

The Coaching Service

An introduction

In South Tyneside, approximately 23% of our residents are living with a Long Term Condition (LTC) that severely impacts on their quality of life. In particular, we have 5376 (QOF Register) people living with COPD. The demand on services, particularly unplanned care, is high in this group and we have some of the highest numbers in the country of preventable deaths related to COPD. Research suggests that psychosocial interventions to improve self-care while living with a LTC can improve the patient's health and wellbeing outcomes as well as ultimately reducing the demand on services. We know that patients with COPD often have exacerbations of their disease resulting in emergency care situations, although in many cases, this could be prevented by encouraging a change in the self-care routine and improving health literacy around the condition.

The Approach

We aim to shift the bio-medical approach to COPD care towards a bio-psycho-social approach. Since starting in one medical practice in December 2016, we are now working with 142 patients, supporting them to access community assets, improve their health and wellbeing and to make healthier lifestyle choices.

The Intervention

Working in one GP practice we are implementing an integrated model of care for people with LTCs that increases their knowledge, skills and confidence to effectively self-care and reduce cost to the system. We have worked with the practice to remodel their COPD pathway so that having a psychosocial conversation becomes a normal part of care with equal esteem as the biomedical elements. We have introduced the Patient Activation Measure (PAM), provided some training and support to practice staff on self-care, provided a Coaching Team to support patients with lower activation levels and connected with community assets.

The Results

PAM is used to identify patient needs for intervention and to measure success, with an increase in PAM linked to a decrease in healthcare costs. The chart overleaf shows how PAM scores are changing with support from our service. Early data shows that on average patients with lower activation scores (Levels 1 and 2) who have engaged in the service have increased their activation (increase on second PAM score). Initial investigations suggest that those who engage in the service show a 34% decrease in GP consultation time in the 8 weeks post-intervention compared with the 8 weeks pre-service.

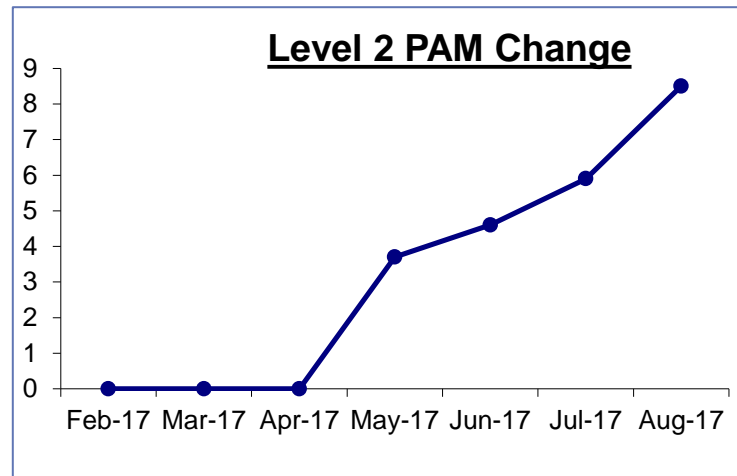
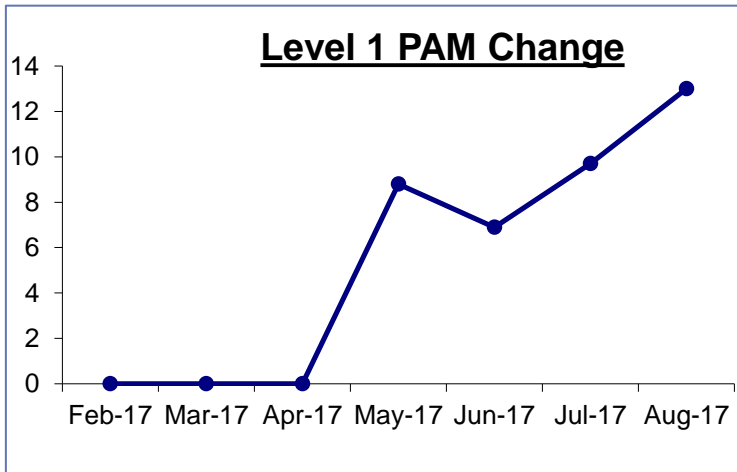
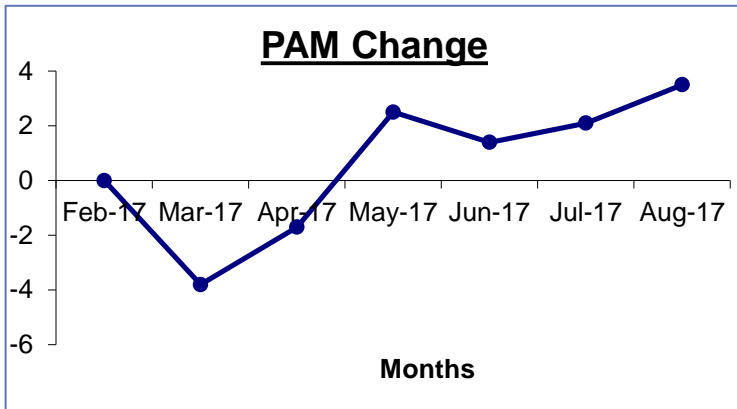
Mutual Aid Group



Since March 2017 we've been gathering momentum, with 15 regular attendees and interest from neighbours, family and friends. The group chooses to discuss various lifestyle related topics, from healthy eating and holidays to alcohol and exercise.

"GOOD BANTER"
"FRIENDLY
ATMOSPHERE"

"KNOWING
YOU'RE NOT THE
ONLY ONE"



Next Steps

We are expanding the intervention into another practice to test it in another context. The aim is that Primary Care in the medium-/long-term will see a reduction in the number of unplanned visits for LTC-related problems. Secondary Care will see fewer unplanned emergency care situations for patients who access and engage with the project. These data will be captured as we expand.

The People

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The Background

“Amy” came to see us after her Annual review with an initial PAM score of 55.6 (Level2). Amy was overwhelmed: the house was damp, exacerbating her chest issues; family situation was delicate, with children in care and access difficult; and despite previous attempts to quit smoking, Amy was still having around 25-40 cigarettes per day. Our first challenge was to build a trusting relationship with Amy which led to revelations surrounding historic abuse and issues with their current partner which had resulted in low self-esteem.

The Support

Amy decided to address her housing issues first as these were having the biggest impact, increasing the desire to smoke and preventing the children from having overnight visits. We supported her to contact the council and address any issues re housing. From this came the realization that the children couldn’t stay due to a lack of beds in the property. With short-term work only, money was tight so we signposted Amy to the Greggs’ Foundation, who were able to offer a grant for the purchase of beds for the children. With these issues resolved, the family could reunite and this boosted Amy’s confidence. We signposted to therapy services to support Amy in addressing the historic sexual abuse she had disclosed. Our Link Worker spent some 1-1 time with A to build self-esteem and confidence to attend these sessions. They also incorporated attendance at our Mutual Aid group and as Amy’s confidence grew, attendance at the local stop smoking service was encouraged.

The Achievements

Following 1-1 support, Amy attends therapy sessions with a trained counsellor. The housing situations are resolved and the children are regular visitors. Amy has started supporting the facilitator at Mutual aid every week. Amy accessed local stop smoking services and is now smoke-free.

“a completely different person...much more confident”

In June, Amy’s PAM score dropped to 45.3 (Level 1) and this fits with addressing some of the more difficult and sensitive issues. The most recent PAM was 72.5 (Level 4) – an increase from March of 16.9 points.