

Supported Self Management in MSK

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NHS England and NHS Improvement

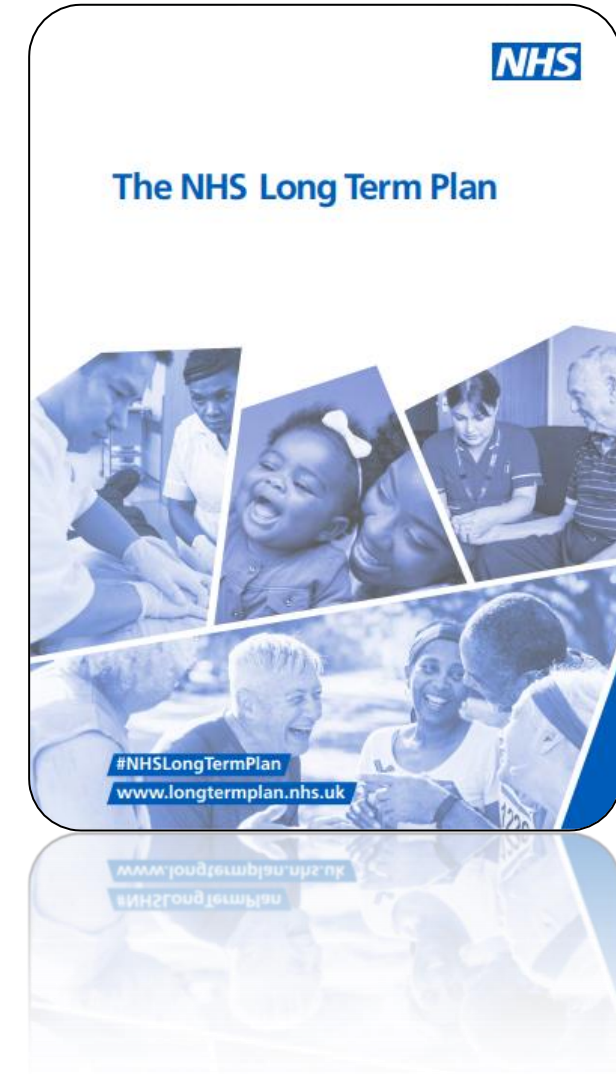
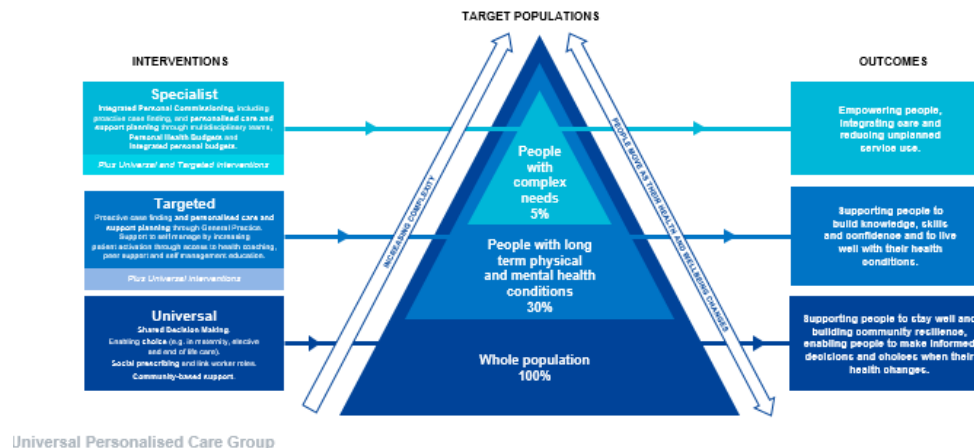


- Supported self-management is part of the [NHS Long Term Plan's](#) commitment to make personalised care the norm.
- We use the term 'supported self-management' to mean the ways that health and care services encourage, support and empower people to manage their ongoing physical and mental health conditions themselves.

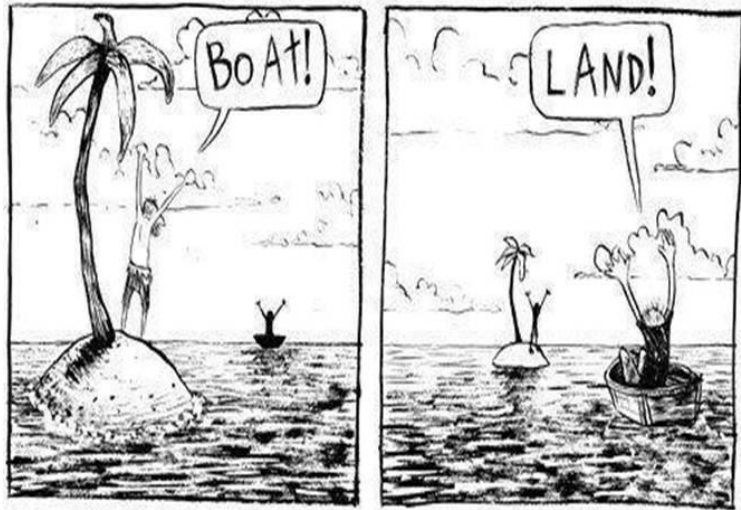
What is Personalised Care?

Simply, it means enabling **people to have choice and control** over the way their care is planned and delivered, based on **‘what matters’** to them and their individual strengths, needs and preferences.

Comprehensive Model for
Personalised Care
All age, whole population approach to Personalised Care



What informed patients want and what clinicians think they want are different



Information from the [eg NHS England GP Patient Survey](#) dated 2019

Nearly 40% of people weren't as involved as they wanted to be in decisions

59% felt they didn't have enough support to manage their condition

60% felt that they didn't adequately discuss what was important to them to manage their condition

40% didn't feel they had a fully agreed plan to manage their condition

GP survey 28: **'were you as involved as you wanted to be in decisions?'**

'Yes, definitely= 60.5% (2018=60.9%)

GP survey 38: **'have you had enough support to help you manage your conditions?'**

'Yes, definitely= 41.8% (2018=43.2%)

GP survey 40: **'did you discuss what was important to you to help manage your conditions?'**

'Yes, definitely= 39.5% (2018=39.6%)

GP survey 41: **'have you agreed a plan to manage your conditions?'**

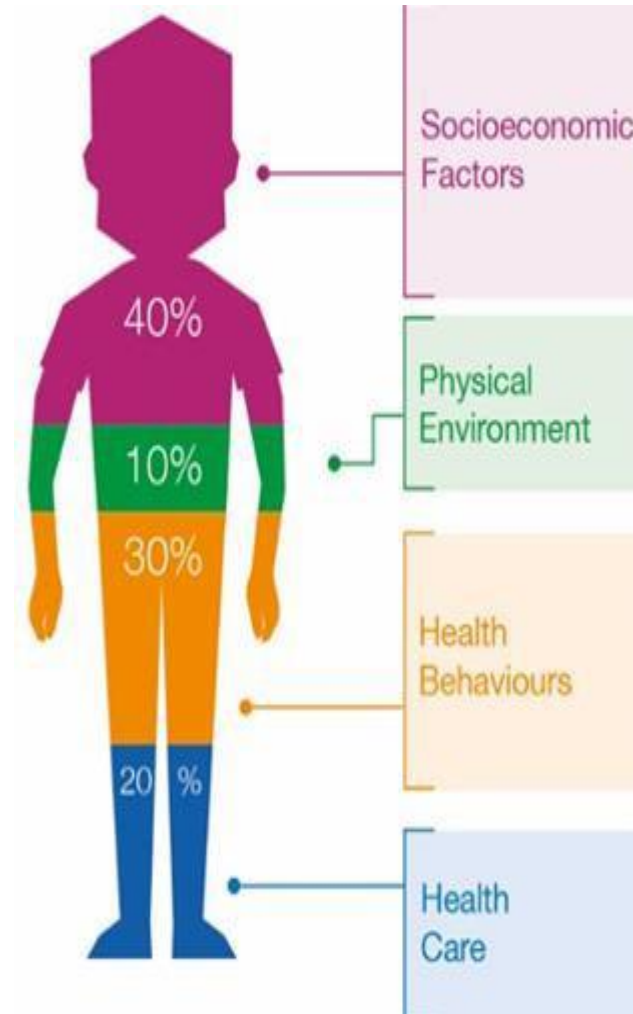
'Yes, definitely= 60.3% (2018=60.4%)



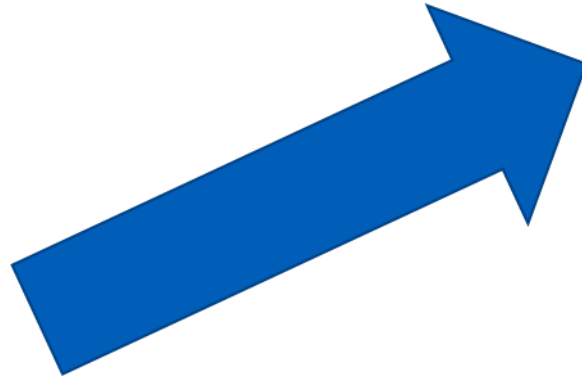


Drivers for change

Impact on health outcomes



Behaviour change





New information

Perception/appraisal

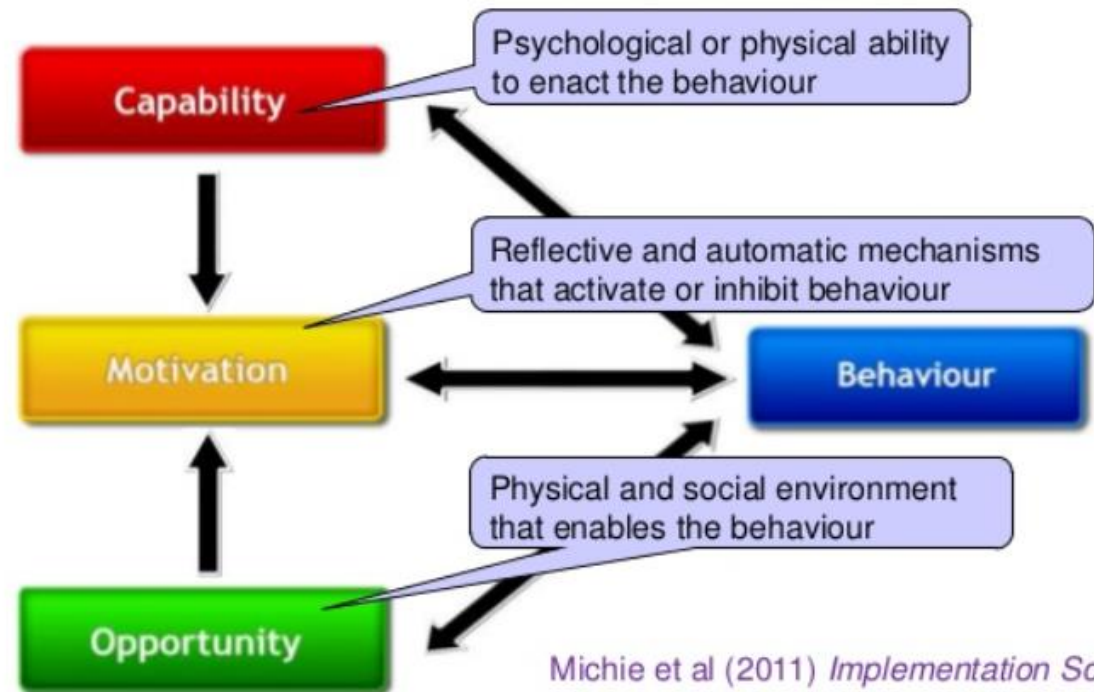
Deliberation

Intentionality

Behaviour change

Habit

The COM-B system: Behaviour occurs as an interaction between three necessary conditions



Michie et al (2011) *Implementation Science*

Slide courtesy of Dr. Susan Michie



Trusting relationships
are key

Making the shift

- change our own behaviour
- change our relationship

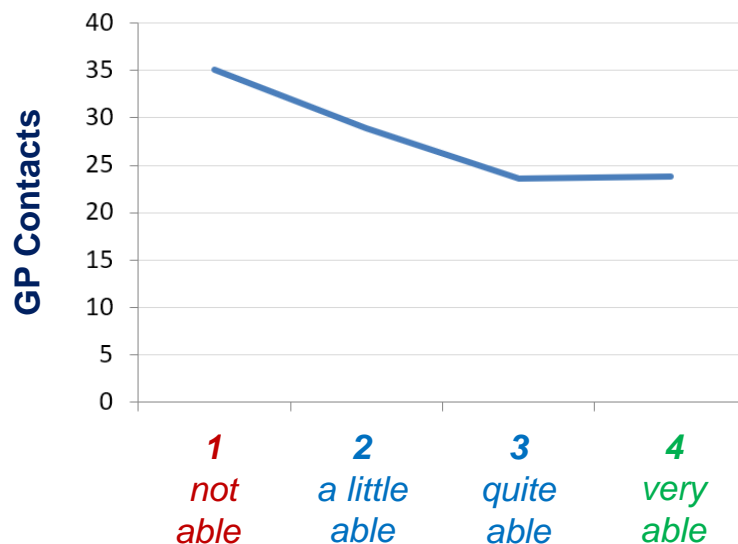


A scenic landscape photograph showing a narrow, light-colored dirt road that winds through a dense forest. The trees are covered in vibrant red autumn foliage, creating a rich, textured background. The road curves from the lower center towards the upper left, disappearing into the distance. The overall tone is warm and natural.

**It's more important to know
what sort of person has a
disease than to know what sort
of disease a person has.**

Hippocrates

Improving health confidence is key to improving population health



Patients **not able** to manage their own health and wellbeing see their GP **10** more times a year – a **40% difference**, but when confidence improves, then it's only a matter of time before physical health improves and GP contacts fall

Q1:

How would you rate your ability managing your own health and wellbeing?

You can capture this using the following Snomed code:
Patient Activation Measure Level
962851000000103

Q2:

What one thing do you need to help you improve your health and wellbeing?

The Power of Patient Activation

The **Patient Activation Measure (PAM)** measures a person's **knowledge, skills and confidence** in managing their own health and wellbeing



Increasing a patient's activation leads to **improved health** and **reduced health utilisation**

GP appointments	18%	↓
Other PC appointments	18%	↓
A&E attendances	32%	↓
A&E admissions	38%	↓
Elective admissions	20%	↓
Outpatient appointments	19%	↓
Length of stay	41%	↓
GP appointment DNA	23%	↓
Outpatient DNA	28%	↓

Reduction if a patient's activation rises from 1 to 4

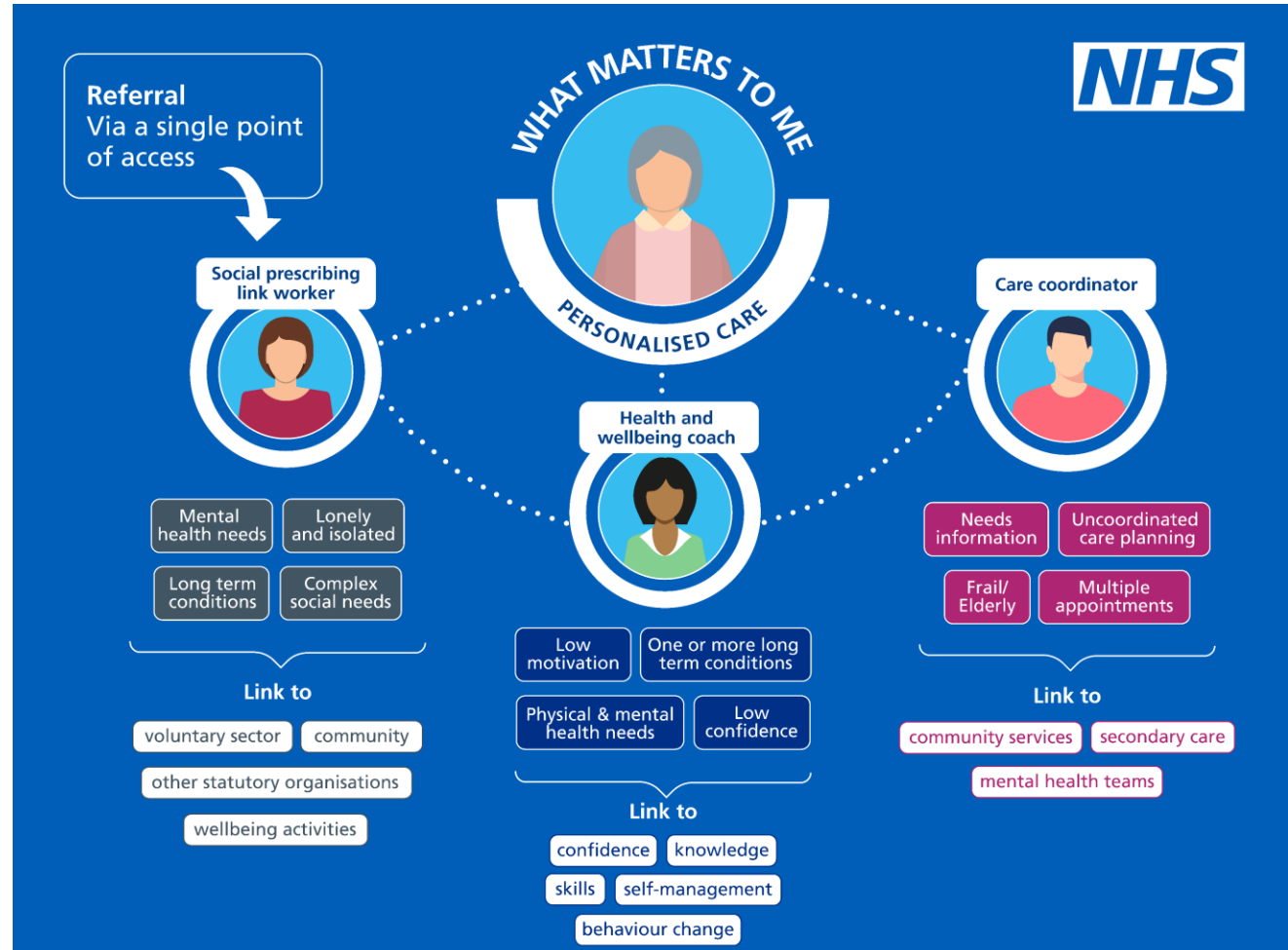
= **£1670** per patient per year

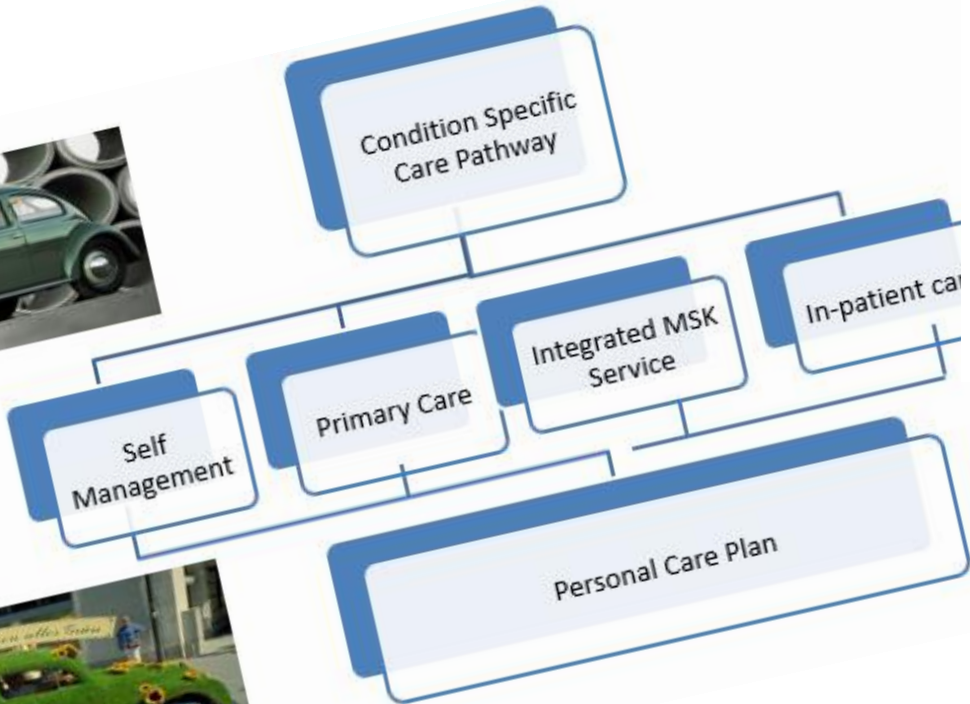
Have not counted the benefit to...

- Mental health services
- Community services
- Ambulatory service
- Local Authority
- Voluntary & charity sector
- Private sector

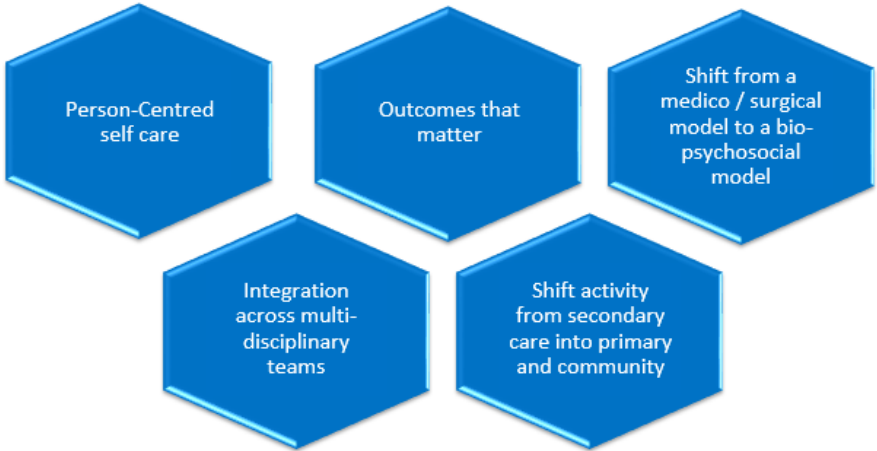
Nor the value of better health to the patient

Three additional personalised care roles in Primary Care Networks





Core aims of the service model



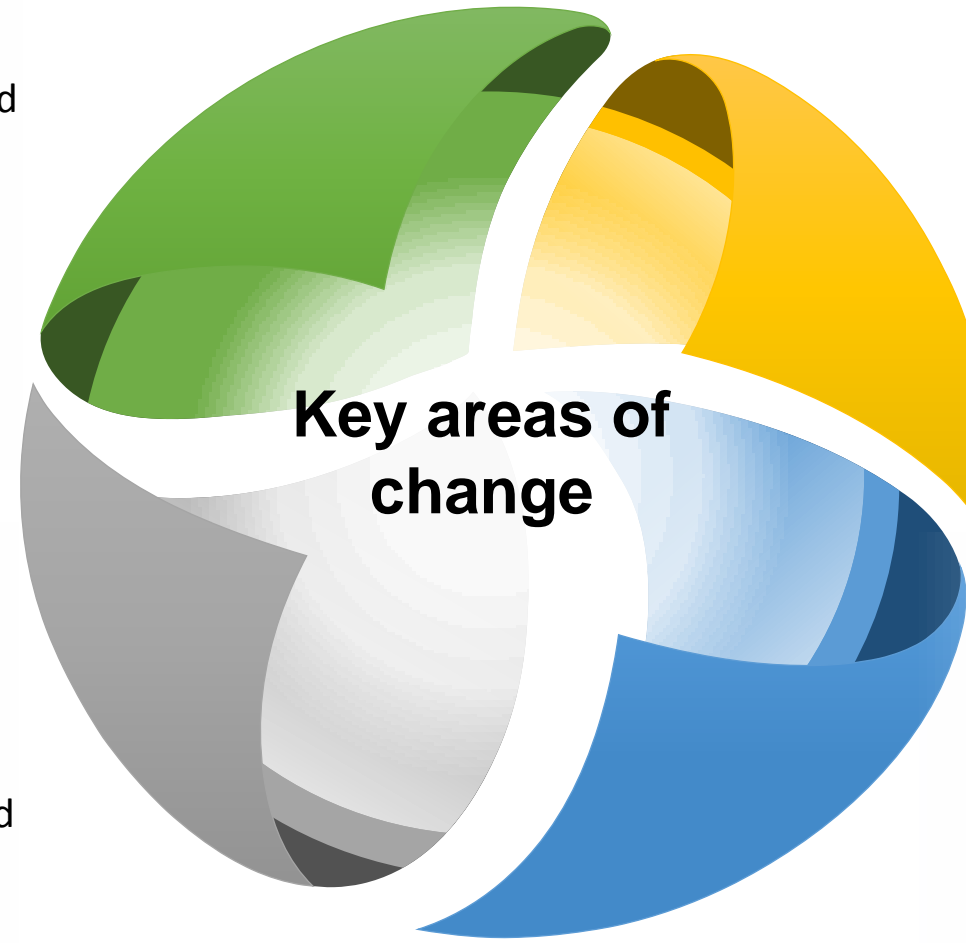
What we did between 2016-2019...

Trained teams

- Training in behaviour change, Motivational Interviewing and Shared Decision Making
- Creation of Clinical champions
- Mixed learning methods, including time for reflective practice
- Patient partners supporting training

Commissioned services

- Social prescribing link workers embedded in pathway
- Direct access to IAPT LTC pathways
- Access to health trainers, weight management services and subsidised gym membership
- VCSE support to remain in work
- Access to self-management education programmes



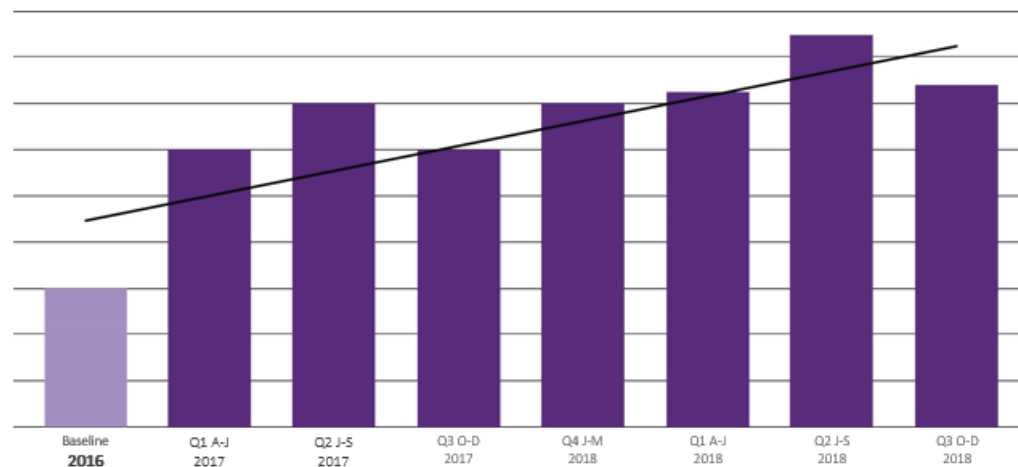
Prepared and empowered patients

- Health literate decision support tools (information on harms and benefits)
- Quality health and wellbeing guidance
- AQUA Ask 3 Questions leaflet
- Patient oriented outcome letter

Supportive system and processes

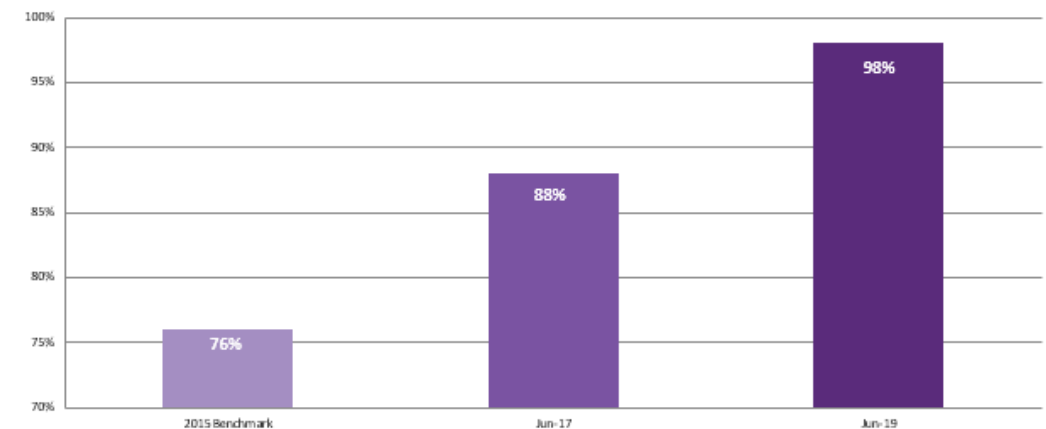
- Leadership model –Patient Director
 - Self-management Lead
 - Patient centered electronic record
- Easy access to signposting tools
 - Measurement/ outcomes

Improvement in Patient Experience



Source: NHS Digital

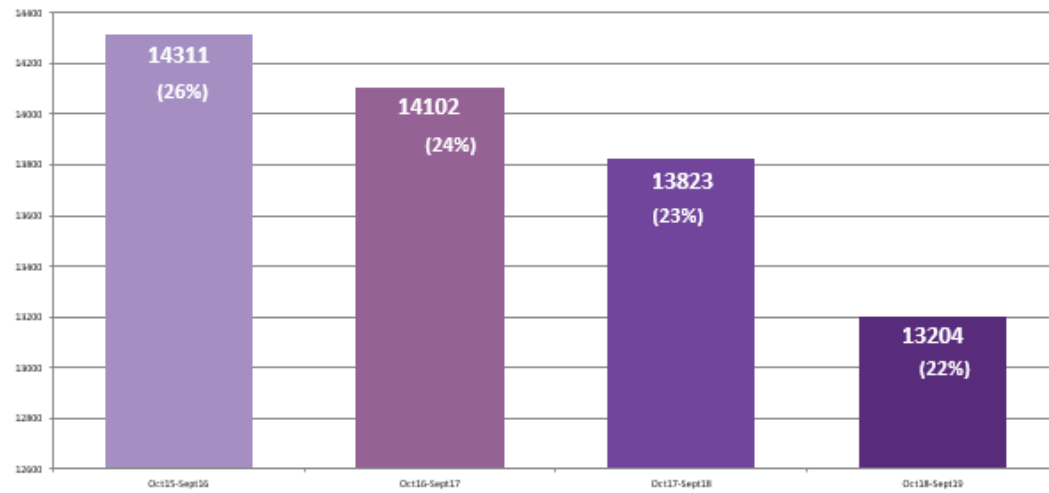
Patient involvement in decision making



Source: validate measure, internally collected

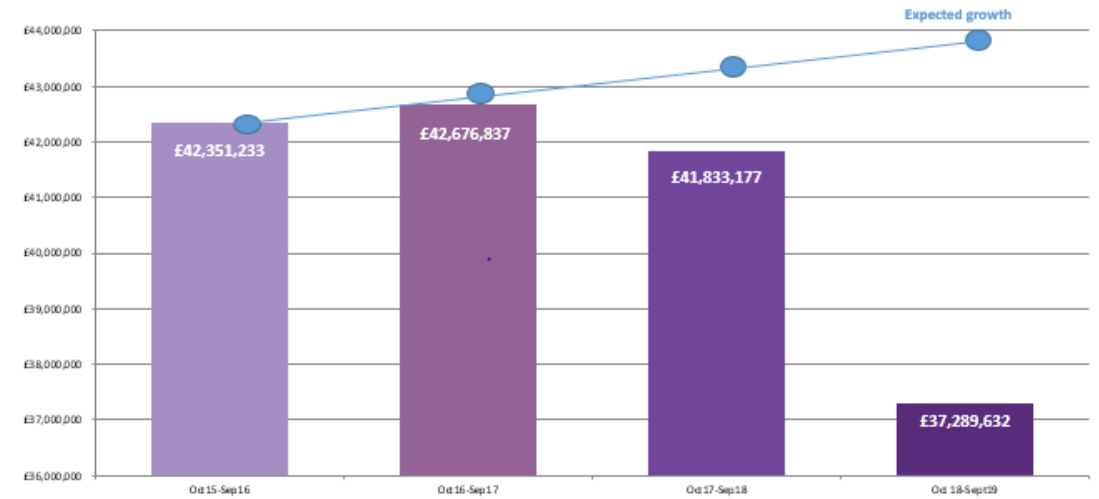
Sure Score
Patient Experience measure of SDM

Reduction in Referrals to Secondary Care (% of total referrals)



Source: Internal Data

Reduction in Secondary Care Spend (£8.3m in 3 years)



Source: Validated PbR aSUS Data

Next steps: Supported self-management workstream

Best MSK Health Programme NHSE/I



Co-produce guidance for quality self management support for people living with MSK long term conditions



Gather case studies / evidence



Produce tool kits to support implementation



Develop a community of practice