

Empowering Patients To Self Administer Vitamin B12 Using A Values-Based Approach

Author: Fiona Denham, Nurse Team Lead, Community Treatment and Care East Dunbartonshire HSCP

Introduction

The Community Treatment and Care (CTAC) Service in East Dunbartonshire deliver a wide range of nursing interventions for patients in a clinic setting. This includes administration of Vitamin B12 intramuscular injections for the treatment of the long-term condition pernicious anaemia which requires ongoing management. Currently, of 3125 patients on the CTAC caseload, 41% require appointments for administration of Vitamin B12 injections.

CTAC nursing staff highlighted that some patients struggled to attend appointments, citing reasons including childcare, transport issues and work commitments. Through discussion, staff recognised some patients would like to self-manage their condition by administering their injections as this would eliminate the pressure to attend fixed appointments. As a result of this patient feedback the team identified an opportunity to develop and test a teaching package to enable self-administration of Vitamin B12 injections.

Aim

To develop a robust, safe, effective, person-centred teaching package to enable patients to self-manage their long-term condition of pernicious anaemia.

Methodology

Scoping

Nursing staff informed patients of the test of change and through values-based discussions identified those who were keen to be involved. Patients were asked what mattered to them and how they felt they could benefit from taking part.

A scoping exercise was then commenced to establish practices already in place nationally and a review of relevant literature undertaken.

Governance

An SBAR outlining the project with risk assessment was completed prior to the pilot commencing. A short life working group was set up to collaborate with multidisciplinary team stakeholders to ensure all governance was considered.

Staff Involvement

The CTAC staff were instrumental in the success of this project. Staff engaged throughout all stages of the process and clinical supervision was used as a structured support tool. Suitable patients attended an extended appointment during which teaching and observation was carried out to

ensure competence and safety.

Patients were made aware they could contact at any time for further support or if their ability to self manage changed.

Quality Improvement

Staff created a teaching package and resources using PDSA cycles which were refined following staff and patient feedback as the programme developed.

A pilot patient was identified and began self-administering in March 2023. Patients were recruited gradually initially focussing in one cluster area of East Dunbartonshire then extending across the HSCP.

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Patient Reasons for undertaking self-administration



- Childcare commitments
- Work commitments
- Difficulties with family members assisting patient to appointment
- Appointment times aren't suitable
- Other

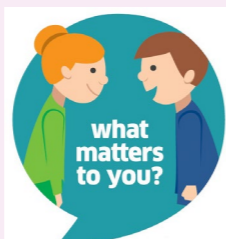
"This is a great program that promotes independence and self reliance. I don't need to arrange appointments for a nurse to administer the injection which allows them to deal with other work"

"This saves me going out and I don't need to rely on public transport"

"great as I struggle to leave the house on my own now"

"Due to my work it has made things much easier for me to ensure the injections are done without delay"

Examples of patient feedback gathered via Webropol



"I work in NHS and I also have 2 children it's given me the ability to self administer at a time that suits me around work and children's commitments without worrying about missing or having to reschedule appointments"

"It has given me a confidence that I didn't have before in that I can be in control of what I do to my body and a sense of responsibility that it's down to me to order, prepare and inject the B12 that helps me"

"I no longer need to rely on my son taking time off of work to bring me to my appointments"

Conclusion

Using a values-based approach allows patients to remain at the centre of the decision making process. Many patients have the ability to self-care in aspects of their health and with robust governance, appropriate teaching and resources can be supported to do so resulting in better patient outcomes.

Next Steps

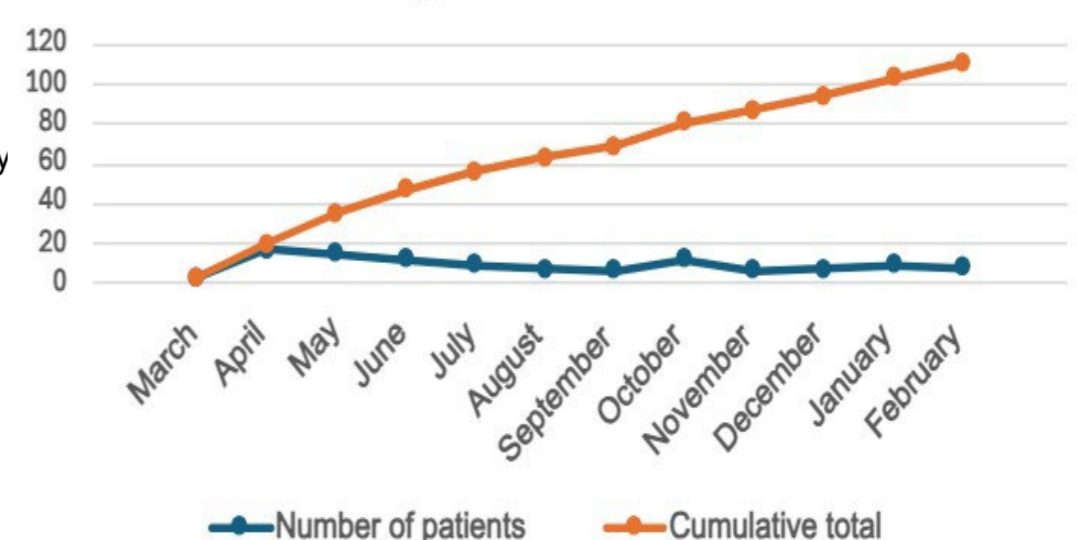
- Widening the implementation of this change in practice, sharing learning across HSCPs to assist improvement in patient outcomes board wide.
- Staff continue to discuss self-administration with their patients and offer teaching appointments if appropriate.
- The third cluster will now be included in the self-administration project, and it is expected that data collected will demonstrate an increase in number of patients self-managing.
- Consideration for further opportunities to teach self-administration of other medications will be explored.

Results

On review of the project in March 2024, 111 patients have been supported to self-manage. To date, only 2 patients have self-referred back to the CTAC service resulting in a 98.2% success rate. Patient feedback has been overwhelmingly positive and demonstrates their journey to empowerment. Patients found the teaching materials and methods accessible, helping with their confidence to self manage. As well as the individual benefits, some patients highlighted that implementation of this project has "relieved strain on the nurses and NHS".

To date, with 109 patients self managing this has enabled CTAC to reabsorb approximately **18 hours** of trained nursing appointments over a 3 month period which has released more capacity within the CTAC service.

Monthly Accumulation Of Patients Undertaking Self Administration



References

- NICE guidelines, NG197 Shared Decision Making (2021)

Contact: Fiona.Denham@ggc.scot.nhs.uk