

Self-Care Case Study: Cumbria Senate

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The Cumbria Senate is a panel that brings together representatives of Cumbria's six smaller GP-led consortia. The Senate comes together to make decisions for the whole county. A GP-led organisation, it frequently invites other health, social care or charity organisations with appropriate expertise to support and shape its aim to create joined up care pathways.

Cumbria has many health challenges unique to its locality. Firstly, the distribution of the largely rural population means that many people are unable to get to hospital easily, even though there are three district general hospitals in the region. Also, the ageing patient population who make up a higher than average section of the community creates challenging long term conditions. Thirdly, there are stark health inequalities and patches of deprivation, with a difference in life expectancy range of 20 years throughout the county.

To tackle these challenges, public health – commissioned through the Senate – runs many initiatives throughout the county, and Dr Wagstaff, deputy director of public health, acknowledges the importance of encouraging patient self-care.

Cumbria has recognised the role of public health in patient self-care, and Dr Wagstaff points out that public health initiatives have a big role to play in behaviour change, perhaps even more so than medicine. Dr Wagstaff argues that the starting point for self-care is public awareness of things like temperatures and coughs and colds, and adds “people need to know when to self-care”.

According to the needs of the patient population, Cumbria focuses on initiatives around conditions like COPD, lung cancer and diabetes, as well as ‘self-limiting’ illnesses such as mild fevers and constipation. The Senate is also keen to be flexible, responding to the local needs of the patient population, and so runs various other schemes such as ‘Conversations for Life’, which is a public health initiative which aims to get middle aged people to talk about end of life and plan accordingly. Public health initiatives are also active in schools, and members of the Senate recognise that education is key to self-care.

Cumbria has been able to combine public health and its behaviour changing capabilities with the trusted face of the family doctor, a powerful tool for self-care. Dr Wagstaff notes that doctors in Cumbria have the best understanding of public health in the county, which enables close working between GP and public health. For example, the Senate commissioned a range of marketing materials featuring local doctors that people will recognise and trust. – and most importantly, take notice of. Additionally, to address the issue of late presentation in middle aged men, the Senate commissioned a scheme where GPs contacted men with a personal invitation to attend their GP practice. This level of personalisation was very well received and resulted in considerably higher numbers of men engaging with their GP and being given advice on how to self care in the future.

When communicating with patients about self-care, Dr Bewick, medical director of the Cumbria Senate, reminds GPs that other services have expertise to offer: “GPs don’t have to commission everything...there is a lot more going on here than just GP commissioning”. The Government’s public health white paper demonstrated that it would be important for health organisations to work closely with local authority, and public health in Cumbria is a good example of this cooperative and collaborative approach. The director of public health sits half the time at the local authority and the other half at NHS Cumbria’s offices.

The local authority has also been instrumental in looking at dementia in Cumbria, and recently converted a residential home specifically to cope with mental illness in elderly patients. The successes of this project included a reduction of inappropriate prescribing, decreased requirement for expensive drugs such as hypnotics, reduced numbers of falls, and admissions to hospital became rare. As a result of this pilot, the Senate now aims to roll out a similar programme throughout Cumbria. In another example of joined up care, pharmacists in Furness went into care homes in the area to look at prescribing and deliver training to the staff.

In terms of encouraging patients to self care on a large scale, the Senate recommends making links with other organisations that provide services. For example, the Senate has a very good relationship with the Cumbria fire service, who go into peoples’ homes to conduct fire assessments, but also increasingly take the opportunity to encourage self-care in terms of smoking, drinking and cancer, and assess the home for fall hazards. Dr Wagstaff adds: “They are ambassadors for public health”.

Dr Bewick also advocates making full use of expert patients. Peer to peer communication can be more powerful than GP to patient. In Maryport in Cumbria, certain patients are experts in specific conditions, ensuring that appropriate expertise is kept in the community.

The idea of using local services is an important one in encouraging self-care, says Dr Bewick. The local people in Cumbria often find it hard to relate to national campaigns, and Dr Bewick recommends a move away from reliance on the professional and instead to take an 'ask someone local' approach. Central to encouraging self-care in clinical commissioning groups is that the more community-based you are, the more people will trust you. Which means being adaptable to each individual patient population, a message that has been embraced by Cumbria and which is making a real impact on the health of its population.