Self-Care Social Prescribing

Kensington & Chelsea Social Council and NHS West London Clinical Commissioning Group

Executive Summary – Social Return on Investment

January 2018

Executive summary

Health and social care services in North and West London are building positive new models of cross-sector working to make better use of joined-up resources. Such cultural and operational change is needed to improve choices available for patients, and to support professionals to go beyond the medical model alone. The status quo is not sustainable, given our ageing population and the growing prevalence of long-term life limiting illnesses.

In West London, a frail older patient can take up an average of 30 GP practice visits per year, over 12 days in hospital per spell, and 8 visits to outpatient clinics annually. Many older patients are at risk of being increasingly isolated, housebound, and are suffering from poor social and emotional wellbeing. This further amplifies the problems with their existing health conditions and can lead to more rapid deterioration. However, treating such *non-medical* drivers of poor health and wellbeing are not the conventional domain of doctors, nurses, and other clinical professionals.

The Self-Care social prescribing model enables GP practice staff to refer patients with a *non-medical* health and wellbeing need onto appropriate specialist services from the voluntary and community sector (VCS). Patients are provided with a personal consultation with a Case Manager or Heath and Social Care Assistant at their GP practice, to identify their needs, interests, and goals. One option available is for the patient to be prescribed a service on the Self-Care directory.

Patients are contacted by the service provider within a week to arrange their sessions and work on their progression. The general aim of Self-Care is to increase patient confidence in making informed decisions about their health, and increase lifestyle changes and new healthy habits, through accessing more community-based support sessions. **The Self-Care social prescribing model has led to reduced avoidable need for hospitalisations, reduced need for GP practice hours, and reduced levels of physical pain and depression for patients.**

This Self-Care social prescribing model and directory of services is managed by Kensington and Chelsea Social Council (KCSC) on behalf of West London Clinical Commissioning Group (WLCCG). The model forms part of WLCCG's integrated 'My Care, My Way' (MCMW) programme, which places over-65s at the heart of a personalised and holistic care and support plan. Envoy Partnership were commissioned to conduct research to evaluate the impact of this model and include a Social Return on Investment (SROI) analysis. This is detailed comprehensively in the main report, which describes the total SROI value created when compared with the annual contract budget of £250,000. The results are as follows:

£+ £2.80 of social value created per **£1** invested

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YEAR END TO MARCH 2018 – FORECASTED 'SROI'

- c.£6.25 for every £1 invested, including health service value (c.£1.22) and patient health and well-being value (c.£5.03).
- After accounting for the attribution due to other factors, the **'attributable' SROI is c. £2.80.**

PILOT YEAR TO MARCH 2017 – 'SROI'

- c.£4.30 of value is created for every £1 invested, including health service resource value (c.£0.85) and patient health and well-being value (c.£3.45).
- After accounting for the contribution of other factors that affect patients' health and wellbeing outcomes (the attribution), **c.£1.90 of attributable value was created for every £1 invested.**

The Self Care model reached around 800 frail older patients in the pilot year and is forecasted to reach around 1300 patients in the year to March 2018.

Patient impacts observed from the research include:

- Reduced physical pain and discomfort
- Reduced depression and severe anxiety
- Reduced levels of loneliness and social isolation
- Improved self-confidence/self-worth
- Improved sense of health equality i.e. feeling valued the same as other people by care services
- Maintained independence and dignity, especially when enabled to access income support
- Reduced avoidable need for entering primary and secondary care

Total attributable worth (or 'utility') to patients of these impacts is valued at £278,400 for the pilot year to March 2017. Patients receive six sessions, with an option for re-referral for another six sessions, sometimes with a different related service. Through patient surveys (see Table A) we observed an increase in the proportions of patients who feel: i) No pain or little pain (+24%), ii) No feelings of being down or depressed (+17%), and iii) No feelings of anxiety (+14%).

Table A. Patient survey responses regarding health status outcomes resulting from social prescribing (based on the short EQ5-d and PHQ9 surveys, N=134)

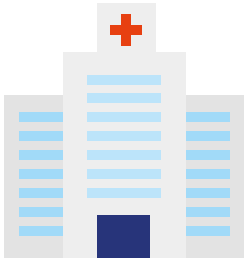
% of Patients responding	Before	After	Change
Little or No pain	15%	39%	**+24%**
No feelings of being depressed	30%	47%	**+17%**
No feelings of anxiety	29%	43%	**+14%**

Resource value to health services

The social prescribing model has also led to **resource savings** to GP practice staff - including Health and Social Care Assistants (HSCAs) and Case Managers – valued at **£102,000 for the pilot year** (April '16-March '17) and forecasted at **£150,000 to March 2018**. Resource savings for **hospitals** are valued at **£106,000 for the pilot year** and forecasted **at £154,000 to March 2018** (see Table B). This is calculated for acute episodes, by drawing on improved Patient Activation Measure (PAM) scores. PAMs are recorded by GP staff *with* patients, at different points in time.

According to the PAM scoring system[1] used by WLCCG, an improvement by one-point correlates to 2***% reduced hospitalisation*** likelihood. Around **62% showed an improvement** from our sample. The average improvement for those 62% was **5.8 points**. Therefore, one of the areas of resource savings indicated by the improvement in patient activation would be an average 11.6% rate of reduced hospitalisations, for the relevant proportion of patients who improved.

Table B presents avoidable demand and resource value to local health services, at GP practice level and hospital level, with hospital estimates linked to the PAM score for the proportion of patients who showed improvement. *Patient utility was valued separately using a QALY approach.*



c.11.5%
reduced
hospitalisations

1300 patients
reached in 2018

Table B. Resource value to health services (from 24 GP practices, values rounded to nearest 1000)

Areas of resource saving	Total reduction Pilot year to Mar 2017	Equivalent consult'ns *per practice* Pilot year	Total Value Pilot year to Mar 2017	Total Value forecast YE to Mar 2018	Average incidence per patient per year, MCMW
GP Practice level total			***£102,000***	***£150,000***	
Diverted GP hours: initial consultations (w/ re-referral)	340 hours	57	£18,000	£27,000	30 GP practice visits per patient
Diverted HSCA & CM research/support hours: initial consultations (w/ re-referral)	1025 hours	171	£21,000	£31,000	
Avoided GP hours from patients stopping need for consultations (6-month period)	590 hours	98	£32,000	£46,000	
Avoided HSCA & Case Manager hours from patients stopping need for consultations (6-month period)	1480 hours	247	£31,000	£46,000	
Hospital level total			***£106,000***	***£154,000***	
Reduced need for Hospital spells	51 incidences	n/a	£68,000	£99,000	1.19 episodes @12 bed days
Reduced need for A & E	54 incidences	n/a	£6,000	£9,000	1.23 episodes
Reduced need for Outpatient visits	579 incidences	n/a	£32,000	£46,000	8 episodes

[1] Licensed by NHS services from the US company, Insignia Health

Executive summary

Key strengths of the model identified in our research are that:

- The Self-Care offer enables agile and flexible commissioning, whilst supporting some frontline administrative functions.
- GP practices and patients are able to reach more VCS services appropriate to their needs (and thus work more effectively with their time).
- Management of the model by an accountable VCS umbrella organisation. such as KCSC, generates trust between providers, health services, patients, and other statutory stakeholders.
- It can foster cross-sector collaboration to better join-up resources and access capacity.
- There are significant contributions to patient wellbeing, motivation/activation, and confidence.
- Resource savings are created for care services, especially reduced hospitalisations, and GP time and Case Manager time spent on care co-ordination, planning, and research.

Recommendations for the model are focused on:

- The need to improve feedback about patient progression into Care Plans, through better integration of information between two different software systems used by WLCCG and KCSC.
- Expanding services to less frail patients therefore supporting a preventive approach.
- Increasing initial number of sessions, whilst reducing the need for re-referrals.
- Building the profile of the model and building confidence more widely amongst professionals.
- Improving compliance and guidance, regarding Quality standards and Information adequacy.
- Ensuring service providers and health professionals meet their responsibility to collectively improve learning and share best practices.

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