Patient Empowerment Project
Leeds, UK

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Project feedback video
Case study one: 54 year old man

<table>
<thead>
<tr>
<th>Presenting issues</th>
<th>Goals</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No money</td>
<td>• Get more clothes</td>
<td>• Referred to ‘Pay as You feel’ café</td>
</tr>
<tr>
<td>• History of depression</td>
<td>• Make friends</td>
<td>• Decided not to take out payday loan</td>
</tr>
<tr>
<td>• Problematic alcohol use</td>
<td>• Access free food</td>
<td>• Halved alcohol consumption</td>
</tr>
<tr>
<td>• Recently rehoused</td>
<td>• Reduce his alcohol consumption</td>
<td>• Seeking employment</td>
</tr>
<tr>
<td>• Considering payday loan</td>
<td>• Return to work as an electrician</td>
<td>• Improved mood</td>
</tr>
<tr>
<td>• Only one set of clothes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Socially isolated</td>
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Case study two: 56 year old female

<table>
<thead>
<tr>
<th>Presenting issues</th>
<th>Goals</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Long term depression/anxiety</td>
<td>• To manage her mental health</td>
<td>• Supported to attend mental health appointment</td>
</tr>
<tr>
<td>• Lives alone and socially isolated</td>
<td>• Get back into employment</td>
<td>• Information about bereavement service</td>
</tr>
<tr>
<td>• Recent bereavement</td>
<td>• Access bereavement support</td>
<td>• Attended local job centre</td>
</tr>
<tr>
<td>• Financial difficulties</td>
<td></td>
<td>• Linked with local Healing Centre</td>
</tr>
<tr>
<td>• History of unemployment</td>
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</tbody>
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PEP
Leeds – where are we?

The story so far - why?
The story so far - why?

What do healthcare professionals in Leeds want?

- Better knowledge of local voluntary and community services
- Better signposting and connecting to local voluntary and community services
- Better proactive self care management through patient empowerment

Social Prescribing (community referral)
Links people to non-medical sources of support and activities in the community that they might benefit from

Asset Based Community Development (ABCD)
Identifying and mobilising individual and community ‘assets’
Aim of the PEP

‘To improve the wider health and wellbeing of patients by providing a referral route between GP practices and local voluntary sector organisations, activities, groups and services’
Patient empowerment model

![Diagram of patient empowerment model](image)

Building relationships and empowering patients

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The engagement process

The Commissioning Cycle

**Analyse and plan**
- JSNA
- Needs and aspirations
- Priority setting
- Patient experience

**Design pathways**
- Focus groups/workshops
- Engage VCF sector
- Experience-based design

**Specify & procure**
- Involvement in contracting
- Involvement in scoring and interview process

**Deliver and improve**
- Patient experience
- User-led audits
- Mystery shopping
Engagement Process

Initial engagement
• Voluntary, community and faith (VCF) sector
• Patients, carers and the public
• Primary care

What did people say?
• It’s a good idea!
• VCF must be involved
• Consider paying volunteers
• Provide support outside traditional working hours
• Don’t duplicate what’s already there
• Don’t make people wait too long

Engagement Process

Recommendations:
• Incentivise champions
• Develop resources to support referral
• Voluntary sector role in the development of the project
• Monitor outcomes and evidence success
• Avoid duplication
• Motivate patients
• Short waiting times
• Involve patient in procurement process
Engagement Process

Patient leader

‘to ensure that the voice of patients, carers and the public is taken into consideration when decisions are made that affect patient care’

• Recruited through the engagement
• Sits on strategic steering group
• Involved in contracting, procurement and monitoring
• Asked to be objective, passionate about improvement, and champion the patient (VCF) voice

Who could benefit?

Disadvantaged  Long term health problems  Vulnerable  Depression
Mild-moderate anxiety  Marginalised  Recently bereaved  Socially isolated

The list is endless...
Procurement process

- Patient representative member of procurement team
- Consortia of local voluntary sector organisations appointed:

Marketing

If you fancy a PEP talk please Call us now on 0113 279 5870 OR email us on pep@barca-leeds.org
Patient empowerment project evaluation

115 referrals so far

Male referrals
- 40-64: 44%
- >75: 16%
- 18-39: 24%
- age not known: 12%
- 65-74: 4%

Female referrals
- 40-64: 53%
- >75: 10%
- 18-39: 19%
- age not known: 7%
- 65-74: 11%
Early Evaluation – January 2015

Those assessed by PEP are those patients that offer the biggest challenge to the health and social care system
(Shortened Warwick Edinburgh Mental Wellbeing scale [SWEMWBS] and EQ5D self-reported health status scores)

• SWEMWBS 2011 Health Survey of England Mean Score = 23.6 (score range 7 to 35)
• SWEMWBS PEP Mean Mental Well-Being score = 17.8 (range 12 to 25)
• EQ5D data
  • 59.3% report problems with mobility (walking about)
  • 50.8% report problems with self-care (washing and dressing self)
  • 74.6% report problems with performing their usual activities
• 66.1% report levels of pain and discomfort
• 96.6% report levels of anxiety and depression

Those reviewed to date show a meaningful positive change as an early indicator for the impact of PEP on mental wellbeing

• Mean SWEMWBS Score PEP participants who have undertaken review = 16.25 at base line
• Following PEP Input = 19.3 after receipt of support from PEP
• Positive change of 3.06

• EQ5D
• No changes dichotomised data for PEP participants who have undertaken review
• Extreme anxiety and depression have dropped from 50% to 17%
Positive changes in levels of self-efficacy to self manage long term conditions. Patients enabled to consider helpful routines, coping strategies and activities

How confident are you that you can do all things necessary to manage your illness on a day to day basis?

• Increase 17% in those very confident or totally confident

How confident are you that you can judge when changes in your illness mean you should visit a doctor?

• Increase 33% in those very confident or totally confident

How confident are you that you can cope with your illness so that it does not affect your everyday life?

• Increase 17% in those very confident or totally confident

How confident are you that you can take your medicines to reduce how much your illness affects your everyday life?

• Increase 34% in those very confident or totally confident

How confident are you that you can do other things other than just taking medicines to reduce how much your illness affects your everyday life?

• Increase 17% in those very confident or totally confident

Positive changes in participant’s perceived wellbeing and contributed to their level of optimism about their health (ONS Wellbeing)

![Chart showing positive changes in wellbeing](chart.png)
Project Learning

Better knowledge of the procurement process

Keep an open mind

More engagement with practices during model development

Adapting principles from other successful projects

Involve a patient leader much earlier

Exciting to see the impact on patients

Learning continues as we go....!

What do general practitioners say?

“As a doctor I now have two prescriptions available to me: medical and social”
What do patients say?

“I’m learning some really useful stuff, I’ve made some friends and it’s like holistic therapy”

“The woods walk was brilliant. According to my doctor I’m only supposed to be able to walk a few hundred yards – but I kept going all afternoon. I had a really good day.”

What do patients say?

“You’ve been absolutely fantastic; I don't know what I’d have done without you”

“Thank you for all the help, I've hit rock bottom and you are the only one that's helped me”
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Time for questions…