

<b>Institution:</b> Kingston University		
<b>Unit of Assessment:</b> 3 – Allied Health Professions, Dentistry, Nursing and Pharmacy		
<b>Title of case study:</b> Bridges: advancing the spread of self-management support across acute and long-term healthcare settings		
<b>Period when the underpinning research was undertaken:</b> 2014 – 2019		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Names:</b>	<b>Roles:</b>	<b>Periods employed by submitting HEI:</b>
Fiona Jones	Professor of Rehabilitation Research	Sept 2002 – present
Stefan Tino Kulnik	Postdoctoral Researcher	Feb 2016 – Mar 2021
<b>Period when the claimed impact occurred:</b> Aug 2013 – 2020		
<b>Is this case study continued from a case study submitted in 2014?</b> Y		

## 1. Summary of the impact

Since 2013 the Bridges Self-Management approach developed by Prof. Jones has been used to support patients living with stroke, major trauma, brain injury and other complex health conditions in the UK and globally. Impacts include:

1. *Economic impact:* The spin out social enterprise 'Bridges Self-Management Ltd', established in 2013, now employs 5 staff and 14 associate trainers with a turnover of GBP592,000.
2. *Impact on practitioners:* Training and consultancy has been delivered to more than 380 healthcare teams (over 4000 practitioners) in the UK and internationally.
3. *Impact on service delivery,* such as evaluations showing paediatric service waiting times decreased from 3 months to 1 month.

## 2. Underpinning research

The Bridges Self-Management approach has grown from research led by Professor Fiona Jones at Kingston University's Centre for Applied Health and Social Care Research since 2008. Initially the approach focussed on self-management in stroke patients, supporting their acquisition of the knowledge and the confidence needed to understand and manage their conditions. More recently, research has focussed on extending the approach to other conditions and healthcare settings.

Prof Jones' research, supported by external grants gained in this new REF period from NIHR and the Health Foundation, has demonstrated the feasibility of integrating Bridges into the practice of acute and community healthcare teams. It has also shown that practitioners' behaviour changes as a result, leading to more collaborative and person-centred interactions with patients. Research has focused primarily on evaluations of Bridges with practitioners in healthcare settings across the NHS in the UK, but research carried out in Otago and Flinders Universities support cultural applicability in New Zealand and Australia.

This work has underpinned efforts to scale and spread the Bridges approach across healthcare. It has offered new ways to reach practitioners, and a new evidence base to support these efforts. Her research has:

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1. demonstrated that a person-centred approach to self-management, where healthcare professionals approach each individual patient holistically, does not necessarily take more time than other approaches, and can deliver efficiencies and improved outcomes [R1, R2].
2. demonstrated that healthcare practitioners can gain confidence, change their beliefs and behaviour, and integrate self-management support into their usual ways of working [R3, R4, R5]
3. informed new models of training, able to reach larger numbers of interdisciplinary groups, e.g. workers in acute healthcare settings such as stroke units [R4, R5].
4. Increased the accessibility of self-management support to patients with complex needs, usually excluded from self-management programmes such as those with brain injury (who may have memory problems) major trauma patients (that may require lengthy hospitalisation) and patients with multiple conditions (such as stroke and dementia) [R3, R4, R5].
5. provided insight into the co-production of self-management resources with patients [R5].
6. advanced understanding of how culture and context can vary when the Bridges approach is applied in different countries such as Australia [R6].

As a consequence of research in traumatic brain injury, the 'Building Bridges after Brain Injury' programme was launched and evaluated in an acute neuroscience centre in London. Outputs described how Bridges could be adapted for this patient group and staff reported tangible changes in their practice [R5]. Staff attitudes and confidence to support self-management changed after Bridges training. This resulted in new methods of healthcare delivery and in interactions which put patients' needs and ideas central to their care [R3, R4, R5].

### 3. References to the research

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**R1 – Jones F, McKevitt C, Riazi A, et al** How is rehabilitation with and without an integrated self-management approach perceived by UK community-dwelling stroke survivors? A qualitative process evaluation to explore implementation and contextual variations. *BMJ Open* 2017;7:e014109. DOI: [10.1136/bmjopen-2016-014109](https://doi.org/10.1136/bmjopen-2016-014109)

**R2 – Jones F, Gage H, Drummond A, et al** Feasibility study of an integrated stroke self-management programme: a cluster-randomised controlled trial *BMJ Open* 2016;6:e008900. DOI: [10.1136/bmjopen-2015-008900](https://doi.org/10.1136/bmjopen-2015-008900)

**R3 – Kulnik, S., Poestges, H., Brimicombe, L., Hammond, J. A. and Jones, F. (2016)** Implementing an interprofessional model of self-management support across a community workforce : a mixed-methods evaluation study. *Journal of Interprofessional Care*, ISSN (print) 1356-1820. DOI: [10.1080/13561820.2016.1246432](https://doi.org/10.1080/13561820.2016.1246432)

**R4 – Makela, P., Gawned, S. & Jones, F. (2014).** Starting early: integration of self-management support into an acute stroke service. *BMJ Quality Improvement Reports*, 3. DOI: [10.1136/bmjquality.u202037.w1759](https://doi.org/10.1136/bmjquality.u202037.w1759)

**R5 – Mäkelä P, Jones F, de Sousa de Abreu MI, Hollinshead L, Ling J.** Supporting self-management after traumatic brain injury: Codesign and evaluation of a new intervention across a trauma pathway. *Health Expect.* 2019 Aug;22(4):632-642. DOI: [10.1111/hex.12898](https://doi.org/10.1111/hex.12898) REF2ID: 03-107-309

**R6 – Singer, B., Jones, F., and Lennon, S. (2018)** Adapting the Bridges stroke self-management programme for use in Australia. *International Journal of Therapy and Rehabilitation*, 25(8), pp. 414-423. ISSN (print) 1741-1645 DOI: [10.12968/ijtr.2018.25.8.414](https://doi.org/10.12968/ijtr.2018.25.8.414)

#### 4. Details of the impact

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Development of the Bridges self-management programme began in 2008. Initially focussed on stroke patients, Bridges is now used with thousands of patients living with brain injury, progressive neuromuscular conditions, multiple co-morbidities, major trauma, chronic pain, rheumatoid conditions, cancer, childhood conditions and learning disabilities, impacting on their confidence to self-manage and reducing reliance on specialist services [S1]. The research has had an economic impact, in the form of the social enterprise founded to promote the programme; it has had an impact on healthcare practitioners as they have adopted the programme; and it has had an impact on the delivery of services and on the wellbeing of patients.

##### 1. Commercial Impact

The spinout social enterprise Bridges Self-Management Ltd (Company number **08590348**) was launched in December 2013 as a vehicle for implementation, uptake and advancement of Bridges. Kingston University is a shareholder in Bridges and supports Jones's secondment enabling synergies between the university and social enterprise sector. Bridges Self-Management Ltd now employs a team of managers and developers (headcount: 5, FTEs: 3.6) including 2 staff members registered as disabled, and 14 Associate Trainers (11 more than in the last REF period). As of 2018/19, the company had an annual turnover of GBP592,002, compared to GBP87,000 in 2014/15. Since its inception in 2013, Bridges Self-Management Ltd has attracted grant funding totalling more than GBP1,500,000 to develop and spread its programme to new patient groups, and to evaluate its implementation in different clinical settings. In November 2020 Bridges Self-Management was one of the first organisations delivering consultancy and training in personalised care to be accredited by the Personalised Care Institute set up by NHS England and Improvement in 2020 [S2].

The expansion of the business has enabled the production of new self-management book and online resources for patients [S3]. These have been co-produced with people living with a range of conditions, assisting clinicians in their interventions with patients, but also acting as a patient/or family-held resource for support and education. Since 2014, 6 new self-management booklets and 2 digital tools (app and website) have been developed for people (and their families) with stroke, progressive neuromuscular disease, major trauma, traumatic brain injury, dementia, Parkinson's Disease and Multiple Sclerosis. The stroke self-management book has been revised to improve accessibility for people with communication problems and has been translated into Welsh. Since 2014, approximately 7,350 booklets have been directly distributed by Bridges Self-Management Ltd, and more than 20,000 provided through training packages commissioned by healthcare teams. These tools have impacted on the patient and carer experience; by reading about how others cope, patients and their families can learn more about how they can improve or at least manage their condition [S4].

##### 2. Impact on practitioners

As of December 2020, Bridges Self-Management Ltd had delivered training and consultancy to 380 healthcare teams from acute hospitals, rehabilitation units and community (rehabilitation, social care, voluntary and charity sector), reaching more than 4000 practitioners from across all healthcare disciplines. Training and consultancy have been delivered in the UK, Ireland, New Zealand, Australia and South Africa, Estonia, Sweden, Belgium. Jones has presented and disseminated Bridges at multiple national and international forums, and Bridges is used as a key component in interventions for research programmes led by other collaborators [S5].

When training was paused at the start of the pandemic in March 2020, Bridges provided free webinars on a range of topics which were accessed live or through a new YouTube channel by more than 3200 healthcare practitioners from across the world. Surveys showed that the webinars offered a safe place to reflect on self-management, resilience, and person-centred practice at a time of reactive and challenging healthcare [S6].

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UK health policy promotes self-management, and Bridges meets this need by providing an evidence-base and methodology for practitioners to understand the significance and benefits of self-management support. Practitioners learnt, through Bridges, tangible methods to integrate self-management strategies into existing everyday practice, and recognise this can reduce rather than add to their workload [S7]. This change is achieved through modifying language and communication during interactions with patients: 92% of practitioners state that Bridges has helped them build better relationships with patients and their families and has made them more able to support patients to achieve meaningful outcomes [S7].

### 3. Impact on service delivery

Since 2014, Bridges has moved from workshop delivery to include larger quality improvement projects, for example:

1. **Wales.** In 2016 Bridges Self-Management Ltd worked with 86 practitioners from stroke teams across acute and community pathways, in 3 out of 7 health boards. Due to the success of this project, further funding was received in 2017 to train an additional 158 stroke staff, covering all 7 health boards. The establishment and training of 30 Bridges Champions in these areas has helped focus training and ensure sustainability, with further funding secured for the next year [S8].
2. **Northern Ireland.** In 2017 Bridges Self-Management Ltd was commissioned by the Southern Health and Social Trust in Northern Ireland, to complete a project adapting the Bridges training and approach for use with Paediatric services. This initial project involved 25 clinicians [S9]. However, due to the success of this initial project, Bridges self-management was adopted by Children and Young People services across the whole of Northern Ireland [S10].
3. **East of England.** In 2018, Bridges Self-Management Limited delivered a large multi-area project "People 1<sup>st</sup>" funded by Health Education England. This project includes all stroke and neurological service teams across six sustainability and transformation partnerships (STPs), involving 650 staff from 24 trusts. 80 project champions have attended six masterclasses across the East of England region and are now expanding the reach of self-management support within their services. Independent evaluation by the University of East Anglia shows tangible changes in the way in which patients with complex and multiple long-term conditions are supported to self-manage. These changes have resulted in numerous efficiencies within teams and services, including increased confidence among staff to enable them to support self-management [S7].

As a result of projects like these, multiple healthcare teams and pathways of care have adopted new efficient working processes and systems after integrating Bridges into their delivery. Bridges transformed care pathways within a Northern Ireland paediatric service resulting in waiting times decreasing from 3 months to 1 month [S9].

In wider recognition of the value of Bridges in promoting patient self-management, Jones was awarded an MBE in recognition of her services to stroke rehabilitation in the Queen's Birthday Honours List 2017.

### 5. Sources to corroborate the impact

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**S1** – University College London Hospitals (UCLH) NHS Foundation Trust: [Annual Report 2018](#)

**S2** – Personalised Care Institute [Website](#)

**S3** – [New app and website co-designed with and for people with Neuro Muscular Disease](#)

**S4** – Imperial College Healthcare NHS Trust: [Trust Blog](#)

**S5** – Testimonial from the Director of Mind and Brain Research Cardiff University

**S6** – Extending reach to NHS teams during pandemic: [Statement about webinars and survey](#)

**S7** – East of England People 1<sup>st</sup> project – [Case studies and Executive summary](#)

**S8** – [All Wales project](#) funded by Stroke Research and Innovation Fund, and Testimonial by Executive Head of Therapies and Health Science, Cardiff and Vale University Health Board Report

**S9** – '[Bridges in Paediatrics](#)' Report, February 2018

**S10** – Southern Health and Social Care Trust: [Annual Quality Monitoring Report 18/19](#) (p 57)