

With the NHS no longer holding a national licence for the range of self-management programmes that formed The NHS Expert Patients Programme (NHS EPP), this discussion paper looks at why these programmes are as relevant today as they were when first launched over 15 years ago.

The NHS EPP was launched in 2002 and was arguably one of the largest peer led programmes in any health care system to date with over 100,000 patients having experienced the programme by 2012. The result of a forward thinking white paper by the UK Government “Saving Lives Our Healthier Nation” it put forward the concept of the Expert Patient and that people can be equal partners in their own care *if* they have the confidence, knowledge and skills.

The NHS EPP was a way to provide people with those skills.

So, what is Self-Management?

NHS England (2018) defines self-management as a term used to include all the actions taken by people to recognise, treat and manage their own health. They may do this independently or in partnership with the healthcare system.

Over the past 20 years there has been a growing recognition across the UK and also countries such as Denmark, Switzerland and Germany of the benefits of helping people living with long term conditions to increase their capacity to effectively self-manage whilst some other European countries have been slower to see the benefits of these approaches and to adopt them.

A spectrum of self-management support is now available to people living in the UK. One of the most popular forms of support has been group based self-management education, which includes any form of formal education or training for people with long-term conditions that focuses on helping people to develop the knowledge skills and confidence they need to manage their own health care effectively (Realising the Value, 2016).

The use of interventions developed by Professor Kate Lorig and colleagues at Stanford University provided the cornerstone of the NHS EPP and has a long tradition of utilisation across the UK among agencies within the NHS, public and not-for-profit sector (Health Foundation, 2011).

Why is Self-Management still relevant today?

There are over 15 million people living with one or more long-term conditions in England. People living with long-term conditions account for around 70% of overall health care spending and are disproportionately higher users of health care services (King's Fund, 2013). The average cost per year of someone with a long-term condition is around £1,000, which rises to £3,000 for someone with two conditions and to £8,000 for people with three or more conditions (QIPP, 2013). Rather than people having a single condition, multimorbidity is becoming the norm. The number of people with three or more long term conditions is set to increase from 1.9 million to 2.9 million by 2018 (NHS England, 2018). It has been estimated that the NHS in England could realise savings of at least £4.4 billion a year if it adopted innovations that involve patients, their families and the wider community in the management of long term conditions (NESTA, 2013).

It has been long recognised that to cope with rising demand, health services will need to ensure that people living with long term conditions are fully engaged with the management of their own health and wellbeing; and public services will need to be configured in a way in which people and professionals work in partnership to make the most effective use of resources available (Wanless, 2002).

Policy makers across the UK have concluded that current models of care for dealing with long term conditions are not sustainable. NHS England (2018) believes that the barriers to high quality care for people with long term conditions have been identified by a wide range of reports and reviews, and can best be summed up as failure to provide integrated care around the person.

Self-Management as part of an Integrated Care Solution

In order to design integrated care systems NHS England has consulted widely and people told them that they wanted ‘person-centred, coordinated care which results in *‘my care being planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and deliver services to achieve my best outcomes.’* (NHS England, 2018).

The House of Care model is one framework for developing this goal of person centred co-ordinated care <https://www.england.nhs.uk/ourwork/ltc-op-eolc/ltc-eolc/house-of-care/>



The House of Care relies on four key interdependent components, all of which must be present for the goal of person-centred coordinated care to be realised:

1. **Commissioning** – which is not simply procurement but a system improvement process, the outcomes of each cycle informing the next one
2. **Engaged, informed individuals and carers** – enabling individuals to self-manage and know how to access the services they need when and where they need them
3. **Organisational and clinical processes** – structured around the needs of patients and carers using the best evidence available, co-designed with service users where possible
4. **Health and care professionals working in partnership** – listening, supporting, and collaborating for continuity of care.

Self-management education is key to enabling **engaged, informed individuals and carers**. The range of programmes offered by the Self-Management Resource Centre

(previously Stanford University) are well placed to provide enabling self-management education, especially within health care systems where the concept of lay leaders delivering health education is currently not recognised. In addition, programmes may be delivered by health care professionals in partnership with patients.

Talking Health Taking Action supports providers across the UK to deliver SMRC (previously Stanford University) interventions as a means to help build the left-hand wall of the House of Care. SMRC programmes are some of the most widely recognised and evaluated models as a result of Kate Lorig's 38 years of research and programme development and have a very strong evidence base from numerous Randomised Controlled Trials

<https://www.selfmanagementresource.com/resources/bibliography>

In summary outcomes can be categorised as:

Mental and physical health and wellbeing - shown to increase people's self-efficacy (confidence) to manage their health and care, improve health outcomes such as depression, Hba1c, increase activity and maintain healthy weight.

Health care system and health insurers - impact on how people use health and care services – and in particular can lead to reduced demand on services, particularly primary care and emergency room.

Wider social outcomes - lead to a wide range of social outcomes, from improving employment to increasing volunteering. They can also can potentially contribute to reducing health inequalities for individuals and communities.

To find out more?

Talking Health Taking Action is a not for profit organisation <http://www.talkinghealth.org/> which operates as SMRC's agents in the UK providing that provides practical advice and support to organisation across the UK and Europe that are delivering, or wish to deliver, structured self-management support using Self-Management Resource Centre (previous Stanford University) interventions. <https://www.selfmanagementresource.com/>