the materials listed below as most useful for speaking to their patients. A library of the materials developed is available **here.**
    - A short leaflet
    - A longer leaflet
    - A selection or posters for waiting rooms
    - A media pack – including suggested text message, social media messaging, and content on Clean Air Hub
- Materials such as stickers were discounted as not providing enough information and were seen to be patronising.

Specific comments from attendees to and project response are listed in the following table.

Feedback	Project Response
Patients need empowering messaging	This has been incorporated in language and design
Materials should include clear clinical advice	Wording on actions to take is based on advice from PHE. Note: A member of PHE raised a query about the actions we had suggested. Are they all still applicable to very vulnerable patients? Could we do more harm than good in our messaging? Do we need a more scientific trial of messaging before rolling out? A response to this concern should be ready to share for future trainings and should be considered in the final insights report for the project.
Make it clear that it is not the responsibility of individuals to solve air pollution	We will include a link on the Hub to highlight the role of national and local government in tackling air pollution, and with ways individuals can support wider action on air pollution (eg talking to local schools/joining campaign groups).
Consider sustainability – do training sessions need to happen in person? Could more resources be available online rather than printed?	The project is now expecting to organise a webinar training option considering social distancing requirements and also time commitments of doctors. As the trial continues, we will also consider how resources can be shared remotely rather than in-person.
Consider patient groups – would it be fair to advise against cars for any of the patient groups who are not mobile (rely on cars).	Wording in materials was adjusted to suggest patients tried to avoid car journeys only if possible. In light of recent government guidance on public transport – we may also look at how wording is adjusted in future.
Would be useful to see how comments could be added to existing COPD/asthma plans	In the longer term we think messaging from the project should be integrated into such plans.

Feedback	Project Response
Health professionals felt that conversations would be key in moving the project forward	This would suggest that equipping health professionals to feel confident enough to talk about air pollution will be key. A future project cannot be entirely focused on materials, we must continue to include a training element for health professionals.
It might be worth targeting the CF sites	This will be explored.

Training Methodology

A training methodology was developed to cover the impact of air pollution on patient health, the principles of communicating with patients on air pollution, and an orientation on attendees' involvement in the demonstrator project. At the end of each training session participants were provided with an anonymous feedback form to share their views on which elements of the training worked best, and what could be improved. An **online resource space** for the project has also been created on the Clean Air Hub).

Overview of participant feedback:

Participant's left the workshop feeling knowledgeable about all three aspects of its contents: understanding air pollution, communicating with patients on air pollution and the role of Clean Air Champions. Their understanding of air pollution increased from an average of 5 to 8 (out of 10). Similarly, their knowledge of how to communicate with patients on air pollution increased from an average of 5 to 8 (out of 10). On average participant's knowledge of the role of Clean Air Champions at the end of the session was 8 (out of 10).

What to keep?

Participants indicated they particularly appreciated the presentation from **Professor Stephen Holgate**,

> *"great talk from Professor Holgate, extremely informative"* said one participant when commenting on what was useful in increasing their understanding of air pollution.
>
> *"Stephen's presentation and going through research project"* said another when explaining what they found useful in understanding the role of the Clean Air Champion.

Participants also appreciated the resources, such as posters and leaflets, with their usefulness being noted in 10 separate comments across all three strands of the workshop.

Finally, the ability to discuss these resources and other topics amongst the group was noted as helpful. Participant's valued being able to hear "points raised in feedback" from others in the group and having the chance to "[share] ideas with other respiratory professionals".

What to improve?

Participants shared varied feedback on measures to improve the workshop, for instance;

- Longer Q&A sessions and sharing of feedback
- More child friendly resources such as colouring activities
- To do more discussion in smaller groups, including for the role play activity
- More tips on how to talk to patients (particularly around indoor air pollution)
- More information on what happens beyond the workshop

There were also comments on the practicalities of the session with multiple people asking for less paper and one participant asking that the session be vegan.

Feedback provided by participants was incorporated into the final training facilitation pack and materials where possible.

As part of the project a selection of materials were also developed to support health professionals to deliver a train the trainer component of the project with colleagues once they return to work. This included:

- A PowerPoint on the project
- A handout about the project
- A letter to share with senior staff members to request their support for the project

Recruitment Approaches to Include Air Pollution in Training for Health Professionals

From early January the UKHACC began recruiting Clean Air champions for the project (respiratory and paediatric health professionals). The project held three **in-person training sessions** with 23 health professionals over late February and early March.

Recruiting volunteers to participate in the pilot as champions in their own organisations was more challenging than anticipated. See Annex 1 for a list of all of the groups approached to invite attendees to the workshops. Based on our experience we have outlined in this section useful points to note when recruiting volunteers in this way. The project team will consider this learning when working to recruit additional clean air champions over the summer of 2020 to support the final stage of the project.

Insights and Tips:

Recruitment of Health Professional to a Voluntary Programme on Air Pollution:

Timing & Remote Learning

In many cases doctors and nurses need six weeks' notice (or more) to book time off work to attend voluntary training. This should be factored into planning for future training events. In addition, carrying out remote training which has become more normalised since the COVID-19 outbreak will reduce the barriers to participation by removing travel time and making it easier to fit sessions into existing schedules. Health professionals were also supportive of this approach in terms of reducing carbon emissions on travel.

Seasonal Pressures

Health professionals are often under greater pressure during winter months – especially in the case of respiratory health professionals. Planning of voluntary programme training should factor this restriction into planning, avoiding particularly busy months where possible. The outbreak of COVID-19 also reduced capacity for suitable attendees to engage with this project.

Target Audience

There were good reasons for keeping the target participants in the programme focused on specialist groups to ensure messaging was targeted for specific patients (i.e. only paediatric and respiratory specialists). However as together respiratory and paediatric specialists make up less than 5% of all doctors on the GMC register (this doesn't include nurses or other AHPs), it means recruitment for voluntary training must be carefully planned. One solution to this was to talk directly to the relevant departments in targeted NHS Trusts. Reaching decision makers in those departments can also be challenging due to their own busy schedules – however once suggested hook was to reference that the training would support trusts to meet NICE quality standards on outdoor air quality and health.

Buy-in by Senior Staff

Some participants felt that gaining the early buy-in of several senior staff in a hospital department (or more than one) could be a way to secure a large group of participants - including those who weren't initially very interested in air pollution. In order to support this process a draft letter to share with senior staff has been developed by the project. Within the second stage of the project we will ask health professionals for additional advice on the best entry points for buy-in for senior staff.

Finding time for development

Many colleges require health professionals to undertake a certain amount of CPD each year, but this applies to training that is accredited by the College. In some cases, our attendees would be able to make the case to their college for this to count as such, but for others this wouldn't count and would therefore require extra time on top of the time they normally spent on development. In future, it may be worth considering investigating the option for colleges to pre-approve this for 'CPD points', although this would have to be done on a college-by-college basis and may not be possible in all cases. One suggestion was to incorporate the workshops into the postgraduate updating process, run by the Medical Royal Colleges and Health Education England. To ensure all those who should know about the impact of air pollution, do.

Overarching Conclusion on Recruitment:

Fundamentally, a major learning from this project is that if we were to do this training at a national level, across the NHS, a volunteer approach should not be the preferred method. Instead, the best way to ensure health professionals talk to their patients about air pollution is to get it into the basic medical training for all health professionals with on-going training as part of professional development for health professionals. Specifically, it should be incorporated into the postgraduate updating process run by the Medical Royal Colleges and Health Education England.

Conclusions & Future Considerations

This Interim Insights Report has aimed to make suggestions on approaches to start to mainstream the provision of air pollution advice to patients across the country. It has shared learning we have to date on how healthcare professionals can incorporate air quality advice into their busy schedules. Key conclusions include:

Patient Pathway and Communications Materials

- Patients need to receive information about air pollution several times during each visit to a health facility e.g. as a poster on the waiting room wall, advice from a health professional and a summary leaflet to take away.
- Health professionals want to have physical and virtual materials to provide to their patients
- Messaging should include clear information on the impact of air pollution on patient's health and practical ways that patients can limit their exposure to air pollution.
- Messaging should be empowering and shouldn't leave patients bearing the weight of responsibility for air pollution
- Health professionals emphasised a project like this would benefit from having a public health campaign on air pollution to the general public at the same time
- Ideally the project would gather feedback not just from health professionals handing out materials, but also how patients responded to materials in the longer term. At present the timescales for this project will not allow this.
- Online materials will be important in terms of sustainability and social distancing
- In light of COVID-19 materials will need to be adjusted to ensure materials are in line with guidance on social distancing etc.

Training Methodology

- Enable health professionals to feel empowered to have conversations on air pollution. Any future programme must continue to include a training component to support this process.
- The existing training methodology of both technical information on the impacts of air pollution from a health professional, alongside a practical session on the practicalities of communicating air pollution with patients scored worked well and can form a basis for future training. It will be important to learn from the next phase of the project how learning was applied in practice and whether there were gaps.
- In light of COVID-19, in response to sustainability concerns, and also because of limited availability it is suggested that remote training opportunities are provided.
- The training sessions could be split up into sections, allowing the use of pre-recorded elements that can be viewed at times that work for the clinicians and then followed up with shorter, live, online sessions that support discussion and consolidation of knowledge.

Recruitment

- Health Professionals agree that air pollution needs to become part of health professional training and development
- There is a fundamental challenge in trying to include air pollution training as an add-on given busy schedules. In the long run training should be incorporated into the postgraduate updating process run by the Medical Royal Colleges and Health Education England.
- When running the training as an add-on – approach colleges to pre-approve clean air training for 'CPD points'
- Where possible give health professionals at least 6 weeks' notice to attend in person training.
- Offer online training options including evening slots for those staff who are unable to take chunks of time out of their schedule
- Consider how to engage the buy-in of a range of senior staff in hospital departments at the outset.
- Ideally, we should widen the pool of health professionals to include GPs, cardiovascular specialists, and midwifes. Although the communications materials we have developed are not currently tailored for their patient groups yet.

Annex 1: List of groups approached to attend training workshops

- Attendees of previous workshops (including representatives of RCPCH's Training Committee in London and Liverpool)
- Those who expressed interest in previous workshops, but were unable to attend
- Royal College of Physicians (RCP; twitter)
- Royal College of Paediatrics and Child Health (RCPCH; twitter and to relevant internal networks)
- Royal College of Nursing (shared with members of *Children and Young People Specialist Care Forum*, and specialist Resp Group)
- British Medical Journal (twitter)
- British Medical Association (twitter)
- Barts Health Respiratory Care and Rehabilitation Service (ARCaRe, Tower Hamlets Group)
- Primary Care Respiratory Society (in email newsletter and on twitter)
- Dr Julian Legg, Secretary of the British Paediatric Respiratory Society
- Association of Respiratory Nurse Specialists (ARNS)
- British Thoracic Society (BTS; circulated to members)
- Dr Alex Wilkinson, BTS lead on sustainable respiratory care (no reply)
- 'Health Declares' Climate Emergency (twitter)
- Drs Izzy Braithwaite & Anya Gopfert (coordinators of 'Health Declares' - have also shared with contacts in a personal capacity)
- Health Care Without Harm (twitter)
- Centre for Sustainable Healthcare online networks
- (including *Sustainable Respiratory Care, Green Nurse, Sustainable Primary Care and Education for Sustainable Healthcare* networks)
- Individual approaches on twitter
- Doctors for XR
- NHS Sustainable Development Unit
- Breathe London (retweets)
- Clean Air Campaign (twitter)
- British Lung Foundation / Asthma UK (twitter)
- UKHACC Chair and Exec Committee members Members (inc. Dr Richard Smith, chair and former BMJ editor, Dr Sandy Robertson of RCEM Climate/Environment SIG, etc.)
- UKHACC Members and Member comms contacts (few replies)
- Thorax BMJ (Journal)
- Doctors Against Diesel
- Professor Stephen Holgate
- Professor Jonathon Grigg
- Great Ormond Street Hospital (inc. Postgraduate Medical Education department)
- Organisers of the Paediatric Respiratory Conference

Annex 2: List of resources/assets created through the project

A. Patient Pathway Summary
B. Facilitators Guide – Training Health Professionals
C. Video on health impacts of air pollution – respiratory patients
D. Video on health impacts of air pollution – paediatric patients
E. Training Power Points and Handouts
F. Posters
G. Leaflets
H. Media guide
I. Letter template to heads of department

All materials are available here - **https://www.cleanairhub.org.uk/mobilising-health-professionals**.

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