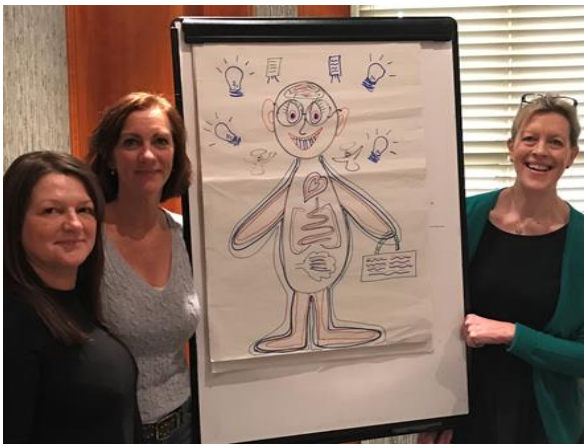

GUIDANCE ON COMMISSIONING EVIDENCED BASED SELF-MANAGEMENT PROGRAMMES

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ABSTRACT

This easy to read and concise guide outlines the six easy steps to commissioning community based self-management interventions

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Overview

- NHS England (2018) defines self-management as the actions taken by people to recognise, treat and manage their own health. They may do this independently or in partnership with the healthcare system.
- The evidence base for the effectiveness of self-management is compelling for individual patients, the system and the wider health economy.
- Models of delivery for Self-Management Programmes vary; this guidance gives possible options for commissioning evidenced based self-management interventions for people living with Long term condition(s) (LTC).
- One of the most popular forms of support is group based self-management education, which includes any form of formal education or training for people with LTC that focuses on helping them to develop the knowledge skills and confidence they need to manage their own health care effectively (Realising the Value, 2016).
- There is a growing policy focus around empowering and engaging people in their own health and care. For example, the NHS Five Year Forward View (FYFW) speaks of 'harnessing the renewable power' of people and communities to promote wellbeing and independence, outlining the importance of patients being empowered and enabled to manage their own health, with the support of their families, carers and communities.
- The NHS Personalised Care agenda makes specific recommendations to the health and care sector to encourage peer-to-peer communities to develop and increase access to self-management for those living with LTCs.
- There is a strong call to the sector to increase 'patient activation' by encouraging patients to make shared health and care decisions, be better equipped to self-manage the symptoms of their conditions and understand how to access the right care, in the right place, at the right time.
- For people to be able to engage with each of these priorities they need self-management Knowledge, Information, Confidence and practical Skills- **KICS for life!**
- Practical tools and peer support increase patient activation leading to a more collaborative relationship with care providers and increased confidence to navigate systems.
- Self-management programmes (such as those licensed in the UK by Talking Health) combine good quality, NHS supported information with confidence building strategies underpinned by role modelling from tutor's who have lived experience of self-managing their health conditions effectively.
- Programmes can be embedded within local health/social care economies to fit local priorities and systems.
- It is estimated that the NHS in England could realise savings of at least £4.4 billion a year if it adopted innovations that involve patients, their families and the wider community in the management of LTC(s). (NESTA, 2013)
- A volunteer led patient education programme such as the CDSMP (Chronic Disease Self-Management Programme) costs as little as £44 per patient. (NESTA, 2013)

Six Easy Steps to Commissioning Evidence Based Self-Management Programmes

Step 1:

Designed for local systems and priorities (including synergies with other services/ agendas)

- Identify your target population based on your local priorities. For example, specific health conditions, carers, multi-morbidity, frequent users, health inequalities etc.
- Understand the evidence base for self-management (see Appendix One).
- Starting with provision of a generic programme (groups of mixed conditions) is a good basis for any model and a way to ensure equity of access. The Chronic Disease Self-Management Programme (CDSMP) is known in the UK by different names such as the Expert Patients Programme.
- In addition to the CDSMP there are disease specific programmes for people living with Cancer, Type 2 Diabetes, Chronic Pain and there are courses for Carers and for people in the workplace that can be added to the generic provision.
- The scale of the provision you wish to offer should also be considered; e.g. percentage of LTC population
- Systematising referrals is the most effective way of embedding self-management programmes into primary care. Vanguards and New Care Model demonstrator sites have included systematic referral to self-management programmes as part of a locally re-designed QOF for patients with long term health conditions. (See Appendix Two: Dudley case study for more information).
- Elect to utilise the Patient Activation Measures (PAM) offering to those who are in the lower levels of activation and needing support to self-care. PAM can also be applied to measure effectiveness of SMPs if taken pre and post intervention (https://www.england.nhs.uk/ourwork/patient-participation/self-care/patient-activation/licences/)
- Self-management programmes can be designed as part of the Social Prescribing offer, with patients referred into the local SMP provision via this route
- SMP's contribute to 'closing the loop' of social prescribing, with those who complete the programme following onward recommendations for engagement in the local community, volunteering and maintaining informal peer to peer support.
- Links can also be made between MECC agenda, Jobseekers-Thrive to work, Carers wellbeing and Self Care Strategies.

Step 2:
Design a service specification and market development strategy

- Once you have decided on local priorities and how to embed the programme you will need to design a service specification that outlines what you want to commission in terms of structure, deliverables, quality and outcomes.
- Ensure it specifies the exact programmes that you want to commission for example 'Licensed SMRC programmes' or 'carers programme', etc.
- Consider the volume of courses, or of course completions (the second option encourages retention of participants).
- Decide on a payment model i.e. block payment or PBR or something else?
- Consider evaluation methods; in terms of impact on the system, patients QALYs, Wellbeing, Social isolation, Patient Activation Measures (PAM).
- Build upon what is already out there - you may already have several local providers in place that would be interested in bidding for such a contract or you may choose to include the addition of SMP in an existing contract such as that with local council for voluntary services, third sector provider or provider delivering existing health promotion interventions. There may be organisations geographically near to you that are already under license and interested in broadening their reach. Contact info@talkinghealth.org for details of local providers.
- Holding a market engagement event can be a useful way to engage local providers and test the market before the specification is finalised.
- Contact info@talkinghealth.org to obtain bespoke advice and support for the development of service specifications, programme planning, market engagement and programme evaluations.

Step 3:
Obtain a licence to deliver the Programmes

- Talking Health Taking Action (THTA) administer the UK licensing service on behalf of the USA based Self-Management Resource Center (SMRC).
- SMRC has some of the most widely recognised and evaluated self-management interventions available. The programmes, developed by Professor Kate Lorig and her colleagues at Stanford University CA, span over 35 years of research and include methodologies, strategies, and structure for successful self-management that has been validated and shown efficacy. Follow the link to view published research https://www.selfmanagementresource.com/resources/bibliography
- Licenses are for a 3-year duration.
- Licenses permit use of eight SMRC Programmes for organisations with tutors trained to facilitate community courses; including courses for people living with diabetes, chronic pain, cancer, a generic programme for mixed groups, a course for carers and a programme for people in the workplace.
- Licenses are typically granted to the provider delivering the programmes unless there are numerous providers in one area when an umbrella license can be considered.
- You can visit the THTA website for more information on license formats and costs https://www.talkinghealth.org/stanford-licence-and-manuals.php

Step 4:
Capacity building and training for the identified Provider

- Typically, tutors are volunteers with lived experience of a long-term condition, but paid staff living with LTCs are also often trained up to support the volunteers and offer back-up.
- There may be organisations that are accredited training providers local to you. Download 'Top Tips for Commissioning Training' for additional guidance https://www.talkinghealth.org/what-we-do.php
- Talking Health Taking Action (THTA) is a capacity building organisation and can be commissioned to provide training for volunteers to establish your provider's volunteer tutor pool and offer guidance on recruiting and retaining tutors, including role descriptions etc.
- Future considerations for your identified provider may be to develop their own assessors and trainers to expand the programme and become self-sufficient/ reduce costs in terms of training and quality assurance.

Step 5:
Quality assurance

- SMRC programmes must adhere to Programme Fidelity as part of the licensing agreement. The SMRC Fidelity Manual sets out all the things that licenced organisations must do and can be downloaded at https://www.selfmanagementresourcecom/docs/pdfs/Fidelity-Manual_(1)_-_new1.pdf
- Talking Health can provide an annual Fidelity Health Check to support providers to ensure that they are meeting all the fidelity requirements. For more information contact info@talkinghealth.org
- By incorporating the Fidelity Health Check as a contract specification, commissioners can be assured that the provider is meeting the licence requirements.
- Stepping Stones to Quality (SS2Q 2017) is a best practice Quality Standard and self-assessment tool that was originally co-produced by voluntary sector organisations, Primary Care Trusts (PCTs), the Expert Patients Programme (EPP) and the Department of Health. For details about the development of SS2Q see link http://www.qismet.org.uk/certification/ss2q-certification/
- Commissioners are encouraged to use the SS2Q model to simplify the quality assurance process.

Step 6:
Work out your costs

- Costing the implementation of your local programme will be bespoke and will depend on the funding you allocate, the scale at which you want to embed the programme and the resource that you have in existing services/ contracts.
- However, having some indicative costs can be a useful tool in deciding where you wish to start, for further details of licensing format and costs see https://www.talkinghealth.org/stanford-licence-and-manuals.php
- The table below provides an outline of costs as an initial guideline.

Requirement	Approx. cost	Frequency
Recruit a Coordinator to manage volunteers, coordinate programmes, administrate and champion the programme.	To be decided by commissioner recommend AfC7 or equivalent for volunteer management and coordination experience	Yearly
Obtain a license from Talking Health to access 8 different evidenced based interventions **https://www.talkinghealth.org/stanford-licence-and-manuals.php**	£370 for 20 courses or £1,100 for 60 courses – additional courses can be purchased at £20 per course	Every 3 years
Purchase a PDF of the current UK Tutor Manuals from Talking Health **https://www.talkinghealth.org/stanford-licence-and-manuals.php**	£75 for PDF for each programme (allow for in house printing costs)	Every 3-4 years when a new manual is produced
Purchase participant course handbooks Discounted books are available from Talking Health **https://www.talkinghealth.org/books-and-other-resources.php**	£12.95	Ongoing
Consider purchasing capacity building support services from Talking Health which includes: • Fidelity Health Check (verification of compliance with licence requirements) • Participation in the Coordinators national Community of Practice (including face to face meetings, webinars and WhatsApp Group) • Unlimited capacity building and fidelity compliance advice • Free webinars to support ongoing good practice • Discounted resources (including the participant course handbooks) **https://www.talkinghealth.org/the-stanford-coordinators-network.php**	Ranges from £148 - £799 dependent upon level of support required	Annual subscription
Train your initial cohort of tutors (up to 18 people) to deliver community courses	£6,000	At the start of your programme and when you choose to expand the tutor pool
Tutor annual supervision (up to 18 tutors)	£1, 500	12-18 months
Quality checks for tutors, assessments and monitoring (18 tutors)	£3,000	12-18 months
Consider purchasing Ss2Q Accreditation which provides independent Certification of your Programme	£1,000	Every 3 years

Appendix One:
Making the Case for Self-Management Programmes

'*Ultimately cashable savings will only be achieved if commissioners are prepared to commission and invest to support clinicians and patients to make the shift [..]'*

(NESTA, 2013)

- There are over 15 million people living with one or more long-term conditions in England.
- People living with long-term conditions account for around 70% of overall health care spending and are disproportionately higher users of health care services. (King's Fund, 2013)
- Over 60% of people admitted to hospital as an emergency has one or more LTCs. (Health Foundation, 2018)
- People with long-term conditions use 52% of all GP appointments, 65% of all outpatient appointments and 72% of all inpatient bed days. (National Voices, 2014)
- Rather than people having a single condition, multimorbidity is becoming the norm. The number of people with three or more LTCs is set to increase from 1.9 million to 2.9 million by 2018. (NHS England, 2018)
- The average cost per year of someone with a long-term condition is around £1,000, which rises to £3,000 for someone with two conditions and to £8,000 for people with three or more conditions. (QIPP, 2013)
- A study of more than 550 systematic reviews, randomised controlled trials and large observational studies concluded that; 'the totality of evidence suggests that supporting self-management can have benefits for people's attitudes and behaviours, quality of life, clinical symptoms and use of healthcare resources' (Health Foundation, 2011).
- Patients who are most able to manage their conditions had 38% fewer emergency admissions than those least able to self-manage. If those least able to manage their conditions were better supported so that they could manage their conditions as well as the most able this could prevent 436,000 emergency admissions and 690,000 attendances at A&E each year. (Health Foundation, 2018)
- The national evaluation of EPP[1] demonstrates that the programme is likely to generate QALY benefits with little or no additional cost, and that the EPP intervention is likely to be cost effective when compared with treatment as usual at threshold values of cost-effectiveness. (Kennedy, et al, 2007)
- It has been estimated that the NHS in England could realise savings of at least £4.4 billion a year if it adopted innovations that involve patients, their families and the wider community in the management of LTCs. (NESTA, 2013)
- A survey by the Expert Patients CIC found an average reduced cost of £1,800 per participant per year. (EPP CIC, 2010)
- A volunteer led patient education programme such as the CDSMC (Chronic Disease Self-Management Course) costs as little as £44 per patient. (NESTA, 2013)

[1] **EPP Expert Patients Programme** was the name adopted by Department of Health in their roll out of SMRC self-management programmes in England in 2000. All SMRC programmes are built upon the efficacy enhancing model of this programme.

Appendix Two:

A Case study of a Commissioned Self-Management Programme

Public Health, Dudley Metropolitan Borough Council

Dudley's Self-Management Programme is a voluntary sector provider model (in transition between contracts currently about to be re-tendered) funded by the public health grant in the local authority. It targets people with LTC and carers and ensures delivery within areas of higher deprivation and non-English speaking communities to reduce health inequalities.

The staff team comprise a full-time coordinator and admin support. Alongside 25 volunteers and 2 sessional workers, the team are working to increase the tutor pool.

On average the programme delivers around 50 courses a year (500 completions) on a budget of £120,000

SMP is commissioned through the Healthy Ageing Programme in Public Health. Structured self-management supports the core principles of; social connectedness, healthy behaviours, engaged and informed patients, enabled to jointly (with their care professional) develop care plans and personally centred goals concerning their healthcare choices.

Self-management programmes contribute to the system wide self-care strategy (in development) adding value to carers wellbeing and the independence agenda in social care and CCG priorities around LTC management and personalised care.

As part of the new models of care, Dudley CCG has developed a local outcomes framework for primary care (as an alternative to QOF) which specifies that patients with LTC receive a single, annual review of their health with their primary care team to look holistically at the needs of their multiple conditions. Self-management programmes are offered systematically during the review and referrals are made from General practice directly into the provider.

The local social prescribing offer in Dudley refers into SMP and SMP completers are encouraged back into community-based support and volunteering, closing the loop and increasing social capital.

There is a re-tendering process beginning that will identify a single provider for SMP for the next 3-year contract term.

SMP is a core element of the new work around personalised care which will play a pivotal role in the emerging 'Multi Specialty Community Provider' MCP model for healthcare.

Personalised care recognises the need for empowered people and communities, with the knowledge and skills to be active partners at the centre of their health care. Individual health coaching, group based self-management/ peer support and personalised care and support planning are key elements of the personalised care offer.