

The case for investing in self care and self-management for people living with long term conditions



The challenge

- There are over 15 million people living with one or more long-term conditions in England.¹
- People living with long-term conditions account for around 70% of overall health care spending and are disproportionately higher users of health care services.²
- Treatment and care for people with long term conditions is estimated to take up around £7 in every £10 of total health and social care expenditure.³
- 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.⁴
- The numbers of people living with one long-term condition is projected to rise from 1.9 million people in 2008 to 2.9 million by 2018; with an additional cost to the NHS and social care of £5 billion.⁵
- Demographic projections estimate a 252% increase the number of people over 65 by 2050.⁶

The case for change

- 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.⁷
- 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.⁸
- Using best current evidence, such interventions could deliver savings of over £21 million per average Clinical Commissioning Group.⁹
- A recent review of evidence suggests that approaches involving patients, families and the wider community could realise savings of *at least 7 percent* in terms of reduced A&E attendance, planned and unplanned admissions and outpatient admissions; producing real benefits to both individuals, the health economy and a wider social return on investment.¹⁰
- A volunteer led patient education programme such as the CDSMC (Chronic Disease Self-Management Course) costs as little as £44 per patient.¹¹
- *'Ultimately cashable savings will only be achieved if commissioners are prepared to commission and invest to support clinicians and patients to make the shift; and in doing so, encourage providers to respond to the shifting pattern of demands, from high-cost, un-planned and hospital-based care models to more effective co-management of conditions in the community'*.¹²

Evidence of effectiveness

- A study of more than 550 systematic reviews, randomised controlled trials and large observational studies concluded that; *'the totality of evidence suggests that supporting self-management can have benefits for people's attitudes and behaviours, quality of life, clinical symptoms and use of healthcare resources'*.¹³
- Activated patients tend to have better clinical outcomes, a higher quality of life and make more informed use of public services than those with lower levels of activation.¹⁴

¹ The King's Fund. *Long term conditions and multi morbidity*. <http://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/long-term-conditions-multi-morbidity>

² *ibid*

³ *ibid*

⁴ QIPP. *A Guide to Implementation of the Long Term Conditions Model of Care*. 2013

⁵ Department of Health, England, 2012

⁶ QIPP. *A Guide to the Implementation of the Long Term Conditions Model of Care*. 2013

⁷ Wanless, D. *Securing Our Future Health: Taking a Long-Term View*. HM Treasury., April 2002.

⁸ NESTA. *The Business Case for People Powered Health*. April 2013

⁹ *ibid*

¹⁰ *ibid*

¹¹ *ibid*

¹² *ibid*

¹³ The Health Foundation. *Helping People Help Themselves: A review of the evidence considering whether it is worthwhile to support self-management*. May 2011

- Over 35% of people reported that since attending an EPP course they had reduced the amount of medication they used.¹⁵
- The national QIPP support and improvement programme has translated the long term conditions model into a work stream of three primary drivers, including maximising the number of patients who self-manage through the systematic implementation of care planning. Where these drivers have been effectively applied indications are that unscheduled admissions can be reduced by 20% and length of stay by 25%.¹⁶
- Approaches which recognise people's motivations and needs, take account of their level of desire to change (or stage of change) and support people emotionally and psychologically have been found to have more sustainable impacts on behaviour, clinical outcomes and healthcare resource use.¹⁷

Evidence of cost effectiveness

- A reduction in health service usage is most likely in hospital admissions and visits to A&E.^{18 19 20 21}
- Department of Health internal evaluation of the Expert Patients Programme (EPP) demonstrated:²²
 - 7% reduction in GP consultations
 - 10% reduction in outpatient appointments
 - 16% reduction in A&E visits
 - 9 % reduction in Physiotherapy appointments
 - improved adherence to treatment and medication
 - reduced unplanned hospital admissions
- The national evaluation of the EPP found a reduced cost over a 6 month period of £27 per patient, after taking into account the costs of delivering the programme.²³
- EPP reduces health care costs - and that difference is greater than when considering all costs, including patient and societal costs.²⁴
- The national evaluation of EPP demonstrates that the EPP is likely to generate QALY benefits with little or no additional cost, and that the EPP intervention is likely to be cost effective when compared with treatment as usual at threshold values of cost-effectiveness.²⁵
- A survey by the Expert Patients CIC found an average reduced cost of £1,800 per participant per year.²⁶
- Evaluation of the Department of Health funded 'Partnerships for Older People Projects' (POPP) demonstrated that every £1 spent on preventative care and support services yields a £1.20 additional benefit in savings on emergency bed days (this is the headline estimate drawn from a statistically valid range of an £0.80 to £1.60 saving on emergency bed days for every extra £1 spent on the projects).²⁷
- In POPP pilot areas overnight hospital stays were reduced by 47% and use of Accident & Emergency departments by 29%. Reductions were also seen in physiotherapy/occupational therapy and clinic or outpatient appointments with a total cost reduction of £2,166 per person.
- A review of 15 studies found that a self-management action plan is likely to be a key determinant of whether or not self-management helps patients to reduce their use of health services.²⁸
- Evidence from the US seems to show more clearly that self care is cost effective (in part, this may be due to the differences in funding of the NHS in the UK and the health system in the US, with people in the UK more willing to use primary care services that are free at the point of delivery).²⁹

¹⁴ Dr Alf Collins. *Self care and self care support for people who live with long term conditions*. May 2012

¹⁵ Expert Patients Programme Community Interest Company: *Self care reduces costs and improves health – the evidence*. EPP CIC 2010

¹⁶ QIPP. *A Guide to the Implementation of the Long Term Conditions Model of Care*. 2013

¹⁷ The Health Foundation. *Helping People Help Themselves: A review of the evidence considering whether it is worthwhile to support self-management*. May 2011

¹⁸ Expert Patients Programme Community Interest Company: *Self care reduces costs and improves health – the evidence*. EPP CIC 2010

¹⁹ Kennedy A, Reeves D, Bower P, Lee V, Middleton E, Richardson G, Gardner C, Gately C, Rogers A. J. *The effectiveness and cost effectiveness of a national lay-led self care support programme for patients with long-term conditions: a pragmatic randomised controlled trial* *Epidemiology Community Health*. 2007 Mar;61(3):254-61

²⁰ Purdy, S. *Avoiding hospital admissions: what does the research evidence say?* London: Kings Fund, December 2010

²¹ Center for Disease Control and Prevention. *Review of Findings on Chronic Disease Self-Management Program (CDSMP) Outcomes: Physical, Emotional & Health-Related Quality of Life, Healthcare Utilization and Costs*. 2008

²² National Primary Care Research and Development Centre. *The National Evaluation of the Pilot Phase of the Expert Patients Programme Final Report*. December 2006

²³ Kennedy A, Reeves D, Bower P, Lee V, Middleton E, Richardson G, Gardner C, Gately C, Rogers A. J. *The effectiveness and cost effectiveness of a national lay-led self care support programme for patients with long-term conditions: a pragmatic randomised controlled trial* *Epidemiology Community Health*. 2007 Mar;61(3):254-61

²⁴ *ibid*

²⁵ *ibid*

²⁶ Expert Patients Programme Community Interest Company. *Self care reduces costs and improves health – the evidence*. EPP CIC 2010

²⁷ Personal Social Services Research Unit. *National Evaluation of Partnerships for Older People Projects*. December 2009

²⁸ Bodenheimer T, Lorig K, Holman H, Grumbach K (2002). 'Patient self-management of chronic disease in primary care'. *Journal of the American Medical Association*, vol 288, no 19, pp 2469–75.

²⁹ Center for Disease Control and Prevention. *Review of Findings on Chronic Disease Self-Management Program (CDSMP) Outcomes: Physical, Emotional & Health-Related Quality of Life, Healthcare Utilization and Costs*. 2008