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Transformation of health visiting services in England using an Online Community of Practice

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Abstract
At the heart of health visiting practice has been the emphasis on ensuring that healthcare services transferred to and commissioned by local authorities, deliver successfully on the Healthy Child programme. And while part of that focus has been on increasing numbers in the health visiting workforce, there has also been a renewed strategy in health policy to enhance continued professional development (CPD) of the workforce through innovative tools that will transform, improve and deliver services in response to the six high impact areas. This paper describes the use and evaluation of such a tool that was developed in the form of an Online Community of Practice to enhance and support practitioners to share issues, resolve recurring problems and collaborate to share best practices and robust evidence around the six high impact areas. The posts of 250 health visitors who shared, managed and co-produced knowledge online over a 2-year period were explored using realist evaluation techniques. Results showed that the success of online CoPs as interventions to improve and transform healthcare practice around the six high impact areas is promising. Participating in online discussion saved time and strengthened and improved support from peers that would otherwise be unavailable to geographically distributed practitioners. The advantage of a secure virtual environment allowed health visitors to discuss key issues arising from everyday practice as a coherent professional group, which in turn produced peer reviewed knowledge that prioritised clients' needs in relation to local community needs.

Introduction

Health Visitors are qualified nurses who have taken on additional qualifications to become community public health nurses working with children and families in the UK [1]. The scope of their public health role in assessing community health needs including preventing and detecting development problems in early childhood, identifying vulnerable families and supporting parents, improving breastfeeding and immunisation rates, safeguarding children among others allows them to play a strategic role in achieving high quality standards for maternal and child

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health promotion [1,2]. Increasing evidence however suggests that the evidence-base for health visiting practice is masked and rendered partially invisible due to its highly gendered nature and as a work predominantly done by women and mediated through mothers [3]. Bunn and Kendall (2011) have found little evidence in the literature for health visiting interventions based on 'gold standard' Randomised Controlled Trials.

At the heart of health visiting practice has been the emphasis on ensuring that healthcare services transferred to and commissioned by local authorities deliver successfully on the Healthy Child Programme.[1] Whilst the focus has been on increasing numbers in the health visiting workforce, there has also been a renewed strategy in health policy to enhance continued professional development (CPD) through innovative tools that will transform, improve and deliver services in response to developing a knowledge base around the six high impact areas. The six high impact areas were introduced during the Health Visiting Implementation Plan period as a way of evidencing not only an increase in the numbers of health visitors but what they actually achieve. The areas are: Transition to Parenthood and the Early Weeks Maternal Mental Health (Perinatal Depression), Breastfeeding (Initiation and Duration), Healthy Weight, Healthy Nutrition (to include Physical Activity), Managing Minor Illness and Reducing Accidents (Reducing Hospital Attendance/Admissions), Health, Wellbeing and Development of the Child Age 2 – Two-year-old review (integrated review) and support to be 'ready for school'.

The high impact areas are evidence based and central to delivering on public health outcomes for children. However, as research evidence shifts and changes so does professional knowledge and practice and the need to continually update and share experiences.

The challenge however is that much of health visiting knowledge is encountered, performed and promoted in multiple spatial dimensions; including homes, health centres, community settings, GP surgeries and other types of spaces that are sometimes obscured from public view (e.g. traveller communities, prisons, virtual spaces with the growing use of mobile devices to support agile and paperless working etc.) [4]. The aforementioned factors negate opportunities for practitioners to share and exchange stories of local, personal and practical experiences about best practice (not clinical expertise and policies) as collective *mindlines* (which refer to collectively reinforced, internalised and tacit guidelines) in Communities of Practice [5].

Communities of Practice (CoPs) are groups who share a concern and passion about an issue and deepen their knowledge and expertise about their profession by interacting regularly [6]. Effective CoPs would allow health visitors think, assess and act upon collective knowledge holistically and possibly enable clients to share concerns and draw on information. Without effective CoPs for sharing, articulating and evidencing the diverse professional expertise at the heart of practice, assimilating and supporting novice health visitors to embed health policy, research and evidence-based normative practice with the knowledge, skills, attributes and judgement acquired in daily practice into the existing workforce will remain challenging [7].

In the health context, CoPs that allow health practitioners share best practices virtually have become an important mechanism for supporting practice among those who may be geographically dispersed in nursing, community health nursing, psychiatry, among others [8–12]. Advances in internet and intranet based applications have facilitated the conversion of tacit-explicit knowledge by allowing practitioners to express their own everyday experiences, key issues, ideas and reflections of practice through online forums, blogs and discussion forums [13]. Members participate in these online CoPs by reading or posting, sharing and adapting, applying and improving, reflecting and sharing their reflection, collaborating and assisting others [14]. And it has been proposed that online CoPs support professional development by facilitating the dissemination and translation of evidence-based practice and improve public health care delivery [15].

But despite the proliferation of evidence that CoPs may improve professional health practice, there is little evidence to support how they improve the translation of best practices to real life everyday practice [16]. Health visitors for instance suggest that examples of possible outcomes of evaluating participation in online CoPs could be successfully implementing evidence based guidelines in practice, developing a new system or approach to improve services and decreased time to problem-solving [17]. Yet many frameworks that propose to evaluate online CoPs for healthcare professionals struggle to define what the tangible nature of knowledge produced to measure to reflect these outcome is in the first place. This is largely because there are several complex technological, human, semantic and organisational factors to consider [18]. As an attempt to address this gap in the literature, the paper undertakes a realist evaluation of an online CoP developed for health visitors to collaborate and develop best practice. A realist evaluation is employed because it has been suggested as suited for exploring how complex interventions like CoPs that are influenced by various social, professional and technical and cultural norms can change healthcare practice [19].

About the platform

The development of an online CoP to empower the health visiting profession was an initial 2-year funded project to encourage practitioners collate and share the wealth of tacit, professional and experiential evidence at their disposal. Launched in 2012, the community is hosted on a virtual collective intelligence tool known as the HV Community of Practice Evidence Hub [20]. The platform's homepage (https://cophv.evidence-hub.net/) gives a brief introduction to the purpose of the platform, suggests a three step procedure for contributing to the community, and features a help video showing how a health visitor would use the platform in practice and finally, displays news updates about recent contributions to the platform by other users on the home page. The platform is accessible via standard laptops and desktops and can be accessed on the go through tablet computers (Figure 1).

Health visitors wishing to join the community must register to do so by providing an email address, names, Nursing and Midwifery Council pin number, employer details and their reason

[1]The Healthy Child Programme was introduced by the Department of Health in 2009 as an evidence based programme of health promotion and prevention for 0–5 years that is universally offered to all families by health visitors.

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