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# Supporting Self Management- are we getting it right?

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**June 2021**



- What do we want to achieve?
- What is Self Management Support?
- What do people say?
- What does the evidence say?
- Moving forward?



# What do we want to Achieve?

**Goal** to have appropriate programmes that enable people with chronic conditions/long-term conditions and carers to have the skills and support to take greater responsibility for their own care





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The principals of self-management support lead to

NOT

‘What is the matter with you?’

BUT

‘What matters to you?’

*The Health Foundation 2015*



# Self-Management

## What is it and how is it supported?

Self-management is a part of daily living. It is the action individuals and carers take for themselves and their children and families to stay healthy, as well as care for minor, acute & long-term conditions.

Support for self care is the facility the health and social care system provides to help people take better care of themselves.

*National Voices 2014*





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# Supporting Self Care allows the following to happen:

- People experience better health and well being
- It reduces the perceived severity of their symptoms
- Improve medicines compliance
- Prevents the need for emergency health and social services
- Prevents unnecessary hospital admissions
- Provides better planned and coordinated care
- Allows people to remain in their own home
- People have greater confidence and a sense of control
- People have better mental health and less depression





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- Enable people to assess their own condition
- Know what is 'normal' for their condition
- Know where, when ,how to get further help and advice
- Understanding the importance to take their medicines
- Enabling people to recognise and monitor their symptoms
- Allowing people to undertake strategies to aid their recovery
- Supporting people to have the confidence and skills to deal with their condition





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# How does the Health Service Benefit?

International evidence suggests that investment could reduce

- Visits to GP's by up to 40%
- Visits to out patient clinics by up to 17%
- Visits to A&E units by up to 50%
- Reduces drug expenditure

*Self Care – A Real Choice, DH, January 2005*





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# What do the people say?





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# What do the people say?

- **77%** say they lead a healthy lifestyle
- **87%** say they often treat minor ailment themselves
- **64%** of those who have recently been in hospital say they often monitor their acute illness following discharge
- **82%** of those who have a long term health condition, say they play an active role in caring for their condition themselves

Source: DH/MORI survey (2005) "Public views on self care"





## People want to do more self care

- More than **9 in 10** people were interested in being more active self carers
- **> 75%** said if they had guidance/support from a professional or peer they would feel far more confident about taking care of their own health
- **More than half** of people who had seen a care professional in previous 6 months said they had not often been encouraged to do self care
- A **third** said they had *never* been encouraged by the professionals to do self care

Source: DH/MORI survey (2005) "Public views on self care"





## Self Management skills allow

- better communication between patients/users and professionals
- better use of information
- reduction in pain
- reduction in disabilities
- increase in self confidence
- reduction in anxiety and depression
- reduction in days off work
- improvement in quality of life
- increase in life expectancy



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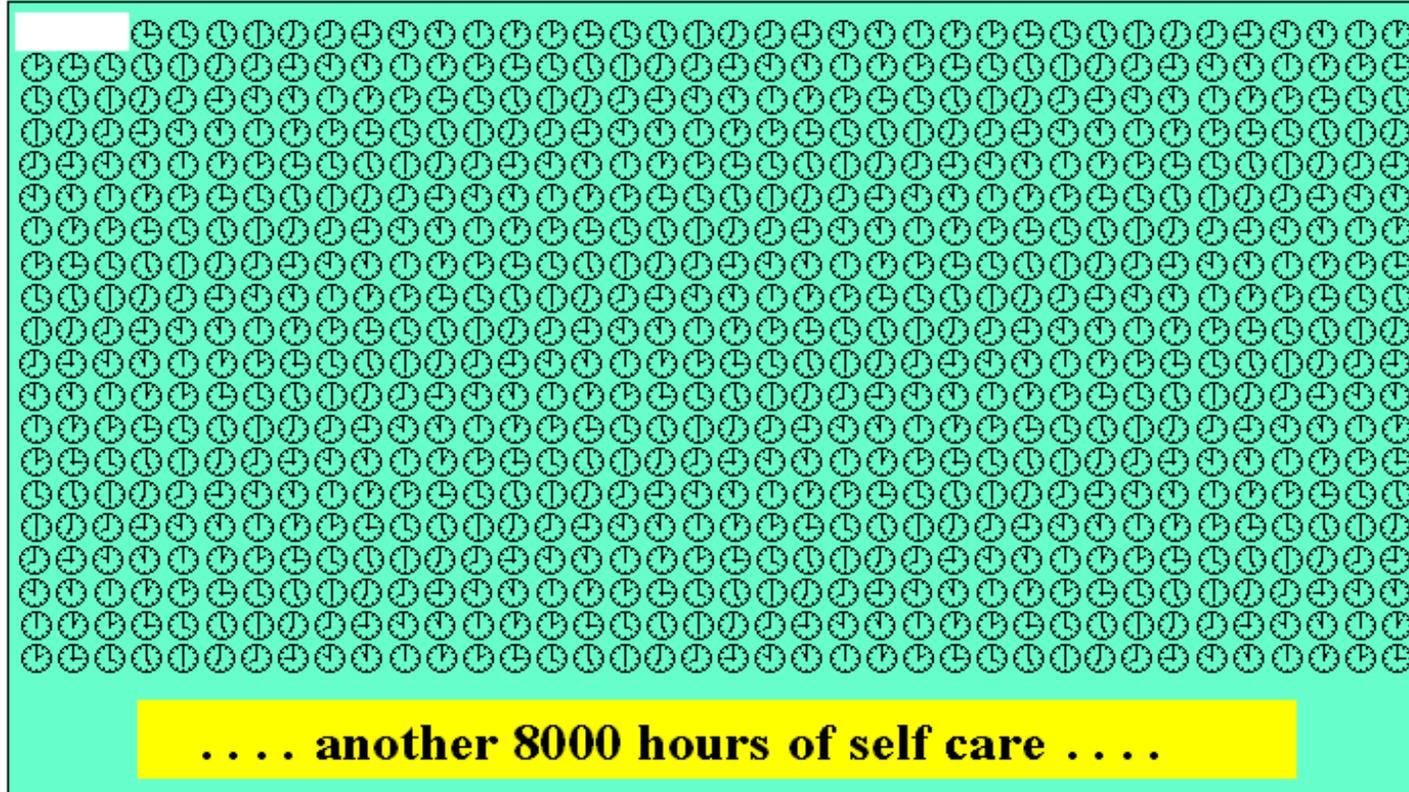
# What does the evidence say?



# of the 8760 hours in a year

   3 hours of professional care

757 hours  
of self care  
plus ....



## HUR BY HUR CARE OF DIABETES

# What does the evidence say?

- **Cost effective**  
Self management programmes save on average £452 /patient/year
- **Reduces burden on professional time**  
Peer-led self management
- **It works**
  - Improves clinical outcomes
  - Improves clinical symptoms
  - Improves quality of life.
- **Supports patient participation at all levels**
  - Improves interactions between clinicians and patients
  - Voluntary roles
  - £1 invested around £6.50 of social value created

*Effective use of NHS funding: case studies BMA 2016*

## Self care skills training and education: examples of best results

Study	Outcomes
Choy et al (1999)	<ul style="list-style-type: none"> <li>● <b>69%</b> reduction in GP visits</li> </ul>
Fries J et al (1998)	<ul style="list-style-type: none"> <li>● <b>40%</b> reduction in GP visits</li> <li>● 9:1 benefit:cost ratio</li> </ul>
Grossel E et al (2000), Franek (2013); (Brady 2013)	<ul style="list-style-type: none"> <li>● improved health status</li> <li>● improved self efficacy</li> <li>● Improved diet</li> </ul>
Montgomery et al (1994)	<ul style="list-style-type: none"> <li>● <b>24%</b> reduction in visits to doctors</li> <li>● <b>50%</b> reduction in hospitalisation</li> </ul>
Thorpe (2013); Thongsai (2013); Bentsen (2012)	<ul style="list-style-type: none"> <li>• Improvements in QoL, HbA1C, and monitoring</li> </ul>
Vickery et al (1988)	<ul style="list-style-type: none"> <li>● <b>31%</b> reduction in visits to doctors</li> </ul>

## Self care tools, devices and equipment: examples of best results

Study	Outcomes
Cherry J T et al (2002)	<ul style="list-style-type: none"> <li>● <b>32%</b> reduction in inpatient admissions</li> <li>● <b>34%</b> in emergency admissions</li> <li>● <b>44%</b> in post discharge visits</li> <li>● <b>49%</b> in outpatient visits</li> </ul>
Farmer AJ et al (2005a&b)	<ul style="list-style-type: none"> <li>● number of people with good control over their condition quadrupled due to use of Medixine diabetes self monitoring</li> </ul>
Levine PH (1973)	<ul style="list-style-type: none"> <li>● home infusion leads to <b>76%</b> decrease in outpatient visits</li> <li>● <b>80%</b> reduction in days in hospital</li> </ul>
Ryan D et al (2005).	<ul style="list-style-type: none"> <li>● <b>74%</b> using 'Think Positive Asthma System' including personalised self care plan found improvement in their ability to self care</li> </ul>
Ryan P et al (2003)	<ul style="list-style-type: none"> <li>● <b>30%</b> increase in medicine intake</li> </ul>

# Self care tools, devices and equipment: examples of best results

Study	Outcomes
Celler BN et al (2002 a&b), (2003 a&b)	<ul style="list-style-type: none"> <li>● up to <b>95% of people</b> wish to continue using the self monitoring device</li> <li>● GP satisfaction is also high at <b>89%</b></li> </ul>
Guendelman S et al (2002)	<ul style="list-style-type: none"> <li>● children using Health Buddy were significantly less likely to have any limitation in activity as a result of their asthma and significantly less likely to make urgent calls to hospital</li> </ul>
Jarrett HD et al (2004)	<ul style="list-style-type: none"> <li>● pedometers are highly effective in increasing general levels of self care among users</li> </ul>
Jerant AA et al (2001)	<ul style="list-style-type: none"> <li>● reduction in readmission rate by <b>84%</b></li> <li>● significantly fewer emergency visits</li> </ul>
Noel HD et al (2004)	<ul style="list-style-type: none"> <li>● significant decrease in bed days</li> <li>● emergency visits and A1C levels</li> <li>● health care costs decreased by <b>58%</b></li> </ul>



## Self care plans: examples of best results

Study	Outcomes
Charlton et al (1990); Stoilkova (2013)	<ul style="list-style-type: none"><li>● reduction in visits to doctors</li><li>● decrease in use of medicines</li></ul>
Gillies et al (1996)	<ul style="list-style-type: none"><li>● 67% decrease in GP consultations</li><li>● significant reduction in nights woken</li><li>● significant reduction in days on steroids, reliever inhalers, and nebuliser use</li></ul>

## Self care support networks: examples of best results

Study	Outcomes
Alemi F et al (1996)	<ul style="list-style-type: none"> <li>● participants in the bulletin board group made significantly fewer telephone calls and visits to health care clinics than participants in the face-to-face group</li> </ul>
Becu M et al (1993)	<ul style="list-style-type: none"> <li>● decrease in depression and other psychological problems</li> </ul>
Edmunson ED et al (1982)	<ul style="list-style-type: none"> <li>● reduction in re-hospitalisation</li> <li>● shorter LOS in hospital (<b>7 days vs 25 days</b>)</li> <li>● reduction in use of MH services</li> </ul>
Galanter M (1988)	<ul style="list-style-type: none"> <li>● reduction in hospitalisation</li> <li>● half of the group had been hospitalised before joining where as only <b>7%</b> of recent members were hospitalised since joining</li> </ul>
Gilden JL et al (1992)	<ul style="list-style-type: none"> <li>● better diabetes knowledge, quality of life and depression scales</li> <li>● less stress</li> <li>● greater family involvement</li> <li>● better glyceemic control</li> </ul>



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# Education Programmes for Patients RCT findings

- significantly greater self efficacy
- significantly greater energy levels
- significantly greater health related quality of life
- **50%** reduction in use of hospital services
- reduction in costs: **77%** probability that EPP is cost-effective
- EPP a useful addition to current services in the care of people with long term conditions





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# Education Programmes for Patients Internal Monitoring Findings

- significant increase in confidence levels that they would **not** let the symptom interfere with their lives
- significant decrease in perceived intensity of symptoms
- 7 % reduction in GP consultations
- 10% reduction in outpatient visits
- 16% reduction in A&E attendances



# What are any additional benefits

- People who attend diabetes education courses have lower blood glucose levels
- Improved health
- Fewer complications
- Better communication between patients/users and professionals
- Better use of information
- Increase in self confidence
- Reduction in anxiety and depression
- Reduction in days off work
- Improvement in quality of life

# Participants Feedback

- “Having recently been diagnosed with borderline type2 diabetes it was eye opener to see how diabetes can effect people in many different ways. This course cemented my onward journey to overcome diabetes and live a normal life again. Diolch to you all for the input and help”
- “The course was extremely informative and well run, I have learnt a lot”
- “The course was really good and the tutors were excellent, it was informative and humourus”
- “Thank you for including me in the course. Even though I have been diabetic for over twenty years I found the tips and hints useful and it was good to be brought up to date with the latest thinking.”



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# Lay Tutor comments

- 'I love watching the group of people change over the weeks, listening to them giving feedback on their action is great - for the first time in a long while they are planning and doing something'
- 'I had a call from one participant to tell me she had a job!'





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# Key Points



- Offer self-management to all
- Let the person choose if a self-management programme is for them. Refer everyone!
- If in doubt when they ring in we can talk to them in more detail
- Use self-management support as a first option rather than a last resort
- Catch people at the point of diagnosis this is where we can make a real difference
- Need a suite of programmes to offer people so they can find which suits them the best





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# Moving Forward

- Shared Values and vision
- Population health and local context
- People as partners in care-voices and choices of all
- Resilient communities and new alliances
- Workforce capacity and capability
- System wide governance and leadership
- Digital Solutions
- Transparency of progress, results and impact

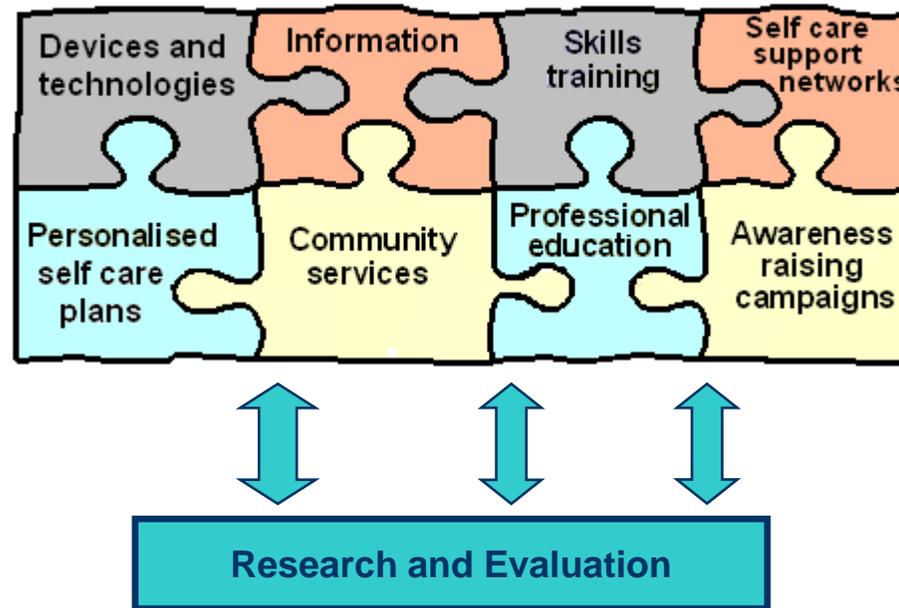




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# Components of the self care support jigsaw



\*DH research 2001-02





## So if there are so many positives .....

- Why don't we offer self management to all?
- Why is it not part of the patient pathway?
- Why do clinicians feel they need a lot of extra guidance to refer?
- Why don't we let the patient/person choose if they wish to participate in a self management programme?
- Use self management support as a first option rather than a last resort?
- Catch people at the point of diagnosis this is where we can make a real difference?



