Case Study: Kingston CCG – Expert Patients Programme
Self-Management Course

Background

People resident in Kingston tend to live 4 years longer than the national average. As those aged 65 years or over tend to have at least one long-term condition the effect of an ageing population on the local health and care economy is significant. Levels of obesity and the incidence of type 2 diabetes are of particular concern. In 2012 it was estimated that nationally 69% of NHS expenditure was devoted to 30% of the population with LTCs.

In response to the 1999 White Paper 'Saving Lives: Our Healthier Nation', a pilot 'Expert Patients' programme was launched. This is a well-researched initiative for people will long term conditions and was developed in Stanford in the 1990s. It was rolled out nationally in the UK in 2004 at which point it was introduced in Kingston.

When CCGs were formed, the management and delivery of the EPP became a CCG responsibility in Kingston.

How it works

The Expert Patients Programme Self-Management Course comprises six sessions over six weeks. Between 8 and 16 participants attend sessions each of which lasts 2.5 hours and is delivered by two lay tutors. Role modelling is an important aspect of this course and each tutor has a chronic condition and has been a participant on a previous course. Content is controlled through the use of a detailed manual, which acts as a script, and volunteers do not offer medical advice. The overall goal of the course is to effect behaviour change in participants, equipping with tools to manage their symptoms better, adopt healthier life styles and improve self-efficacy. The sessions comprise a mix of short talks, group discussions, problem solving, reflection and action planning all of which is aimed at improving the confidence of patients. Entry to the course comes from a wide range of sources including GP, Practice Nurse and self-referrals. Demand is stimulated through presentations to special interest groups, posters, flyers etc. This is a mature programme that has been running for 10 years and looks likely to continue in the foreseeable future.

Expert Patient Programme 2004-2014

The Kingston Expert Patient Programme has been running for ten years. The aim is to help patients with one or more long term conditions better manage their symptoms, move to healthier lifestyles and improve self-efficacy.

Associated with this programme is a range of benefits including;

- 62% reduction in unscheduled visits to A&E and outpatients
- 20% reduction in GP practice appointments
- Improved quality of life, health status, psychological well-being and efficacy.

With a return on investment of £10 for every £1 spent there is a case for 'up - scaling' this project – the challenge is how to do this while preserving the factors considered key to its success.

Some statistics

The average age of participants in the EPP in Kingston is 62.5 years. 57% of which are female. Based on end of event questionnaires approximately 86% report that they are satisfied or highly satisfied with the course and 86% feel they have benefitted or greatly benefited from attendance.

Costs, benefits and return on investment

The current scheme receives funding of £28,000 per annum from Kingston CCG at an average unit cost per participant of between £250 and £300. This sum funds an Expert Patent Programme Coordinator/Manager who exercises strategic and operational responsibility, is the lead specialist for EPP Self-Management and supports volunteer tutors.

A number of **benefits** flow from this project, including

- Significant reduction in unscheduled visits to A&E and outpatients (62% lower)
- Reduction in GP practice appointments (20% lower)
- Improved quality of life, health status, psychological well-being
- Higher levels of energy
- Slower decline in health
- Improved partnerships with health professionals

In addition there is a reported 34% improvement in self-efficacy scores as measured using the Stanford 6-item Self Efficacy instrument for managing chronic disease.

Using the financial model developed by the Department of Health and the EPP CIC, improvements in healthy behaviour and reduced use of health care facilities generates £10 of benefit for every £1 invested.

Challenges

A number of **challenges** face those leading this programme including:

- How to continue meeting **levels of demand** –2000 people come onto the register of people with long term conditions in Kingston every year
- **Converting these patients to course participants** – only a small number actually accept an offer of a place due to not being able to attend all six dates, not being sufficiently well, or not being told about the opportunity by GP practices or clinical team
- Ensuring there are **sufficient volunteer tutors available** to run courses
- How to potentially '**up-scale'** this programme

Top tips

- If starting from scratch **ensure GPs and other clinicians are involved** and 'own' the decision to fund the EPP
- Ensure the **business case is clear** – costs, benefits and return on investment
- Ensure that those promoting or selling the programme are skilled at **tailoring their message** to various audiences

Discussion points:

- How could the EPP be scaled up? For example, are there any benefits to it being part of a wider self-management service offer in your area?
- How would you demonstrate the cost benefits of the EPP? Both socially, and economically…
- How would you ensure that the EPP is promoted to as many patients as possible?
- If demand is high, how can you ensure sufficient volunteer tutors are available?
- What if any factors in your area would affect the way in which a similar programme operates now or in future?