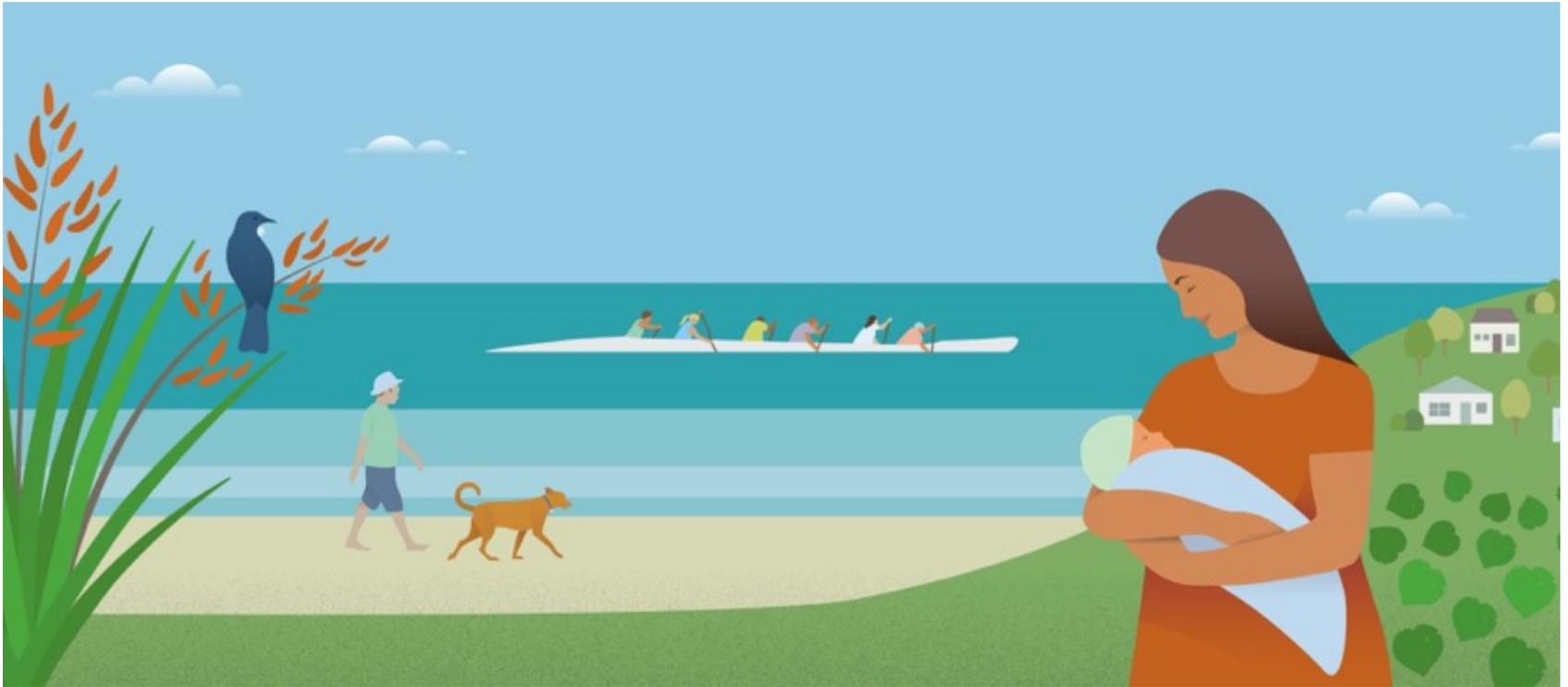


New initiatives in self-management support

Susan Reid, Carla White, Pat Flanagan, Dr Janine
Bycroft & Rosie Dobson

Agenda

Topic	Who
Consumer voice	Carla
Health coaching	Susan
Group visits (Shared medical appointments)	Janine & Carla
Social prescribing & resources	Janine & Pat
Digital tools for long-term conditions	Rosie
Wrap up	



The value of the consumer voice

In service design and planning

Consumer
voice – but
don't we
know best?



Merle Samuels

Examples of consumer participation & partnering

- Co-design/co-production projects and service redesign
- Whanau ora projects
- DHB consumer councils developing around the country
- Practice participatory groups
- The Auckland co-design lab – South Auckland
<https://www.aucklandco-lab.nz/>



POLICY BY DESIGN

Design has the potential to make policy processes more accessible to the people most affected by it. In May 2018 we co-hosted 'Policy by Design', a



CO-DESIGN CAPABILITY BUILDING

Our co-design capability framework has been created to help teams and organisations map where they are now and create a plan for growing



CO-DESIGN EXPERIENCE

We have run a series of 3 day co-design experiences workshops with a diverse range of participants. Created to give people a practical

Health coaching

Health coach as a dedicated role

And all primary care staff use a range of health coaching skills in a range of different contexts

Contexts for health coaching

Support person to manage their own health

Helps person to navigate the health system

Go to contact if person has questions or needs info

Care planning – all stages

Progress of LTC

Changing behaviour



Skills for health coaching

- Listen to understand person's perspectives and preferences
- Ask questions
- Identify Health literacy demands of LTC
- Find out what people already know
- Build new knowledge by connecting to what person already knows
- Check you have been clear and the person knows what to do
- Help people anticipate next steps
- Use everyday language
- Access to appropriate information and resources
- Discuss prevention strategies including medication
- Become culturally competent
- Don't make assumptions
- Recognise and use teachable moments
- Accept and explore ambivalence to change
- Empathise with the person and their situation
- Develop discrepancy - identify reasons for change
- Roll with resistance- don't tell people why they must change something
- Support person's confidence to succeed in their goals

Scenario

- A patient has been to see her renal doctor at the hospital and been told that her kidney function is getting worse and she is moving towards Stage 4. The patient rings you up. She is very upset and asks to make an appointment to find out everything she can do so she doesn't get any worse and have to be on dialysis. This patient has a history of stopping and starting her medicines.

Group visits

Also known as Shared Medical Appointments

What is a SMA?

- Group appointment in primary care
- 6-12 patients
- Same health condition or mixed
- 1 GP, 1 nurse, facilitator (optional)
- 60-90 minutes
- Consultation/education/peer support

Format

- Range of formats and styles
- Pre-testing and results prepared
- Welcome and explanation of SMA
- Agree to confidentiality & group rules
- Introductions, participant issues and history shared
- Compile questions & issues
- Education discussion – led by GP, nurse or guest speaker with people sharing what works and why
- Display latest test results and discuss
- Individual talk with GP while group talk continues
- Review - do participants have what they need?



Pilot



SMA for diabetes and SMA for gout



Nurse identified potential participants based on uric acid & HbA_{1c} results



Phone call – about half agreed to attend



Test results compiled – or people came early for POC testing



Facilitated discussion (e.g. explaining uric acid, genetic contributors, medicine action)



Immediate feedback positive for participants



Follow up calls underway re changes and experience

Benefits



Built understanding
of a health
condition



Got people talking
about their health
with less time
pressure



Questions from
each participant
useful to all



Build peer
support



Experiences help
clarify disease
progression, inform
expectations,
highlight
prevention
opportunities



Comparison with
others can change
perspective



Supports self-
management –
awareness &
interest increase

Challenges



Adequate preparation (test results compiled)



Needs support from rest of team to identify & invite patients



Meeting individual needs in group setting



Participation levels – some happy to share with group, others reluctant, people monopolising (new experience for everyone)



People sharing inaccurate information



Confidentiality e.g. of test results



Resourcing

Where to learn more

- **Shared Medical Appointments**, Australasian Lifestyle Medicine
 - Introductory webinar
 - Training programme
- [Download guide](#), Agency for Health Research & Quality (AHRQ), US, 2017
- [Health Navigator NZ section on group visits](#)
- <https://www.healthnavigator.org.nz/clinicians/g/group-visits/#Resources>
- Egger G, Stevens J, et al. [Programmed shared medical appointments: A novel procedure for chronic disease management](#). Aust J Gen Pract. 2018 Jan-Feb;47(1-2):70-75. [\[full article\]](#)
- Kirsh SR, Aron DC, et al. A realist review of shared medical appointments: How, for whom, and under what circumstances do they work? BMC Health Serv Res. 2017 Feb 4;17(1):113. [\[full article\]](#)
- Menon K, Mousa A, de Courten MP, Soldatos G, Egger G, de Courten B [Shared medical appointments may be effective for improving clinical and behavioral outcomes in type 2 diabetes – a narrative review](#) Front. Endocrinol. 2017. 8:263. [\[Full article\]](#)



Social prescribing

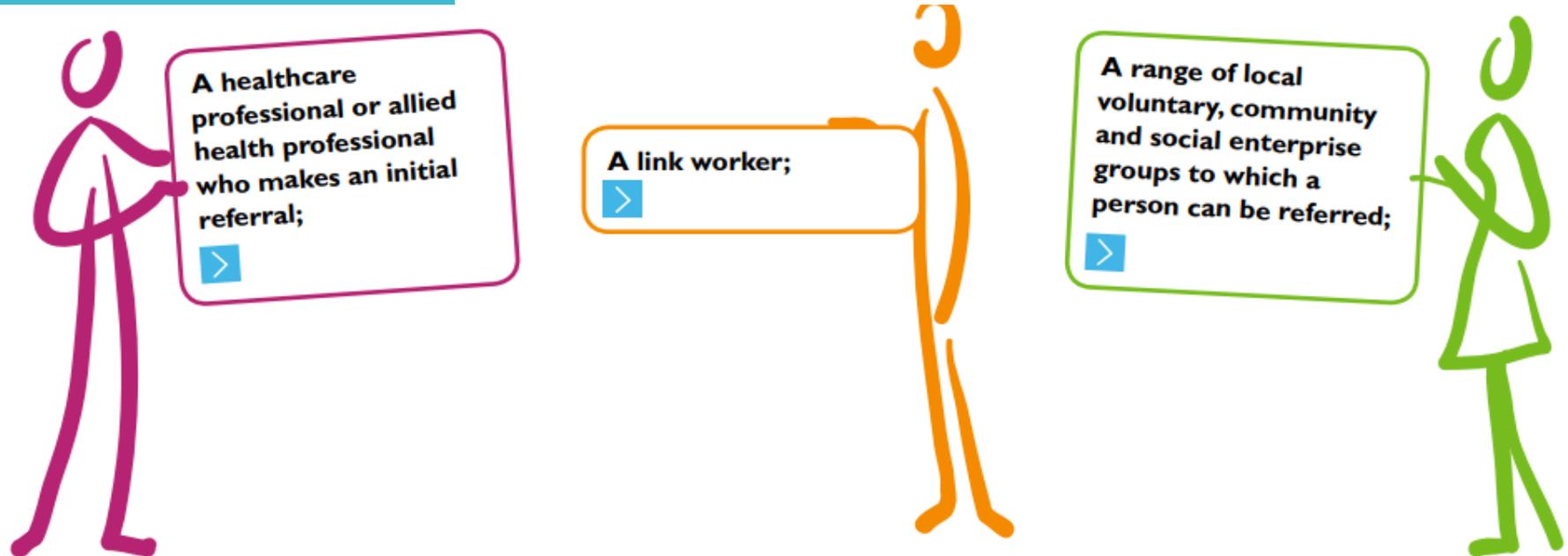
Formalising what some of you already do

Who is doing it overseas

UK and Ireland have well established schemes scattered around the country. The [social prescribing network](#) runs conferences newsletter and other activities that support the various schemes.

Huge variation in makeup of schemes. Usually separate schemes for Mental Health and LTCs

Mostly Link Worker model



What is the evidence?

- Most of the evidence is qualitative.
- Several schemes are regularly evaluated.
- Enough for the NHS to increase funding for Social Prescribing as part of the primary care networks initiative.
- Benefits seen over the long term. – complex, multi stakeholder, time to build trust.....

Table below is a summary of outcomes described by Social Prescribing stakeholders

Physical and emotional health & wellbeing	Cost effectiveness & sustainability	Builds up local community	Behaviour Change	Capacity to build up the VCSE	Social determinants of ill-health
Improves resilience	Prevention	Increases awareness of what is available	Lifestyle	More volunteering	Better employability
Self-confidence	Reduction in frequent primary care use	Stronger links between VCSE & HCP bodies	Sustained change	Volunteer graduates running schemes	Reduced isolation
Self-esteem	Savings across the care pathway	Community resilience	Ability to self-care	Addressing unmet needs of patients	Social welfare law advice
Improves modifiable lifestyle factors	Reduced prescribing of medicines	Nature community assets	Autonomy	Enhance social infrastructure	Reach marginalised groups
Improves mental health			Activation		Increase skills
Improves quality of life			Motivation		
			Learning new skills		

Who is doing it in New Zealand

No formal social prescribing programmes in NZ. There are a number of examples of social 'activation' and 'navigation'.

Case studies on our website include:

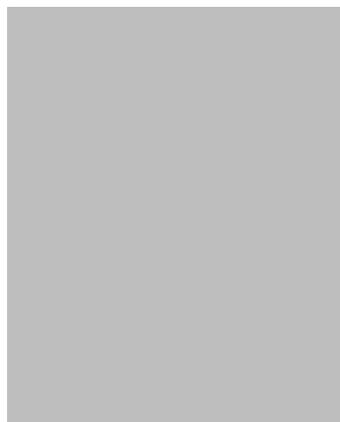
Hauraki PHO – Kaiawhina, multi skilled teamwork

West Coast PHO – Health Navigators

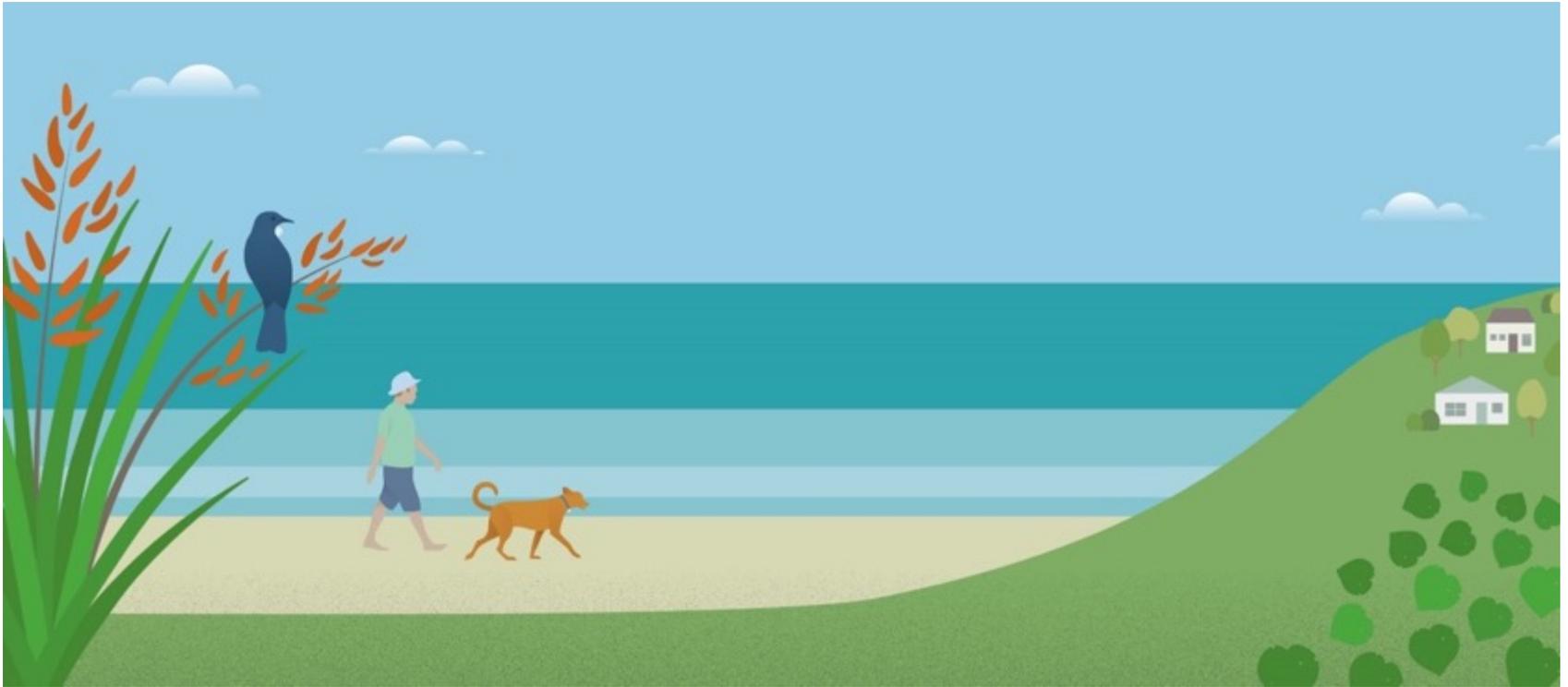
Compass PHO – Pacific Health Navigators

Hora Te Pai Health Services and Porirua Union Community Health Services – Community Health Workers

We know there are more examples – let us know







Tools and resources update

Take Charge resources



www.healthnavigator.org.nz/take-charge/

Video Library

Health A-Z · Medicines · Healthy Living · Services & support · Clinicians · Apps & videos

Videos / P / Pain videos

Pain videos

PRINT ?

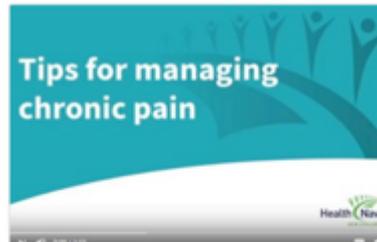
Videos explaining what pain is and what you can do to manage it.

Acute pain vs Chronic pain



Acute vs chronic pain

Tips for managing chronic pain



Pain - 10 tips for managing chronic pain

Pain - explained



Pain - explained

Chronic Pain and the Boom Bust Cycle



CHRONIC PAIN AND THE "BOOM/BUST" CYCLE
TameMyPain.com
Sharon Morgan

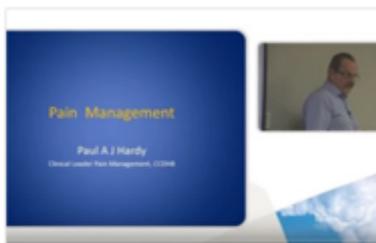
Chronic pain boom-bust cycle

Audio & video



Pain (chronic) - personal stories

Pain Management



Paul A J Hardy
Clinical Leader Pain Management, Otago

Pain management - video series for clinicians

www.healthnavigator.org.nz/videos/p/pain-videos/

App Library

Health A-Z • Medicines • Healthy Living • Services & support • Clinicians • APPS & VIDEOS

 <p>Autism apps</p>	 <p>Blood pressure apps</p>	 <p>Breastfeeding apps</p>
 <p>Cancer support apps</p>	 <p>Caregiver support apps</p>	 <p>Chronic fatigue syndrome apps</p>
 <p>Communication apps</p>	 <p>Concussion apps</p>	 <p>COPD apps</p>

www.healthnavigator.org.nz/apps-videos/

Tools / A / Amoxicillin paediatric dose calculator

Amoxicillin paediatric dose calculator

Overview

Enter your patient's age and weight, choose your indication and strength of liquid, and the calculator expresses the dose in millilitres and milligrams.

Amoxicillin paediatric dose calculator



Amoxicillin Dose Calculator

Weight kg

Age Years ▼

Choose Indication

- General Dosing
 Strep A Dosing

Choose Amoxicillin Strength

- Amoxicillin 125mg/5mL
 Amoxicillin 250mg/5mL

Calculate

Reset

Medication
dose
calculators

Paracetamol dose calculator and safe tips video

The screenshot displays the Health Navigator website interface. At the top, the logo for Health Navigator New Zealand is visible, along with navigation links for 'About', 'Get Involved', 'News', and 'Languages'. A search bar is located in the top right corner. Below the navigation bar, a teal header contains links for 'Health A-Z', 'Medicines', 'Healthy Living', 'Services & support', 'Clinicians', and 'Apps & videos'. The main content area features the title 'How much paracetamol should I give my child?' with 'Overview' selected. A sub-header reads: 'The dose of paracetamol is based on a child's weight and not their age. Weigh your child and use the calculator below to calculate their correct dose.' The calculator tool itself is titled 'Paracetamol Dose Calculator' and includes a 'Weight (kg)' input field, a 'Choose Paracetamol Strength' section with radio buttons for 'Paracetamol 120 mg/5 mL' and 'Paracetamol 250 mg/5 mL', and a 'Calculate' button. Below the calculator are fields for 'Dose in millilitres' and 'Dose in milligrams'. A red warning states: 'For ages 1 month to 18 years only.' A 'General Dosing' section provides instructions: '1 month - 18 years 15 mg/kg per dose (maximum 1 g) every four hours, maximum 75 mg/kg per day (without exceeding 4 g) for 48 hours, maximum of 60 mg/kg per day (without exceeding 4 g) thereafter.' A 'Note' mentions a loading dose of 30 mg/kg (maximum 1.5 g) may be given if no paracetamol was given in the last 12 hours. A 'Further Information' link is at the bottom. On the right side, there are sections for 'Resources', 'Brochures' (including 'Giving paracetamol safely to babies & children'), 'Videos' (including 'Safe use of paracetamol for children'), and 'Related topics' (including 'Paracetamol for children').

www.healthnavigator.org.nz/tools/p/paracetamol-dose-calculator/