

11.1 Uptake of activities by people with long term conditions

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| Improvement Project Title: |
| Executive Sponsor (Chair of Outcome Improvement Group): Sandra Ross, ACHSCP |
| Project Lead: Keith Gerrard, Active Aberdeen Partnership |
| Aim statement To increase uptake of a range of activities that enable people with long term conditions to manage their health and wellbeing by 10% by March 2021. |
| Link to Local Outcome Improvement Plan: This is in alignment to deliver the LOIP within the stretch outcome aim 11 whereby; ‘Healthy life expectancy (time lived in good health) is five years longer by 2026’ and sits within the driver of; 11.3 Increasing satisfaction and use of community facilities and green environment to increase the health and well-being for older people and people managing long term conditions |
| Why is this important The project will seek to contribute to increasing healthy life expectancy through: <ul style="list-style-type: none">• Increasing uptake in activities which support individuals to better manage their own long-term condition.• Improving self-management ability by improving health literacy amongst people living with long term conditions.• Increase levels of social prescribing Despite a history of interventions and well-rehearsed evidence, a shortfall in engagement in self-management activities by people with long term conditions continues to contribute to reduced quality of life and life expectancy. It also has a negative impact on community and health care support structures. Increasing engagement will have a social and financial resource benefit. This project seeks to increase uptake in a range of activities to allow people to self-manage their long-term condition. Lack of engagement in activities which encourage and support people with long term conditions to self-manage has a negative impact on quality of life, puts increase pressure on family, community and health care structures and contribute to the financial and social burden of care. Evidence in Aberdeen and elsewhere in the UK shows that participation by people with long term conditions in a wide range of organised and informal activities can improve wellbeing and reducing unplanned hospital admissions. Torry and Seaton, Tillydrone and Woodside have been identified as the initial test of change areas as they both have higher level of deprivation (SIMD) than other parts of the City and are already the focus for associated health improvement interventions. There is also a real opportunity to build confidence amongst people living with long term conditions |

in the area and change the culture towards one of self-management.

In line with national and local strategies we also want to develop a preventative strand to our work to allow 'at-risk' individuals (e.g. people diagnosed with pre-diabetes) to self-manage thus avoiding having to live with a long-term condition.

In order to provide focus, this project will initially look at diabetes to allow the development an understanding of what a preventative and self-management range of activities looks like for a single condition. This will give us a framework to quickly develop thinking and activities for other conditions.

Measures: (How will we know if a change is an improvement?)

- Increase in the number of people with long term conditions engaged in activities
- Increase in the number of participations in My Diabetes My Way programme following the introduction of the key influencers toolkit and identifying this was the principal reason why they enrolled in the programme (<https://www.mydiabetesmyway.scot.nhs.uk/MyDiabetes.aspx>).
- Number of participants in social walking groups (including within this the number of participants aged 65yrs+).
- Number of new participations in diabetes cooking sessions.
- Number of participants attending physical activities at Sport Aberdeen and Community venues in the test of change areas (including within this the number attending via a social prescribing route).
- Number of participants identifying as attending sessions responding to gamification challenge.
- Increase of the number of physical activity class instructors with Level 3 FIA Exercise on referral qualification
- Measured improvements in health literacy levels using model currently being developed through RIS OIG.
- Number of participants identifying as attending sessions responding to local group awareness raising, embedded agenda and role model campaigns.

Process measures

- Number of places each week made available for people with long term conditions as a result of more appropriately qualified instructors being available.
- Number of presentations being delivered by locally identified role models to community groups and third sector organisations.
- Number of views through social media channels of local role model video/blogs
- Number of GPs signed up to promote and monitor my diabetes my way tool kit
- Number of community groups and third sector organisations signing up to gamification challenge.

Change ideas (What can we do that will result in improvement?)

- Develop a toolkit to be used by key influencers in the community (e.g. link practitioners to promote [My Diabetes My Way programme](#))
- Identify and engage **local role models** into local awareness raising i.e. identify local residents who have seen an improvement in long term conditions because they have been involved in organised activity and asking them to advocate through avenues such as informal/formal presentation (at community events, housing/tenancy forums, arts events), social media/ videos, high street/supermarket poster campaign.
- Engage with other **local groups** (such as Victoryart, tenancy networks, parents associated with uniformed youth groups etc) as platform for information exchange, awareness raising and confidence building – using role models and gamification strategies. Deliver activities ahead of or imbedded in the groups’ standard agenda.
- Promote **local activities** (through community based third sector groups, peer role models) such walking football, walking groups, peer group support networks.
- Develop exercise challenge ‘**gamification**’ scheme e.g. activity/peer support/ groups complete for ‘prize and recognition’ via step challenge or similar – including supporting and ‘facilitation’ buddying up approach (local celebrities presenting prizes - cinema ticket etc).
- Increase number of **instructors** with specialist GP referral/referral qualifications. There is at the moment a limited number of appropriately qualified instructors in the city , limiting capacity to accommodate referrals from health professionals in some programmes of physical activity.

Potential Barriers:

- Establishing dialogue with those traditionally difficult to access.
- Capacity - lack of instructors/trainers with appropriate specialist GP referral/referral qualifications.
- Capacity – participants not moving on from groups resulting in a bottleneck/ waiting lists.
- Capacity – Triage into appropriate classes and activities.

Project Team:

- Keith Gerrard,
- Jane Russell ACVO
- Alastair Jamieson, (Kincorth Medical Practice)
- Jonathan Smith *Castlehill and Pittodrie Community Council*
- Emma King, Lead for Primary Care (ACHSCP)
- Teresa Dufficy Community Empowerment Development Officer
- Andrinne Craig, Long Term Condition Lead (Sport Aberdeen)
- Lisa Williams Primary Care Link Practitioner (ACHSCP)
- Catriona Cameron, Physiotherapy Lead (ACHSCP)

- Stephen McNamee, Improvement Adviser
- Paul Gray, First Point Practitioner at Torry GP Practice (ACHSCP)
- Elizabeth Clouston, Chronic Disease lead nurse Torry GP Practice
- Tracy Buchan Wellbeing Coordinator (ACHSCP)
- Community representative with lived experience / representative from a peer support group (to be identified)

| Outline Project Plan | | |
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| Project Stage | Actions | Timescale |
| Getting Started (Project Score 1-3) | <ul style="list-style-type: none"> • Project team established • Initial baseline established • Draft charter developed • Charter submitted to CPA Board | Completed Completed Completed June 2019 |
| Designing and Testing Changes (Project Score 4-7) | <ul style="list-style-type: none"> • Design changes for initial testing- August 2019 • Test changes using PDSA with My diabetes my way intervention • Test changes using PDSA with Living well with diabetes peer support group • Test changes using PDSA with use of local role models • Test changes using PDSA through community and 3rd sector groups • Test changes using PDSA with gamification strategies • Test changes using PDSA through increase instructor capacity building • Evaluate overall achievement to date and plan further PDSAs or move to implementation | Aug 19 Oct 19 Oct 19 Nov 2019 Nov 2019 Dec 2019 Dec 2019 Dec 2019 |
| Implementing and sustaining changes that demonstrate improvement (Project Score 7-10) | <ul style="list-style-type: none"> • Agree change ideas tested which are proven to work that we will seek to embed permanently • Continue to gather data • Assess whether improvement levels are sustained | Jan 2020 Feb/ Mar 2020 Mar 2020 |
| Spreading Changes (Project Score 9-10) | <ul style="list-style-type: none"> • Assess opportunities to spread change | Apr 2020 |