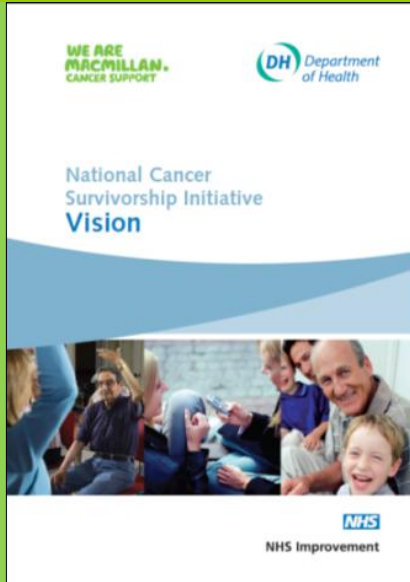


Supported Self Management and QIPP

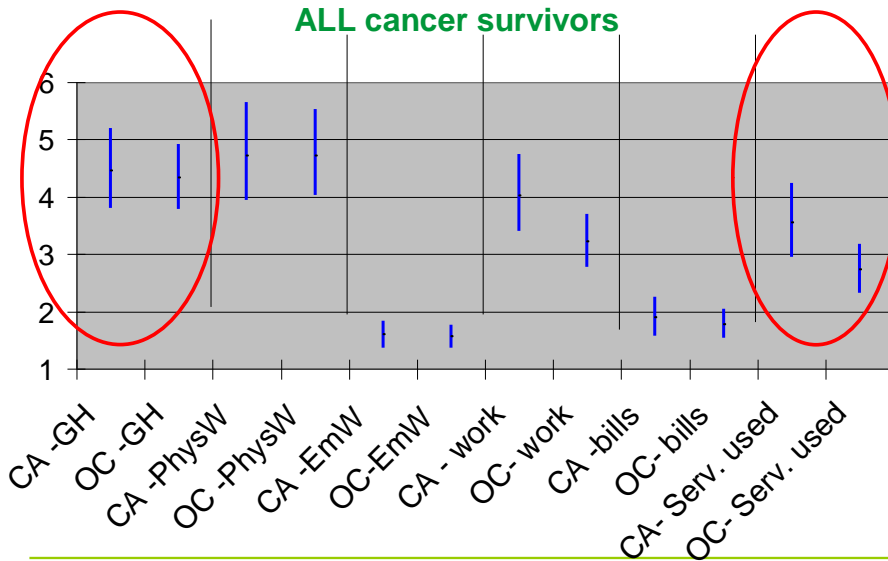


Macmillan Health and Well-being survey 2008*

	Cancer survivor	Wider Population
Use of the NHS in past 12 months		
> Primary care	90%	68%
> Specialist doctor	45%	15%
> A&E	20%	11%
Impact on work and relationships		
> Prevented by health from working in preferred occupation	25%	9%
> Health interferes with relationship with partner	29%	9%
Difficulty / inability in undertaking different activities:		
> Vigorous activities (running/sports)	56%	27%
> Housework, shopping, cooking	16%	2%
> Going out e.g. cinema, sporting events	18%	4%
> Social activities (e.g. visiting friends, clubs)	16%	4%
> Personal care (bathing, dressing, eating)	13%	2%

Results of the modelling: selected health and well-being outcomes (odds ratios)

ALL cancer survivors



The cost of cancer

- 74% of cancer survivors < 50yrs return to work
- 30% of cancer survivors > 50yrs return to work
- = £5.3bn in life time lost wages in 2008
- Lost unpaid household duties = £190m
- Cost of additional use of health services



The cost of cancer
Henry Featherstone & Lily Whitham

Five shifts in care and support for people living with and beyond cancer:

1. a cultural shift in the approach to care and support for people affected by cancer – to a greater focus on recovery, health and well-being after cancer treatment.
2. a shift towards holistic assessment, information provision and personalised care planning. This is a shift from a one-size fits all approach to follow up to personalised care planning based on assessment of individual risks, needs and preferences.
3. a shift towards support for self-management. This is a shift from a clinically led approach to follow up care to supported self-management, based on individual needs and preferences. This approach empowers individuals to take on responsibility for their condition supported by the appropriate clinical assessment, support and treatment.
4. a shift from a single model of clinical follow up to tailored support that enables early recognition of the consequences of treatment and the signs and symptoms of further disease as well as tailored support for those with advanced disease.
5. a shift from an emphasis on measuring clinical activity to a new emphasis on measuring experience and outcomes for cancer survivors through routine use of Patient Reported Outcome Measures in aftercare services.

A new approach to cancer after care

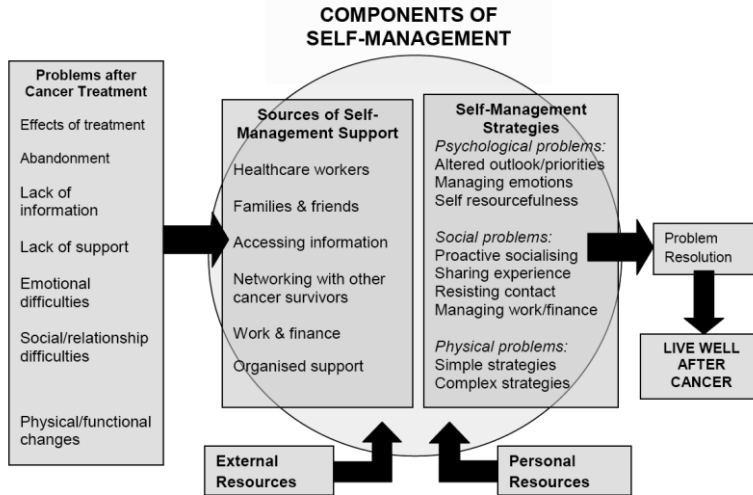
4 key principles:

1. Assessment at the end of treatment
 2. A care plan drawn up in partnership between person with cancer and health care professional
 3. Risk stratification in relation to need for ongoing support
 4. Supported self management
-
-

“self management support is what health services do in order to aid and encourage people living with a long term condition to make daily decisions that improve health related behaviours and clinical and other outcomes”

Adapted from The Health Foundation, Co-creating Health Programme
2008

Foster (2009)



**National Cancer Survivorship Initiative
Supported Self-Management Workstream**

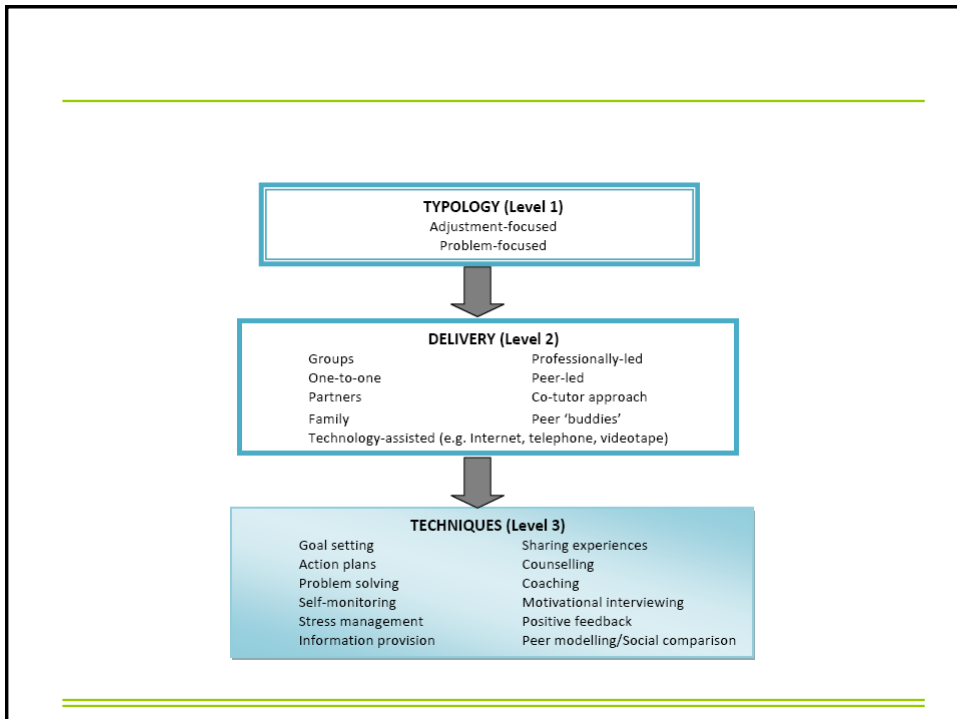
**SELF-MANAGEMENT SUPPORT FOR
CANCER SURVIVORS: GUIDANCE FOR
DEVELOPING INTERVENTIONS**
AN UPDATE OF THE EVIDENCE

Macmillan Cancer Support,
 March, 2010
 Nicola J Davies
 and
 Lynn Batehup

Evidence

34 studies:

- Adjustment focused interventions support for the transition for return to a 'new normal' (18 studies)
 - Interventions for specific problems (16 studies)
-
-



What do we know?

- A wide range of supportive interventions are effective
 - Everyone benefits –
 - From tailored information
 - Personalised assessment
 - Risk stratification
 - A partnership relationship with professionals
-
-

What is effective?

- Nurse led problem focussed support
 - Telephone delivered support (preferred by older people, male members of minority ethnic groups and for sensitive issues eg sexual functioning)
 - Theoretically driven intervention eg CBT or self efficacy enhancing skills promotes acquisition of skills and adjustment
 - Vulnerable groups may not participate – those with depression may be better suited to one to one counselling
 - Information aimed at enhancing self management is highly cost effective
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High risk groups

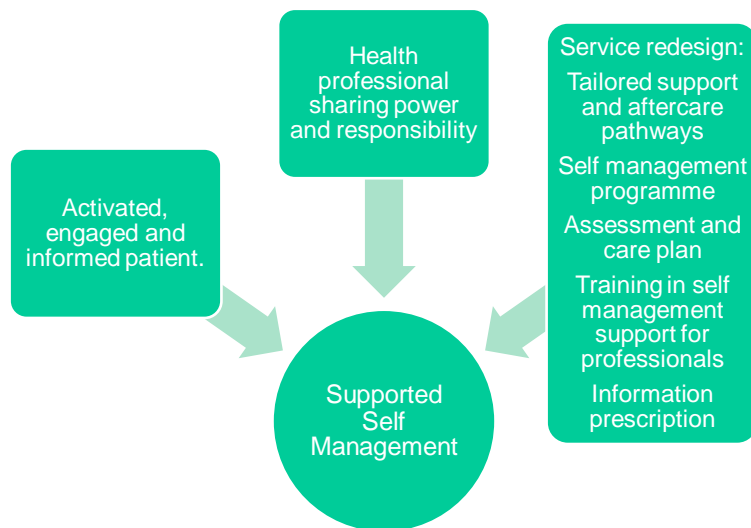
- Individuals less prepared for survivorship
 - Survivors experiencing depressive symptoms
 - Individuals at greater risk of sexual dysfunction
 - Individuals from ethnic minority groups
 - Low literacy groups
 - Individuals who are single, socially isolated or lacking social support
 - Older cancer survivors, with co-morbidities r mobility problems
 - Obesity, low physical activity
-
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Piloting new models of cancer aftercare

- A new aftercare and support service for breast cancer patients at Good Hope Hospital:
 - A telephone based support service by trained cancer nurses
 - Practical home based support service
 - Home based care management service
 - Tailored self management programme for patients following individual assessment and care plan as part of new aftercare pathway
 - HOPE (Helping Overcome Problems Effectively) self management education programme
 - A skills training programme for professionals (Advanced Development Programme – for supporting self management)
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- Cancer Aftercare and Supportive Self Management (CASS) project: Transforming follow up services for patients with breast, prostate and testicular cancer
 - Southampton University Hospitals Trust and Portsmouth Hospital NHS Foundation Trust
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Supported Self Management framework



Supported self management framework: Whole System Change

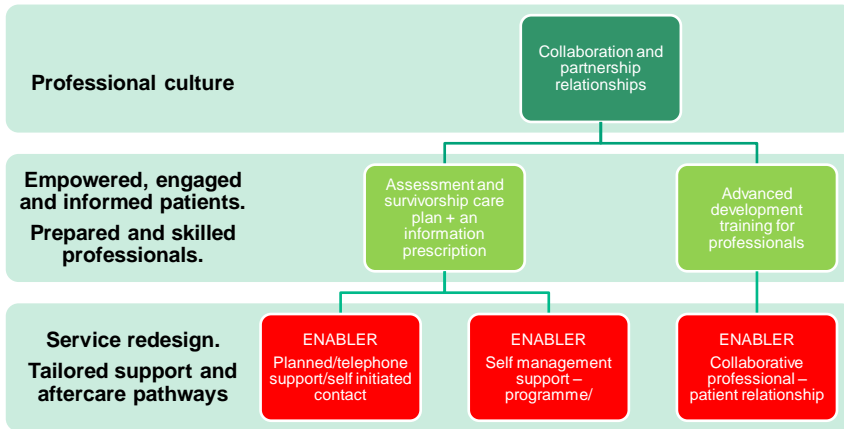


Table 4: Key Stakeholder Outcomes for Supported Self-Management

Patient Outcomes	Clinician Outcomes	Commissioner Outcomes	Policy Outcomes
Health literacy - to navigate the healthcare system, understand information, and access support when needed.	Patient in partnership communication skills for self-management support.	Quality and innovation.	Establishment of patient-centred care and the patient/provider partnership approach.
Self-efficacy to self-manage.	Improved healthcare utilisation - reduction in unscheduled episodes; effective use of other services.	Productivity.	Effective healthcare utilisation.
Self-management skills development.	Clinic capacity for high need patients, and new patients.	Service improvement.	Reduced costs of treatment.
Reduced symptom burden.	Multidisciplinary team work.	Cost-effectiveness.	Secondary prevention.
Improved quality of life.			Earlier diagnosis.
Satisfaction with service.			Increased survival.
			Improvements in cancer care to match those established in the best European countries.

Three '*Enablers*' for delivering QIPP in cancer aftercare:

- Skills development programmes for professionals
 - Self management support options for patients/survivors
 - Institutional support for service redesign
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