West London CCG - Integrated Care Hub Model

Overview of site and work

West London are delivering a whole systems approach to supporting patients aged 65 and over through the development of two hubs serving the north and south of the borough. A phased approach aims to support 18,800 patients to be seen by multi-disciplinary teams, developing patient owned care plans to help support patients to support themselves. Patient activation is a fundamental part of this support and the roll out of the PAM tool will be initially based on this phased roll out.

In May 2016, West London commenced using PAM through their team of 35 Health and Social Care Assistants (HSCAs) and Case Managers (CMs). The entire approach to the patient is tailored to their PAM score, with consultation styles, care planning approaches, goal setting and self-care programme referrals based on the patients' activation level.

In practical terms, this means that during the goal setting process, for patients at level one, the focus is on small, short term goals based on something important to the patients rather than their medical condition. People with higher activation levels focus on goals around long-term lifestyle changes and maintaining health behaviours, even in times of stress.

In addition to this, the third sector self-care services within West London have been assigned recommended PAM levels to indicate which patients will benefit most from each service with this supporting the HSCAs and CMs during the referral process within the care planning session. The future plans are to work with the self-care service providers to develop the services, so they will receive referrals with the PAM levels to tailor their services appropriately.

PAM assessments are then repeated at suitable intervals throughout the self-care planning process to assess changes in a patient's activation levels and care will be adjusted accordingly.

'A patient was telling me how happy he was when he knew about this new service and how uplifting to know that there is a whole team of health, social care and voluntary services who will be able to support him if his health deteriorates at some point in the future. He added that the feeling of being supported will keep him healthy physically and psychologically', Health & Social Care Assistant.

'With the PAM, I have been able to work with patients in order to set their goals depending on their motivation levels and also been able to signpost into the

most appropriate services. This enables the patient to feel empowered and take control of their health and wellbeing', Health & Social Care Assistant.

All PAM scores and levels are embedded within the care planning template on the GP IT system. This allows visibility of the scores across primary care and will support embedding PAM as a tailoring tool for all health professionals interacting with the West London population. This will be further supported through the training of GPs and other health professionals so they can tailor their consultation styles and recommendations accordingly.

The 5 year ambition is for patient activation to be a vital sign for all people with long-term conditions (and their carers) with this evolving into;

- a common language in supporting a tailored approach to self-care;
- an outcome measure to aid future commissioning.