

## Supporting and improving self care management

The Whittington Hospital NHS Trust

### The challenge:

In partnership with Islington and Haringey PCTs, The Whittington Hospital was selected by The Health Foundation as a pilot site for their Co-Creating Health initiative. As a result they were required to set up and implement a self care management programme that would deliver sustainable change and improvements in patient outcomes.

### The aim:

The aim of the project is to support an holistic approach to self management where the clinician, patient and the services are committed to change and improving outcomes.

### What did they do?

Following their successful application to be a pilot site, the partnership were able to use the £150,000 funding they received from The Health Foundation to recruit a project manager and pay for some of the clinician time. Additional funding was secured from the PCTs to cover the cost of any additional clinician time. The project group included staff from the two PCTs and the hospital trust, including GPs and practice nurses, a diabetes specialist nurse (DSN), patients, a diabetologist and the director of primary care.

The Health Foundation programme consists of 3 distinct, but linked, parts:

- An advanced development programme (ADP) for clinicians, to help them develop the skills required to support and motivate their patients to take an active role in their own health. This comprises three sessions lasting up to 3 hours each. The sessions are delivered by a clinical tutor and a lay tutor.
- A self-management programme (SMP) for patients to help them develop the knowledge and skills they require in order to manage their long-term condition and work in effective partnership with their clinicians. This comprises seven weekly sessions, delivered by a clinical tutor and a lay tutor.
- An organisational development programme (service improvement programme (SIP)) to support patients and healthcare professionals, working together, to identify and implement new approaches to health service delivery which enables patients to take a more active role in their own health.

So far 14 local sites are involved in the pilot across primary and secondary care. Funding from The Health Foundation completes in 2012, so a business plan is being developed to secure the project in the future.

### What happened?

So far 240 patients have completed the SMP and outcomes have been measured using patient enablement questions. Significant improvements have been seen, including having a shared agenda increasing from 43 percent to 88 percent, goal setting increasing from 45 percent to 75 percent and goal follow-up increasing from 65 percent to 88 percent.



### Key outcomes

- ✓88 percent of clinicians who participated agreed their knowledge of how to support patient self-management significantly improved.
- ✓Overall patient enablement scores showed an improvement of 10 percent.
- ✓ Reductions in HbA1c and LDL cholesterol levels in 6 months.

Find out more about this case study at [www.diabetes.nhs.uk](http://www.diabetes.nhs.uk)