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Patient Education / Self Management Programmes for People with Long Term Conditions (2015/16)



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An Roinn Sláinte

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- *to disseminate findings widely with a view to stimulating debate, promoting effective decision-making and improvement in service provision; and*
- *be an expert voice on social care information.*

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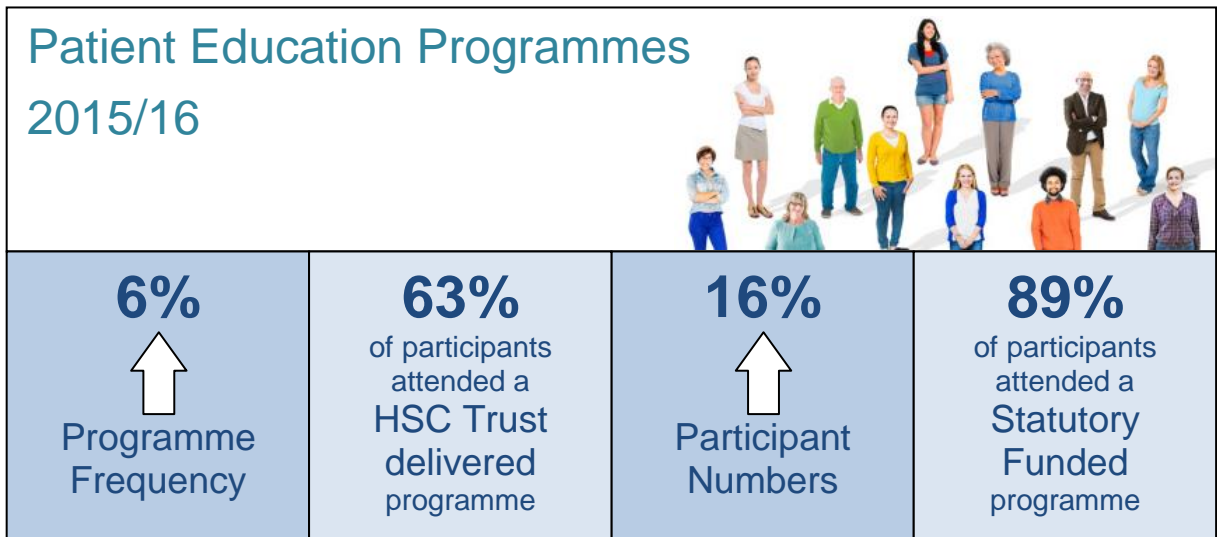
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Information is widely disseminated through a number of regular key statistical publications and ad hoc reports, details of which are available online.

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1. Key Findings



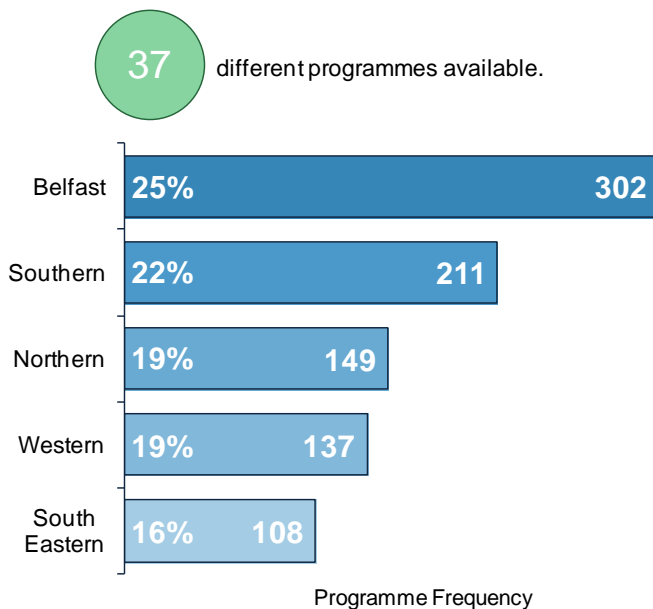
- There were 37 patient education / self management programmes provided a total of 908 times for 15,192 participants in 2015/16.
- Approximately 1 in 6 participants attended a cardiac specific programme with 23% and 18% of participants attending a programme for dementia and type 2 diabetes respectively.
- Out of the 15,192 participants, 63% were attending a patient education / self management programme delivered by one of the five HSC Trusts.
- 13,546 participants (89%) attended a programme that was statutory funded, an increase of 38% since last year.
- The Northern HSC Trust, who previously had no provision for Type 2 Diabetes programmes, delivered programmes at 5 locations to 280 participants for the condition.

2. Programmes

In 2015/16 there were 37 different patient education / self management programmes in place across Northern Ireland. These programmes ran a total of 908 times throughout the year ranging from 302 in the Belfast HSC Trust area to 108 in the South Eastern HSC Trust area.

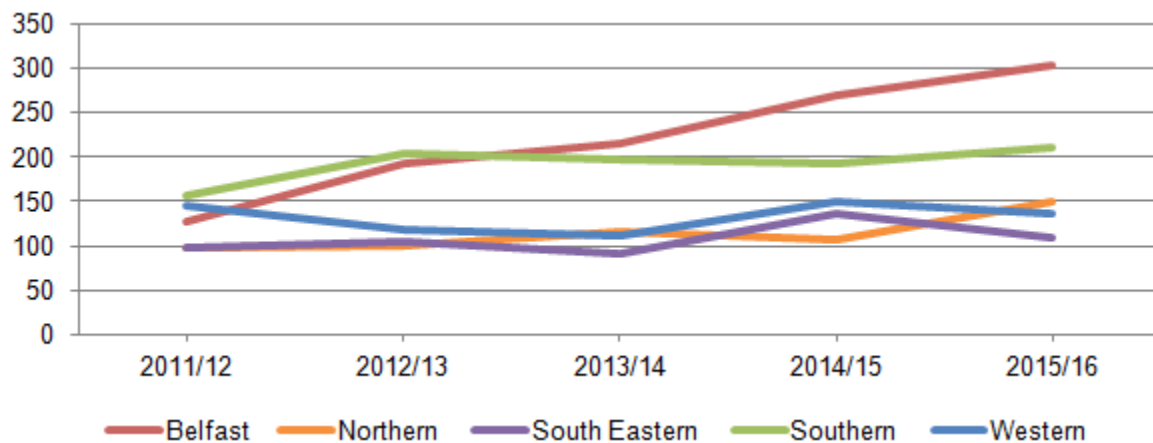
The number of different programmes available this year was 3 less than the previous year (40). Programme frequency increased by 6% in 2015/16 (908) when compared to 2014/15 (856) (Figure 1).

Figure 1. Programme Frequency by HSC Trust Area (2015/16)¹



Since 2011/12, the frequency of programmes regionally has risen by 45%, mostly reflecting an increase in the Belfast HSC Trust area, with activity remaining relatively constant across other HSC Trust areas (Figure 2) (Table 1).

Figure 2. Programme Frequency by HSC Trust Area (2011/12 – 2015/16)



¹ As some information was not available by HSC Trust area, or programmes have been provided regionally, the sum of HSC Trust area figures may not match the total figure for Northern Ireland. Further information can be found in the Data Presentation section of [Appendix B](#).

During 2015/16, of the 908 times that programmes ran, 94% were condition specific and 6% were generic. Similar to 2014/15, the most frequent programme in 2015/16 was diabetes type 2 (328), accounting for just over a third (36%) of all programmes run. Programmes for chronic pain and diabetes type 1 were the second (13%) and third (11%) most frequently occurring, respectively (Figure 3) (Table 2).

Figure 3. Programme Frequency by Programme Type (2015/16)²

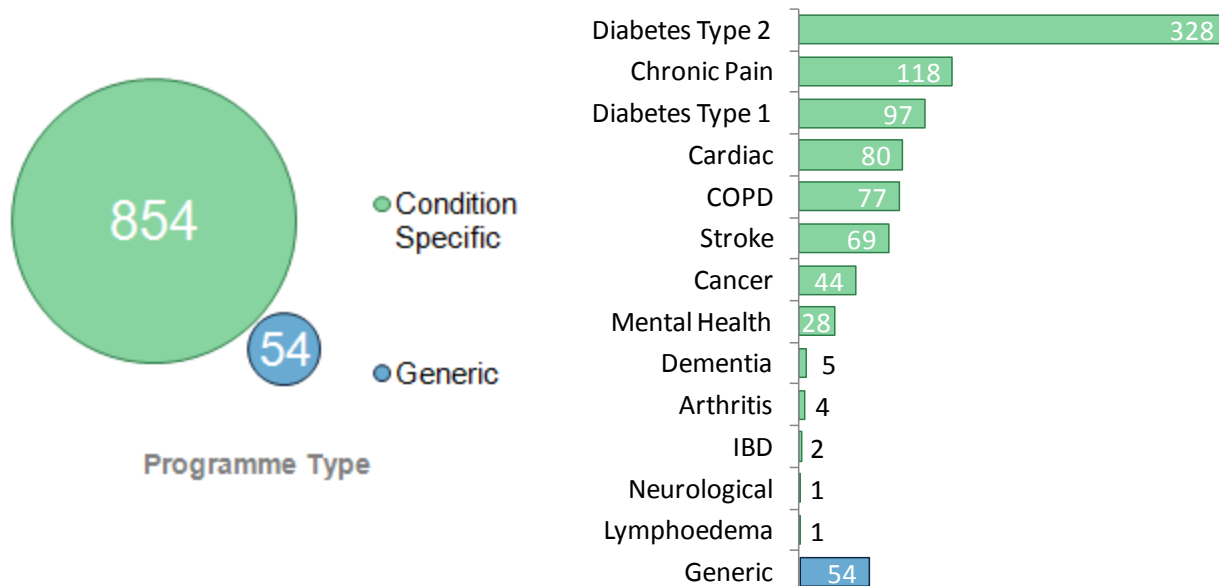
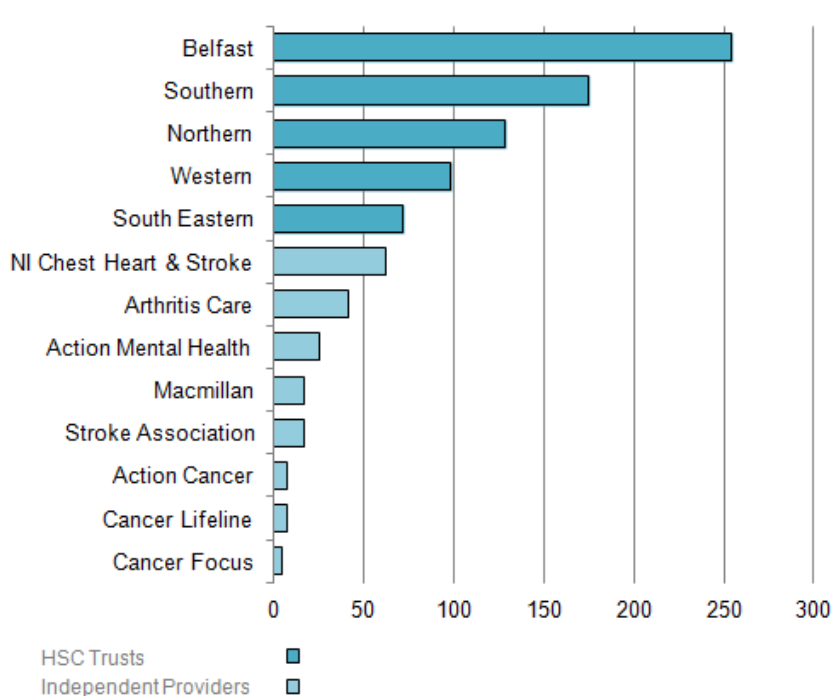


Figure 4. Programme Frequency by Provider Organisation (2015/16)²



For every 5 programmes run during 2015/16, 4 (80%) were provided by HSC Trusts, with the Belfast HSC Trust delivering the greatest number (Figure 4). Of those programmes run by independent providers, NI Chest Heart & Stroke (NICHS) provided the most (62), followed by Arthritis Care (41). Compared to 2014/15, the frequency of condition specific and generic programmes increased (20%) and decreased (60%), respectively. However, this trend should be interpreted with care due to incomplete programme frequency figures for some programmes² (Table 4).

² There are some programmes where the programme frequency is not available due to the rolling and ongoing nature of the programmes. Any analysis of programme frequency should be considered alongside the analysis of participant numbers for a full picture of patient education / self management programme provision.

3. Conditions

The average number of participants per programme, by condition, ranged from just over 20, for those attending cardiac programmes, to 6 for lymphoedema programmes (Figure 5). The overall average number of participants per programme was the same value as that for generic programmes, 11.4.

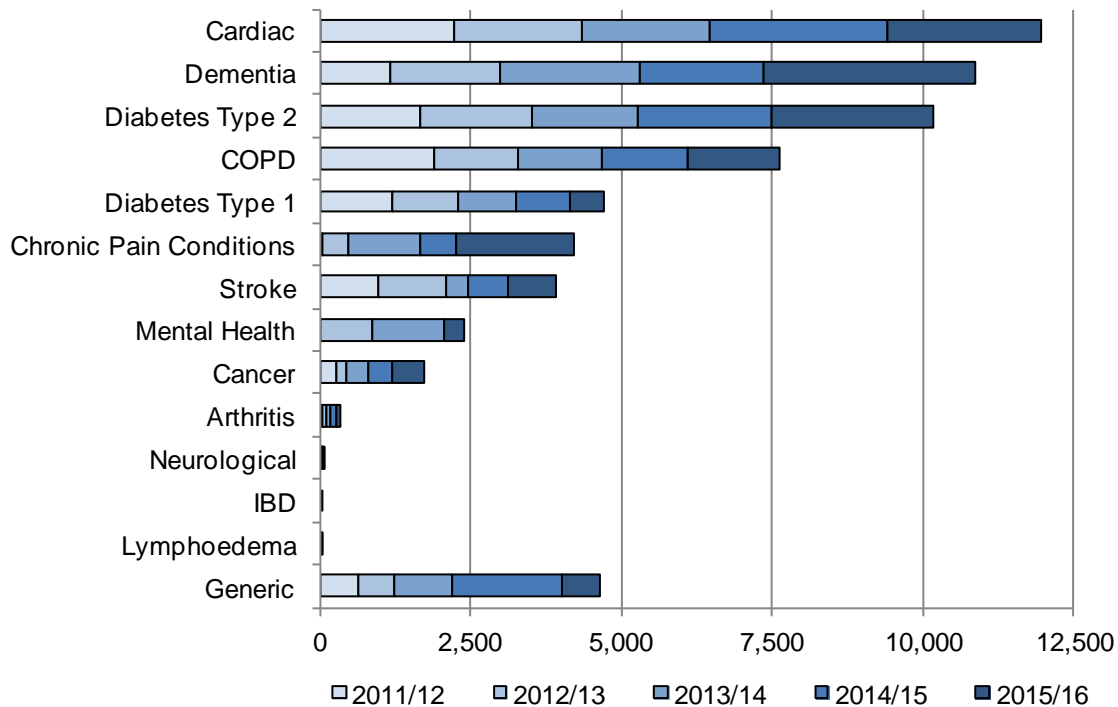
Figure 5. Average Number of Participants per Programme by Condition (2015/16)³



Approximately 1 in 6 participants at a patient education / self management programme in 2015/16 attended a cardiac specific programme.

Over the last 5 years, large numbers of participants have been continually accessing programmes related to cardiac, dementia, diabetes type 2 and COPD as shown in (Figure 6) (Table 7).

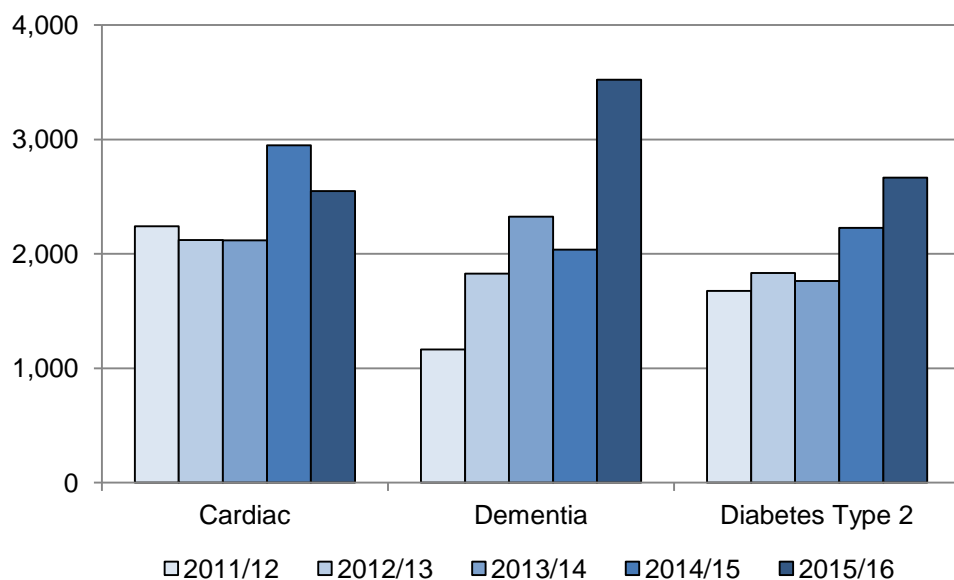
Figure 6. Number of Participants by Programme Type (2011/12 – 2015/16)



³ This does not include figures from programmes where the programme frequency was not available.

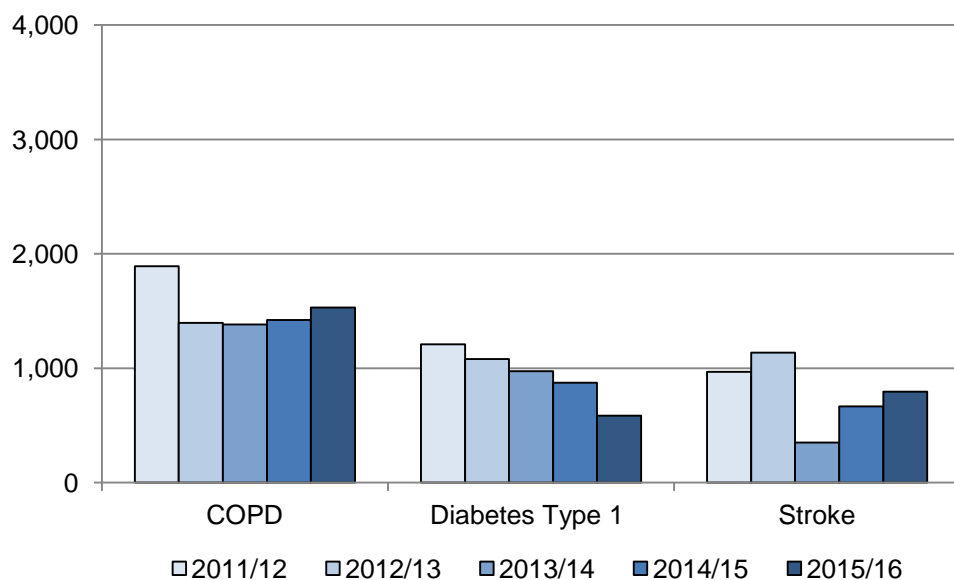
Between 2011/12 and 2015/16 the number of participants at programmes for dementia more than tripled, for diabetes type 2 the increase was 59% and for cardiac programmes the increase was 14% (Figure 7). An increase in participants attending chronic pain and cancer programmes has also been seen since 2011/12.

Figure 7. Number of Participants by Condition (2011/12 – 2015/16)



In the past 5 years, participant numbers have decreased at those programmes tailored to diabetes type 1, COPD and stroke (Figure 8) (Table 7).

Figure 8. Number of Participants by Condition (2011/12 – 2015/16)⁴



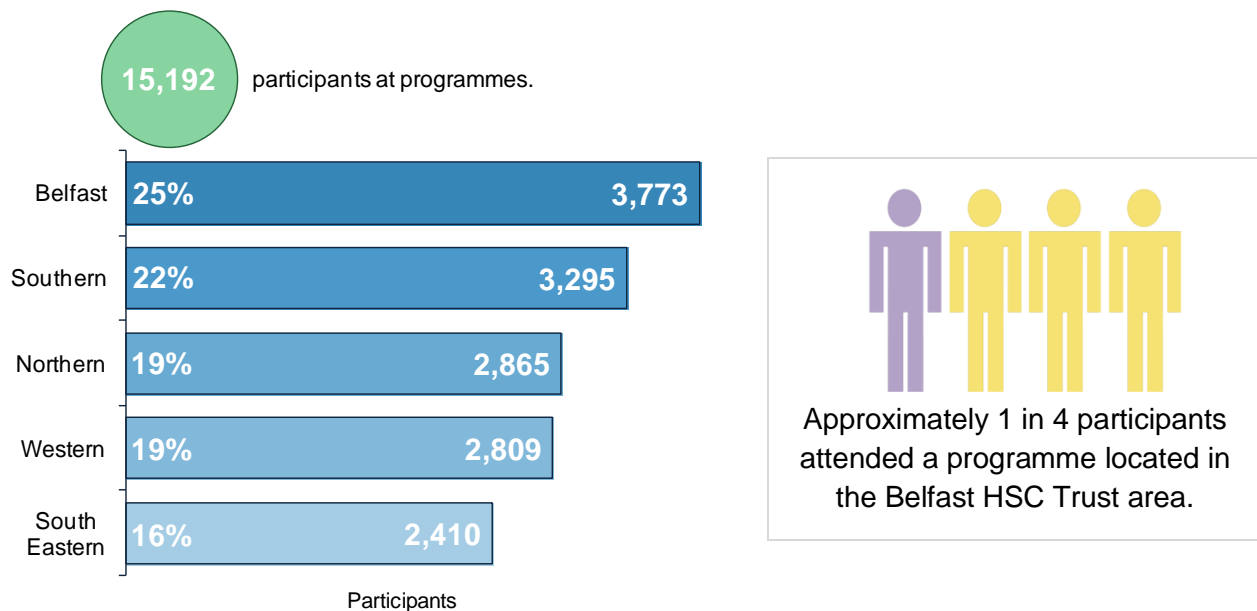
⁴ The decrease in participants at programmes for stroke in 2013/14 can be attributed to a restructuring of the Stroke Association's service framework.

4. Participants

Participants by HSC Trust Area

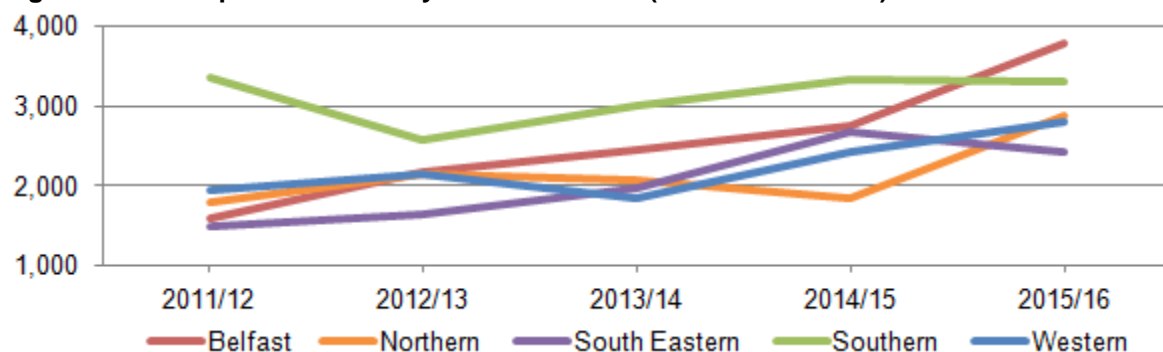
In 2015/16, **15,192** participants attended a patient education / self management programme ranging from 3,773 in the Belfast HSC Trust area to 2,410 in the South Eastern HSC Trust area (Figure 9). This represented an increase of 16% (2,123) compared to 2014/15. In previous years the Southern HSC Trust area had the greatest participation; however in 2015/16 numbers for this area remained static, while the Belfast HSC Trust area saw an increase.

Figure 9. Participant Numbers by HSC Trust Area (2015/16)⁵



Since 2011/12, participant numbers at patient education / self management programmes has increased by 49% (5,003). Participant numbers have increased in each of the HSC Trust areas over the past 5 years with the exception of the Southern HSC Trust area. Prior to 2015/16 however, it is worth noting that the majority of participants have attended programmes located in the Southern HSC Trust area (Figure 10) (Table 5).

Figure 10. Participant Numbers by HSC Trust Area (2011/12 – 2015/16)



⁵ As some information was not available by HSC Trust area, or programmes have been provided regionally, the sum of HSC Trust area figures may not match the total figure for Northern Ireland. Further information can be found in the Data Presentation section of [Appendix B](#)

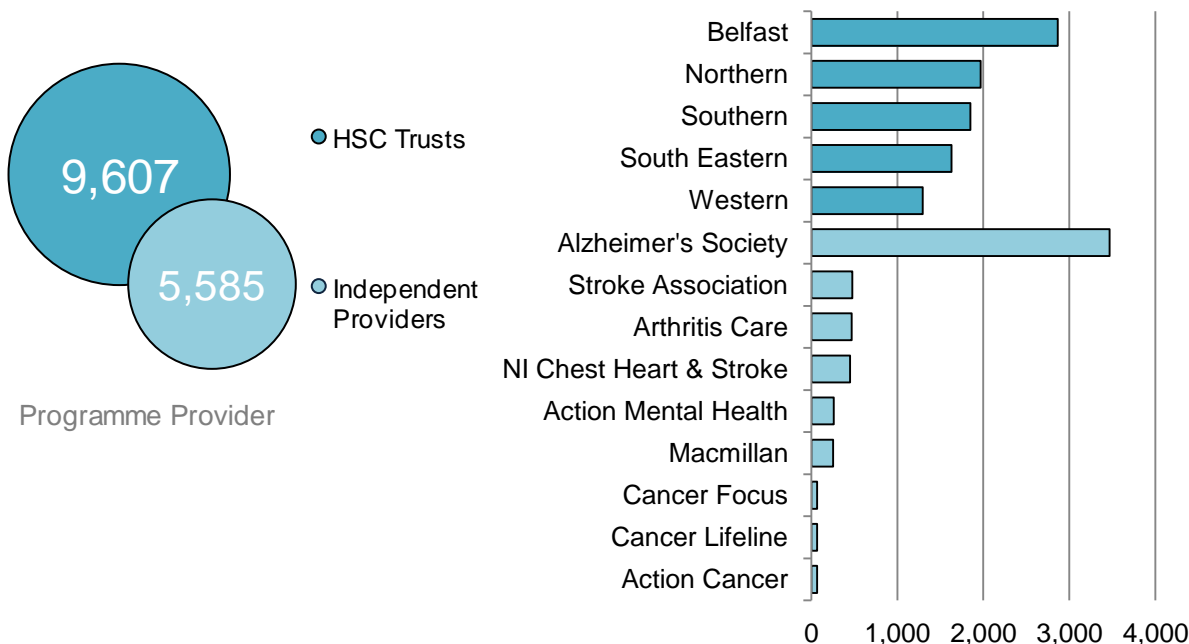
Participants by Provider

Of the 15,192 participants, 63% were attending a programme delivered by HSC Trusts and 37% a programme by independent sector organisations. In 2015/16, participant numbers at programmes provided by HSC Trusts (9,607) showed a 22% (1,713) increase over the number of participants in 2014/15 (7,894). The Belfast HSC Trust provided programmes for 19% of all participants.

Of the independent sector organisations, as was the case in 2014/15, Alzheimer's Society provided programmes for the most participants (3,469); 23% of the total participant numbers (Figure 11).

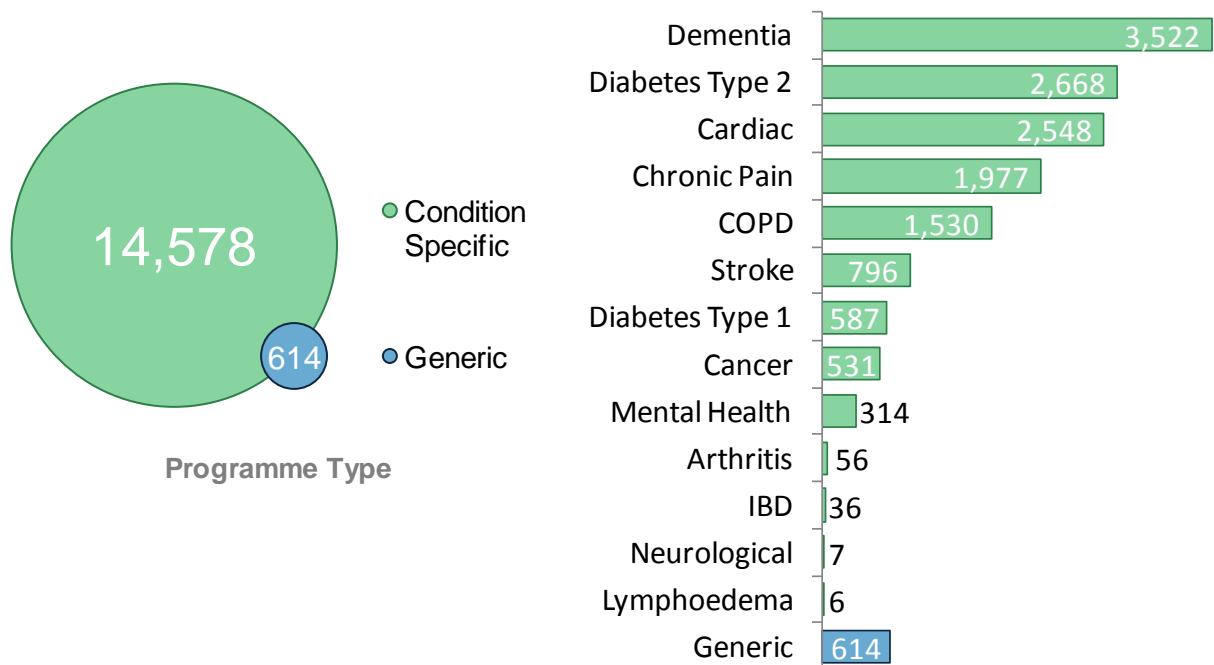
The proportion of participants at programmes provided by HSC Trusts and independent sector providers has remained relatively stable across the last 4 years (Table 8).

Figure 11. Participant Numbers by Provider Organisation (2015/16)



Of the 15,192 participants at programmes, 96% were attending a condition specific programme with 4% attending a generic programme. Figure 12 shows that the majority of participants (23%) attended a programme related to dementia; followed by diabetes type 2 (18%). During 2014/15 cardiac programmes accounted for the most participants; however the number of participants has fallen by 14% since then.

Figure 12. Participant Numbers by Programme Type (2015/16)

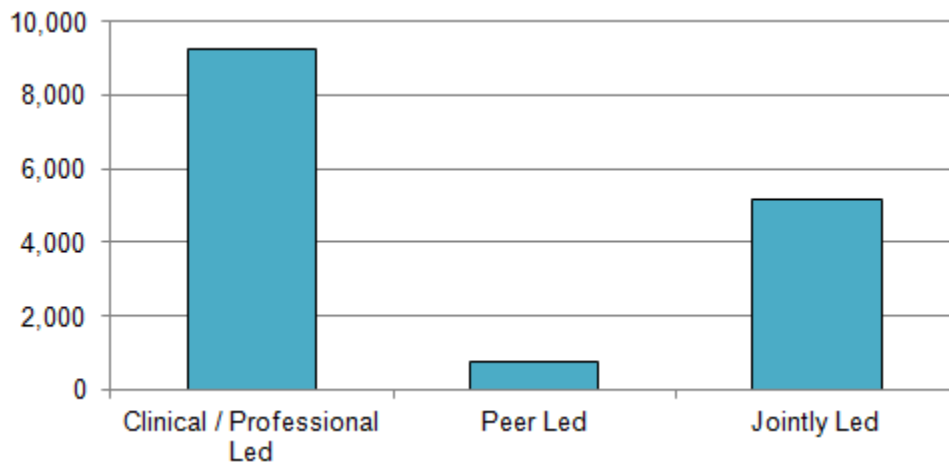


The top 8 conditions by participant numbers had programmes available across all 5 HSC Trust areas, with the exception of cardiac programmes for which there was none held in the Western HSC Trust area; however NICHHS provided the generic 'Taking Control' programme in the area during 2015/16 (Table 6). The number of participants at a condition specific programme has increased by 53% (5,035) in the 5 years since 2011/12 (Table 7).

In 2015/16, 61% (9,250) of participants attended a programme that was either clinically or professionally led; this was less than the proportion in 2014/15 (73%). Participants at jointly led programmes accounted for 34% (5,173) of the total, with the remaining 5% (769) of participants attending a programme that was peer led.

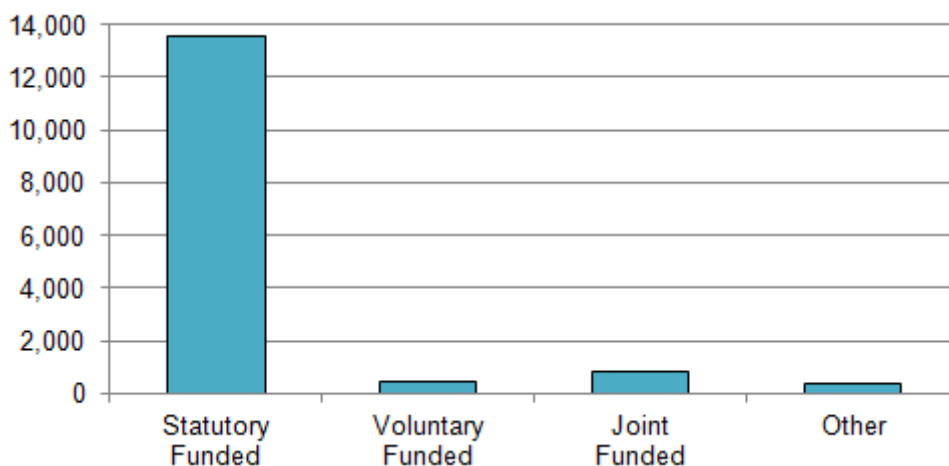
All participants at clinically or professionally led programmes in 2015/16 were attending a condition specific programme. 71% (549) of those at a peer led programme and 92% (4,779) at a jointly led programme (Table 9) were condition specific programmes.

Figure 13. Number of Participants by Programme Delivery (2015/16)



In 2015/16, 89% (13,546) of participants attended a programme that was statutory funded, an increase of 38% (3,736) since the previous year. Jointly funded programmes were provided for 6% of participants with 3% of participants each attending voluntary and other funded arrangements (Table 10).

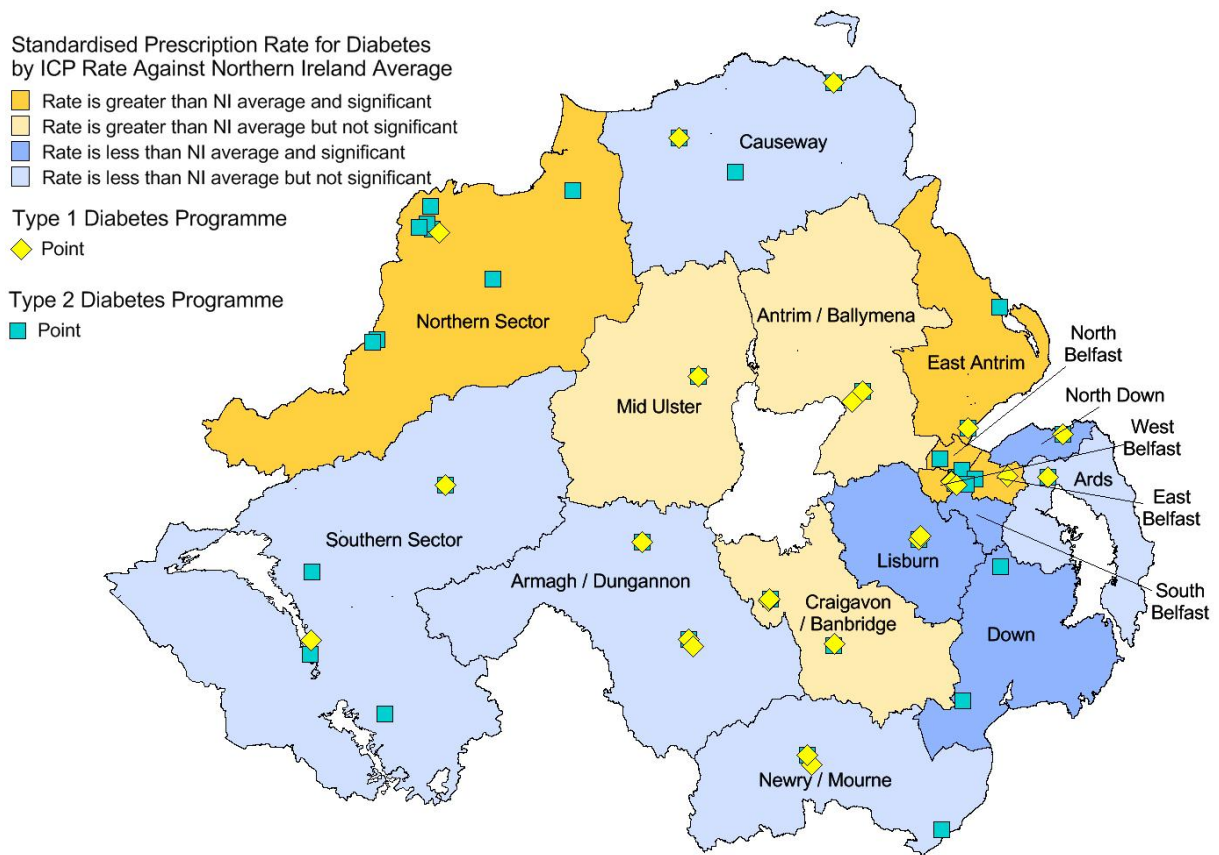
Figure 14. Number of Participants by Funding Arrangement (2015/16)⁶



⁶ Funding may be provided through other sources such as Cooperation And Working Together (CAWT) - a partnership between the Health and Social Care Services in Northern Ireland and the Republic of Ireland which facilitates cross border collaborative working in health and social care.

Diabetes

Figure 15. Standardised Prescription Rate for Diabetes, by ICP Rate Against Northern Ireland Average; with Diabetes Programme Locations



Source: BSO, DoH

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Using 2015 diabetes prescription data, the map above shows whether the Standardised Prescription Rate (SPR) for a discrete Integrated Care Partnership (ICP) Area is significantly greater or less than the Northern Ireland SPR. In addition, programme location data for both diabetes Type 1 and Type 2 focused education programmes have been added. In previous years the Antrim / Ballymena, Causeway, East Antrim and Mid Ulster ICP areas had no provision of Type 2 diabetes programmes however these programmes were rolled out by the Northern HSC Trust during 2015/16.

Figure 16. Proximity of Census Output Areas to Diabetes Programmes

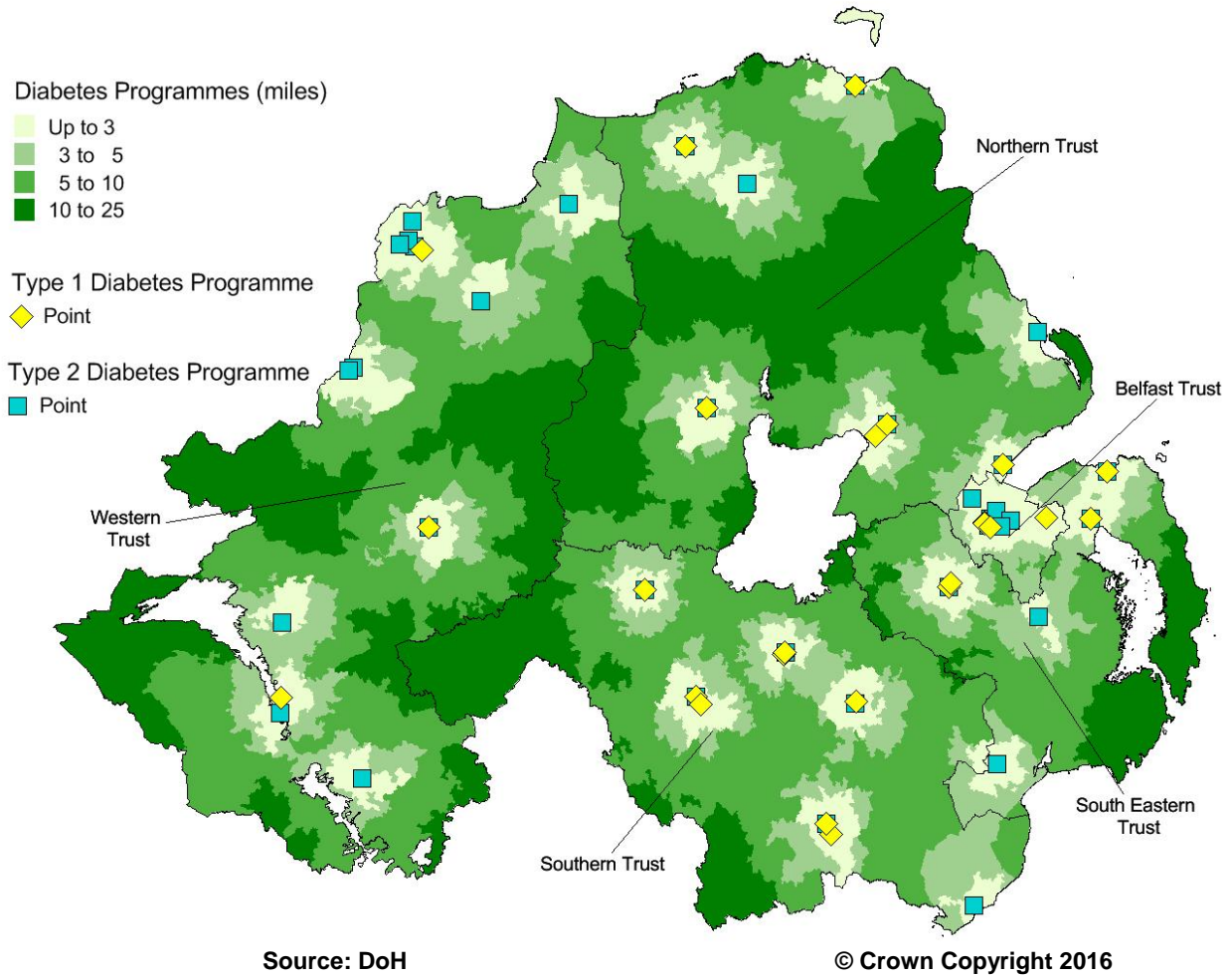
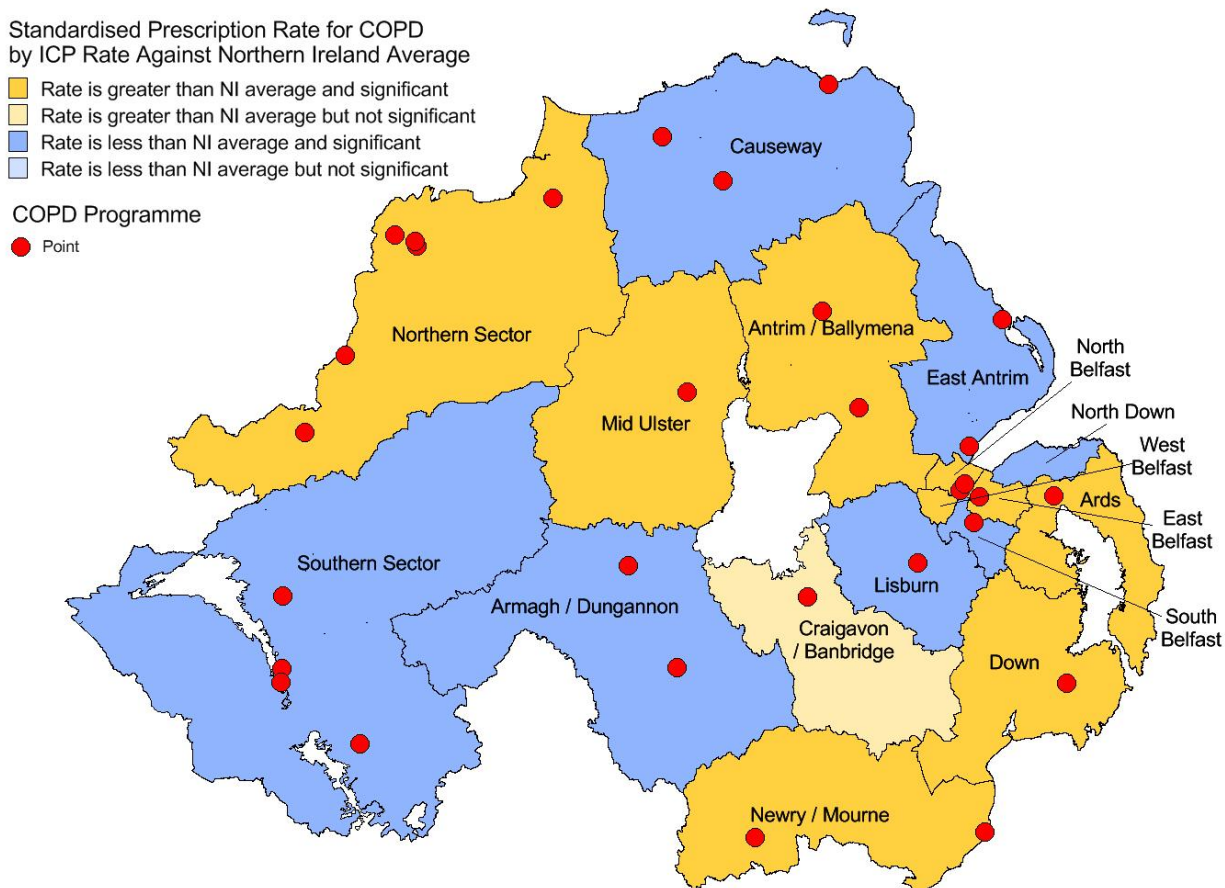


Figure 16 illustrates the locations of patient education / self management programmes for both Type 1 and Type 2 diabetes that ran during 2015/16 and their proximity to census output areas in Northern Ireland. Over half (54%) of the population in Northern Ireland lived within 3 miles of a diabetes programme. Almost 1 in 10 (9%) people in Northern Ireland lived more than 10 miles from a diabetes programme, with no one located more than 25 miles away from a programme. Diabetes programmes during 2015/16 were located in similar locations as in the previous year, however there was an increase in Type 2 programmes located across the Belfast and Northern HSC Trusts.

COPD

Figure 17. Standardised Prescription Rate for COPD, by ICP Rate Against Northern Ireland Average; with Diabetes Programme Locations



Source: BSO, DoH

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Figure 17 uses COPD prescription data to compare the SPR against the regional average. All but one ICP area had a rate that was either significantly greater or less than the Northern Ireland average. Only the Craigavon / Banbridge ICP area had a rate than was not significant when compared to the regional average. The North Down ICP area was the only one with no provision for a COPD specific programme during 2015/16. Figure 18 overleaf provides more information on the access to programmes.

Figure 18. Proximity of Census Output Areas to COPD Programmes

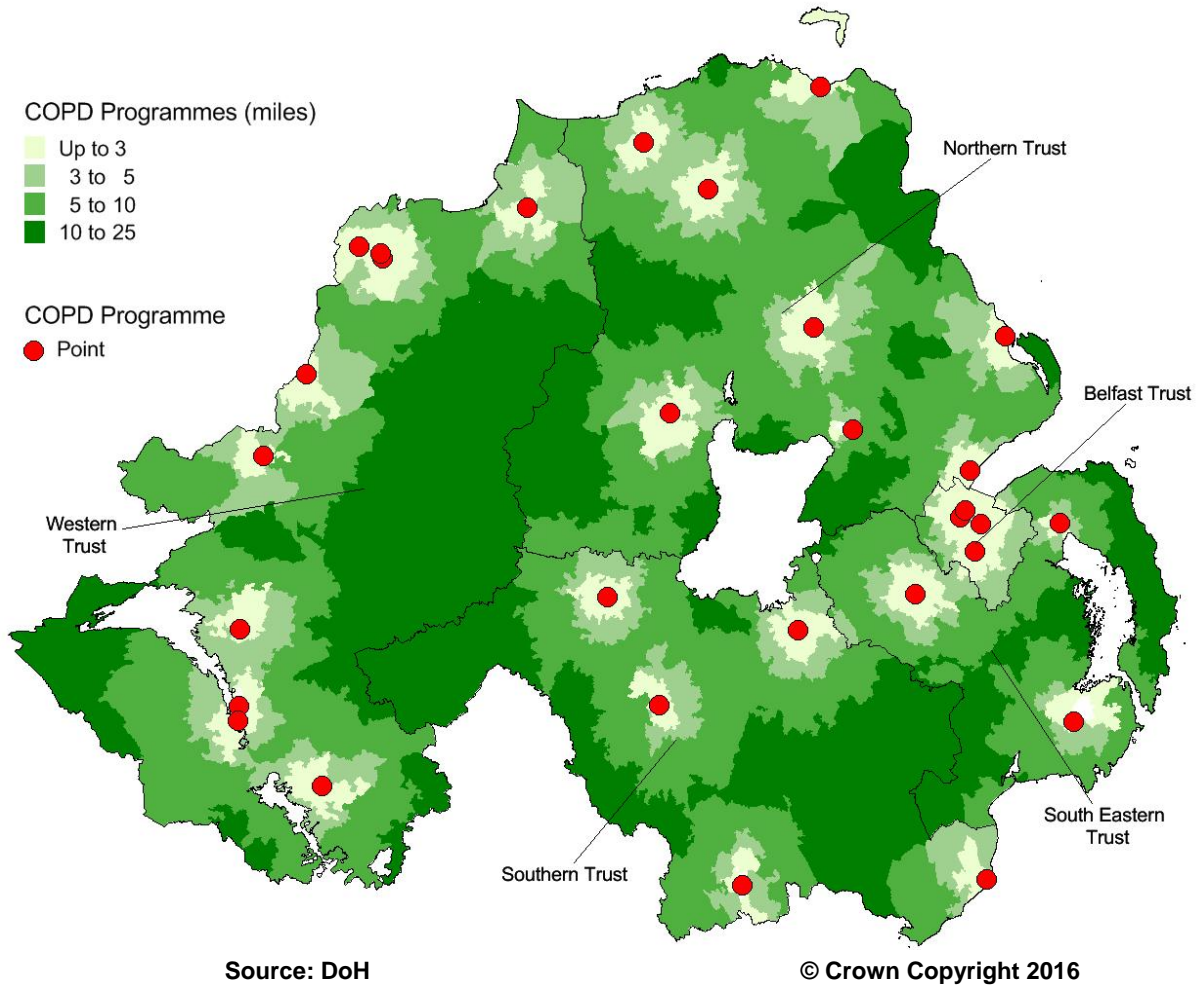


Figure 18 illustrates the locations of programmes for COPD that ran during 2015/16 and their proximity to census output areas. Approximately 43% of the population in Northern Ireland lived within 3 miles of a COPD programme in 2015/16 with no one located more than 25 miles away from a programme. With no programme located in the North Down ICP area (Figure 17), the map above shows how the majority of that ICP area is located less than 10 miles from a COPD programme.

5. Tables

Table 1. Programme Frequency by HSC Trust Area (2011/12 – 2015/16)⁷

	Programme Frequency				
HSC Trust Area	2011/12	2012/13	2013/14	2014/15	2015/16
Belfast	128	193	216	270	302
Northern	97	99	116	106	149
South Eastern	98	104	92	136	108
Southern	156	204	197	193	211
Western	146	117	111	150	137
Total	625	784	802	856	908

⁷ As some information was not available by HSC Trust area, or programmes have been provided regionally, the sum of HSC Trust area figures may not match the total figure for Northern Ireland. Further information can be found in the Data Presentation section of [Appendix B](#).

Table 2. Programme Frequency by Programme Type and HSC Trust Area (2015/16)^{8,9}

Programme Type	HSC Trust Area					Total
	Belfast	Northern	South Eastern	Southern	Western	
Condition Specific	295	149	100	199	110	854
Arthritis	-	4	-	-	-	4
Cancer	25	7	1	3	7	44
Cardiac	24	32	-	24	-	80
Chronic Pain	86	2	8	13	9	118
COPD	8	28	16	13	12	77
Dementia	-	-	5	-	-	5
Diabetes Type 1	32	14	18	13	20	97
Diabetes Type 2	106	48	33	83	58	328
IBD	-	-	-	2	-	2
Lymphoedema	1	-	-	-	-	1
Mental Health	-	-	-	28	-	28
Neurological	1	-	-	-	-	1
Stroke	12	14	19	20	4	69
Generic[†]	7	-	8	12	27	54
Total	302	149	108	211	137	908

⁸ As some information was not available by HSC Trust area, or programmes have been provided regionally, the sum of HSC Trust area figures may not match the total figure for Northern Ireland. Further information can be found in the Data Presentation section of [Appendix B](#).

⁹ There are some programmes where the programme frequency is not available due to the rolling and ongoing nature of the programmes.

Table 3. Frequency of Programmes by Type and HSC Trust Area (2011/12 – 2015/16)¹⁰

HSC Trust Area	2011/12		2012/13		2013/14		2014/15		2015/16	
	Condition Specific	Generic	Condition Specific	Generic	Condition Specific	Generic	Condition Specific	Generic	Condition Specific	Generic
Belfast	124	4	188	5	208	8	238	32	295	7
Northern	92	5	95	4	105	11	93	13	149	0
South Eastern	95	3	102	2	82	10	110	26	100	8
Southern	145	11	191	13	169	28	168	25	199	12
Western	119	27	90	27	85	26	103	47	110	27
Total	575	50	733	51	719	83	713	143	854	54

Table 4. Programme Frequency by Provider Organisation (2015/16)¹¹

Provider Organisation	2015/16
Action Cancer	7
Action Mental Health	25
Alzheimer's Society	-
Arthritis Care	41
Cancer Focus NI	5
Cancer Lifeline	7
Macmillan	17
NI Chest Heart & Stroke	62
Stroke Association	17
BHSCT	254
NHSCT	128
SEHSCT	72
SHSCT	175
WHSCT	98
Total	908

¹⁰ As some information was not available by HSC Trust area, or programmes have been provided regionally, the sum of HSC Trust area figures may not match the total figure for Northern Ireland. Further information can be found in the Data Presentation section of [Appendix B](#).

¹¹ There are some programmes where the programme frequency is not available due to the rolling and ongoing nature of the programmes.

Table 5. Participant Numbers by HSC Trust Area (2011/12 – 2015/16)¹²

HSC Trust Area	Participants				
	2011/12	2012/13	2013/14	2014/15	2015/16
Belfast	1,586	2,164	2,443	2,751	3,773
Northern	1,803	2,138	2,063	1,838	2,865
South Eastern	1,502	1,633	1,975	2,683	2,410
Southern	3,351	2,579	3,013	3,327	3,295
Western	1,947	2,146	1,845	2,432	2,809
Total	10,189	11,531	12,385	13,069	15,192

¹² As some information was not available by HSC Trust area, or programmes have been provided regionally, the sum of HSC Trust area figures may not match the total figure for Northern Ireland. Further information can be found in the Data Presentation section of [Appendix B](#).

Table 6. Participant Numbers by Programme Type and HSC Trust Area (2015/16)¹³

Programme Type	HSC Trust Area					Total
	Belfast	Northern	South Eastern	Southern	Western	
Condition Specific	3,668	2,865	2,308	3,167	2,530	14,578
Arthritis	-	56	-	-	-	56
Cancer	335	67	8	20	61	531
Cardiac	568	715	940	325	-	2,548
Chronic Pain	1,258	427	80	134	78	1,977
COPD	232	422	306	203	367	1,530
Dementia	290	656	423	1,080	1,073	3,522
Diabetes Type 1	142	88	75	127	155	587
Diabetes Type 2	698	280	255	725	710	2,668
IBD	-	-	-	36	-	36
Lymphoedema	6	-	-	-	-	6
Mental Health	-	-	-	314	-	314
Neurological	7	-	-	-	-	7
Stroke	132	154	221	203	86	796
Generic	105	-	102	128	279	614
Total	3,773	2,865	2,410	3,295	2,809	15,192

¹³ As some information was not available by HSC Trust area, or programmes have been provided regionally, the sum of HSC Trust area figures may not match the total figure for Northern Ireland. Further information can be found in the Data Presentation section of [Appendix B](#).

Table 7. Annual Change in Participant Numbers by Provider Organisation (2011/12 – 2015/16)

Provider Organisation	2011/12	2012/13	2013/14	2014/15	2015/16
Condition Specific	9,543	10,934	11,772	11,252	14,578
Arthritis	53	70	65	87	56
Cancer	277	154	371	400	531
Cardiac	2,241	2,121	2,118	2,950	2,548
Chronic Pain Conditions	50	428	1,207	567	1,977
COPD	1,892	1,396	1,384	1,423	1,530
Dementia	1,165	1,828	2,325	2,038	3,522
Diabetes Type 1	1,210	1,081	974	873	587
Diabetes Type 2	1,677	1,834	1,764	2,228	2,668
IBD	-	-	-	-	36
Lymphoedema	-	-	-	6	6
Mental Health	-	871	1,198	-	314
Neurological	10	14	14	14	7
Stroke	968	1,137	352	666	796
Generic¹⁴	646	597	969	1,817	614
Total	10,189	11,531	12,741	13,069	15,192

¹⁴ The number of participants at generic programmes fell when compared to 2014/15; however this drop can be attributed to no information being supplied by Aware who previously included information on the generic programme Living Life to the Full.

Table 8. Participant Numbers by Provider Organisation (2011/12 – 2015/16)^{15,16}

Provider Organisation	2011/12	2012/13	2013/14	2014/15	2015/16
Action Cancer	35	26	52	62	67
Action Mental Health	-	-	253	278	260
Alzheimer's Society	1,165	1,718	2,125	2,026	3,469
Arthritis Care	286	547	1,281	540	468
Aware	-	871	1,008	1,123	-
British Lung Foundation	57	-	-	-	-
Cancer Focus NI	72	45	102	96	69
Cancer Lifeline	-	-	69	64	68
Extracare	-	110	-	-	-
Macmillan	53	46	54	130	254
NI Chest Heart & Stroke	218	265	330	532	452
Stroke Association	926	1,037	220	324	478
BHSCT	1,197	1,648	1,743	1,824	2,866
NHSCT	846	962	845	997	1,967
SEHSCT	1,300	1,114	1,355	1,953	1,629
SHSCT	2,514	1,810	1,902	1,969	1,850
WHSCT	1,520	1,332	1,046	1,151	1,295
Total	10,189	11,531	12,385	13,069	15,192

¹⁵ The Stroke Association stated that the fall in participant numbers for 2013/14 is the result of a restructuring of their service delivery framework. This restructuring has led to participants on a particular programme stage no longer falling under the scope of the questionnaire.

¹⁶ No information was supplied by Aware for 2015/16. they previously included information on the generic programme Living Life to the Full.

Table 9. Participant Numbers by Programme Type and Programme Delivery (2015/16)

Programme Type	Clinical / Professional Led	Peer Led	Jointly Led	Total
Condition Specific	9,250	549	4,779	14,578
Arthritis	-	56	-	56
Cancer	495	-	36	531
Cardiac	1,608	-	940	2,548
Chronic Pain	1,785	192	-	1,977
COPD	1,298	232	-	1,530
Dementia	53	-	3,469	3,522
Diabetes Type 1	518	69	-	587
Diabetes Type 2	2,668	-	-	2,668
IBD	16	-	20	36
Lymphoedema	6	-	-	6
Mental Health	-	-	314	314
Neurological	7	-	-	7
Stroke	796	-	-	796
Generic	-	220	394	614
Total	9,250	769	5,173	15,192

Table 10. Participant Numbers by Programme Type and Funding Arrangements (2014/15)

Programme Type	Statutory Funded	Voluntary Funded	Joint Funded	Other¹⁷	Total
Condition Specific	13,044	311	841	382	14,578
Arthritis	56	-	-	-	56
Cancer	244	231	41	15	531
Cardiac	2,548	-	-	-	2,548
Chronic Pain	1,923	54	-	-	1,977
COPD	1,163	-	-	367	1,530
Dementia	3,522	-	-	-	3,522
Diabetes Type 1	561	26	-	-	587
Diabetes Type 2	2,388	-	280	-	2,668
IBD	-	-	36	-	36
Lymphoedema	-	-	6	-	6
Mental Health	314	-	-	-	314
Neurological	7	-	-	-	7
Stroke	318	-	478	-	796
Generic	502	112	-	-	614
Total	13,546	423	841	382	15,192

¹⁷ Funding may be provided through other sources such as Cooperation And Working Together (CAWT) - a partnership between the Health and Social Care Services in Northern Ireland and the Republic of Ireland which facilitates cross border collaborative working in health and social care.

Appendix A. Background

This publication provides statistical information on patient education / self management programmes for long term conditions collected from Health & Social Care (HSC) Trusts and independent programme providers. It details information on the type, provision, frequency and Trust area of the programmes delivered during the year 1 April 2015 to 31 March 2016.

The [Programme for Government \(PfG\) 2011-15](#) includes a commitment to enrol people who have a long term (chronic) condition, and who want to be enrolled, in a dedicated chronic condition management programme. This commitment seeks to ensure that people who have a long term condition have the information and skills they need to be able to self manage their condition as effectively as possible.

The number of people in Northern Ireland living with one or more long term condition is increasing¹⁸. The Department is committed to improving the health and well-being and quality of life for people with long term conditions. It has produced a Policy Framework "[Living with Long Term Conditions](#)" to provide a strategic direction and driver for the commissioning, planning and delivery of services for adults in Northern Ireland with long term conditions. A key feature of the policy framework will be that people with long term conditions should be supported to self manage their condition effectively in order to maintain or enhance their health and well-being as well as their clinical, emotional and social outcomes.

Central to effective self management is providing information, education, advice and peer support for people with long term conditions in order to ensure they have the knowledge and skills to manage their own conditions more confidently, particularly when variations from the norm may occur, and to make daily decisions to improve their own health and well-being.

An initial data collection exercise was carried out during 2012 to establish a baseline on the number and type of patient education / self management programmes available in each HSC Trust during 2011/12. The original baseline information was produced in September 2013. Since then, arrangements have been put in place to facilitate the on-going collection of information on the provision of patient education and self management programmes. In July 2014 a regional summary report was published for the 2012/13 information collection and annual publications have continued since.

This report is a regional summary of the information provided on the Patient Education / Self Management Programme questionnaire 2015/16. Information was provided by HSC Trusts and independent sector organisations who delivered programmes during 2015/16. The report summarises the key statistical information provided for the year 2015/16 and highlights how this compares with that collected since the baseline data collection in 2011/12.

¹⁸ <http://www.northernireland.gov.uk/pfg-delivery-plans-commitment-44.pdf>

Appendix B. Technical Notes

Data Collection

The information presented in this publication derives from the Patient Education / Self Management Programmes for Long Term Conditions questionnaire. Completed questionnaires were provided by each of the five HSC Trusts in Northern Ireland, as well as independent providers, to Community Information Branch (CIB) in the Department of Health.

For this publication, the questionnaire covered the year ending 31 March 2016 and gathered information on the type, provision, frequency and Trust area of patient education / self management programmes delivered during the year. Further details about the scope of this audit can be found in the 2015/16 collection guidance notes which along with a copy of the questionnaire can be made available on request from [CIB](#).

Data Quality

On receipt of the Patient Education / Self Management Programmes questionnaire, statisticians in CIB conduct internal consistency checks. They also check for variations from the baseline information collated for 2011/12 and the subsequent collections both regionally and across providers. Queries arising from validation checks are presented to the independent organisations or HSC Trusts for clarification and if required returns can be amended and re-submitted. The HSC Trusts are also asked to provide appropriate explanations for any inconsistent or missing information.

The statistics presented in this bulletin were collected as an audit of programme provision and uptake for 2015/16 and are best described as experimental. Any future statistics covering this issue may be subject to revisions in coverage and methodology.

Data Presentation

Any instance of ‘ – ’ represents either a zero figure or that the information is not available.

The total number of people who attended a patient education / self management programme would include any individuals who attended more than 1 programme during the year – there may therefore be an element of double counting.

As some information was not available by HSC Trust area, or programmes have been provided regionally, the sum of HSC Trust area figures may not match the total figure for Northern Ireland. Details of these can be found in the table below.

Aware, who provided 67 programmes for 871 participants with a Mental Health condition in 2012/13, were unable to provide figures broken down by HSC Trust area.
Aware, who provided 69 programmes for 1,008 participants, were unable to provide figures broken down by HSC Trust area during 2013/14.
Cancer Focus, who provided 1 programme for 38 participants, were unable to provide figures broken down by HSC Trust area during 2013/14.
Cancer Focus, who provided 1 programme for 38 participants, were unable to provide figures broken down by HSC Trust area during 2014/15.
There were 10 programmes provided during 2014/15 for which the programme frequency was unavailable due to the rolling and ongoing nature of the programmes. These include Cardiac Rehabilitation, Pulmonary Rehabilitation, CrISP and CrISP/DIP programmes run over multiple HSC Trust areas.

Cancer Focus, who provided 1 programme for 40 participants, were unable to provide figures broken down by HSC Trust area during 2015/16.
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There were 3 programmes provided during 2015/16 for which the programme frequency was unavailable due to the rolling and ongoing nature of the programmes. These include Cardiac Rehabilitation, Pain Management Programme and CrISP/DIP/CIP programmes run over multiple HSC Trust areas.
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Amendments

The cut-off point for amendments to data was 12th October 2016. Any amendments notified by HSC Trusts or independent organisations after this date will not have been included.

Rounding Conventions

Percentages have been rounded to whole numbers and as a consequence some percentages may not sum to 100. 0% may reflect rounding down of values under 0.5%.

Revisions Policy

These data are revised by exception. If revisions are required, background circumstances are reported and revision dates are noted in subsequent publications of these series of statistics. The general revisions policy for Official Statistics produced by the DoH can be found in the DoH Statistics Charter on our website.

Revisions to Data

The Challenging Pain programme was reclassified as a Condition Specific, Chronic Pain programme in 2012/13. It was previously classified as a Generic programme.

There were 3 programmes with a frequency of 39 programmes and 356 participants removed from the 2013/14 figures as they have been subsequently deemed not to fall under the scope of the questionnaire. These were specifically the Anxiety Management, Mood Management and Self Esteem programmes.

The Aware programme, Living Life to the Full, has been reclassified as a Generic programme in 2014/15. It was previously classified as a Condition Specific, Mental Health programme.

Main Uses of Data

Data presented in this publication helps to meet the information needs of the DoH. Commitment 44 in the Programme for Government (PfG) 2011-15 is to 'Enrol people who have a long-term (chronic) condition, and who want to be enrolled, in a dedicated chronic condition management programme'. The figures included contribute to the Performance Indicators required to measure the provision of programmes and programme participation as well as identifying any further need of provision.

Maps

A full explanation of the methodology used in the presentation of maps in this report can be made available on request from CIB.

Contact

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User Feedback

Any comments you have regarding this or any other publication produced by CIB are welcome. Your views help us to improve the service we provide to users of this information and to the wider public.

The scope of collection was agreed between the Public Health Agency and DoH and is summarised in the table below.

This data collection <u>IS</u> covering	This data collection <u>IS NOT</u> covering:	LTCs included in audit:
<p>Programmes for people with long term conditions.</p> <p>Programmes designed for:</p> <ul style="list-style-type: none"> • Adults; • Children/young people; • Carers. <p>Both HSC Trust <u>and</u> Independent sector provided / funded programmes.</p> <p>Programmes that have a formal / structured approach and are time limited.</p> <p>Programme format either structured group format or on-line format.</p>	<p>Any kind of “Support groups” for either physical or mental health long term conditions. By ‘support groups’ we mean informal, unstructured groups with no time limit.</p> <p>One-to-one reviews or appointments with health and social care professionals, e.g. GPs or other primary / community care professionals.</p>	<p>LTCs relating to physical health eg:</p> <ul style="list-style-type: none"> • Diabetes; • Cardiac; • COPD / respiratory; • Stroke / dementia / neurological; • Chronic Pain; • Arthritis / other Musculoskeletal; • Cancer. <p>LTCs relating to mental health.</p>

Abbreviations

BERTIE	Bournemouth Type 1 Intensive Education
BHSCT	Belfast Health and Social Care Trust
BSO	Business Services Organisation
CHOICE	Carbohydrate Insulin Collaborative Education
COPD	Chronic Obstructive Pulmonary Disease
CrISP	Carer Information and Support Programme
DIP	Dementia Information Programme
DM	Diabetes Mellitus
DAFNE	Dose Adjustment for Normal Eating
DAY	Diabetes And You
DESMOND	Diabetes Education & Self Management of Ongoing and Newly Diagnosed
DoH	Department of Health
HOPE	Help to Overcome Problems Effectively
IBD	Inflammatory Bowel Disease

NHSCT	Northern Health and Social Care Trust
SEHSCT	South Eastern Health and Social Care Trust
SET2	Southern Education Type 2
SHAIRE	Southern Health Adjusting Insulin Round Eating
SHSCT	Southern Health and Social Care Trust
WHSCT	Western Health and Social Care Trust

This and other statistical bulletins published by Community Information Branch are available to download on the DoH website at:

<https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research-social-services/social-care-statistics>

This publication can be requested in large print or other formats.