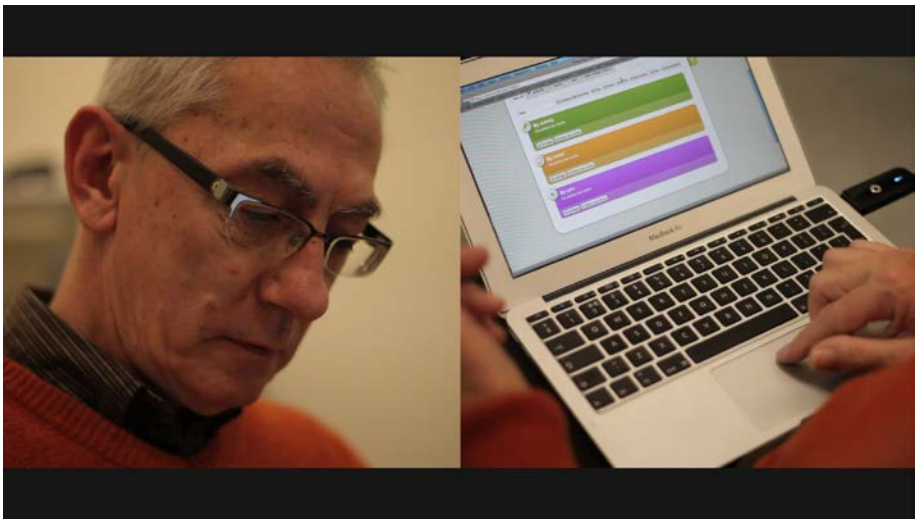
INNOSERV
SOCIAL SERVICES INNOVATION

Theoretically informed case study accompanying the film

Digital Healthcare - Internet based Self-Management - UK



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QR-Code to the Homepage and video:
Link to the video: http://www.inno-serv.eu/telemonitoring

This report is part of the research project „Social Platform on innovative Social Services“ (INNOSERV). INNOSERV investigates innovative approaches in three fields of social services: health, education and welfare. The INNOSERV Consortium covers nine European countries and aims to establish a social platform that fosters a europeanwide discussion about innovation in social services between practitioners, policy-makers, researchers and service users. This project is funded by the European Union under the 7th Framework Programme (grant agreement nr. 290542).

SEVENTH FRAMEWORK PROGRAMME

1. Short profile: Digital Healthcare - Internet based Self-Management

This service represents the use of innovative digital solutions to improve healthcare services.

Specific innovative elements

The use of digital technology in healthcare

The project shows an innovative use of digital technology to provide a sustainable solution to care of people with pain associated with a long term health condition

Enhancing patients' self-management skills

Embedding self-management support in mainstream health services, aiming to build patients' confidence to self manage and to improve their own health outcomes.

Integration of an independent sector provider with the Health Service

The project involves the engagement of an independent sector digital self-management support provider working with a National Health Service provider to co-produce the service

Key characteristics of the service

Organisation:

The Somerset Pain Management Service (SPMS) provides support for patients with persistent and incurable pain. The SPMS is part of the National Health Service in England (Taunton & Somerset NHS Foundation Trust) and is provided at secondary care level. The service is primarily a self-management support service: it aims to help people with chronic pain to understand and take control of their pain, and to adopt strategies which allow them to live as full and independent life as possible. The SPMS provides an integrated service for pain, with patient provision including clinical provision, access to peer group support, and online support and signposting (Collins and Corrigan, 2012).

The SPMS has partnered with 'Know Your Own Health' (KYOH), an internet based self-management platform for patients with long term health conditions, to provide on-going support for self-management and health related behavior change outside of appointments with the service.

User groups:

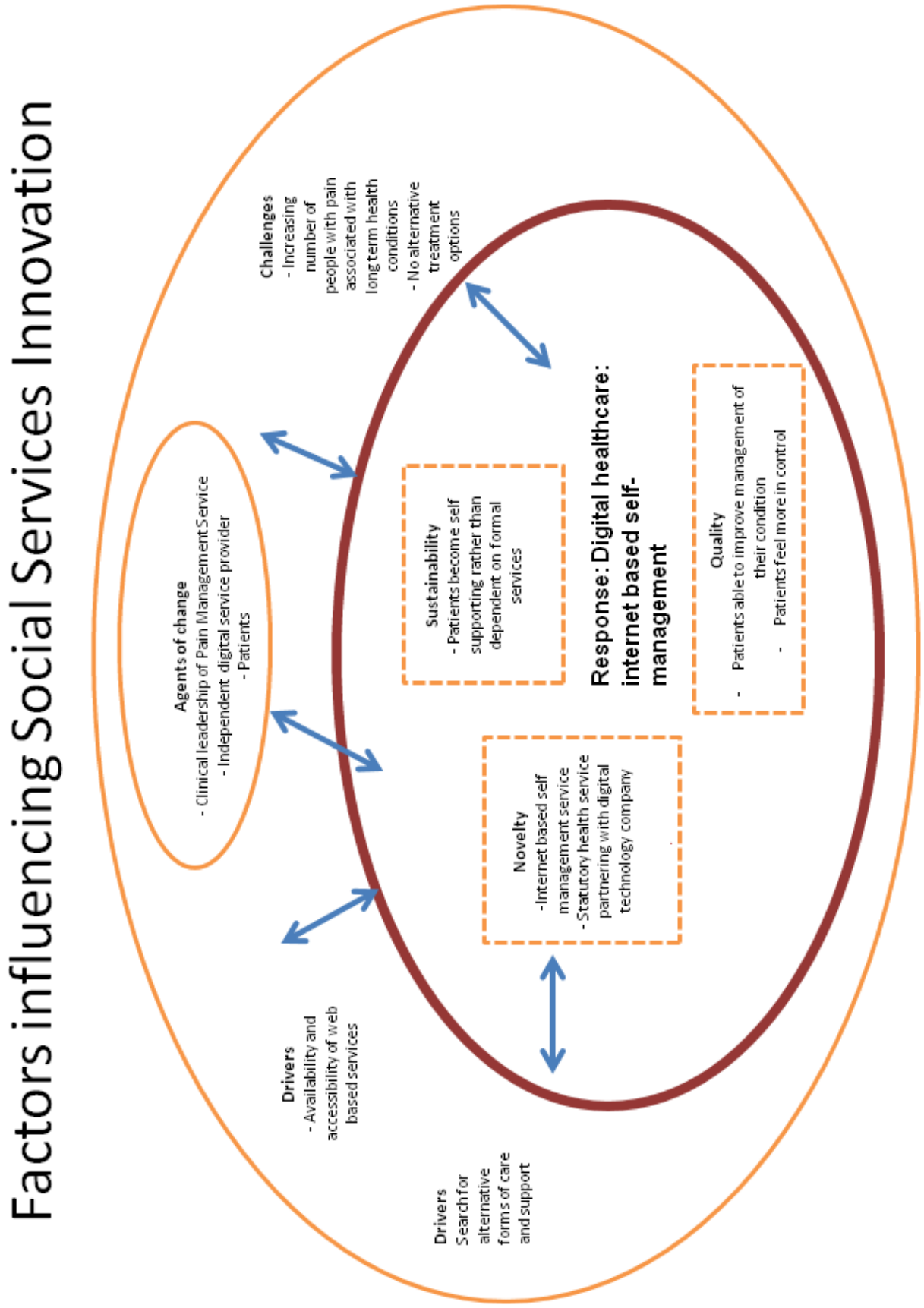
KYOH is aimed at people with long-term health conditions (LTCs). These are health conditions which cannot currently be cured, but are controlled by medication or other treatment/therapies. LTCs include diabetes, stroke, asthma, hypertension and dementia (Department of Health, 2012a). The example provided here is for people who are living with persistent, incurable pain who have been referred to KYOH by the SPMS.

Principle:

The principle is that people can be supported to feel confident and able to self-manage their long term health condition, thereby improving their quality of life and reducing their reliance on formal healthcare services.

Driver(s):

- Pressure on healthcare services from increasing numbers of people with long term health conditions
- Policy guidance regarding self-management support to patients with long term health conditions
- Technological advance allowing home internet access
- Social acceptance in the use and uptake of home based internet access


Factors influencing Social Services Innovation
Challenges
- Increasing number of people with pain associated with long term health conditions
- No alternative treatment options
Agents of change
- Clinical leadership of Pain Management Service
- Independent digital service provider
- Patients
Sustainability
- Patients become self supporting rather than dependent on formal services
Response: Digital healthcare: internet based self-management
Quality
- Patients able to improve management of their condition
- Patients feel more in control
Novelty
-Internet based self management service
- Statutory health service partnering with digital technology company
Drivers
- Availability and accessibility of web based services
Drivers
Search for alternative forms of care and support

2. Policy Framework related to care of long term conditions in the UK

Principles/ Guidelines	Key organisations and actors	Services provided by government	Expenditure, Resources
Choice and control shift in policy away from a traditional model of healthcare to one that offers the patients more choice and control over their care (The Health Foundation, 2012) **Shared decision making** Clinicians and patients working together to agree treatment and self-management goals and actions. This involves providing adequate information, decision support and a means to record and implement the patient's preferences (Coulter and Collins, 2011). **Personalisation** Placing the person at the centre of decision making about their care (Department of Health, 2010) **Supported self-management** Providing people with the information and skills they need to make day to day decisions about their health to improve health related behaviours and outcomes (Department of Health, 2010) **Co-design** Service users and service providers work together to ensure development of a service that fits their needs **Empowerment** Empowering patients to maximise their self-management, through provision of information about their condition and skills to manage it	Health care in the U.K. provided by the **National Health Service** funded from taxation **Department of Health:** UK health care policy is promoting and supporting self care and 'shared decision making'; **NHS Primary Care**: General Practitioners refer patients with incurable pain to the SPMS; **NHS Secondary Care**: SPMS provide clinic based self-management support and introduction to KYOH **KYOH** is an independent sector provider of on-line self-management tools and support	The service model reflects a number of national policy statements regarding long term health conditions. **NHS Mandate (Department of Health 2012b)** requires the English health service to empower users to manage their own care **NHS Outcomes framework (Department of Health, 2011)** Includes 'enhancing quality of life for people with long term conditions' as one of the responsibilities of the NHS; **QIPP** **Quality, Innovation, Productivity and Prevention programme (QIPP) (Department of Health, 2010b)** The QIPP programme aims to improve the quality and delivery of NHS care while reducing costs to make £20bn efficiency savings by 2014/15. It identifies self-care and shared decision making as features of best practice in LTC care[1]. It includes LTCs as a priority and promotes a model that includes self-care support (Department of Health, 2012a). It identifies the need for empowerment of patients to maximise self-management (Health Foundation, 2012)	It is estimated that treatment and care of people with long term health conditions takes up 70% of the total health and social care expenditure (Department of Health, 2012a)

3. The social, political and institutional context

3.1 Population/ Government

	UK	EU27
Total Population, (2010)	62.3 million (**ONS, 2011a)**	501.1 million (Eurostat, 2011a)
Population projections 2035	73.2 million (ONS, 2011a)	525 million (Eurostat, 2011b)
Proportion of population aged 65-79 years, (2010):	11.9% (ONS, 2011b)	12.7%
Proportion of population aged 80 years and more (2010):	4.7% (ONS, 2011b)	4.7%
Proportion of population aged 65 and over (2010):	**16.6%** (ONS, 2011b)	17.4%
Old-age-dependency ratio (2008)	310 (ONS, 2009)	
Projected old-age dependency ratio 2051	495 (ONS, 2009)	
Life expectancy at birth in years: male/female	78.1/82.1 (2008-2010) (ONS, 2011c)	76.4/82.4 (2009) (Eurostat, 2012a)
Expenditure on health care (% of GDP, 2009)	9.8 (Qaiser, 2011)	10.2 (EC, 2012)
Number of people with a long term condition	around 15 million Department of Health, 2012a)	-

3.2 Information about the specific Welfare State: UK

In the UK, the state provides a basic level of social support and social protection. Around half the UK population (approximately 30 million people) receive some social security benefit. These benefits are a mix of taxable/non-taxable; contributory/non-contributory and means/non-means tested benefits. The benefits can be divided into six categories of recipient: families with children, unemployed people, those on low incomes, elderly people, sick and disabled people, and bereaved people. Social security benefits for the period 2011-12 amounted to 13.5% of the GDP of Great Britain and is the largest single area of government spending (Browne and Hood, 2012).

Social services (social care and social support) are organised at a local level, with some schemes funded nationally but mediated through local government, and some funded locally. Local governments have reduced their role of direct service provider in some areas, with a growing number of independent providers and a growing social enterprise sector becoming involved. The system thus has a plurality of service providers. Social care services in England, Northern Ireland, Scotland and Wales are managed separately, although are similar in most respects (Theil, 2010).

Health care is provided through the National Health Service (NHS) which is funded through taxation and is free at the point of use for anyone living in the

UK. Again, NHS services in England, Northern Ireland, Scotland and Wales are managed separately, although are similar in most respects. Expenditure on healthcare in the UK in 2009 was £136.4 billion, or 9.8% of GDP (Qaiser, 2011).
In the UK, there is a continuous increase of expenditure in benefits delivered in kind rather than in cash. The table below presents the social protection expenditure of selected countries.

Social protection expenditure: Aggregated benefits and grouped schemes in millions of Euros

Time	Expenditure for social protection benefits in millions of Euros		Increasing benefits in kind	Part of benefits in kind of social protection benefits	
	1996	**2010**	**1996-2010**	**1996**	**2010**
EU 27	/	3,605,678.95	/	/	34.07%
United Kingdom	262,859.71	478,281.18	124.56%	32.87%	40.56%
Germany	565,683.07	765,717.82	52.53%	30.79%	34.69%
France	379,396.42	654,238.65	84.47%	31.94%	34.17%

Source: Own calculations based on EUROSTAT 2012

4. Challenges and Drivers of Innovation

Structural weaknesses of the system:
The current approach to the care of people with long term health conditions is not sustainable Department of Health, 2012a). Around 15 million people in England, or almost one in three of the population, have a long term condition. In people over 60, this figure is 50%, and older people are likely to have more than one long term health condition. The management of incurable pain is often associated with such conditions and the incidence of people with multiple LTCs is set to increase as the population ages. People with long term health conditions are high users of health services, accounting for 50 percent of all GP appointments and 70 percent of all hospital inpatient bed days. It is estimated that the treatment and care of those with long term health conditions accounts for 70% of the primary and acute care budget in England. Moreover, people with long term health conditions are likely to experience a lower quality of life (Department of Health, 2010c), including the need to manage pain. Current methods of pain management rely on drug or therapy based treatments both of which are expensive and do not necessarily help support individual lifestyles and aspirations. Drugs can also have unpleasant side effects. With increasing numbers of people with LTCs and financial pressures on the NHS, a different approach to the management of pain is needed (Department of Health, 2012a).

Innovation: Ideas, criteria, levels and added values

This case study illustrates a new approach to the treatment of long term health conditions, and specifically persistent pain. It is based firmly within UK policy, which promotes that health professionals provide self-management support for people with long term health conditions (Department of Health, 2012a).

An innovative NHS pain management service has commissioned a digital self-management service provider to deliver an integrated and ongoing self-management support system to its patients. The self-management support package is available to users at home via the internet.

There are three particularly innovative aspects about the service:

The use of digital technology in healthcare:
The project shows an innovative use of digital technology to provide a sustainable solution to care of people with long term health conditions; the online programme is used at home, outwith and beyond appointments with the clinical service, and is embedded within a local network/community of other patients with a similar condition.

Enhancing patients' self-management skills:
The project works to embed self-management support within a mainstream health service. It aims to build patients' confidence to self-manage, to improve patients' health outcomes, to change the way patients interact with health services from being a passive, dependent patient to becoming active and engaged, to reduce patients' dependency on medication and services, and to improve their health outcomes and quality of life .

Integration of an independent sector provider within the National Health Service:
The project involves the engagement of an independent sector digital self-management support provider working with a National Health Service provider to co-produce the service

This service is very new. Figures for the three months from 01.09.12 and 01.12.12: 42 patients from SPMS were signed up and actively engaged in KYOH; 33 of these have visited KYOH more than once, with 4 visiting more than once a week; 12 have engaged in on-line community conversations.

Agents of Change
The main player in developing the SPMS into an integrated service, of which KYOH is a part, has been with the clinical manager of the service. KYOH is a social business which was developed by a group of digital designers and communications experts to offer self-management as an online resource.

5. Key innovative elements of this example

Field of service	Health
Establishment of organization	September 2011
Type of organization	National Health Service working with a social enterprise business
Financing	NHS
Size of the organization	The SPMS has 4 full time and 8 part time staff plus administrative support.
Members and participation	Part of the National Health Service in England (Taunton & Somerset NHS Foundation Trust). 'Know Your Own Health' (KYOH), an internet based self-management platform for patients with long term conditions
Contact Name of the innovative example Homepage	Digital Healthcare - Internet based Self-Management. www.kyoh.org

Patients with long term health conditions spend much time in their daily lives taking care of, or self-managing, their condition. Health professionals can help patients to learn how to better do this and to make active decisions that improve their quality of life (Health Foundation, 2012). This type of support for self-management aims to increase the confidence and ability of patients to self-manage, through the provision of necessary knowledge, skills and confidence (Department of Health, 2005).

The SPMS provides support for self-management for people living with persistent pain and who are referred to the service by their General Practitioner, Consultant or Community Health Professional. The service aims to help its patients to live with their pain, to manage its consequences, and to encourage them to take active steps to improve their quality of life (Musgrove Park Hospital, 2007). The SPMS is a multi-disciplinary team of specialists in pain management, which include consultants, nurses, physiotherapists and clinical psychologists. People referred to the service are offered a number clinical appointments and options of referral to other services such as therapies, pain management courses, self-management resources and clinical psychology as appropriate.

In order to extend the support for self-management that it can offer, SPMS has partnered with KYOH, a digital -self-management support system, which provides users with a range of online tools and techniques to encourage and support self-management. (Worth, 2012).KYOH offers its users a range of facilities to support their self-management (see www.kyoh.org). For example:

- users can search the internet for validated information relevant to their condition and can save and organise any information they find particularly helpful;

- users can identify and track aspects of their health which they consider relevant to the management of their condition. For example, a user may choose to track levels of pain, mood, exercise, and alcohol consumption. A recording of the level of each aspect can be made, and graphics created which correlate one aspect against another, to show which factors appear to impact on level of pain. Such tracking allows users to better understand the factors they can influence which impact on their pain;
- users can create a personalised action plan with individualised goals and can track progress towards those goals; users can access a telephone mentoring service to help them set goals and action plans;
- users can make online contact with a local network of other patients who are managing the same condition, in order to share experiences and gain support;
- users are provided with access to information about local support services which may be of interest to them;
- users can access evidence-based online and small group self-management courses

The SPMS introduces its patients to KYOH within the clinic setting. Patients then work with the KYOH system between appointments and after discharge from the SPMS, thus providing on-going and long term self-management support. KYOH has worked closely with SPMS clinicians and patients to ensure that the on-line service is locally relevant.

Relevance to EC

All countries within the EC are dealing with an increase in long term health conditions in their populations. Many people with long term health conditions are becoming more expert in managing self-support, others would want to be able to do so. Supporting self-management in long term health conditions could result in people accessing supports which are directly useful to them and thereby reducing dependency on formal services and wasted healthcare costs. There is evidence of self-management support being successful, particularly when support for behavioural change and self-efficacy is provided. Impacts have been shown on attitudes and behaviour, quality of life, clinical symptoms and use of resources (de Silva, 2011). The KYOH on-line portal is developed to be locally relevant, so could be applicable both to different disease conditions and different localities.

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