

Designing Pathways Integrating Flo

Non-compliance to health care guidance has always been a significant challenge in healthcare, particularly long-term condition management. Our healthcare system was not designed to be patient-centric with a legacy of minimal emphasis on empowering patients to take responsibility for their conditions resulting in patients who can become fairly passive and non-compliant. Acknowledging the significant impact that patients can have on their own health care if supported, educated and enabled, by focussing on improving patient adherence clinical outcomes are improved, faster. The clinician clearly retains responsibility yet with effective mechanism of motivating patients towards behaviour changes impacting on condition, the patient becomes an active participant adding a value that often only they can. Flo was designed by looking at motivation and what motivates patients to increase their quality of care in between face-to-face contacts as part of a shared management plan. Using Flo's unique persona to her best advantage is an important component in motivating patients to take an active role.

There are many existing pathways that are available to share, review and adopt via the simple.uk.net community that have proven to improve clinical outcomes, however when developing a new area, or where a localised pathway is preferred, it may help to consider the factors discussed in this document in collaboration with your local Facilitator, Clinical Lead, Organisational Lead and System Administrator where relevant. In conjunction with this document, "*Implementing a Technology Enabled Care Service*" also provides a useful overview of critical best practice to consider.

<https://sites.google.com/a/simple.uk.net/community/home/news/newscontent/bjhmpublication-readpaperforfulfultecsimplesimplimentation>

Flo as an Interactive Tool

Flo is not condition or purpose specific. Flo focuses on helping patients to help themselves and dependent upon the original local purpose of using Flo, Flo's interactions and pathways will vary as designed by clinical teams.

For example, through motivating and engaging patients to adhere to their shared management plan, patients reporting biometric or symptom data and following Flo's advice in between clinical contacts increases the likelihood of patients accessing the right service, at the right time when additional clinical intervention *is* required. This added quality gain not only enables earlier clinical intervention to take place resulting in more effective decision-making, but also increases the productivity and value of any subsequent intervention. Where additional clinical intervention is *not* required, Flo reassures the patient who can then continue on with their day, increasing the patient's feeling of control of their condition and reducing avoidable contacts driven by concern. Such interactions may need to be short term perhaps where a condition is being diagnosed or excluded, where medication is being titrated or if a condition has been newly diagnosed or longer term where on going support adds additional benefit; although overtime many patients grow in confidence sufficiently to self manage without Flo's interactions as their understanding and sense of control over their condition grows.

Across the many pathways currently implemented, sometimes Flo will simply support patients to follow advice as and when required, and in others Flo will motivate patients to take some sort of necessary action if their condition has deteriorated and a particular threshold has been met. Both elements are typically involved in Flo's pathways and either advice or action requirements will be initiated depending on the patient's reported data. This allows the patient to self manage according to Flo's advice as documented in their shared management plan where this is possible yet adds a further intervention where the patient's condition has deteriorated sufficiently enough to require them to undertake a definite action such as contacting their clinician.

Effective Lifestyle Changes

Some patients require a less interactive relationship with Flo in supporting them to undertake simple, yet essential elements of their health care, or to support their daily living. Effective behavioural nudges to undertake simple, yet essential daily tasks can have an incredible impact on assuring an improvement in their clinical outcomes. An example of this is where simple medication prompts prove to be a highly effective method of motivating patients to take their medication as prescribed. Flo's real time presence throughout the patient's day provides a meaningful

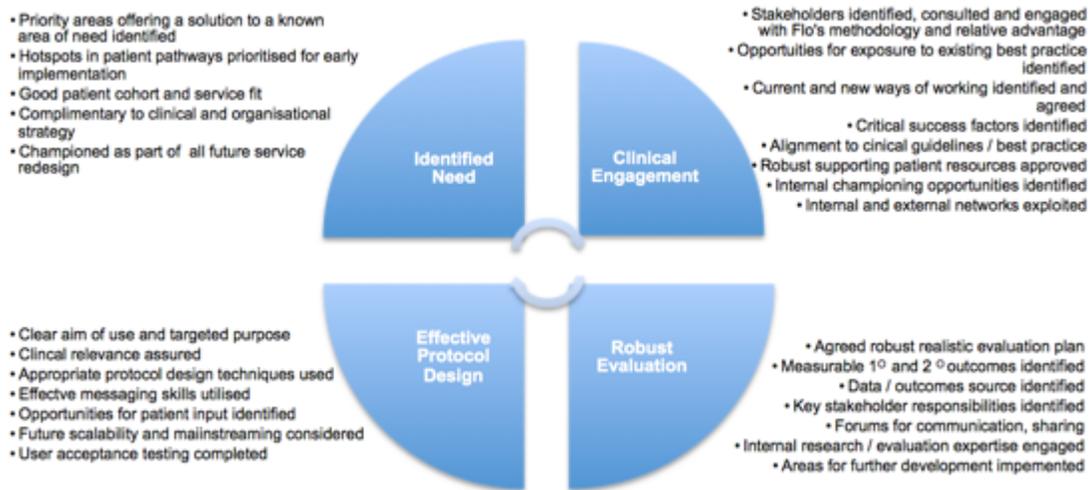
nudge for patient's to act. Some patients may benefit from short-term prompts to enable the formation of learned behaviours whereas others may benefit from longer-term support numerous times per day.

Patient Education

It is very difficult for patients to become active in their healthcare if they do not have a sufficient understanding of their condition and what elements *they* can influence by improving their compliance or by changing their lifestyle habits. Patients are often less interested in their disease from an intellectual perspective, but want to understand *what* and *how* their condition relates to them and what difference they themselves can make. Every decision a patient makes throughout their day, from what they eat to whether they walk or take the bus, influences their health. Motivating and empowering patients through effective and timely education in understanding that they are the most important person in managing their condition and how they can affect this change is essential. Information is already provided to patients verbally and written however engaging patients in actually taking on board this information is an essential part of a patient's education securing the subsequent motivation to sustain positive behaviour change.

Patient education is a key component of Flo's interactions adding sustainability to patient's behaviour change and the improvement in the condition. Where adding value, the inclusion of educational messages will provide context around the patient's condition further increasing a patient's motivation and understanding of the holistic impact that they can have with patients benefiting from short, focussed, bite-size educational messages focussing on their condition infrequently. Using the patient's relationship with Flo, Flo is ideally placed to reinforce these messages by breaking down key elements into shorter, timelier chunks increasing the patient's ability to internalise and act upon the information shared. Depending on the patient cohort, educational messages may be beneficial in the short or medium term, for example with a newly diagnosed condition or throughout the life of the protocol depending upon the patient cohort.

Overview - Steps to Successful Implementation



1. Identifying Need: Local Priority Areas

Ensuring implementation of Flo is meaningful and clinically relevant is imperative for clinical and patient acceptance. Identifying where implementation could release the first wave of benefits is the first step in assuring acceptance and igniting adoption. It is important to understand primarily what “need” would be addressed by the implementation of Flo, informed by what and where the primary and secondary anticipated outcomes would emerge. A sample of areas for consideration are listed in Table 1 below.

Table 1: Identifying Local Priority Areas	
Area	Examples
Known hotspots where local data highlights pressures on the system.	<ol style="list-style-type: none"> 1. Repeated A&E attendances/admission related to LTCs review acute admission data as a starting point. Overlay clinical review to understand reasons behind such admissions, identifying where better adherence to existing shared management regimes or more supported shared management could contribute towards containment of activity outside of hospital, or where Flo can reinforce more appropriate routes of access when clinical contact needs to be expedited. 2. Are avoidable unscheduled visits occurring that could be reduced with better compliance to shared-management plans? What are the main cohorts of patients where this applies? 3. Are capacity constraints exacerbated by non-attended appointments? What are the reasons behind non-attendance? If patients felt more engaged in their healthcare and understood the value of face-to-face contact, would this reduce DNAs? Could some appointments be replaced by remote monitoring with key face to face contacts retained or triaged?
Known areas within a service where additional support for patients to improve capability and motivation to co-manage aspects of their condition between clinical contacts could improve overall clinical outcomes and experience	<ol style="list-style-type: none"> 1. In which areas is the level of adherence to shared management plans below the desired level? What would be the impact of improved adherence to clinical guidance and education? 2. What elements could be focussed around to support patients to increase their ability, motivation and confidence? 3. What elements do we ask our patients to self manage now? What guidance to we hope they will follow? What areas could be supported by additional interaction and engagement with their health via Flo? 4. Where could patients take more ownership of their healthcare that would improve their clinical outcomes?
Known areas within a service where team productivity could be improved to release time to care for patients with more complex care needs	<ol style="list-style-type: none"> 1. Where are clinicians dedicating time supporting patient cohorts where Flo could more appropriately share this role? This could either be in between existing clinical contacts to improve on-going capabilities around shared management or by replacing certain face-to-face contact with Flo where this is acceptable. 2. If patients were more engaged and had more understanding of their condition, where would this appropriately release capacity?
Where improvements in timeliness of clinical decision making would facilitate earlier intervention	<ol style="list-style-type: none"> 1. Which are the priority conditions/cohorts where early identification by the patient or clinician of deterioration in a patient’s symptoms significantly enable earlier intervention and management? 2. Which clinical decisions would be enhanced with more patients reported information?
Known conditions where patient understanding and engagement in their health is key to improving their health outcomes	<ol style="list-style-type: none"> 1. Which newly diagnosed conditions could be supported by efficiently increasing the patient’s understanding of key areas where they can impact on their own health? 2. What are the known challenges that patients may have in their lifestyle habits or condition management that impact on their health

	outcomes or service interaction?
Areas where increased contact via remote interaction is preferable or more effective to face-to-face	<ol style="list-style-type: none"> 1. Are there any cohorts of patients who would engage better via remote interaction, perhaps due to difficulties in accessing face-to-face care? 2. Could patients benefit by more support than would be possible via face-to-face or telephone consultation only?
To support standardisation of care adhering to best practice or clinical guidelines	<ol style="list-style-type: none"> 1. Is there variation in clinical practice that agreement and design of a Flo integrated pathway could support?
Areas to support organisational KPIs or transformational plans	<ol style="list-style-type: none"> 1. Would implementation of Flo offer an opportunity for service redesign to maximise efficient use of resource? 2. Can Flo enable efficiency gains identified by the organisation as part of strategic planning?

2. Clinical Engagement

Clinical engagement is an essential element to the success of Flo's implementation and as with all change programmes cannot be underestimated in terms of planning and time.

Engaging clinical teams early on, increases the opportunity to identify one or more clear applications for Flo and informs strategies to support mitigation to early challenges and resistance. Appreciation of current service pressures can support the design of Flo use in providing solutions to known challenges and increase likelihood of engagement

Local strategies or forums to enhance clinical engagement may already exist and can be exploited; local clinical leaders are typically excellent at mobilising knowledge across their peers. Securing clinical engagement can also be an important mechanism for gaining intelligence around local priority areas for implementation. Identification of clinical champions are essential to drive forward adoption, exploiting existing communication channels and networks for further diffusion. The presence of an active senior clinical leader supporting Flo ensures clinical relevance aligned to local need and identifies and influences further opportunities for Flo across the organisation. Opportunities for Flo to support new and existing clinical strategies can also be identified easily. Engaging and harnessing 'opinion leaders' as clinical champions exploits informal networks and encourages identified stakeholders who are able and willing to share ideas, undertake informed discussion and progress widely through existing internal and external networks.

Energising clinical champions and exposing leaders to new and emerging applications is important to ensure that knowledge and interest is maintained. Regional network forums exist facilitated via simple.uk.net that encourage sharing and knowledge transfer amongst peers, www.simple.uk.net also keeps members up to date with key progress across the Simple Telehealth community that can be shared locally to maintain motivation or inspire new developments.

Where a particular condition, or pathway, has been identified as an area for Flo's implementation, an initial workshop can be useful method to engage in Flo's methodology and communicate local fit. Ensuring that key stakeholders understand the purpose, context and vision for Flo within the organisation supports adoption and also provides education that acts as a catalyst to future pathways. This collaborative exposure offers the opportunity to encourage peer-to-peer conversations and make agreement on key actions required. Where possible existing clinical users of Flo can be willing to attend engagement workshops, perhaps from another area, which provides the opportunity for specific questions to be raised and answered along with applying clinical credibility and reassurance to new adopters. Resources to enable workshops are available via www.simple.uk.net

Specific Targeted Protocols for Individual Patient Need

Clinicians are often aware of patients who are very non-complaint and the impact that this has on their health, yet feel that this is beyond their control. In motivating and educating patients to become more engaged, equipped and

enabled with their condition, Flo extends the impact of the face to face conversation increasing the likelihood of the patient adhering to their shared management plan. Where patients are very non-complaint and disengaged, it can often be useful to design Flo's protocol around the specific needs and nuances of a particular patient exploiting Flo's flexibility and persona to best effect. By maximising the personal nature of Flo's interactions, patients are more likely to engage and the personal feel of information is maximised.

3. Key Points to Consider in Designing the New Pathway

Once the primary need for Flo's implementation has been agreed, the next phase in developing effective sustainable services via Flo is in its primary pathway design. This consultation and planning phase is of utmost importance to ensure clinical fit and patient/clinician acceptance.

Once the condition, cohort or pathway has been identified, it is useful to think about how Flo's implementation will take shape; it may be useful to use the planning tool

<https://sites.google.com/a/simple.uk.net/community/members/downloads---tools-and-resources> to rationalise thinking around the new proposed pathway, including consideration to how evaluation will take place (see below).

Key points:

1. A designated clinical lead provides governance assurance and ensures that Flo is promoting adherence to existing best practice.
2. It is important to have a clear aim of use and targeted purpose to the implementation of Flo clearly linked to measurable outcomes that can be shared widely.
3. Identifying key personnel who will interact and enable use with patients is important. Ensuring continued awareness of the purpose and benefits of Flo fit with existing operational and clinical practice throughout the team is also key to ensuring use is maximised.
4. Planning evaluation prior to implementation is essential. Capturing and sharing learning and benefits promotes engagement and grants important recognition to those involved. This also offers an informed opportunity to be able to further refine use if needed.
5. Stakeholder engagement with pathway and protocol design is essential to ensure the pathway incorporating Flo is both fit for purpose and clinically safe and relevant. Early engagement will also increase the likelihood adoption and sharing. It is recommended where possible to incorporate patients within the design process, there can often be patient experts who will instinctively be able to contribute ideas and suggestions from a patient's perspective.
6. Identifying a system administration lead for Flo is a useful approach and may be useful to develop within a team embarking on their use of Flo supported by an organisational system administration lead. This equips the organisation with local capability, to be kept up to date with developments and to ensure that system administration is most efficient and relevant to local process. Regular webinar sessions to improve administration capability are available via simple.uk.net with robust supporting information.

For consideration:

1. Where clinical guidelines or best practice evidence is available, Flo's design should support the patient to adhere to the prescribed treatment plan, optimising the likelihood of achieving the best clinical outcome.
2. Additional resources may need to be developed to support Flo's implementation. Patient information leaflets explaining about Flo as a service and how this fits with their local team are an excellent resource for patients to digest after the initial introduction. They also offer patients who initially are unsure the opportunity to read, reflect and opt in retrospectively. Shared management plans are a key component of using Flo, and should reflect any guidance offered and vice-versa. Where local examples are not available, the simple.uk.net community may have examples to review and adopt, alternatively patient support networks or organisations such as Breathe Easy or Asthma UK often have examples to share.
3. Where flexibility or adherence to local practice is warranted, it is important that post-initial implementation, Flo's implementation does not become an additional layer to existing practice. The use of Flo should enable

true redesign with previous pre-implementation processes that are no longer required ended to enable the full benefit of Flo's implementation to be realised.

4. It is important in the early design stage to ensure that the pathway is suitable to be scalable and sustainable when numbers increase.
5. Think about what characteristics the pathway should have to enable the patient most effectively. Will Flo be best utilised to provide one-way reminder prompts or educational guidance or as an interactive tool providing guidance upon patient reported outcomes? Or a combination?
6. Where applicable, it is useful to consider the operational balance between Flo's interactions and existing face-to-face contacts that will still take place, titrated to suit the requirements of the patient and teams requirements and preferences.
7. Flo enables cross-boundary working by the ability to share patient records, this may unlock opportunities for cross boundary working with teams in other organisations that support the same patient.
8. Are there other technologies that may enhance the improvements that Flo will bring? For example would the face-to-face conversation between clinician and patient be more effective or efficient using clinical videoconference?

4. Designing the Protocol and Messaging Schedule

Once the pathway has been agreed, the next steps are to begin to think about how interactions between the patient and Flo can support the anticipated outcomes. Below are some thoughts to consider when formalising the protocol and message schedule. The additional resource "*Top Tips for Designing Effective Messages*" <https://sites.google.com/a/simple.uk.net/community/members/downloads---tools-and-resources> will also be useful, as will the scoping tool <https://sites.google.com/a/simple.uk.net/community/members/downloads---tools-and-resources> For further detail.

1. Development and Agreement of Supporting resources

It is recommended that Flo is used in parallel to written shared management guidance and where this shared management guidance exists, it is useful to ensure that Flo's protocols are complementary and underpin existing practice. Where existing shared management guidance is not currently available, Flo provides an opportunity to develop resources to further support the patient to adhere to face to face guidance, also offering an opportunity to agree standardised care across teams. Examples are available via simple.uk.net that can be reviewed and adopted. Patient information are also an essential resource to ensure that the patient fully understand what is expected of them, these can be developed locally and should reflect the local application of use.

2. Ensure the protocol is designed to achieve the original aim and purpose of use

It is important to focus on the most effective approach to achieving the desired outcomes, and to reflect back on this original intent frequently when designing the protocol. Simplicity is easier for the patient to digest, it is important to rationalise what information is being sent via Flo to the patient and what the patient is being asked to report in line with local shared-management guidance.

3. Match the duration of use to enable the original aim and purpose of use

How long do you envisage the patient to be supported via Flo? Is the aim for a time-limited use aimed at increasing capability and awareness to improve impact of existing services or for longer-term remote on-going management? What is the local process for reviewing patient's interactions with Flo?

4. How will Flo's interactions be most effective with the patient cohort?

Will this be by Flo asking questions around symptoms or feelings, prompting for readings or a combination? What information is useful to gain from the patient for them to take advice or action remotely? Will bite-sized easily digestible educational messages be useful related to their condition? If so, how long would they last for and how often? Would signposting to other resources or services readily available be useful? Would this

information be more effective as a standalone message or can it be incorporated into Flo's responses if this technique is already being used in the protocol?

5. Techniques for interactions

Other than asking for specific readings or symptoms, Flo can support activities of daily living by prompting the patient to complete an activity or action as per their shared management guidance. If this aspect is useful as part of the protocol design, would this be more effective as a prompt from Flo or would it be useful for the patient to confirm that they have completed a specific task (e.g. medication adherence)? If seeking confirmation of an action or task, it is important to think about usefulness of the response both to the patient and also the clinician, however this can unlock areas for early intervention of additional support requirements contributing to the achievement of improved clinical outcomes, faster.

The introduction of reflection can be a useful technique. For example, Flo asking the patient how many times that week they have taken their medication as prescribed encourages the patient to reflect and think about their answer. The patient's response can simply be acknowledged by Flo, or their response can generate a specific response to further congratulate, encourage or highlight areas for additional support.

6. Frequency of Interactions

It is useful to think back to existing shared management guidance and also what patient reported outcomes information is useful to support the aims and objectives of use. This combined with ensuring that each of Flo's interactions add value and are meaningful will encourage patients to engage and adhere to Flo maximising the likelihood of achieving Flo's original intent.

7. Are Alerts and Notifications to Clinicians Adding Value?

Will notifications to clinicians be part of the overall protocol design? Are there any responses from patients where it would be useful for clinicians be informed to facilitate earlier intervention?

Notifications to clinicians can be an integral part of their implementation of Flo in specific cases; and can add particular value for example when targeting interventions for certain patient cohorts. However, caution should always be taken with regard to incorporating notifications into protocol design.

It is important to remember that Flo is supporting the patient to self-manage and is not typically a reactive triage service (in this case notifications would be required generally). It is key that the patient understands Flo's context and that they agree to follow the advice provided by Flo and that their responses, in the majority of cases, will not be monitored in real time or frequently. Therefore try to consider the impact of a clinician receiving a notification perhaps that a patient's reading has met their set alerting criteria, how this would alter the dynamic of using Flo as a tool to support patients to self manage? Even though Flo has asked the patient to call the clinician, would certain clinicians feel that they needed to contact the patient immediately? If so this may undermine the important message that Flo is a tool to help the patient to self manage better.

It is important to remember that protocol design should factor in prompts for patients to take appropriate actions as described in their shared management plans. This may include timely prompts to seek clinical advice via normal portals, however in certain cases of high clinical risk, it may be appropriate for clinicians to seek to contact the patient after receiving a notification of a particular event from Flo.

The desired impact of a protocol to improve a patient's confidence, motivation and adherence with their prescribed treatment can be completely reversed if clinicians proactively respond to alert notifications. Rather than increasing independence, responding to alerts causes an increase in dependence and decreases the patient's motivation to self care and also decreases adherence to shared management plans between clinical contacts.

Often clinicians agree to receive notifications as reassurance when increasing shared-management with patients. After a week or so, once reassured and confident with the system, clinicians often no longer feel the need for notifications and disable them. If it is useful for clinicians to use notifications for a short time to enable confidence then this is understandable, although paying attention to the note above.

5. Flo as a tool to gather patient satisfaction

An effective mechanism to gather patient feedback regarding their use of Flo is to include a short series of evaluation questions within the protocol design. Patients typically respond well to Flo's patient satisfaction questions and it proves an effective method for gathering feedback to either enhance Flo's use or as to gather other specific information for the team or organisation.

Best practice suggests that a maximum of 3 targeted questions generate the highest engagement, there technical examples within Flo's central library using a scale of 1-9 and also yes/no responses that can easily be copied and applied for your local use (amending the question content as required). An introduction message preceding the patient experience questions is often welcomed.

The key requirement when designing evaluation questions is that they link back to provide a response to the original intended aims of use. This will provide intelligence around if Flo has achieved up to three of the desired objectives. Sometimes the focus of Flo's questions will need to be tailored to compliment an existing evaluation programme within the organisation to enable these metrics to contribute to a wider programme. There are several techniques to ascertaining patient feedback which can be discussed if this is the case.

6. Naming Conventions for Protocols

There is the opportunity to name protocols along with having a short description, both which are visible to the clinician when selecting a protocol to add for a patient.

The name of the protocol should clearly reflect its use, with the opportunity for the description to extend into details more specific that will help the clinician distinguish which protocol is most appropriate for the patient when "adding a protocol". The example below has been chosen by a local team to reflect the project name to which the protocol will support, with further supporting information within the protocol description. The protocol name has fewer permitted characters than the description field as once applied to the patient, the protocol name will be visible on the left hand side of the patient record in Flo so needs to be more concise to maintain Flo's simple appearance.

- Protocol name: *Scale-Up BP protocol - Daily Reading*
- Protocol description: *Daily prompt for BP (12 months) Diastolic: 50-84 mmHg and Systolic: 80-134 mmHg, when the alert criteria is met, patient asked to contact the surgery*

Organisations may wish to agree their own naming conventions locally.

7. Testing and User Acceptance

Once the message schedule for the protocol has been agreed and your protocol is published, the next step is to test the protocol locally as part of your local information governance process. This step is essential to any new applications and offers a unique insight into how the patient may feel when receiving the messages along with an opportunity to rectify any inputting errors.

It is typically advisable for system administrators to create a "DEMO" or "PROTOCOL DEVELOPMENT" group to enable all new protocols to be created within and tested from. It is important when testing to ensure that the protocol name has a prefix of DEMO, DRAFT or TEST to ensure that the testing activity is easily distinguished from real patient activity for reporting purposes. Once verified locally they can easily be copied into the required operational groups and the prefix removed.

IMPORTANT NOTE: Every protocol should be tested prior to use with patients. Where a protocol is spread over a prolonged time period, for the purposes of testing a compressed version of the protocol can be created. To create a compressed version for testing, adjust the timing of templates into an appropriate period to enable the full test to take place. For guidance on test protocol compression, contact one of the simple.uk.net team <https://sites.google.com/a/simple.uk.net/community/members/downloads---tools-and-resources>

8. Evaluation, Sharing and Recognition

Access to meaningful clinical data to support the development of robust evaluation is a key enabler to spread and sustainability along with identifying areas for further development. It is recommended that an agreed evaluation plan should be in place prior to implementation to provide assurance that its delivery is achievable and to cement the priority of capturing, and sharing learning. Depending on the scale of implementation and local arrangements, the evaluation plan may be patient by patient, team or service based, or it may be an overarching organisational evaluation plan specific to Flo, or as a component of an existing strategy.

It is essential to identify the underpinning factors for an evaluation. For example, it would be implausible and inaccurate to claim that the use of Flo has directly caused the avoidance of A&E attendance or caused a significant reduction in risk of serious complications for say, diabetes patients. Many factors come into play for these types of claims, however it would be plausible and accurate to claim that the use of Flo improved adherence to a particular shared management plan and the impact of increased adherence was attainment of the clinical goals of the management plan, which in the case of poorly controlled diabetes could be the reduction of HbA1c. It is then plausible to claim that the impact of the reduction of HbA1c causes fewer A&E attendances and reduces the risk of serious complications. Literature exists to then reference probable costs to be incurred had the original trajectory continued without the HbA1c reduction and given the only claim made is that Flo had an impact on adherence; the evaluation has a solid credible basis.

There are many credible publications supporting evaluation planning and practice that are useful to review. The Health Foundation have produced a useful document supporting commonly answered questions to approaching the evaluation in health care <http://www.health.org.uk/publication/evaluation-what-consider>

To reduce the time taken in identifying and sourcing evaluation data, it is useful to access the expertise of your organisation's local research and evaluation expertise along with that of data analysts. Data pertinent to your evaluation may already exist and be accessible internally. It is also worth considering what data is available via Flo already as this may help to inform your evaluation. Local universities and other external intelligence can be another useful source of support.

Where there are key metrics that are imperative in understanding if the original desired aims and objectives have been achieved which are not already available, local data capture mechanisms may need to be employed being aware of the trade-off between accessing and interpreting valuable data and any inevitable additional workload created. In agreeing any local data capture that may be required, it is useful to identify key stakeholders and their roles and responsibilities in the collection and interpretation of this data early. <https://sites.google.com/a/simple.uk.net/community/members/downloads---tools-and-resources>

Many organisations have developed local learning events that take place throughout the year as a mechanism to motivate and inspire local clinicians around their application of Flo; Nottinghamshire have also recognised local achievement via Flo awards <http://www.simple.uk.net/home/news/nottsclinicianscoopfloawardsatactionlearningday> These events prove to be effective and the method can be applied at an organisational, department or team level to ensure on-going visibility, focus and as a forum for sharing of best practice.

florence

Intelligent Health Messaging

Sharing outcomes widely via local communications teams, networks and existing forums supports further engagement, adoption and diffusion. Effective local communication supports the likelihood of adoption outside of the original boundary whilst also driving culture change within the organisation.

A vision towards local evaluation informing credible publications is also worthwhile to increase the opportunity for outcomes to be disseminated widely and enhance further local and national adoption. Local improvement services with bursaries for teams who provide evaluation data have helped in some areas.

Qualitative evaluation is extremely powerful in winning hearts and minds and the importance of capturing case studies and anecdotal patient stories should not be underestimated in inspiring and motivating existing teams and those new to Flo with comparable pathways. Qualitative evaluation is a complementary element colouring the picture of the harder data that seeks to ensure financial sustainability for Flo's implementation.

From the platform of successful evaluation, many teams and individuals have been recognised with national awards that identifies the impact that their introduction of Flo has had on patient lives. This is highly motivating and rewarding for the individual or team yet also increases opportunities for further patients to benefit from the improvements outside of the original organisation.