

Midlothian Wellbeing Service: integrated approach provides better outcomes for Midlothian people and for Primary Care

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AIM:

The Wellbeing Service is available in all Midlothian GP practices. The service arose from a recognition that self management support, a vital element of person centred care, was inaccessible for many, including people with complex social and health needs and those vulnerable to health inequality. Also the demand on GP time by some people was high but the return, by way of improved situations or wellbeing, could be negligible. A different approach was needed. To address this intensive person-centred support was introduced into GP practices.

The Wellbeing Service is providing person-centred care and support: care that treats people as equal partners, focuses on personal outcomes, supports their role in managing their health and wellbeing, and recognises the importance of prevention and anticipatory care and support.

The ability to have **good conversations** is at the heart of engaging with people around their personal outcomes. This approach harnesses the role of the person: their strengths, social networks and community supports.

Practitioners offer 1:1 and/or group support. People may also be supported to access local services or facilities if appropriate.

The Wellbeing Service supports people with, or at higher risk of, long term conditions to live well by focussing on prevention and supported self-management. It is constructed around people's needs, supports them around the wider determinants of health, such as poverty and supports people to access local community support.

This integrated approach involves primary care and the voluntary sector working in partnership.

Wellbeing Service:-

1. One-to-one and group support available
2. People can meet a Wellbeing Practitioner several times
3. One hour appointments
4. Suitable for people with complex social needs
5. Open to anyone aged 18 or over
6. People who DNA can re-engage at any time
7. Appointment in GP Practice

METHODS:

The evaluation was collaborative and outcomes focussed. The evaluation brought together two distinct methodologies to address the questions. A theory based approach* to evaluation was taken to address the following questions:

1. To what extent do we improve outcomes for people experiencing health inequalities?

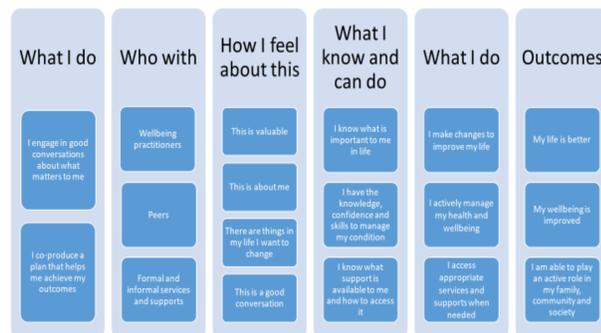
In addition, colleagues from the ihub and NHS Lothian worked together to conduct a comparative analysis of health utilisation data to address question 4:

2. What impact, if any, does supporting people experiencing health inequalities in this way have on utilisation of primary care services?

As a condition of the Wellbeing Service being based in GP practices, the practice staff agreed to participate in learning cycles. **Learning cycles** are facilitated, semi-structured sessions designed to encourage participants to reflect on and learn from experience.

As well as fulfilling a quality improvement role, the learning cycles also provided valuable evidence for service monitoring and evaluation.

What the service is seeking to achieve for the individual

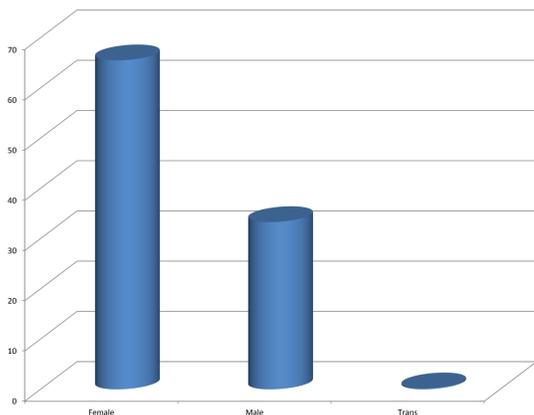


*The evaluation was carried out using a theory based approach, based on Contribution Analysis, that sought to understand how a project or intervention contributed to outcomes, alongside other factors. See www.outcomefocus.org for more information

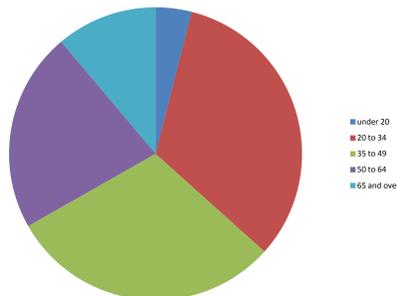
RESULTS:

People who accessed the service

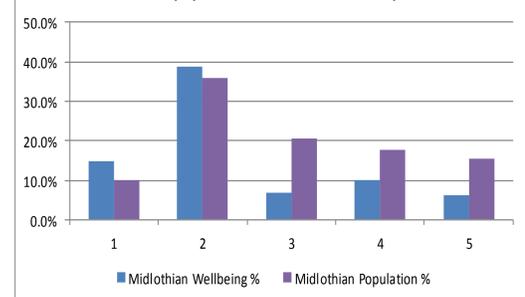
Gender of referrals



Age of referrals



Midlothian - Comparison of % population in Wellbeing cohort v % population in Midlothian SIMD quintiles



WHAT THE WELLBEING SERVICE DELIVERED

Tenacious, flexible, no '3 strikes and you're out' policy

1,368 people were referred between Sept 2015 & Sept 2017. 64% (874) attended. 70.4% (615) of those who attended a session went on to have further meetings with a wellbeing practitioner. In total 2,982 1:1 consultations over the period of evaluation to end Sept 2017



50 people engaged in facilitated group programmes varying from 6 to 10 week programmes.

People were supported to access 56 local services (supported not signposted)

Good Conversation training was delivered 4 times Between Aug 2016 & Sept 2017 64 people completed the programme

Outcomes for people:

Comparison of WEMWBS scores for discharged patients

WEMWBS	earliest v latest WEMWBS scores
Number of patients	78
difference	13.120
P value	<0.001
	Highly significant

Comparison of COPING scores for discharged patients

COPING	earliest v latest coping scores
Number of patients	81
difference	2.66
P value	<0.001
	Highly significant

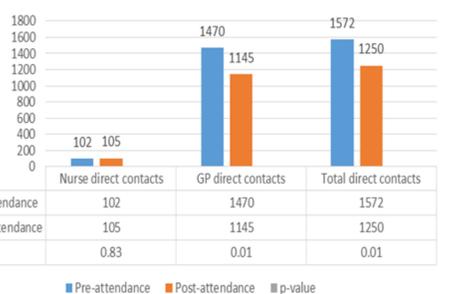
Comparison of CONFIDENCE scores for Discharged patients

CONFIDENCE	earliest v latest confidence scores
Number of patients	81
difference	2.64
P value	<0.001
	Highly significant

People with (highly significant) increased levels of confidence, coping and mental wellbeing are more likely and able to make and sustain positive changes in their life

Outcomes for services:

Direct contacts 6 months before and after participation (based on data for 187 patients)



She (Dr X) had noticed with a few of the people she had referred "greater self-determination" and a "shift in dependency"

Participants are reporting...



Practice staff are reporting...



In Summary:

- Improved outcomes for people
- Reduced contact with GP
- Unchanged nurse contact
- Significant increases in WEMWBs, confidence & coping scores
- Engaged 'young' people (56% <50yrs)
- Engaged people more susceptible to inequality (low SIMD ranking and high baseline WEMWB score)
- Further evaluation on GP utilisation required.
- Summary report at <https://ihub.scot/media/1963/midlothian-wellbeing-summary.pdf>

