Integrated Care Matters Webinar Series 9
Supporting Self Management

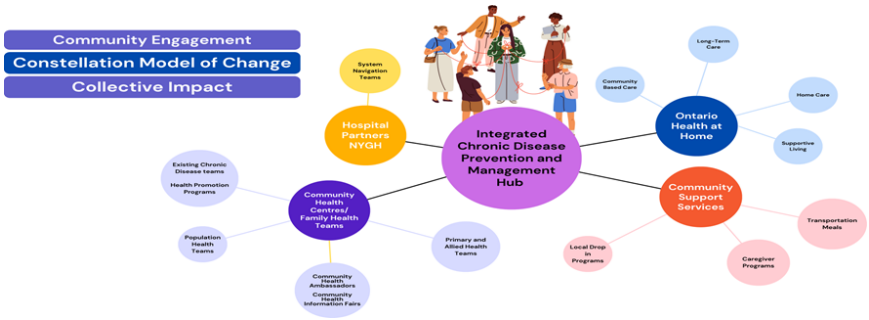
Flash Report

164 people from 22 countries registered for this webinar.

Caroline Brocklehurst, **Lived experience network, Scotland** described her experiences of self managing her multiple long term conditions and of being a patient advocate. She reflected on the all-encompassing effects of living with long term conditions and the evolving challenges throughout life.

Caroline's Four Pillars of Self Management - Education and tools, Lifestyle Management, Prevention Strategies, and Peer Support – always worked best when she received 'Warm hands support.'

Neil Stephens, Senior Manager, Systems Transformation, Toronto, Ontario, presented the journey to develop an Integrated Chronic Disease Prevention and Management Hub in North York, Ontario, an area with an ageing population and where 70% are not native English speakers. The team has worked to address communication barriers, co-design culturally relevant resources and engage community health ambassadors to improve dialogue with local community. Addressing intersectional issues and working in an integrated way with various organisations allowed the team to approach people's immediate needs. Flexibility and agility ensured programme success. The short term plan is to pilot a Chronic Disease Management hub for Chronic Obstructive Pulmonary Disease, Congestive Heart Failure and diabetes, particularly for unattached patients in equity-deserving communities, which can be scaled.



Leo Lewis, International Lead at the Bevan Commission, Wales presented on behalf of her colleague Sian Jones, Red Kite Health Solutions CIC, who led an exemplar project on evidence-based practices for persistent pain in Primary Care. Persistent pain affects up to one half of the UK population and accounts for 22% of primary care consultations, with demand increasing. Challenges for primary care intervention are primarily capacity, knowledge and education. Up to 41% of those affected are unable to work. Opioid prescribing in Wales rose by 30% from 2008/9-2018/19. The exemplar project introduced an MSc Pharmacy Technician service in a GP Practice in South Powys to maximise functional ability and quality of life for patients, influence opioid prescribing and culture, reduce waste, educate patients and clinicians, and improve partnership working. The project reduced opioid prescriptions and improved patient's quality of life with a huge potential saving of GP time and appointments, which translated to cost saving while improving patient outcomes. If expanded and embedded in primary care throughout Wales, potential savings in prescribing costs are £1.7M

Take Home Messages

Education of people with long term conditions and healthcare professionals is key to effective self management

Community engagement and power sharing must be at the heart of effective support.

⇒ Effective power sharing equals effective decisions

⇒ Community-Centred Care is non-negotiable

⇒ There are no real experts in self-management, as *inherently* self-management requires continuous learning and is uniquely bespoke to every single individual and their own, specific and shifting, needs and priorities.

⇒ Peer support gives me real connections, hope and identity with those who "just get it", and the ability to make sense of what I'm experiencing, as well as the empowerment of real-life shared learning, to navigate it better.

⇒ We are working together to reduce my medication and I have also started speaking to MIND. This service makes a massive difference to my life and I'm certain to many, many others'

A different approach to managing medication can Improve quality of life and prevent waste.

Effective self-management design and practice should always be "Human 1st and a Patient 2nd".

You will find the webinar recording here
Presentation slides and topic resource here

Register for the next webinar on Community Hospitals here

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