NHS Horsham & Mid Sussex and Crawley CCGs

Overview of site and work

NHS Horsham and Mid-Sussex CCG encompasses 23 GP practices and is responsible for the health and well-being of over 225,000 people. NHS Crawley CCG is made up of 13 GP practices and commissions healthcare services for more than 120,000 people. Both CCGs share a management team and the governing bodies of both CCGs share some members, demonstrating their integrated working relationship.

NHS Horsham and Mid-Sussex and NHS Crawley requested 5,000 PAM licenses. The team is using the PAM in three specialist services:

1. Tailored Health Coaching Pilot, working with up to 2,000 patients and using the PAM to tailor the approach taken to health coaching, and as an outcome measure to assess the impact of the intervention on patients' ability to manage their health.
2. Musculoskeletal (MSK) service, working with up to 2,600 patients with persistent pain and using the PAM as an outcome measure
3. Tier 3 Weight Management Service, working with up to 400 patients and using the PAM as an outcome measure.

The PAM is being used at an individual level with patients and, depending on the service, is delivered either over the telephone or as a face-to-face questionnaire. Each service has a different set of clinicians with different training and experience, and the central CCG team is interested in the impact of this training and experience on the potential increase in PAM scores. As well as the PAM, Horsham and Mid-Sussex and Crawley are collecting data including the risk stratification score which will provide information about predicted healthcare utilisation costs and activity. The project team are also interested in thinking about what skills and training a clinician needs to have to improve patient activation, and so plan to look across the projects to capture learning.

Project 1: Tailored Health Coaching

Tailored Health Coaching is a new pilot service, jointly commissioned with West Sussex County Council from a local charity, Impact Initiatives, which launched in April 2015. Health coaching is targeted at those patients with a long-term condition at medium risk (45–65%) of increased health service utilisation (identified using their risk stratification tool). Lists of eligible patients are generated quarterly and practices filter out those who may not benefit from coaching (for example, patients with dementia and other vulnerable, highly dependent patients).

The health coach contacts the patient by telephone, explains the expected outcomes and, if the patient wishes to engage with the service, undertakes the PAM to ascertain the current level of activation. The PAM activation level is then used to tailor to the approach and language utilised to identify goals as part of the service provided, identify goals as part of the 'Well-being Plan' formulated collaboratively between coach and patient. The goals and solutions are holistic and include health, social care and third sector options, for example self-referral to psychological support, free weight management, low cost opportunities to exercise, financial and housing support and e-learning opportunities about their conditions. If patients are at level 3 or 4 of activation, support mainly consists of signposting to services. If patients are at levels 1 or 2, and so may not even realise they play a part in their own conditions, more motivational interviewing and coaching is provided. Those delivering the intervention are not clinicians and have been trained in motivational interviewing and other coaching techniques tailored according to PAM. NHS Horsham and Mid-Sussex initially hoped to run a randomised controlled trial of tailored health coaching, but were unable to secure funding; instead, they are running this large-scale pilot project with a control group for comparison. Around 2,000 PAM licences will be used in this cohort. Outcomes measured before and after will be:

- PAM score;
- Predicted risk score, including use of healthcare services and utilisation costs;
- Warwick-Edinburgh Mental Well-Being Scale (WEMWBS).

By September 2015, four health coaches had been recruited and trained to deliver the Tailored Health Coaching service. Engagement with GP practices, which refer patients to the Tailored Health Coaching Service, had been slower than initially expected, with the first patients accessing the service in late May 2015. To encourage engagement, a locally commissioned service (LCS) had been put in place to compensate GP practices for the time needed to identify patients. Five practices signed up prior to the LCS, with a further 10 interested in participating. Other referral methods, including self-referral and referral from other health and well-being partners including social services were also being considered, following the pilot.

Additional outcomes being monitored in addition to those originally planned included the number of goals set and achieved by the patient being coached. The initial aim was to measure the PAM score at the beginning and end of the health coach's work, but the team found some benefit in conducting a 'middle' measure for some patients, to monitor progress. Some initial successes in improving PAM scores were reported by the team, which have also been reflected in some instances in other measures. The design of the service remained as originally planned, and as of September 2015, 48 patients had enrolled into the service. As more practices came on board, this was expected to rise rapidly.

For more information, email england.patientactivation@nhs.net

By January 2016, referrals had increased as expected and the coaches were working with patients from 18 practices. The scheme had been formally promoted beforehand, but the coaches had also visited practices and personally introduced the service, and it felt that this had helped increase practice engagement with the service. Participation by practices was also financially incentivised inasmuch as that the time spent filtering the lists generated by the health coaches was reimbursed. Contemporary figures showed 455 referrals, and an approximate 30% take-up rate (102 enrolments). Twenty-two people had completed their coaching and been discharged and a minority of PAM levels had been maintained and a majority had increased; a similar pattern was found in WEMWBS scores.

After April 2016, the referral process will be widened out to include self–referrals and referrals from other services. The team are thinking about promoting the coaching service in novel ways to maximise the reach of the project. Ideas include using local media, putting billboards in shopping centres and libraries, and targeting community assets. The team are keen to see whether those who self-refer will have higher baseline levels of activation.

Project 2: MSK service

The MSK service is a newly commissioned community-based service delivered by the Sussex MSK Partnership since October 2014. The Sussex MSK Partnership comprises the local NHS Mental Health Foundation Trust, NHS Community Trust, a charitable trust and a not-for-profit organisation. Services offered range from short-term interventions (e.g. podiatry and orthopaedics) to longer-term therapies (e.g. pain management and rheumatology) but patients will be encouraged to self-manage their conditions as far as possible. Initial recruitment to the Mobilisation of the MSK

Mobilisation of the MSK Service has been slower than anticipated, at least in part because most patients access the service via an annual review process.

The PAM is being used with patients who have persistent pain who use the MSK service. It will be used as an outcome measure with up to 2,600 patients. Other outcome measures will also be collected, including a musculoskeletal patient-reported outcome measure (MSK-HQ) and a measure of shared-decision making (SURE). The PAM will be delivered as a face-to-face questionnaire in clinics by MSK clinicians with some training in motivational interviewing skills and shared decision making. Activation levels will be measured at initial referral to the service and then every six months. The team describe this as 'a less intensive collaborative care planning approach'.

Though the MSK Partnership service began to recruit patients in late 2014, they have not yet been able to implement the PAM due to logistical and contractual arrangements within the service. The Partnership delivers its services based on a programme budget approach, combining secondary, primary and community care

For more information, email england.patientactivation@nhs.net

budgets, and it has taken longer than originally anticipated to finalise contractual arrangements.

By January 2016, the MSK service had resolved their contractual arrangements, and were about to introduce the PAM into the pain management clinic. The intention is that patients complete the PAM in their first clinical appointment; follow-up PAMs will be done at three and six months.

Project 3: Tier 3 Weight Management Service

The Tier 3 Weight Management Service has been commissioned from a not-for-profit organisation since April 2014. It caters for up to 400 patients per year. The service is designed to support patients with a Body Mass Index >40 (or >35 with co-morbidities) to manage their weight. It is provided by a multidisciplinary team including bariatric physicians, psychologists, dieticians and physical trainers, who use cognitive behavioural therapeutic approaches to motivate and support patients. The PAM is used as an outcome measure, initially delivered over the telephone prior to attendance at the clinic. Activation levels will be measured at initial referral to the service and then every six months. Other outcome measures – including weight loss, health-related quality of life, patient satisfaction and bariatric surgery referrals – are also being collected. The Tier 3 Weight Management Service has been using the PAM since March 2015 as an outcome measure. PAM scores will be collected as a measure pre- and post- a 12-week intensive programme and at three month follow up.

By October 2015, over 90 PAMs had been completed, but no data analysis looking at outcomes has been conducted yet.