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Developing Community Education Provider Networks in South London

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Community Education Provider Networks (CEPNs) are collaborative networks of service and education providers. Aligned by geography, members of the network agree to work together to educate and train their workforce to support the delivery of population health outcomes.

Objectives

To test feasibility and review benefits and challenges of different Community Education Provider Network models in south London.

Design

In south London, four CEPN prototypes were given seed funding from May 2013 – March 2014 to test the feasibility and potential benefits of a collaborative network model for education and training in community settings.

Each CEPN took a slightly different approach such as: addressing community nursing capacity; inter-professional learning in child health; supporting multi-professional training in GP practices; and creating a network to assess the training needs for staff caring for patients with dementia

They were given a brief outline of the functions of a CEPN

Deliver a model of high quality multi-professional education and training outside of hospitals

Inform the design of a local workforce that will lead to sustainable improvements in the health and well-being of the population and align education to the changing nature of service provision, in which more care will be delivered outside hospitals

Facilitate integrated working through inter-professional learning with the aim of improving productivity and value for money and ensuring workforce values are aligned to population values

Findings

After four months of operation, a rapid external review was conducted to examine progress and assess what stakeholders believed to be the benefits and challenges with this approach.

Some early reported successes include:

carrying out educational needs assessments using surveys or discussions with local health professionals; running engagement events attending by many different professions to consider local priorities or engaging with GP practices at primary care fora or practice meetings; setting up training courses for specific cohorts, identified as being in high need locally (such as healthcare assistants or practice nurses);

encouraging a small number of nurses working in secondary care to transfer to primary care; and making links with other organisations to fund training or to deliver training

Each CEPN was assessed against objectives to identify which were best meeting the CEPN vision. Some models were better suited to delivering the CEPN as originally outlined.

The review also highlighted some key design principles that may speed the process of set up and implementation. Three important top level factors are:

Vision and management: such as clarity about function; leaders; and project management capacity

Infrastructure: such as established relationships and close links with the CCG

Processes: such as taking time to engage; and undertaking needs assessments

Conclusion

The prototype work allowed the development of key design principles and a crystallisation of the functions. These informed the further implementation of an on-going pilot programme across south London with 10 CEPNs now working towards providing the following 7 functions

Workforce planning

Workforce development

Education, Quality and Governance

Developing education capabilities

Placements in primary care

Education programme coordination

Support delivery of redesign of services