talking health NEWS

Talking Health Network Get a Life Not a Label

Autumn 2014 – Issue No 11

Dear Network Member

Welcome to our autumn newsletter. What a summer it has been - hopefully you are all getting an opportunity to enjoy the unexpected long spells of sunshine. As usual we begin with our ***Chief Executive, Catherine Cross*** reflecting upon the current challenges and opportunities for self-management advocates.

Making a difference across the health economy and getting our messages heard.

Over the summer we have been busy making the case for self-management at a couple of high profile events. In June we attended the first meeting of the Coalition for Collaborative care (see below for Jean's summary of that meeting) and earlier this month we were invited to attend the *Inquiry into Patient Centred Care in the 21st Century – Call for Evidence;* to discuss the future shape of patient care in the NHS. The Inquiry has been established by the Royal College of General Practitioners (RCGP) but it is independent. It is led by the chair, Mike Farrar, and a panel of experts drawn from a range of different perspectives within the healthcare system, including both patients and professionals.

The overall objective of the Inquiry is to identify cost effective solutions to the medical, social and financial challenges posed by rising levels of multi-morbidity within society, with a specific focus on general practice in the context of the broader range of primary, community and social care services. The primary aims of the Inquiry are to explore:

1. How models of NHS care need to change to deliver better patient outcomes, as cost effectively as possible, for the growing number of people living with multiple long-term conditions

2. What this means for the way in which NHS resources are deployed across health economies in a financially constrained environment
3. How can the role of general practice best be developed to support the new models of care required and what policy levers and financial mechanisms should be put in place to deliver these at the scale and pace needed

As we have been working with a number of health organisations over the past year we were able to comment on the many models of care we have seen across the system; with only very few evidencing that they do indeed deliver better patient outcomes. The invitation to participate in the Inquiry provided us with an opportunity to share some of our observations about the common themes that we have seen emerging, namely:

- These models are not embedded and systematised - because the systems and processes are not there, or being changed to support them
- They are not measured in a consistent manner
- The costs of delivery are not taken into account
- They engage a tiny proportion of the 17 million people across the UK living with a long term condition/s - so there is no real business case

Our main point was that we believe that it will require large scale transformational change within the system of care to drive better patient outcomes. There is a way of doing that, and although it's being talked about, I am not sure anyone is really doing it.

In addition I think we are all aware that significant sums of money are currently being spent on activities that are not commissioned, measured or managed on the basis of the **value they deliver**, not to mention the money that is being spent on telling people who work in the system 'what' needs to happen with little or nothing on the **'how'.** As expected this was a theme present within the meeting.

We highlighted the ways in which we believe the models of care need to change:

- Be realistic about the appetite for change, as people are not altruistic and have organisational drivers which can be barriers to change and these must be tackled head on and in a way that people, or organisations feel they are not 'losing out'
- Talking about the money should be the starting point and not an afterthought when expectations and plans have been created, damning them to failure

- Patient interactions, pathways and ways of working must be simplified. The system is geared to create complexity and in some cases to create or safeguard jobs and reputations
- Mechanisms must be created to encourage, and then drive ownership of change, be they performance or financial. Leaders must lead and most importantly, a safe environment must be created to allow them to take the difficult decisions without the threat of a political or regulatory witch hunt
- The change must be driven from the operational areas because these are the people who work with patients.

We also made the point that demand must be better understood, and that an effort should be made to investigate how it can be effectively managed. We know that effective self-management can help reduce demand on services across a number of areas as well as improving the quality of life of a person living with a long term condition. This is a point that we will continue to make. Talking Health has developed an approach to measure the numbers of people involved in self-management interventions and the impact that those interventions have on the health economy as we know there is a gaping hole here. Having this sort of cost benefit evidence in the current climate will be essential to help commissioners make informed decisions about where to target resource. This is discussed in greater detail later in the newsletter.

Looking at managing down demand, rather than how we respond to it, shifts the debate 90 degrees. In our experience people living with long term conditions would rather not use services and certainly not use them in an unplanned way. However, we need mechanisms and support to keep them from using them, very often from outside of the health system.

In our written submission to the Inquiry we emphasised that people living with multiple long term conditions know at first hand how challenging it is to navigate through health and social care to get the support they need when they need it. Simplification is desperately needed; however the design of new ways of working must first drive towards an objective e.g. patient centred care. Everyone must understand what that really means (if you have 10 people in a room there will be 10 different definitions and 20 different levels of understanding!). There must then be a principle that structural and budgetary boundaries are, in the first instance, ignored because they will be an obstacle to change, rather than a constraint to the time and effort involved in the change.

Only if the above is achieved can we realistically assess if there are enough resources to deal with demand and how those resources can be best used. However, we believe there is nothing currently available which outlines how to do this in a systematic way or which demonstrates how it

can be embedded as a way of working in the health system. That is why we have developed our approach.

I am not too sure that the points we made were fully understood or well received; there were one or two nodding heads. However, we can report that our contribution was certainly a departure from the usual conversations about 'educating clinicians' and 'putting patients at the centre'. The patient representatives in the room made the point that these things had been said for the last 25 years and nothing had changed!

Our plan is to continue to be very vocal in this space - we have to find a way of moving to action. Time has run out for the NHS, everyone knows it, but the inertia which has been frustrating us all for years still remains. Time for revolution?

Coalition for Collaborative Care (C4CC) – Action for Long Term Conditions

Talking Health Director, Jean Thompson, MBE reflects upon her experience of the day

In June, Talking Health was invited to attend an event hosted by the Coalition for Collaborative Care at Mary Ward House in London. Over fifty organisations were represented and every table included at least one person with lived experience of long-term condition/s.

The Coalition for Collaborative Care (C4CC) is a group of individuals and organisations across the health, social care and voluntary sectors who want to make person-centred, co-ordinated care a reality for people living with long-term conditions. That means improving the relationship that people have in their day-to-day interaction with the NHS and social care, so that their care and support is organised around what matters to them. The aim of the day was to share progress across the country about making person-centred co-ordinated care a reality, and for the C4CC to describe their plans to support and enable such work to continue and grow.

It was good to see other colleagues from TH Network present, with Kerry Hallam and Lynne Craven having separately made the journey to London along with myself and Catherine Cross.

The C4CC stated their commitment to making change happen on the ground by providing the advice and expertise needed for local communities to develop their own House of Care to help people with long-term conditions get the support and care they need.

Attendees living with a long term condition had been invited to participate in a pre-event phone call during which we were offered questions for discussion. Questions from me and Lynne were accepted and we hosted our tables in conjunction with a health professional. The discussions were as follows:

How can you support professional staff in changing the conversation to be more about co-production/self-management?

Suggestions made:

- Involve local people in service redesign, using proven participatory methods such as asset based community development, world café, open space – etc. Have local people and patients etc tell clinicians how they would like to be treated (literally and figuratively) inside the consultation and outside of the consultation
- Empower, inform and activate patients so that they can get more from their conversation, helping them to prepare, reduce their anxiety, be more assertive, ask questions, and get the kind of consultation, information and support they want (and need)
- Help busy clinicians realise that person centred conversations do not have to take longer, and rapidly get to what concerns the other person, which can leave both parties more satisfied with the consultation. This may require some experiential learning, to help clinicians 'get it'.
- And, of course, provide flexible, accessible training using a mixture or blend of learning methods, to helps clinicians ask more open questions, use shared decision making and decisional support tools, manifest empathy with reflections and summaries, etc
- Drawing on Peckham Principles – we need to 'create the right conditions for these conversations to emerge'.

How could you better support people at different stages of their self-management journey?

Suggestions made:

- We need to recognise where people are:
    - See-Saw analogy: clinician and person in balance
    - Asking questions with genuine curiosity
    - Linking to real life.

- Through driving cultural change:
    - Experiential approach – not just training
    - Clinical leadership and skills

- Patient voice central
- Clarity about roles: clinician and patient – these may change (see-saw analogy)
- Everyone is self-caring. Everyone with a long-term condition(s) is self-managing. Support people to take on this role.

- Peer Support
  - Let people know their options - offer support
  - Normalise the experience, while recognising individual
  - Support people to 'drive the bus' for them and others
  - Encourage people to take control and problem solve with them
  - Affirm what people have been/are doing
  - Challenge in a supportive, 'high rapport' way.

You can access slides from the day on the C4CC website:
http://coalitionforcollaborativecare.org.uk/news/stakeholder-summit/

For further information visit the web site on www.coalitionforcollaborativecare.org.uk

The feedback I gave following my participation in the event was that there seemed to be something missing in the rhetoric and in the report about the day. I would like to have seen reference made to the potential that people have within themselves already to self-manage as long as they are given the opportunities to discover, learn, build confidence and gain skills so that they can live as fuller life as possible despite what their conditions do. **Self-management is not something you can do to people but it is something you can facilitate.** My overall reflection, enough rhetoric let us have action, action and action that results in change!

Our regular update on all things self-management in the political year ahead, from our policy wonk Mark Platt

Those of you who read my winter article will recall my prediction that 2014 would be a very political year. Not really that radical a prediction bearing in mind the double election scheduled for May and the referendum set for September, but even I couldn't have predicted how political things would actually become.

As I write, the UK Parliament is coming to the end of its long summer recess, which will very soon be punctuated by the party conferences, and that referendum. MPs will be alert to the fact that health is slowly but surely rising as a defining topic in the public

conversations that will feed into the 2015 UK general election campaigns. The top stories today are in many ways precursors to those debates: A&E departments missing their targets, a projected £3bn deficit in NHS England's funding on the horizon, a decline in the numbers of GPs, and the increase in workload for those remaining.

However, I think the more interesting story is one that has been running behind all of those headlines, a story which hasn't picked up quite as much general interest, but which has tweaked the interest of those of working in the world of health policy, and that's been the story of the 'Better Care Fund'. Simply explained the 'BCF' as it's known by health policy wonks (HPWs if you will) is the UK Government's attempt to do something to bring healthcare and social care provision in England closer together.

The fund, which will come into being in 2015/16, is to be set at £3.8bn, and will comprise nearly £1.9 billion of existing NHS money. These 'not quite new' funds are being re-allocated to be spent by local government and Clinical Commissioning Groups, on projects that have been agreed by Health and Well-being boards, with a view to reducing pressures on NHS organisations by keeping people out of hospital; primarily the frail elderly, but also those with co- or multi-morbidities, i.e. one or more long term condition.

The rationale for this brave new approach is that too many people are failed by institutional barriers, which lead to them being admitted to hospital when they don't need to be, or that they are prevented from being discharged from hospital once they have been treated. This work sits atop an existing strand of nearly new innovation, that of the 'Pioneer Programme', which is similarly looking to find the best, or at least some good approaches to delivering, the new holy grail of health and social care 'integration'.

But I wonder how many of those plans reference self-care or self-management, in even its simplest form; indeed I wonder how much thought is given to whether those who are elderly but perhaps not frail could be supported through simple self-management techniques to take better care of themselves. And of course this is even more true with younger people, say the late 50 and 60 year olds with multi-morbidities, who may not yet be appearing on the official radar screens, but who - if left neglected or forgotten about - risk becoming the next generation of frail elderly.

So, I encourage you to seek out your local health and well-being board (the King's Fund have an excellent locator tool at: http://www.kingsfund.org.uk/projects/health-and-wellbeing-boards/hwb-map) and see whether they have submitted a plan to the BCF or even if they have a Pioneer project running; and if they have either, to take a look at it and see whether self-management appears in it. If they do, then maybe you can find some way to link with them, and if they don't, then perhaps it's time that you engaged with them directly; to make sure they know about the

benefits and importance of self-management in sustaining their local population, and the local health and social care system.

Taking a more 'big P' political view, it's also worth considering the larger picture against which these initiatives are happening. Some of you may already be alive to this fact, but if not take note of these words and phrases: 'integration', 'whole-person care', 'sustainable healthcare'. It's fairly certain that over the coming months we'll see them creeping more and more into the political and media narratives, as we move inexorably towards May 8th 2015.

Politicians from all of the major political parties are now seriously engaging with the challenge of how to continue the 'NHS' approach in an era where more people have more problems and need more care, but where resources are tightly constrained, if not reduced.

To me that's an opportunity to really push the message about the benefits of well resourced and well delivered self-management, especially as more and more evidence about its efficacy and cost-effectiveness becomes available. Both sitting MPs and aspirant ones will be alive to the fact that they need to engage with their local populations, and be seen to be championing ideas that can improve the health and well-being of their constituents and their communities.

So, my closing thought is to grab the opportunity, and grab it well. It probably seems a long while until next May; in reality though, time is always shorter, and always goes faster, than we anticipate, and if you miss the opportunity it may not come around again for another five years.

Proving the case for self-management and self care

Talking Health Director, Jane Harris, explains the Talking Health evaluation methodology for self-management

In this climate of reduced public spending and talk of the NHS at 'breaking point', preventative services and self-management are often hailed as the answer to all our problems. **But increasingly commissioners are asking 'does it work?' and, critically, 'will it save us money?'** To help answer these questions Talking Health has devised an evaluation methodology for self-management, which we are using to evaluate programmes in Dudley and Bath & North East Somerset.

Not surprisingly there is lots of evidence already that self-management improves people's quality of life and sense of wellbeing. There is relatively little evidence of the cost effectiveness of self-management. In theory, people who self-manage will need to go into hospital, call ambulances or use community health and care services less often, saving money for the NHS and Social Services. Commissioners are

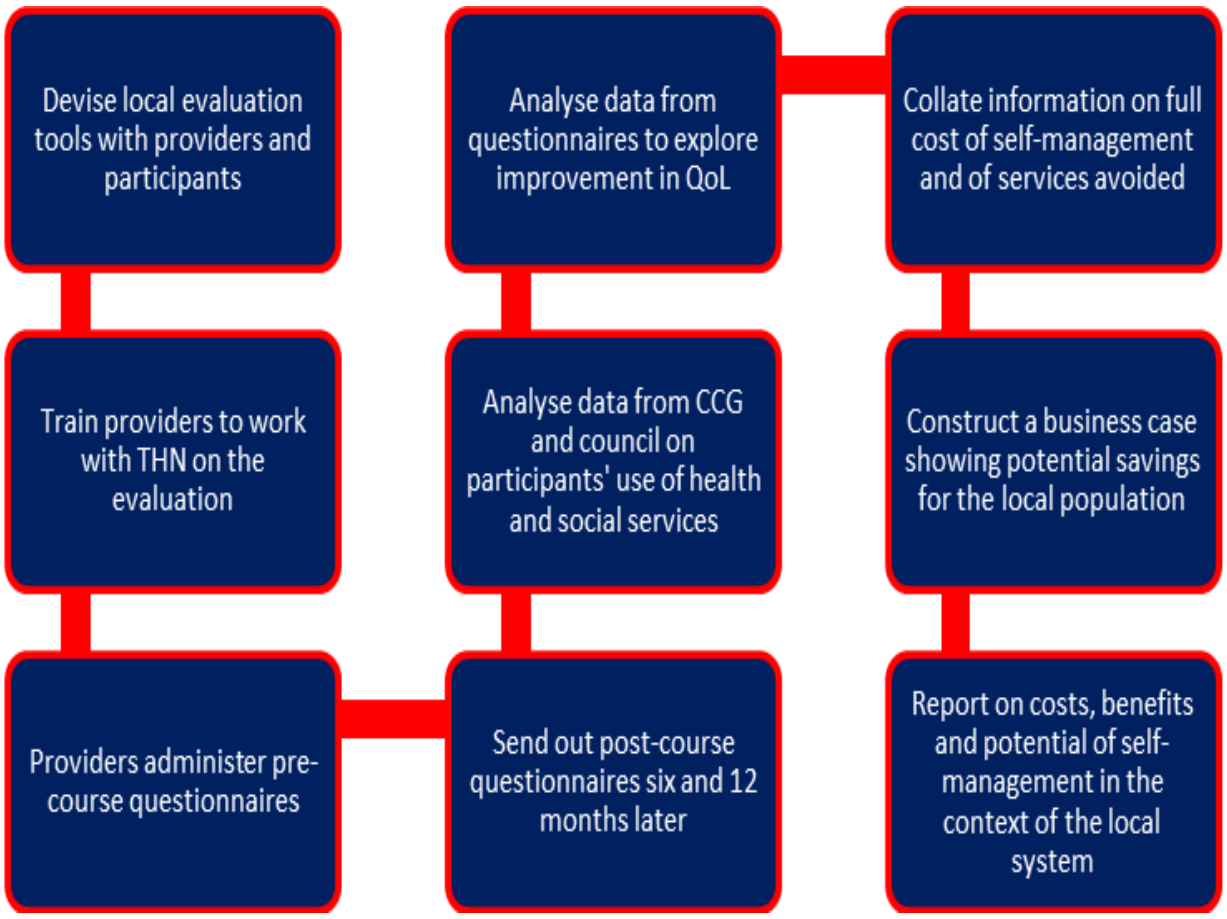
keen to know whether this is really the case. As health and social care organisations try to find ways to deliver positive outcomes at reduced cost, future investment in self-management needs to be based on a robust business case and clear evidence of financial savings as well as qualitative benefits.

So how can Talking Health help?

Our evaluation methodology is designed to answer three key questions:

- Does self-management improve the quality of people's lives?
- Does self-management prevent people from using high cost health and social care services?
- Can we make a business case for local investment in more self-management to save money in the longer term?

The diagram below summarises the Talking Health evaluation methodology:



Our approach is based on:

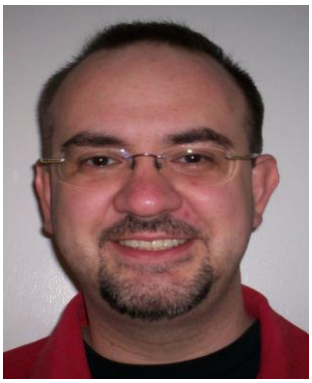
- Asking participants in self-management courses about their quality of life, physical and mental wellbeing, using validated measurement scales (we have devised questionnaires for people doing the six week self-management course, carers and people taking part in other activities to help improve wellbeing)
- Asking participants for qualitative feedback on the impact of the course for them
- Analysing data on participants' use of health and social care services before and after taking part in a self-management course (we obtain their consent to do this and maintain strict data protection protocols)
- Assessing all the costs of running self-management courses and comparing these with the financial benefits arising from keeping people out of hospital, A&E etc
- Modelling the economic impact of increased self-management in a local area
- Triangulating our findings, setting them in the context of the local health and social care system and reporting to the commissioner on all the costs and benefits of self-management.

Our evaluations in Dudley and Bath & North East Somerset are at a relatively early stage, but we have been excited and encouraged by the response from the course providers and participants who have helped us to develop the evaluation questionnaires, and by the number of completed questionnaires we have had back so far. We hope that these two evaluations will provide us with a really strong body of evidence to help us give commissioners the answers they need.

If you would like support to develop a bespoke evaluation of your programme that helps present a business case for change, we would love to hear from you. Please do drop Catherine a line at catherinecross@talkinghealth.org

Check out http://www.national voices.org.uk/evidence for a useful summary of trial evidence in which self-management group interventions as usual come out well.

Member profile



Meet our latest Network member, Andrew Carpenter who is making a difference to people with long term conditions through brokering.

Hi. I am a Broker. And no, despite the word, that doesn't mean I'm about to try and sell you insurance…! I am a Support Broker, and represent the National Brokerage Network (NBN) for London and the South-East, which I do via the London Brokerage Network (LBN). As the NBN has no funding, the regional co-ordinators work with what they can in their local areas, and the LBN is the first functioning membership organisation for this new type of worker, the Support Broker – effectively a kind of voluntary professional association.

Support Brokerage has been around for a very long time, although we didn't always call it by that name. Independent brokerage is a vital part of the Personalisation agenda in social care (and now also emerging in health care) but sadly the role has all too often been limited by local authorities, who don't seem to recognise the potential of a fully-functioning, mature system of brokerage. Indeed, brokerage is often mis-defined by councils as being purely procurement of services, or replacing the old Direct Payments support service. Support Brokerage is so much more than just writing a support plan for an individual, but internationally and historically extends to a community relationship, giving advice and guidance, bringing people together to pool their resources, even creating new social enterprise to fill the gaps in the market with services that local disabled people say they want. Or better still, assisting disabled people to create those businesses themselves.

Most of my paid work comes from providing (accredited) training and I have trained over 450 people. I'm also on the Quality Assurance Committee of the accreditor, OCN Credit4Learning. Besides that, I'm very keen to see 'proper' brokerage back on the agenda in the UK.

If you are a member and want an opportunity to showcase the work you are doing then please let us know for the next newsletter.

Talking Health Taking Action

For People Not For Profit

'We might not have got the DH grant but we won't let that stop us!!'

THTA Director, Jane Cooper-Neville, sets out the plans for the coming year and beyond.

In May this year Jean and I packed ourselves off for the weekend to the Isle of Wight to plan our longer term course of action. However, in true self-management tradition, we began by celebrating our achievement in creating a thriving small business in the space of two years. We are now the main capacity builder for organisations delivering Stanford University programmes and we have been able to achieve this with the help of many of you; either as colleagues helping us deliver capacity building support, or as valued customers. However, like many small businesses we are hampered in the short term by two things; cashflow and the need for additional investment to grow the organisation, and in the longer term by the gap between the rhetoric of government and the lack of investment in self-management at a local level.

We would like to say thank you to our sub contractors (especially Ian Darling) and customers who often have to wait months to be paid after carrying out work for us. This is simply because we, in turn are waiting months for invoices to be settled. The irony is not lost on us that most of our outstanding payments are from organisations in the public sector, at the same time another part of government is telling us how committed they are to supporting small businesses! However, with the help of the many lovely Coordinators out there we get by, but if there is anything that you as a commissioner can do to help ensure prompt payment of invoices we would be most grateful.

Last year we applied to the Department of Health IESD Fund for money to enable us to grow the business by expanding our portfolio beyond that of Stanford self-management programmes to those delivering the spectrum of interventions that enable people with long term conditions to develop the ***knowledge, confidence and skills*** they need to live their life to the full. We were also seeking support to develop a governance structure that would see THTA become an organisation driven by, and for people living with long term conditions. We heard in early summer that our bid had been unsuccessful. As disappointing as this was, we know that it won't stop us achieving our goals. However it will mean that it will take us longer to get there. The great thing about applying for the fund was that we had to make the time to develop a three year business plan, out of which we were able to develop some clear goals for 2014/15.

In addition to developing our reputation as a trusted and effective capacity builder, we have been instrumental over the past two years in leading small groups of organisations and individual practitioners to develop updates of a range of Stanford Manuals and the course participant help book. Over the forthcoming year we will continue to expand our range of products and we will also expand the popular Stanford Information and Support Service, through which member organisations can gain one-to-one support and significant discounts on training, supervision and Stanford related products. The coming year is also going to be a very exciting one in respect of our partnership with Stanford University.

Our philosophy has always been to support organisations to develop high quality programmes by learning from what they have already done and then doing it better. The DH funds would have helped us to more effectively market our services, to expand into supporting evidence based interventions other than Stanford and to develop an organisation whose strategic priorities are determined by people living with long term conditions. They remain our long term goals and we are committed to finding creative ways to make them happen.

Of course none of this will happen if there is no market for self-management. As Catherine Cross has outlined, there are many significant barriers that we have witnessed locally through either a decrease in support for Stanford programmes, or piecemeal short term funding.

We want you to help us bridge the gap between the rhetoric and the reality of a service that is struggling to change to accommodate the vision of person-centred, coordinated care for people living with long term conditions. We have a model in Stanford which is one of the most extensively and positively evaluated interventions available, but this message has been lost. We will be putting our energy over the coming year to re-presenting the case for Stanford. We will be asking you to help us by sharing with us the positive effect that the course is having with people living in your areas and to consider utilising the Talking Health evaluation model to re-state the case to commissioners for self-management.

Stanford Information & Support Service (SISS)

In June we contacted all of the existing members and asked them for their feedback on the first year of SISS. Those who replied gave us some invaluable feedback from which we have introduced a range of new features to the service such as:

- A wider range of discounted products and services
- Email alerts to current news and policy updates
- Information via the Talking Health website about training events
- A simplified process for obtaining Stanford licences

Full details of SISS can be found on http://www.talkinghealth.org/Standord-Information-and-Support-Service.htm

Update on activity from our Head of Training, Ian Darling

For a small not for profit organisation we do get about! We continue to reach the parts (as the advert would say) that others do not. Since the last newsletter we have provided, as ever, the full range of Stanford and Ss2Q resources throughout the country and have been especially pleased to run the first 'from scratch' Type 2 Diabetes Self-Management Course Tutor Training. We have in the past delivered conversion training but this was our first event where tutors who had not delivered the Chronic Disease SMC were trained.
The tutor training was run over 2 weeks in South Wales and we trained a mix of staff and volunteers. On the conversions so far, we have not trained many people who had Type 2 (though they did have other long term conditions). This time the majority of the trainees did have the condition so it was a good test bed for us to see how they responded. I have to say the feedback was overwhelmingly positive and participants were able to use the training to remind themselves about the principles of self-management which may have slipped a little!

One of the participants was a Diabetes Specialist Nurse who already presents the excellent 'Expert' course. She was overwhelmingly positive in her feedback and could definitely see a place where both courses could exist happily side by side as they target people with diabetes at different stages of the condition and are delivered in very different ways.

THTA has again been providing Tutor Trainings for all Stanford courses, Assessor Training and Supervisions and Master/Lead Trainer Supervisions.

THTA products and services – what's new

Update Materials for 'LAM' now available

The updated CDSMC for Carers (usually known as LAM) has been updated and is now available. If you are licenced to deliver the CDSMC you can order the CDSMC for Carers (2012) manual as a pdf from www.talkinghealth.org

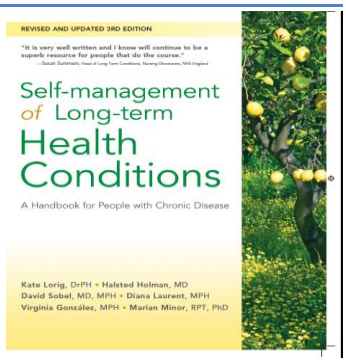
Updating all your current deliverers can be done by any Lead Trainer using the pack we have compiled so that all the hard work has been done for them. It can be done as the agenda for an annual supervision day usually provided for tutors because it is not a totally separate manual that needs a conversion training. There is a **Lead Trainers Resource Pack** to accompany this new manual, which has been written for all organisations to update their deliverers, (facilitated by Master/Lead Trainers). Pre-attendance material for deliverers is included, which can be sent prior to the day. This includes a workbook/questionnaire and a chart highlighting differences between the

CDSMC 2012 and the CDSMC 2012 for Carers. The Lead Trainers Resource Pack is 52 pages and it contains the entire Trainers' notes and information needed to deliver a successful update day. A pdf of the resource pack costs £50 and is available from www.talkinghealth.org

Diabetes and Arthritis Self-management Programmes

The DSMP (2010) and ASMP (2012) Tutor Manuals are also available to appropriately licenced organisations from www.talkinghealth.org. Please note that if you operate under the DH licence then you will need a separate licence for the DSMP and ASMP manuals. If you are unsure please contact jean@talkinghealthtakingaction.org

'Self-management of Long Term Health Conditions: A Handbook for People with Chronic Disease' 3rd Edition, 2014



The UK version is now here and can be ordered direct from www.talkinghealth.org at a price of £14.95 which includes post and packaging. SISS members will receive an additional 5% discount on the price.

An exciting new approach to co-production

We are currently working with Public Health Wales to train staff from each Health Board to support their colleagues to have different style conversations with the patients they interact with. The workshops will be interactive and the final content of the workshop to be cascaded will be co-produced with the staff who attend. Even the managers who have commissioned us will attend the workshop and shape the outcome.....so watch this space!

Wandsworth Self-management Service

Over the summer Jean has been busy working with colleagues in Wandsworth to maintain their quality assurance processes whilst the programme is going through a period of change. We are also helping to build capacity and supporting the current deliverers of their EPP programme. A CDSMC Tutor Training is planned in Wandsworth for 11th,12th, 18th and 19th November and if you have any tutors in London waiting to be trained please contact Colin Smith Colin.Smith@Wandsworthccg.nhs.uk to check if any places are available and to book. All those actively involved in the programme are enthusiastic to see the programme grow and build on the established foundation. It will be exciting to see what happens in this vibrant part of London.

Ask Jean! A summary of some of the issues that have arisen since the last edition of our newsletter

Hello colleagues! I thought it would be good to share some quality issues that have arisen recently concerning Stanford programmes.

Programme manuals

Please note it is the responsibility of the licensed organisation using the materials supplied under licence to Stanford to keep the pdf of manual/s safe and secure, not available to share or photocopy or transfer to any other party. It has come to light recently that it is the policy in some parts of the NHS that if an employee goes on long term sick, maternity leave or leaves altogether their IT system is closed down making any materials not accessible. Unfortunately this has resulted in the pdf of a manual not being available for use. Questions are being asked about safety of copyright materials. The organisation operating under licence needs to consider where these materials are held safely.

Licences

All organisations delivering Stanford programmes need a licence for the specific programme they are using or a multi licence to cover more than one programme. Each programme has its own set of materials including a copyrighted manual.

Stanford programmes are currently:

- Chronic Disease Self-Management Programme (CDSMP)
- Diabetes Self-Management Programme (DSMP)
- Arthritis Self-Management Programme (ASMP)
- Positive Self-Management Programme (PSMP)
- Chronic Pain Self-Management Programme (CPSMP)
- Online CDSMP

Please note that there are also derivatives that have been developed from the CDSMC and the only one that has currently been updated in the UK is the CDSMC for Carers (usually called LAM). If you have a CDSMC licence then you can use this course because it is the CDSMC with specific examples to meet the needs of the group of carers with long term health conditions and caring responsibilities. A manual is available from Talking Health and there is a **Lead Trainers Resource Pack** (update and training materials) available so that organisations can update current deliverers of LAM.

Training and support opportunities

THTA is proud to support organisations to build capacity. It is the **only non-provider training organisation** in the UK supporting the delivery of Stanford University interventions. Over the past year we have supported organisations in the NHS, the Welsh EPP, across the voluntary sector and in Europe. THTA can provide a full range of training, supervision and support to providers of Stanford University programmes. Full information about forthcoming training opportunities can be found at http://www.talkinghealth.org/training-dates-links.html Alternatively you can contact Ian Darling on ian@talkinghealthtakingaction.org who will be happy to support you to identify your needs and if he can't help you he will signpost you to someone who can!

We have decided to regularise the dates of some of these trainings and especially the supervisions. Please find below the dates of planned supervisions for the next 9 months. Please take a note of these dates. For booking or more information, please contact Ian. We are also still planning to run a Master/Lead Trainer Training in the West Midlands during autumn and there will also be Assessor Trainer Trainings in both the North, the Midlands and in Wales though dates are not yet fixed. Again, if interested, contact ian@talkinghealthtakingaction.org

- 14 Nov 2014 - Lead Trainer Supervision Manchester
- 26 March 2015 - Assessor Supervision West Midlands (Dudley)
- 27 March 2015 - Lead Trainer Supervision West Midlands (Dudley)
- 9 April 2015 - Assessor Supervision Manchester
- 17 June 2015 - Lead Trainer Supervision Plymouth

Are you London based and looking for supervision?

We have been asked to arrange a Central London based LT supervision. A day has been arranged for 17th September in Euston so book your place now. If interested please contact ali@talkinghealthtakingaction.org

Other events

Tutor Training event in Manchester

Dates: Monday 16th, Tuesday 17th and Monday 22nd, Tuesday 23rd September 2014
Venue: Cornerstones Health Centre Room G32 (day 1 & 2) Levenshulme Health Centre (day 3 & 4)
Times: 9am – 5pm approx. Will be confirmed by the agenda.
Trainers: Caroline Powell & Ian Darling.
For further information or if you would like to book any of your potential tutors onto the training please contact;
Caroline Powell, EPP Manager, 0161 371 2105 caroline.powell@uhsm.nhs.uk

The cost for the training is £600.00 per person and includes a CDSMP Tutor Manual, refreshments and lunch. If two or more places are booked by a single Trust, a reduction of £200 will be made from total invoice. Follow up assessments and accreditation to be organised by sponsoring organisations.

Free Assessor Training in Wales

Wales are planning an Assessor Training in the autumn in the Cardiff area [dates tbc] **free places are on offer.** For further information please contact Margaret Rennocks at Margaret.Rennocks@wales.nhs.uk

News from QISMET

A new opportunity for volunteers

Over the past year we have been working with QISMET to help them build a portfolio of volunteer policies and procedures.

QISMET is now seeking to recruit volunteer advocates to promote QISMET and its work within the health and social care arena. Trainee advocates will receive induction training from THTA, ongoing supervision and opportunities for skills development. In return QISMET would like volunteers to give 2 days per month to work among groups and individuals that can influence the increased provision of self-management support for people living with long term conditions within their local health economy by:

- Raising awareness of QISMET
- Promoting its activities
- Advocating on behalf of QISMET
- Developing local contacts among all relevant stakeholders
- Intelligence gathering
- Researching the local strategic agenda and identifying where QISMET could have most influence
- Writing articles for local publication.

Please contact Danni Brown at admin3@qismet.org.uk for further information.

Accessibility and funding across the country – a request from QISMET Executive Director Jim Phillips

We are looking at how the NHS is currently funding programmes such as the CDSMC and the variability in access to peer led programmes in general. (The CDSMC is one of the few suitable for volunteers without group work skills at a high level and is robust in terms of evidence). If you have examples of how funding is being cut in places or barriers to funding these programmes we would like to hear from you All replies to Jim Phillips please at jim.phillips@qismet.org.uk

All EPP/CDSMP providers please note……

Recently National Voices has published an evidence guide on self-management support (http://www.nationalvoices.org.uk/sites/www.nationalvoices.org.uk/files/supporting_self-management.pdf) which QISMET warmly welcomes. However in the further information section it states:

"Self-management courses led by patients themselves were popularised in the US via the Chronic Disease Self-Management Programme. In England, the Expert Patient Programme, a community interest company, provides self-management courses for people with long-term conditions based on this model. They also train healthcare professionals."

QISMET would like to point out that rather than there being just one provider there are a range of providers, many of which can be found via the QISMET provider data base, or thought licensing information via Talking Health Taking Action. There is also a list on the Stanford CDSMC website.

Finally, congratulations to Dudley Self-management Programme

Evidence from a Diabetes Self-management Programme (DSMP) pilot course, delivered in Derby by Clare Evans and her team, has been documented in a report which has now been completed and can be found at: http://allaboutdudley.info/AODB/publications/Diabetes%20SMP%20UK%20Pilot%20Report.pdf

The team has now successfully secured funding to continue to offer this course in addition to the generic self-management course for people with long term health conditions and carers.

Next edition

We'll be in touch again at the start of 2015. Please let us have any items you want to share about your work, yourself and what's going on locally and nationally. Now would also be a good time to check out your existing profile on the website and bring it up to date if need be.

Please note your Talking Health key contacts for specific enquiries:

- Training and quality assurance support enquiries to Ian lan@talkinghealthtakingaction.org
- Commissioning opportunities (not related to Stanford training) to Catherine catherinecross@talkinghealth.org
- Everything else!! Jane jane@talkinghealthtakingaction.org