

# Patients as partners in developing self management solutions

## EVIDENCE REVIEW

Summary of self-management examples

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### Southern Region

	Fast access to specialist services	Easily accessible information	Education and training	Personalised care plan	Peer support networks	Better knowledge of condition by GP	Access to non-medical interventions	Patient activation
<p><b>Bristol Community Health: Personal Care Plans</b>            A decision making tool called My Personal Care Plan (MPCP) to involve patients in the crucial decisions about their treatment and improve shared decision-making. Volunteers are recruited, trained and supported to help patients in creating and maintaining their My Personal Care Plans.</p> <p><b>More information</b>            James Picardo - Volunteer Coordinator, Bristol Community Health, South Plaza, Marlborough Street, Bristol BS1 3NX  <a href="mailto:jamespicardo@thecareforum.org.uk">jamespicardo@thecareforum.org.uk</a></p>				✓				✓
<p><b>Canterbury and Coastal CCG: Peer Support Groups Description</b>            A peer support group for student-aged people with eating disorders, targeting an unmet need across the area, aiming to reduce suffering, stigma and discrimination surrounding the disease. Peers will be trained to run groups and deliver practical tips to ease the difficulties typically experienced by sufferers.</p> <p><b>More information:</b>            Neil Fisher, Canterbury and Coastal CCG.            Email: <a href="mailto:c4.ccg@nhs.net">c4.ccg@nhs.net</a></p>					✓			

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<p><b>Access Dorset: Dorset Voices Person Centred Care</b> Co-production of a series of films to support patients and carers to be more active in developing strategies to self-manage their own healthcare. It puts their voice at the heart of the Better Together programme which aims to develop integrated teams to deliver sustainable, person-centred services across Dorset. Also provides valuable training tools.</p> <p><b>More information:</b> Project Manager: Jonathan Waddington-Jones, Tel. 01202 771336 <a href="mailto:jonathan@accessdorset.org.uk">jonathan@accessdorset.org.uk</a>, Website: <a href="http://www.accessdorset.org.uk">www.accessdorset.org.uk</a></p>		✓	✓			✓		✓
<p><b>East Sussex Bilingual Advocacy Training</b> Not for profit organisation Diversity Resources Internal was commissioned by the NHS in East Sussex to deliver two Bilingual Advocacy courses and train bilinguals from Sussex in working with BME communities in the region. The aim is to empower service users to make decisions about their own health care and guide them towards informed choices about how they maintain well-being.</p> <p><b>More information:</b> Mebrak – Vandu Language Services 01273 473986 <a href="http://www.vlslanguages.com">www.vlslanguages.com</a> or <a href="http://www.dritraining.org">www.dritraining.org</a></p>			✓					✓

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<p><b>East Sussex Community Voice CIC: Co-produced Self-Management Services</b></p> <p>Enables patients and carers to influence the design and commissioning of supported self-management services. Volunteers from GP patient participation groups will be trained to coach patients with LTCs using an online webinar course, developed by Know Your Own Health. GP practices will receive training on how to embed these supported self-management programmes within their practice. Website <a href="http://healthsupporters.org">http://healthsupporters.org</a> provides information and login access for patients to the online supported self-care programme.</p> <p><b>More information:</b> Richard Eyre, East Sussex Community Voice. Email <a href="mailto:richard.eyre@escv.org.uk">richard.eyre@escv.org.uk</a> or <a href="mailto:info@escv.org.uk">info@escv.org.uk</a></p>			✓			✓		
<p><b>NEW Devon CCG: Accessible Online Pathology Reporting</b></p> <p>Patients are at the heart of developing, testing and evaluating innovative <b>pathology infographics</b>, which aim to ensure that a patient's individual test results and care pathway information are presented in a way that can affect positive behaviour change. They are working together with IT developers, pathology departments, commissioners and public health.</p> <p><b>More information:</b> Durunee Whiting, New Devon CCG. Email: <a href="mailto:daruneewhiting@nhs.net">daruneewhiting@nhs.net</a></p>	✓	✓						

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<p><b>Community Action Isle of Wight: Self-help Group Development Project</b></p> <p>Developing a range of support and information resources for emerging self-help groups, including good practice advice on policy, finance, marketing and training for setting up, running and sustaining long term health condition self-help groups.</p> <p><b>More information:</b> Elaine Garrett, Health &amp; Wellbeing Development Manager: <a href="mailto:egarrett@actioniw.org.uk">egarrett@actioniw.org.uk</a> <a href="http://www.communityactionisleofwight.org.uk/what-we-do/health-wellbeing/long-term-conditions-project/">http://www.communityactionisleofwight.org.uk/what-we-do/health-wellbeing/long-term-conditions-project/</a></p>					✓			✓
<p><b>NEW Devon CCG: Freewheelers</b></p> <p>Aimed at improving the safety and independence of children using wheelchairs, this co-designed project gives wheelchair users and their advocates significant decision-making responsibilities in developing and delivering a driving course for power chair users. It also supports young wheelchair users, and their advocates, to devise and deliver a ‘train the trainers’ driving-skills course which will help them to gain confidence and acquire training skills that will be useful in future employment.</p> <p><b>More information:</b> Sally Parker, New Devon CCG. Email <a href="mailto:sally.parker5@nhs.net">sally.parker5@nhs.net</a></p>			✓					

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<p><b>Plymouth Carers Forum: Training to Empower Carers</b>            Training to empower carers and those being cared-for to gain vital life skills such as budgeting, understanding and accessing welfare benefits, personal care planning, good employment practice and effective communication (including self-advocacy). Participants will also be shown how to share their learning with other groups, using the materials and support provided.</p> <p><b>More information</b>            Lesley Gross, Plymouth Carers Forum. Email: <a href="mailto:lesleygross@hotmail.co.uk">lesleygross@hotmail.co.uk</a></p>			✓				✓	✓
<p><b>Slough CCG: Narrative-based Discharge from maternity care</b>            The team is gathering insights from over 250 women about their experiences of maternity care locally when something unexpected has happened, e.g. multiple miscarriages, induced labour or giving birth to a baby with a genetic disorder.            These insights will inform improvements to maternity services, and a co-designed prototype service for ongoing narrative-based discharge that will help primary, community, social and voluntary groups to deliver more informed and sensitive care to women who've experienced a traumatic birth, and whose mental well-being is not on par with their physical recovery. The aim will be for narrative-based maternity discharge to become standard practice.</p> <p><b>More information:</b>            Sangeeta Saran, Head of Operations, Slough CCG. Email <a href="mailto:sangeeta.saran@nhs.net">sangeeta.saran@nhs.net</a></p>		✓	✓					✓

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<p><b>Somerset CCG: My Life Plan (Personal Care Plans)</b>            Training is being given to volunteers to deliver holistic personalised care planning (PCP) for patients with heart failure, who are discharged from Taunton and Somerset NHS Foundation Trust. Eventually the model will also be applied to patients with diabetes, dementia, COPD or multi-morbidities, including patients attending outpatient clinics</p> <p><b>More information:</b>            Nicola Thorne, Somerset CCG. Email <a href="mailto:nicola.thorne@somersetccg.nhs.uk">nicola.thorne@somersetccg.nhs.uk</a></p>			✓	✓				
<p><b>Southampton City CCG: Person-centred Care Plans</b>            Person-centred care plans are being drawn up with 60 patients with long term conditions who are intensive users of health and social care services. Patients will have a single case manager to help integrate care across primary, community, social care and housing, who will have access to the care plan via a central database (the Hampshire Health Repository). All future services providers will aim to respond to their recorded wishes and aspirations.</p> <p>The aim is for training and support on person-centred planning to be rolled out across the city so that patients become more engaged in self-management, shared decision-making and personal health budget management.</p> <p><b>More information:</b>            Adrian Littlemore, Southampton City CCG. Email <a href="mailto:adrian.littlemore@southamptoncityccg.nhs.uk">adrian.littlemore@southamptoncityccg.nhs.uk</a></p>			✓					

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<p><b>South Devon and Torbay CCG: Peer Support</b>            A peer support service from those with a lived-experience of mental distress to enhance the experience of patients attending statutory crisis assessment. The initiative will inform the on-going development of peer support at each stage of the acute-care pathway, facilitating self-management and shared decision-making.</p> <p><b>More information:</b>            Jo Hammond, South Devon and Torbay CCG. Email: <a href="mailto:jo.hammond@nhs.net">jo.hammond@nhs.net</a></p>			✓	✓				
<p><b>West Kent CCG: Peer Group Support in Primary Care</b>            Co-designed peer support delivered through GP practices for patients at risk of, or being diagnosed with long term conditions. It aims to reduce patients' reliance on medical intervention and help them to manage their own health and care. The approach will be tailored according to participating practices' particular needs and patient profiles. Currently being piloted, a 'pool' of volunteers, consisting of patients with long term conditions/carers, is being trained by a voluntary organisation - VAWK, at GP practice level to provide peer/group support on request. Patients will be offered either 1:1 or group peer support, to guide and signpost them to relevant support and provide a 'listening ear'.            YouTube: <a href="http://youtu.be/4wCzoF6u7nw">http://youtu.be/4wCzoF6u7nw</a></p> <p><b>More information:</b>            Rachel Parris, West Kent CCG. Email: <a href="mailto:rachel.parris@nhs.net">rachel.parris@nhs.net</a></p>					✓			

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<p><b>Ealing CCG: Voluntary Sector Health Programme</b>                      A consortium of voluntary, community and BME groups commissioned to train community health champions, deliver health outreach sessions, produce a self-help directory and VCS guide, deliver disability/LGBT awareness training for CCG staff, and to deliver volunteering programme for people with long term conditions.                      The aim is to increase prevention and self-management in seldom heard groups, reduce social isolation for older people and those with mental health issues, and to ensure GPs and health professionals are aware of VCS support for patients and carers.  <a href="http://www.ealingccg.nhs.uk/contact-us.aspx">http://www.ealingccg.nhs.uk/contact-us.aspx</a></p>							✓	✓
<p><b>Tower Hamlets CCG: Diabetes Education and Befriending</b>                      Women's Health and Family Service, a voluntary organisation, has been commissioned to recruit 56 volunteers to befriend and support 107 people with Type 2 diabetes through lunch clubs and healthy living activities such as exercises.                      The aim is to increase self-management and promotion of diabetes within the Bengali and Somali communities, which face the most difficulty in accessing health services.  <a href="http://www.towerhamletscg.nhs.uk/contact/">http://www.towerhamletscg.nhs.uk/contact/</a></p>			✓		✓		✓	

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<p><b>Tower Hamlets CCG: Maternity Mates</b>                      Women's Health and Family Service, a voluntary organisation, has been commissioned to recruit and train volunteer mothers from BME community to befriend and support vulnerable expectant mothers e.g. provide advice, attend appointments.                      The aim is to support socially isolated expectant mothers at high risk of experiencing poor pre-natal, birthing and post-natal services e.g. newly-arrived migrants with no knowledge of the healthcare system and limited English, lack of a partner and family support, drug users and victims of domestic violence.  <a href="http://www.towerhamletsccg.nhs.uk/contact/">http://www.towerhamletsccg.nhs.uk/contact/</a></p>					✓			✓
<p><b>Tower Hamlets CCG: Cancer Awareness</b>                      A women's community group has been commissioned to recruit 31 community leaders then trained to run educational workshops in mosques, children's centres and markets – barriers to accessing cancer screening, potential solutions and motivators are discussed.                      The aim is to increase awareness of cancer, promote preventive lifestyle choices and use of screening services in community groups. Cancer is the largest cause of premature death in Tower Hamlets with the worst survival.  <a href="http://www.towerhamletsccg.nhs.uk/contact/">http://www.towerhamletsccg.nhs.uk/contact/</a></p>			✓	✓				

## Midlands and East of England Regions

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<p><b>Newark and Sherwood CCG and Mansfield and Ashfield CCG: Self-Care Signposting and Referral Hub</b>                      Voluntary organisation (Self-Help Nottingham) has been commissioned to co-design a self-care hub with patients and carers, run by volunteers and fully integrated into LTC pathways. The Hub will support an increase in self-care by patients at low risk of hospital admission. The aim is to improve outcomes for people with long term conditions including cancer and reduce costs within long term condition pathways.</p> <p><b>More information:</b>  <a href="http://www.selfhelp.org.uk/nottinghamshire/">http://www.selfhelp.org.uk/nottinghamshire/</a></p>							✓	
<p><b>Nottingham North and East CCG: Dementia.net</b>                      A website containing supportive resources and videos is being co-produced with carers and voluntary groups. There will be on-going collaboration with Skills for Care, Skills for Health and NHS Choices to develop the website and disseminate resources to carers. The aim is to enable and empower carers of people with dementia and their families to promote greater self-care, maintain independence and provide support for the cared for.</p> <p><a href="http://www.nottinghamnortheastccg.nhs.uk/contact-us/">http://www.nottinghamnortheastccg.nhs.uk/contact-us/</a></p>			✓		✓			

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<p><b>South West Lincolnshire CCG: Personalised Care Plan</b>            One plan, shared by all but owned by the patient so they are in control and can self-manage more effectively. This is a hand-held care planning booklet, which communicates the patient's care and support needs for daily living and well-being. Developed and completed with the patients and carers, from pre-diagnosis to end of life across health and social care, it ensures an individual's personal values, concerns, usual behaviours and lifestyle choices are taken into account in shaping how they will be supported to live with and manage their condition(s).            The aim is to reduce hospital stays, reduce delays in discharge, promote independence and improve patient involvement in care decisions and delivery, putting patients in better control of their health and well-being.  <a href="http://southwestlincolnshireccg.nhs.uk/contact-us">http://southwestlincolnshireccg.nhs.uk/contact-us</a></p>				✓				

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<p><b>Newcastle upon Tyne NHS Foundation Trust: Shared decision making</b></p> <p>MAGIC (Making Good decisions In Collaboration) is a cross-cutting programme aimed at embedding shared decision-making in core clinical practice of mainstream health services. In Newcastle, shared decision-making is used in breast care, obstetrics, urology and GP practice. In South Tyneside and Gateshead it is being built into clinical culture and practice through GP MAGIC champions and training 68 GPs from 33 practices. MAGIC is about developing practical solutions that work and are transferrable across the health service, creating a culture where shared decision making thrives.</p> <p><b>More information:</b> Health Foundation website: <a href="http://www.health.org.uk/areas-of-work/programmes/shared-decision-making/">http://www.health.org.uk/areas-of-work/programmes/shared-decision-making/</a></p>			✓					✓
<p><b>Newcastle West CCG: Social Prescribing</b></p> <p>Care planning training and support is being rolled out to local practices and a comprehensive web-based information resource is being developed to support the project.</p> <p>The aim is to develop a linking service within the voluntary and community sector, enabling health professionals to refer vulnerable people with long term conditions to community services and networks.</p> <p><a href="http://www.newcastlewestccg.nhs.uk/contact-us/">http://www.newcastlewestccg.nhs.uk/contact-us/</a></p>							✓	✓

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<p><b>Rotherham CCG: Social Prescribing</b>            GP practices will be able to refer patients to Social Prescribing Workers, managed by voluntary organisations. These will, in partnership with the patient, help the patient to access services and activities which improve their health and well-being, and meet their needs such as poor mobility, transport and low confidence. The service is integrated with the case management scheme involving health, social care and voluntary sector to ensure the patient's care plan is co-ordinated and updated.            The aim is to help people with long term conditions access a wide variety of services and activities provided by the voluntary sector. The service aims to deliver a reduction in A&amp;E attendances and in-patient stays.  <a href="http://www.rotherhamccg.nhs.uk/contact-us/">http://www.rotherhamccg.nhs.uk/contact-us/</a></p>							✓	✓