

Case Study: South Norfolk CCG – Mindfulness Course

Within Norfolk a group of patients were identified as experiencing chronic pain for which there was no surgical option. These were reliant on considerable quantities of prescription medicines coupled with visits to A&E on a fairly frequent basis for pain relief. It was thought that mindfulness might lead to improved quality of life, better patient self-management, fewer GP visits and reduced A&E attendance. A pilot was run for 7 patients, and the CCG then agreed to scale this up to 80 across the area.

Access to the mindfulness course is via GP referral. The course comprises four 1.5 hour sessions over four weeks, a CD and booklet. Each course has capacity for 12 patients, and is led by a Consultant Psychotherapist and mindfulness specialist. After the course patients are encouraged to continue meeting as a longer term support group.

Evaluation to date has focused on 'patient experience' with positive feedback received on the impact the course has had on improving quality of life, and giving people a coping mechanism. There was also a reduction in pain scores. The CCG is collecting data on how many times patients have been referred to pain clinics in the last 12 months, how many times they have seen their GP, or attended A&E, and their current prescriptions for pain management. An evaluation report has been presented to the internal Leadership team at the CCG, but is not yet publicly available.

Mindfulness is a form of meditation recognised by NICE for use with patients experiencing bodily or psychological pain. It helps people to recognise habitual patterns of thinking and other ingrained behaviours.

Learning from the project

Those involved in commissioning the mindfulness project at South Norfolk CCG have reflected that:

- Experience suggests that mindfulness does not work for all patients
- **Targeting needs to be more effective** – there is a narrow criteria for being able to attend the course based on pain clinic attendance. It is important to reach these people who might benefit.
- **GP buy in is crucial** – there were low numbers of referrals from GPs, which means courses were running at less than 100% occupancy which adversely affects unit costs.
- NICE guidance for similar depression and anxiety courses is that these should usually last 8 weeks so success rates might increase if **course length was extended**.
- Although impact on patients was positive, **it is hard to judge whether the course currently represents value for money**. There is scope for improved unit cost (through maybe working with a larger provider) and once the benefits to other parts of the health system are appreciated there might be a positive return on investment.

Discussion points:

- Has your CCG funded innovative self-management projects like the mindfulness courses?
- What challenges and opportunities do you see with this approach?
- How would you ensure increased take up of the courses?