

Supporting self-care for patients with Diabetes

Patient Activation

SOUTH WEST EXAMPLE

Community Pharmacy Patient Activation Service for Type 2 Diabetes - Cornwall & Isles of Scilly
Local Pharmaceutical Committee (LPC)

Upshot

Patient Activation Measure (PAM) scores increased in 77% of patients with a mean increase of 8.64 PAM points.

Based on the existing body of evidence around PAM® and extrapolating it to this pilot, this will translate to a large increase in patients' ability and confidence to improve their lifestyle and self-manage their condition and result in up to an 18% reduction in hospital admissions.

Background - PAMs

'Patient activation' is a widely recognised concept. It describes the knowledge, skills and confidence a person has in managing their own health and health care. Patient activation scores are closely linked to clinical outcomes, the costs of health care and patients' ratings of their experience. Furthermore, studies show that age, education, income and gender account for only 5 to 6 per cent of the variation in patient activation. Most importantly, patient activation is a much better predictor of health outcomes than known socio-demographic factors such as ethnicity and age and can play a key role in reducing health inequalities.

Aim

To improve clinical outcomes for patients diagnosed with type 2 diabetes through improved self-management, goal setting and motivational coaching by implementing a community pharmacy-led patient activation service.

The Project

20 Community pharmacies across Cornwall IOS LCP were recruited to participate in the project. Pharmacists from each pharmacy were trained to complete interventions on patients diagnosed with type 2 diabetes over a three month period. Data was recorded using PharmOutcomes which was also used to generate reports. A service evaluation was completed by the South Central and West Clinical Support Unit (CSU) who analysed quantitative data and completed qualitative analysis by conducting patient and pharmacist interviews.

Expected Outcomes

Increases in PAM are expected to improve patients' ability to self-care and result in reduced:

- Risk of long term complications associated with poor control of type 2 Diabetes.
- Secondary care costs – potential reduction in condition associated complications and associated costs.
- Medicine wastage costs.

Results

- 315 patients were recruited to the service of which 234 patients completed the full intervention, 29 formally withdrew and the remainder were lost to follow up.
- 98% of patients who completed the service achieved (72%) or partially achieved (26%) their goals after the three-month intervention.
- Patient feedback was extremely positive with 100% stating the pharmacy was a good place to provide the service, they commented that they appreciate the accessibility of the pharmacy and being able to pop in to ask questions without the need for an appointment.
- 99% said they found the service useful to them and that the pharmacist they worked with was able to provide the necessary support to reach their goals.
- Pharmacists, although admitting challenges fitting the service around existing workloads, unanimously said they enjoyed providing the service and felt they were able to use their clinical skills to impact on their patients' health.

The project lead for this work was Claire Field, Community Pharmacist, Cornwall & Isles of Scilly Local Pharmaceutical Committee. For any further information please contact claire@cornwallpc.org

For more information around Patient Activation Measures please follow this link: [HERE](#)

The relationship to health care use and costs

(Kings Fund - Supporting people to manage their health: An introduction to patient activation- May 2014)

Several studies have demonstrated a significant link between patient activation scores and health care costs, with more-activated patients having lower rates of hospitalisation and fewer visits to accident and emergency (A&E) departments. Furthermore, patients who are less activated are significantly more likely to be re-admitted to hospital within 30 days of discharge, adding to the costs of care.

The relationship between patient activation scores and cost has been observed over time. PAM scores have been shown to predict a patient's billed care costs for both the current year and the subsequent year, with **less-activated patients having costs approximately 8 per cent higher than more-activated patients** in the baseline year, and **21 per cent higher** in the subsequent year.

Practical examples of the impact of this relationship include a study of patients with diabetes over a two-year period which found that those with higher activation scores at baseline were significantly less likely to be hospitalised than those who were less activated.

The relationship between patient activation and cost is meaningful for health care organisations struggling to find a way to improve outcomes with fewer resources.

A link to the full document can be found [HERE](#)

Please also find a link to a recent Health Foundation briefing on: Reducing emergency admissions: unlocking the potential of people to better manage their long-term conditions [HERE](#)