
Expert Patients Programme

Community Interest Company



The Expert Patients

Programme

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Why self management and what is an “expert patient”

- Over 66% (c 100bn €) of all health expenditure in England is on people with long term conditions.
- No-one has more expertise in an individual persons condition than that person – they are the “expert patient”.
- But there are skills, knowledge and behaviour changes that can be learned that can assist the individual and improve quality of life.



What is the Expert Patients Programme - EPP

- ↘ The original course content is the Chronic Disease Self Management Programme (CDSMP) that was compiled and evaluated by Prof Kate Lorig and licensed by Stanford University to the English Department of Health in 2002
- ↘ The CDSMP is delivered all over the US, Canada, Australia, Hong Kong and in many other countries and languages worldwide
- ↘ Since 2002 in England a number of further derivatives and delivery methodologies have evolved



What is the Expert Patients Programme?

A series of self-management courses for people living with a long-term health condition that offer a tool kit of fundamental techniques to help participants manage their condition better on a daily basis.



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Complements the skills and expertise of health professionals

The aim of the course is to equip participants with the confidence, skills and motivation to manage their health better, co-work with social and healthcare professionals and take control of their lives.



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What is the Expert Patients Programme Community Interest Company?

The Expert Patients Programme pilot was launched by the NHS in 2002.

Following the success of pilot, EPP was Established as a Community Interest Company on 1st April 2007

Over 5,000 courses have been delivered to date to over 70,000 participants.



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What is EPP and who are EPP CIC

- EPP is Expert Patients Programme which had Stanford CDSMC at its centre
- EPP CIC (from April 2007) is now the social enterprise company who have the job to expand thisand much more.



EPP CIC Vision

To establish the principle of individual self-management as a recognised public health measure, delivered in a cost effective, sustainable way.

The aim of self-management is to improve an individual's quality of life.



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Public policy context – Prime Minister Brown – 7th Jan 2008

“....It will not be the NHS of the passive patient - the NHS of the future will be one of patient power, patients engaged and taking greater control over their own health and their healthcare too.....) ”

“.....managing their own conditions;
taking advantage of support offered by GPs and nurses in the home or on the high-street;
exercising more control over their lives and care;
becoming more focused on what they eat and whether they participate in sports and exercise....more conscious of their own choices, and encouraged and better supported in making them.
And as more of us live longer we need to put support in place to help us all stay active into old age, and thus to stay healthy - adding life to years...not just years to life.....”



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Darzi – Next Stage Review and public health direction

- Focus on wellbeing
- Links clinical and psychological therapies
- Centred around patients (patient engagement)
- Self care everywhere
- Greater emphasis on local commissioning



What is self management training

- ✚ Typically, a six/seven module group intervention (course module)
- ✚ Delivered weekly in community venues
- ✚ Each module 2.5 or 3.5 hrs
- ✚ 10 – 15 participants, lay tutors
- ✚ Courses for health professional and young people use different formats



Course participants learn how to:

- Set goals, problem solve and make action plans
- Build their confidence
- Identify shared experiences with others
- Develop their communication skills
- Manage their emotions and daily activities
- Manage relationships with family, friends, work colleagues, care teams and health care professionals
- Find health resources
- Understand the importance of exercise and healthy eating
- Manage fatigue, sleep, pain, anger and depression.



EPPCIC structure

- ↘ 130 staff, 5 regions
- ↘ Most of 130 UK PCT's are "customers" to some extent
- ↘ We deliver 600 courses pa ourselves
- ↘ We assist delivery of c. 2000 courses pa
- ↘ Assistance given
 - Tutor training, supervision and assessment
 - New courses to meet specific needs
 - Materials updates, newsletters and professional development



Market leaders in developing specific new programmes

EPP CIC can design:

Courses, Bespoke sessions and Workshops

We are experienced in working with hard-to-reach communities and staff are trained to deliver courses in over nine languages.



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Lay leadership and patient engagement

- Tutors normally not health professional
- Recruited from participants
- Peer representatives (as is EPP!)
- Trained by EPP trainers
- Course designed to be lay delivered
- Can progress further
- Capacity at community level and a new form of work



What is new

- Focus is now on competency of lay tutor
- Competencies are based on framework for all health trainers and other staff throughout the health service
- Developed in consultation with lay tutors, commissioners, academics and accrediting bodies.



Some of the courses now available are:

- Carers courses: Looking after me and Supporting parents
- WISE UP which explains the EPP for social care and health professionals
- Forward steps
- Persistent pain
- New beginnings
- Support for people in recovery from substance and alcohol
- Positive self management
- Young peoples workshops
- and several disease specific products



Other self management applications

- Reduced time off work and health consultations
- Retention of experienced staff with long-term health conditions
- Increased energy and self confidence
- Reduced pain, tiredness, depression and isolation



Optimises opportunities for employment

Helps people to come off benefits and back into paid employment.

Skills learned often help participants become more effective in the workplace.



DH Internal Monitoring

– Key Findings 1

- ↘ 16% fewer admissions to A&E departments
- ↘ 9% fewer visits to GPs and outpatients
- ↘ 10% increase in taking medicines as prescribed
- ↘ 15% increase in visits to pharmacists
- ↘ 6% increase in number of people using health information
- ↘ 33% increase in number of people feeling better prepared for consultations with health care professionals



DH Internal Monitoring

– Key Findings 2

- ↘ 30% of people showed significant reduction in feeling of **depression and ‘lacking in energy’**
- ↘ Felt intensity of **pain, breathlessness, tiredness and depression** was less for 38% of people
- ↘ Increase in **confidence** levels for 45% of people that they would not let pain, breathlessness, tiredness or depression interfere with their lives
- ↘ 17% reduction in number of **days off work**



On-going Research

National Centre for Primary Care Research and Development with Universities of York and Manchester : Evaluating the EPP.

- Randomised controlled trial. A major study looking at processes, clinical & cost-effectiveness, and will have an embedded qualitative study of the EPP.
- A sample size of 700 people from across the country have been involved. The results published in early 2007. This study is comparable with the largest studies developed at Stanford and will contribute to international debate.



Evaluation

- ↘ Our traditional numbers are supported in respect of impact upon the individual.
- ↘ Our traditional numbers are questioned in respect of impact on health services utilisation



Criteria for effectiveness

↙ Outcomes:

- Health status
- Disease process
- Health care use, scheduled + unscheduled
- Mortality
- Cost effectiveness



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Overall findings – lay led interventions 2006

- ✚ 17 RCTs, mostly short term, mostly USA
- ✚ Arthritis (7), generic (5), back pain (2), HIV, asthma, diabetes (1 each)
- ✚ Confidence improved (8/10)
- ✚ Behaviour altered (8/10)
- ✚ Inconsistent effect on symptoms (5/13)
- ✚ Inconsistent effect on psychological status (4/8)
- ✚ No effect on objective health status (0/4)
- ✚ No effect on disease process (0/1)
- ✚ Inconsistent effect on health care use (3/11 lower)



More recent analysis of the NAPC RCT - cost effectiveness

- ✦ The EPP in England shown to have 94% probability of being cost effective based on costs of approx £250/300 per participant based on improved QoL



More recent analysis of the NAPC RCT - disease progression

The present results suggest that the Expert Patients Programme may have a protective effect on health-related quality of life for patients with poor health or low confidence. The course can help such patients to resist a deterioration in their health-related quality of life that would otherwise have occurred.



More recent analysis cont...

This study replicates previous findings that the patients' underlying conditions do not predict any difference in outcomes of the self management intervention.

This result strengthens the argument that self-care support can be provided on a generic basis, which may be easier and more efficient to provide.



Question

- If patient confidence and well being is improved, how can this be translated into behaviour change in respect of health service utilisation and personal management of condition?



Answer

Greater focus on

- Bio-medical
- Challenging erroneous beliefs
- Quality of delivery

The practical application of CBT techniques to management of condition as well as lifestyle.



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Answer

Greater focus on

- Engagement and understanding of clinicians and health professionals

Not just a course but service redesign to address inflexibilities in care pathways



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So EPP's actions

- Course redesign to address in more practical ways bio-medical, belief systems and clinicians expertise
- Focus on quality of delivery – change from process to output
- What are the key skills a lay tutor must have to deliver successfully?



Summary

- Self Management is the means by which people can develop confidence and skills to take control of the daily management of their health condition.
- The aim is to attain the greatest possible quality of life by **working with healthcare professionals and** to make the best use of all available resources including the patients own.



What participants say about EPP:

“I feel less isolated. It’s been great to be part of a group where everyone understands.”

“Makes you feel that you CAN do it”

“My life has taken a turn for the better since the Expert Patients Programme”

“I have learnt a lot from this course especially about exercise, action planning and better breathing”



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Find out more:

Visit our website

www.expertpatients.co.uk

or

Give us a call on

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