SCHEDULE 2 – THE SERVICES

A.   Self- Management Programmes Service Specification

1.   POPULATION NEEDS

1.1   National/local context and evidence base

Empowering residents and service users is a core element of Southwark CCG's strategic vision as outlined in the 2016/17 operating plan. Continuing to invest in self-management support is a key enabler to this. This reflects the emphasis placed on self-management in the NHS Five Year Forward View.

Self-management is considered to be effective in improving health outcomes and is supported by clinical studies.

Training people to look after themselves improves patient motivation, the extent to which they eat well and exercise, their symptoms and clinical outcomes; and is evidenced to reduce their use of NHS resources.

Following the programme, participants will have a better understanding of how they can support themselves as active self-managers supported by the findings from 13 domains within the Patient Activation Measures analysis.

2.   OUTCOMES

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2   Local defined outcomes

- Patients have a better understanding of how they support themselves
- Reduction in blood glucose parameters among Service Users
- Reduction in weight of Service Users
- Patients have improved anxiety levels

3.   SCOPE

3.1   Aims and objectives of service

The primary aim of the services is to support patients to become active self-managers and to help them engage with their health care professional to be a partner in their patient journey

Secondary aims include:

- Increased physical activity of service user
- Reduction in weight of service user

- Enhance patient choice
- Maximise completion rates of Service Users
- Reduce health inequalities across Southwark

2.2 Inclusion criteria

The participants will all be recruited by self management uk staff and reside or belong to NHS GP Practices within the locality of Southwark CCG. All participants will be patients who live with long term conditions.

2.3 Exclusion criteria

On the advice and discretion of the clinical team consider excluding patients in palliative care, those who are house-bound and those with unstable psychosis and dementia.

2.4 Geographic coverage/boundaries

The Service will be for patients registered with a General Practitioner or resident within Southwark. Services will be provided in accessible locations across the borough to ensure equitable access for all Southwark residents.

2.5 Whole-system relationships, interdependencies and other services

The Service will play a pivotal role within a whole-system approach to empowering patients in Southwark.

3. SERVICE MODEL

3.1 Service model

Principles:

The Provider will deliver the Service in accordance with the following principles:

- The Service must aim to reduce health inequalities and promote equality, targeting those with greatest need through a proportionate universalism approach and equality of access for people with protected characteristics under the Equality Act 2010;

- All individuals must be treated with courtesy, respect and an understanding of their needs;

- Access to the Service will be matched to the diverse needs of the target population in terms of availability, accessibility and location, as far as possible;

3.2 Service description

Delivery of the following courses:

9X Self-Management for Life – Patients (6 week course): A generic programme for patients with long-term conditions, such as diabetes, arthritis, chronic obstructive pulmonary disease (COPD) and heart disease. Programmes will be delivered by fully-trained peer tutors who live with a long-term condition or care for someone with a long-term condition and have previously attended a self-management uk course.

4X Self-Management for Life – Positive Steps (7 week course): As above with Additional content for those living with or recovering from a mental health condition

Each course lasts 6/7 weeks, with 3 hours of contact time per week. Each course will have a capacity of 16 patients. The modules will include the following content:

- What is self-management?

- Balancing life with a long-term condition
- Goal-setting Planning for action
- What we believe about our long-term condition
- Pursed-lip breathing
- Dealing with exercise
- Being thankful
- Planning for action
- Handling challenging or unhelpful emotions
- Breathing Becoming and staying active for everyone
- Muscle relaxation Planning for action
- Eating well for our health
- Introduction to mindfulness Communicating with family and friends
- Problem-solving
- Planning for action
- Recognising and managing fatigue
- Being positive
- Managing our medication
- Planning for action
- Setting the agenda with the healthcare team
- Making choices, deals and decisions
- Recognising and managing set backs
- Becoming a resourceful self-manager
- Sharing our successes and setting longer-term goals

4.   APPLICABLE SERVICE STANDARDS

4.1   Applicable national standards (eg NICE)

4.2   Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3   Applicable local standards

5.   APPLICABLE QUALITY REQUIREMENTS and CQUIN GOALS

5.1   Applicable quality requirements (See Schedule 4 Parts A-D)

5.2   Applicable CQUIN goals (See Schedule 4 Part E)

6.   LOCATION OF PROVIDER PREMISES

The service will be delivered from convenient and accessible locations across the borough

7.   INDIVIDUAL SERVICE USER PLACEMENTS

Not applicable

8.   KEY PERFORMANCE INDICATORS

Performance Indicator	Reporting Frequency	Target Threshold	Outcome Indicator	Consequence Breach
All course activities to be delivered by qualified and accredited course tutors (staff and volunteer tutors)	Quarterly	100%		To be agreed contract monitoring
All staff have current DBS check	Quarterly	100%		
Number of attendees per course	Quarterly	12		
Number of completers per course	Quarterly	9	Proportion of people who feel	

			supported to better manage their condition		
Number of DNAs per course	Quarterly	3			
Number of service users per course sign-posted / onward referral to appropriate self- care programmes	Quarterly	70%	Increase in independent living & use of community-based services		
Number of service users signposted/onward referrals tracked and monitored as a measure of effectiveness	Quarterly	70%	Increase in independent living & use of community-based services		
Number of service users who completed the exit questionnaire for those who did not complete the course	Quarterly	60%	Patient satisfaction		
PAMs assessment per service user on their ability to manage their condition - at baseline	Quarterly	100%	Benchmark no. of A & E Attendances & GP appointments 6 months prior to intervention		
PAMs assessment per service user on their ability to manage their condition at 3-months after course completion	Quarterly	80%	Potential reduction in A&E Attendances, Non elective Admissions & GP appointments 6 months post intervention		
Patient confidence in managing their condition has increased	Quarterly	70%	Increase in PAM score (1-100)		
Patient satisfaction with the service	Quarterly	75%	Patients would recommend the course		
Patient anxiety level has decreased	Quarterly	70%	Using the GAD-7 score		