

INFORMATION  
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# Patient Education / Self Management Programmes for People with Long Term Conditions (2014/15)



Department of  
**Health, Social Services  
and Public Safety**  
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- *Provide up-to-date, quality information on children and adult social services and community health;*
- *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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We collect, analyse, and publish a wide range of community information that is used to help monitor the delivery of personal social services policy. Information collected by CIB is used to assess HSC Trust performance, for corporate monitoring, policy evaluation, and to respond to parliamentary/assembly questions.

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. Introduction

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 2014 to 31 March 2015.

The information included in this report should be considered as **experimental statistics** which have been produced as an aid to understanding the provision of patient education / self management programmes and to support a Programme for Government commitment.

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 increasing<sup>1</sup>. 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 2014/15. Information was provided by HSC Trusts and independent sector organisations who delivered programmes during 2014/15. The report summarises the key statistical information provided for the year 2014/15 and highlights how this compares with that collected since the baseline data collection in 2011/12.

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<sup>1</sup> <http://www.northernireland.gov.uk/pfg-delivery-plans-commitment-44.pdf>

## 2. Key Findings

- In 2014/15, 13,069 participants availed of a patient education / self management programme. This is a 6% (684) increase on the number of participants recorded during 2013/14<sup>2</sup> (12,385).
- Out of the 13,069, 60% of participants at a patient education / self management programme were attending a programme provided by one of the five HSC Trusts in Northern Ireland. This was up 4 percentage points from 56% in 2013/14.
- There were 40 different programme types in place across Northern Ireland during 2014/15; this is up 11% (4) on those in place during 2013/14 (36).
- The 40 patient education / self management programmes were provided a total of 856 times in 2014/15<sup>3</sup>, an increase of 7% (54) on the number in 2013/14<sup>2</sup> (802).
- Of those programmes provided during 2014/15, 713 were condition specific programmes and 143 were generic programmes. In 2013/14 these figures were 719 and 83 respectively.
- The number of participants attending a programme specifically for cardiac, COPD, Type 1 diabetes or Type 2 diabetes in 2014/15 was 7,474. This was a 20% (1,234) increase on the number of participants at programmes for the same conditions in 2013/14 (6,240).

2014/15  
Participant Numbers  
**13,069**

 **6%**

2014/15  
Programme Frequency  
**856**

 **7%**

**4 Selected Conditions**  
Participant Numbers  
**7,474**

 **20%**

<sup>2</sup> Figures for 2013/14 have been amended as some programmes previously included have subsequently been deemed to fall outside the scope of the questionnaire. Further information can be found under Revisions to Data in [Appendix A](#).

<sup>3</sup> 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.

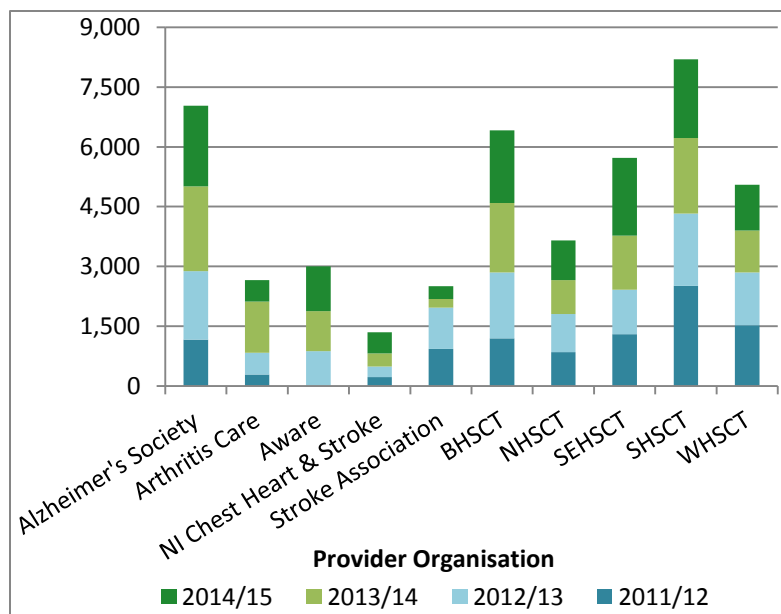
### 3. Participants

In 2014/15, 13,069 participants attended a patient education / self management programme, an increase of 6% on the number of participants in 2013/14<sup>4</sup> (12,385). This increase can be attributed to the majority of programme providers reporting an increase in participant numbers throughout the year (Table 1).

**Table 1. Annual Change in Participant Numbers by Provider Organisation (2011/12 – 2014/15)**

Provider Organisation	2011/12	2012/13	2013/14	2014/15	% Change 2011/12 – 2014/15
Action Cancer	35	26	52	62	19%
Action Mental Health	-	-	253	278	10%
Alzheimer’s Society	1,165	1,718	2,125	2,026	-5%
Arthritis Care	286	547	1,281	540	-58%
Aware	-	871	1,008	1,123	11%
British Lung Foundation	57	-	-	-	-
Cancer Focus NI	72	45	102	96	-6%
Cancer Lifeline	-	-	69	64	-7%
Extracare	-	110	-	-	-
Macmillan	53	46	54	130	141%
NI Chest Heart & Stroke	218	265	330	532	61%
Stroke Association*	926	1,037	220	324	47%
BHSCT	1,197	1,648	1,743	1,824	5%
NHSCT	846	962	845	997	18%
SEHSCT	1,300	1,114	1,355	1,953	44%
SHSCT	2,514	1,810	1,902	1,969	4%
WHSCT	1,520	1,332	1,046	1,151	10%
<b>Total</b>	<b>10,189</b>	<b>11,531</b>	<b>12,385</b>	<b>13,069</b>	<b>6%</b>

**Figure 1. Participant Numbers by Provider Organisation (2011/12 – 2014/15)\***



In 2014/15, participant numbers in programmes provided by HSC Trusts (7,894) showed a 15% (1,003) increase over the number of participants in 2013/14 (6,891). The 7,894 participants at programmes provided specifically by HSC Trusts represented 60% of the total participant numbers in 2014/15. Of the independent sector organisations, Alzheimer’s Society provided programmes for the most participants (2,026); 16% of the total participant numbers (Figure 1).

<sup>4</sup> Figures for 2013/14 have been amended as some programmes previously included have subsequently been deemed to fall outside the scope of the questionnaire. Further information can be found under Revisions to Data in [Appendix A](#).  
\*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.

There has been an increase in the programme frequency of patient education / self management programmes in 2014/15. The 856 programmes that ran in 2014/15<sup>5</sup> represented an increase of 7% (54) on the programme frequency in 2013/14<sup>6</sup> (802). In 2014/15, the highest frequencies of programmes were in the Belfast HSC Trust area (270); however, as in 2013/14, the most participants were in the Southern HSC Trust area (3,327) (Table 2).

**Table 2. Programme Frequency and Participant Numbers by HSC Trust Area (2011/12 – 2014/15)<sup>7</sup>**

HSC Trust Area	Programme Frequency				Participants			
	2011/12	2012/13	2013/14	2014/15	2011/12	2012/13	2013/14	2014/15
BHSCT	128	193	216	270	1,586	2,164	2,443	2,751
NHSCT	97	99	116	106	1,803	2,138	2,063	1,838
SEHSCT	98	104	92	136	1,502	1,633	1,975	2,683
SHSCT	156	204	197	193	3,351	2,579	3,013	3,327
WHSCT	146	117	111	150	1,947	2,146	1,845	2,432
<b>Total</b>	<b>625</b>	<b>784</b>	<b>802</b>	<b>856</b>	<b>10,189</b>	<b>11,531</b>	<b>12,385</b>	<b>13,069</b>

In 2014/15, almost a quarter (23%) of all participants attended a cardiac specific programme. Programmes for Type 2 diabetes accounted for 17% (2,228) of all participants; with 16% (2,038) of participants attending dementia programmes (Table 3). Further information in relation to diabetes specific programmes can be found on page 15 of this report.

**Table 3. Participant Numbers by Programme Type and HSC Trust Area (2014/15)**

Programme Type	BHSCT area	NHSCT area	SEHSCT area	SHSCT area	WHSCT area	Total
<b>Condition Specific</b>	<b>2,322</b>	<b>1,678</b>	<b>2,348</b>	<b>3,023</b>	<b>1,843</b>	<b>11,252</b>
Arthritis	25	62	-	-	-	<b>87</b>
Cancer	223	35	18	32	54	<b>400</b>
Cardiac	568	564	1,172	500	146	<b>2,950</b>
Chronic Pain	182	34	99	170	82	<b>567</b>
COPD	232	280	334	164	413	<b>1,423</b>
Dementia	105	501	197	664	571	<b>2,038</b>
Diabetes Type 1	346	118	51	239	119	<b>873</b>
Diabetes Type 2	557	-	384	896	391	<b>2,228</b>
Mental Health	6	-	-	-	-	<b>6</b>
Neurological	14	-	-	-	-	<b>14</b>
Stroke	64	84	93	358	67	<b>666</b>
<b>Generic<sup>†</sup></b>	<b>429</b>	<b>160</b>	<b>335</b>	<b>304</b>	<b>589</b>	<b>1,817</b>
<b>Total</b>	<b>2,751</b>	<b>1,838</b>	<b>2,683</b>	<b>3,327</b>	<b>2,432</b>	<b>13,069</b>

<sup>5</sup> 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.

<sup>6</sup> Figures for 2013/14 have been amended as some programmes previously included have subsequently been deemed to fall outside the scope of the questionnaire. Further information can be found under Revisions to Data in [Appendix A](#).

<sup>7</sup> 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 A](#).

<sup>†</sup>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.



In 2014/15, 73% (9,566) of participants attended a programme that was either clinically or professionally led; this was the same proportion as in 2013/14. Participants at jointly led programmes accounted for 20% (2,554) of the total with the remaining 7% (949) of participants attending a programme that was peer led.

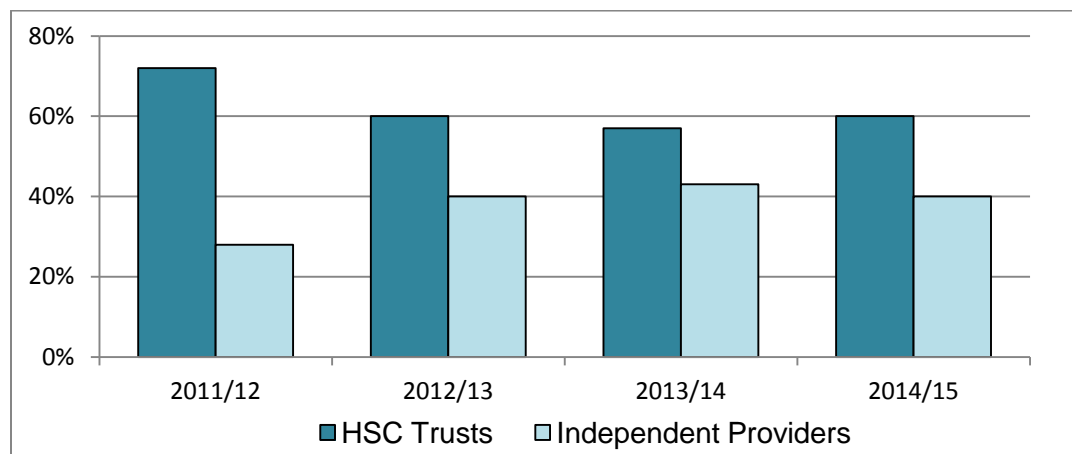
Of those clinically or professionally led in 2014/15, 88% (8,443) of participants attended a condition specific programme. This figure was 82% (2,086) for those at a jointly led programme and 76% (723) at a peer led programme (Table 4).

**Table 4. Participant Numbers by Programme Type and Programme Delivery (2014/15)**

<b>Programme Type</b>	<b>Clinical / Professional Led</b>	<b>Peer Led</b>	<b>Jointly Led</b>	<b>Total</b>
<b>Condition Specific</b>	<b>8,443</b>	<b>723</b>	<b>2,086</b>	<b>11,252</b>
Arthritis	-	87	-	<b>87</b>
Cancer	368	-	32	<b>400</b>
Cardiac	2,950	-	-	<b>2,950</b>
Chronic Pain	340	227	-	<b>567</b>
COPD	1,191	232	-	<b>1,423</b>
Dementia	12	100	1,926	<b>2,038</b>
Diabetes Type 1	796	77	-	<b>873</b>
Diabetes Type 2	2,100	-	128	<b>2,228</b>
Lymphoedema	6	-	-	<b>6</b>
Neurological	14	-	-	<b>14</b>
Stroke	666	-	-	<b>666</b>
<b>Generic</b>	<b>1,123</b>	<b>226</b>	<b>468</b>	<b>1,817</b>
<b>Total</b>	<b>9,566</b>	<b>949</b>	<b>2,554</b>	<b>13,069</b>

Figure 2 shows that, when looking at the provider organisation, there has been an increase in the proportion of participants attending a programme provided by the independent sector from 2011/12 (28%) to 2014/15 (40%). Between 2013/14 and 2014/15, there was an increase in the proportion of participants at programmes provided by HSC Trusts, with a decrease in the proportion provided by the independent sector.

**Figure 2. Proportions of Participant Numbers by Provider Sector (2011/12 - 2014/15)**



In 2014/15, 75% (9,810) of participants attended a programme that was statutory funded, an increase of 29% since the previous year. Jointly funded programmes were provided for 13% (1,662) of participants with voluntary funded arrangements provided for the remaining 5% (627).

**Table 5. Participant Numbers by Programme Type and Funding Arrangements (2014/15)**

Programme Type	Statutory Funded	Voluntary Funded	Joint Funded	Other <sup>8</sup>	Total
<b>Condition Specific</b>	<b>9,306</b>	<b>335</b>	<b>641</b>	<b>970</b>	<b>11,252</b>
Arthritis	87	-	-	-	87
Cancer	122	201	77	-	400
Cardiac	2,950	-	-	-	2,950
Chronic Pain	533	34	-	-	567
COPD	1,010	-	-	413	1,423
Dementia	1,753	100	185	-	2,038
Diabetes Type 1	523	-	49	301	873
Diabetes Type 2	1,972	-	-	256	2,228
Lymphoedema	-	-	6	-	6
Neurological	14	-	-	-	14
Stroke	342	-	324	-	666
<b>Generic</b>	<b>504</b>	<b>292</b>	<b>1,021</b>	<b>-</b>	<b>1,817</b>
<b>Total</b>	<b>9,810</b>	<b>627</b>	<b>1,662</b>	<b>970</b>	<b>13,069</b>

<sup>8</sup> Funding 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.

## 4. Programmes

In 2014/15 an average of 15 participants attended each programme. Of the 856<sup>9</sup> programmes that were delivered, 33% (280) were for Type 2 diabetes, the largest of any specific condition as was the case in the previous year. Generic programmes, as opposed to those provided for specific conditions, accounted for 17% (143) of the total programmes in 2014/15 (Table 6). Further information in relation to diabetes specific programmes can be found on page 15 of this report.

**Table 6. Programme Frequency and Participant Numbers by Programme (2014/15)<sup>9</sup>**

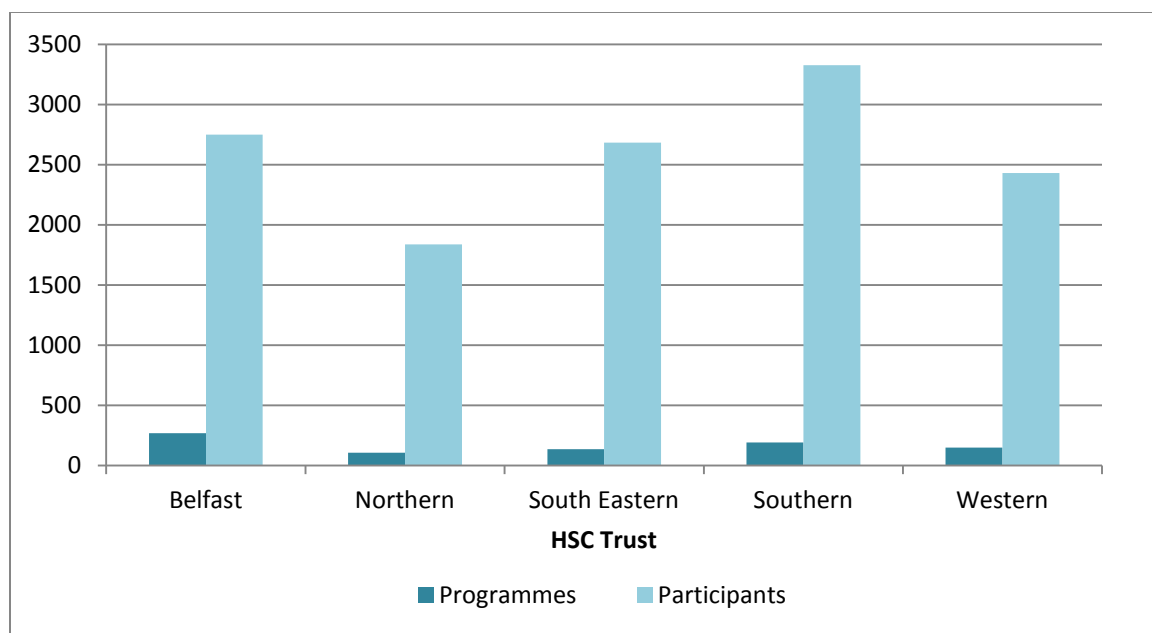
Programme Name	Programme Frequency	Participants
<b>Arthritis</b>	<b>6</b>	<b>87</b>
Challenging Arthritis	6	87
<b>Cancer</b>	<b>44</b>	<b>400</b>
Breast Cancer Transition Group	3	14
Cancer Community Rehabilitation	2	13
Cancer Related Fatigue	12	98
Fatigue Management	3	22
HOPE	4	32
Live Well Residential	1	38
Positive Living Programme	5	62
Prostate Cancer Transition Group	2	21
Vital Nutrition	4	42
Zest for Life	8	58
<b>Cardiac</b>	<b>99</b>	<b>2,950</b>
Cardiac Rehabilitation	99	2,950
<b>Chronic Pain Conditions</b>	<b>50</b>	<b>567</b>
Challenging Pain	20	227
Pain Management Programme	30	340
<b>COPD</b>	<b>47</b>	<b>1,423</b>
Pulmonary Rehabilitation	47	1,423
<b>Dementia</b>	<b>6</b>	<b>2,038</b>
Carer Information Programme	4	1,135
CrISP	-	100
CrISP/DIP	-	791
Memory & Wellbeing Programme	2	12
<b>Diabetes Type 1</b>	<b>116</b>	<b>873</b>
BERTIE	12	66
CHOICE	71	580
DAFNE	20	150
SHAIRE	13	77
<b>Diabetes Type 2</b>	<b>280</b>	<b>2,228</b>
DAY	50	751
DESMOND	71	549
DM prevention	12	98
Walking Away from Diabetes	26	128
X Pert	14	145
Type 2 Programme	107	557
<b>Lymphoedema</b>	<b>1</b>	<b>6</b>
Lymphoedema Bariatric Exercise	1	6
<b>Neurological</b>	<b>2</b>	<b>14</b>
Dysarthria Group	1	7
Parkinson's Dysarthria Group	1	7
<b>Stroke</b>	<b>62</b>	<b>666</b>
Moving On/PREP	32	342
Life after stroke self management pathway stages 1- 3	6	45
Life after stroke self management pathway stages 1- 2	24	279
<b>Generic</b>	<b>143</b>	<b>1,817</b>
Challenging Your condition	18	216
Living Life to the Full <sup>†</sup>	86	1,123
Managing Caring	1	10
Managing the Challenge	22	278
Taking Control	16	190
<b>Total</b>	<b>856</b>	<b>13,069</b>

<sup>9</sup> 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.

<sup>†</sup>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.

Figure 3 illustrates the number of programmes and participants by HSC Trust area. Across HSC Trusts the average number of participants per programme varied from 19.7 in the South Eastern HSC Trust to 10.2 in the Belfast HSC Trust.

Figure 3. Number of Programmes and Participants by HSC Trust Area (2014/15)



There has been a decrease of 1% (6) in the number of condition specific programmes that took place during 2014/15 (713) compared to 2013/14. The number of generic programmes (143) increased by 72% (60) compared to 2013/14 (Table 7).

Table 7. Frequency of Programmes by Type and HSC Trust Area (2011/12 – 2014/15)<sup>10,11</sup>

HSC Trust Area	2011/12		2012/13		2013/14		2014/15	
	Condition Specific	Generic	Condition Specific	Generic	Condition Specific	Generic	Condition Specific	Generic
BHSCT	124	4	188	5	208	8	238	32
NHSCT	92	5	95	4	105	11	93	13
SEHSCT	95	3	102	2	82	10	110	26
SHSCT	145	11	191	13	169	28	168	25
WHSCT	119	27	90	27	85	26	103	47
<b>Total</b>	<b>575</b>	<b>50</b>	<b>733</b>	<b>51</b>	<b>719</b>	<b>83</b>	<b>713</b>	<b>143</b>

<sup>10</sup> Figures for 2013/14 have been amended as some programmes previously included have subsequently been deemed to fall outside the scope of the questionnaire. Further information can be found under Revisions to Data in [Appendix A](#).

<sup>11</sup> 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 A](#).

The figures show that there is an increasing trend in the frequency of generic programmes. Figure 4 illustrates that the total programme frequency is increasing along with the proportion of generic programmes.

Figure 4. Number of Programmes by Type (2011/12 – 2014/15)

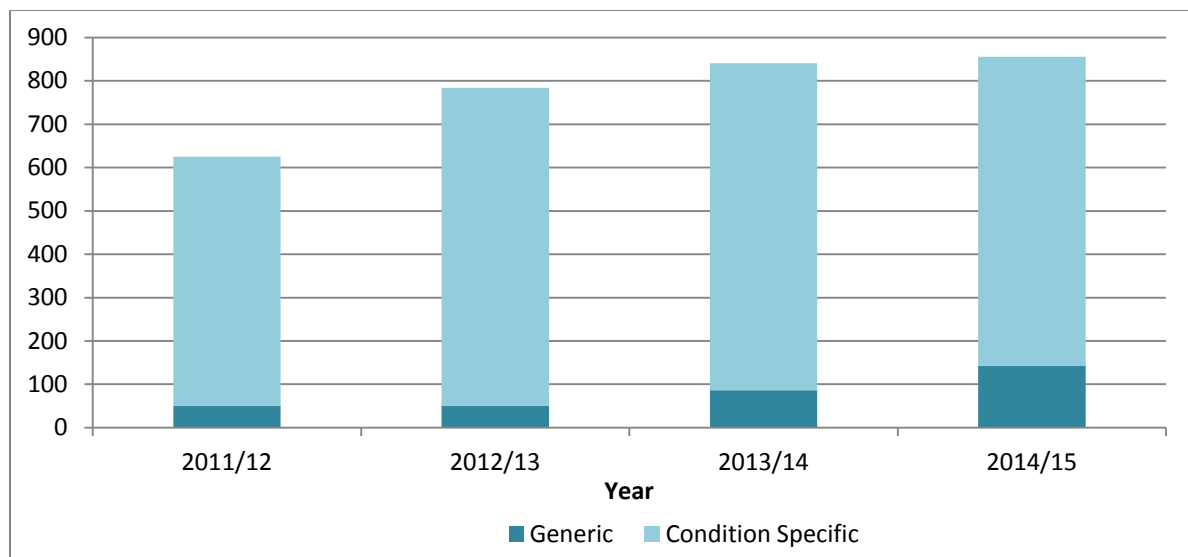
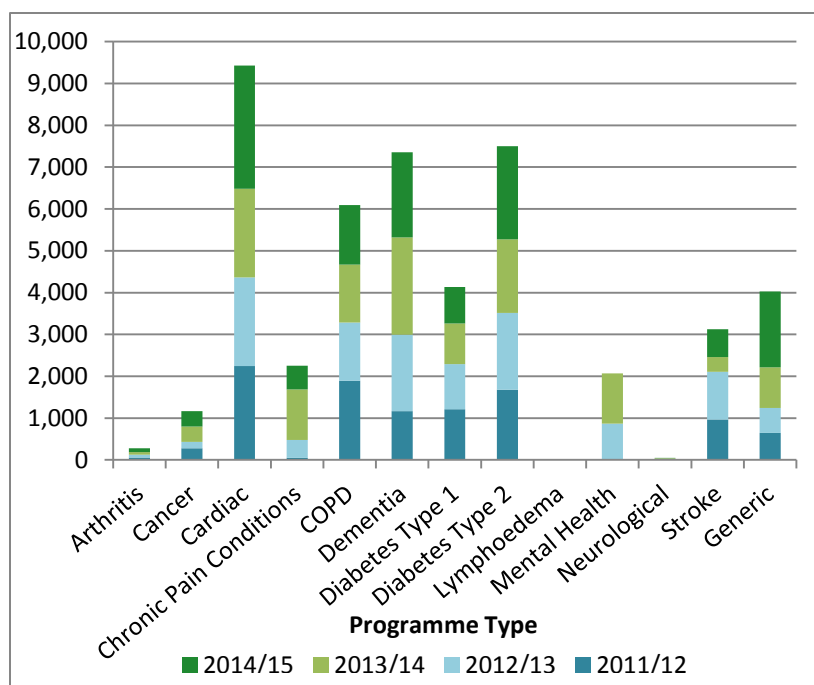


Figure 5. Participant Numbers by Programme Type (2011/12 – 2014/15)\*



Over the last four years large proportions of participants have been consistently accessing programmes related to cardiac, COPD, diabetes and dementia. As detailed above, there has been an increase in the frequency of generic programmes during 2014/15 as more programmes become available. This has led to increases in the number of participants accessing generic programmes during 2014/15, as can be seen in Figure 5.

## 5. Selected Conditions

This section looks specifically at four selected conditions; cardiac, COPD, Type 1 diabetes and Type 2 diabetes. The number of participants attending a programme in relation to these conditions in 2014/15 (7,474) has increased by 20% (1,234) since 2013/14 (6,240). The number of participants at programmes related to the remaining conditions decreased by 33%, with those attending generic programmes more than doubling (Table 8).

**Table 8. Annual Change in Participant Numbers by Condition Addressed in Programme (2012/13 – 2014/15)**

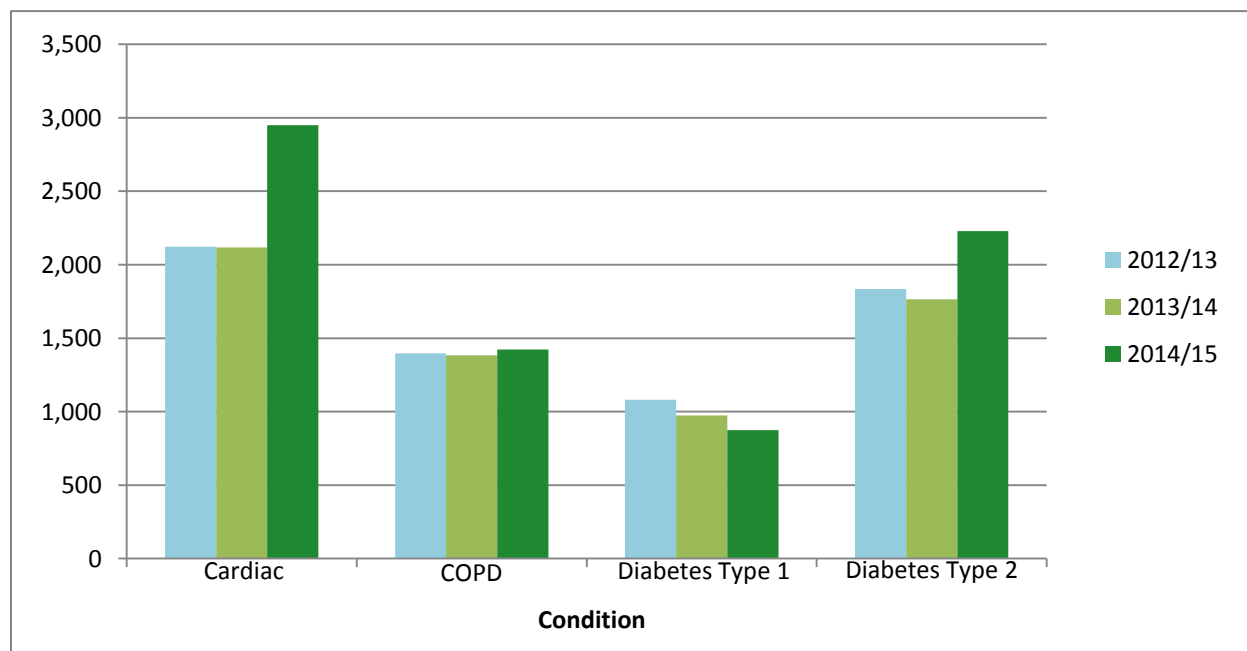
	2012/13	2013/14	2014/15	% Change
<b>4 Selected Conditions</b>	6,432	6,240	7,474	20%
<b>Other Conditions</b>	4,502	5,617	3,740	-33%
<b>Generic</b>	597	884	1,817	106%

Table 9 below shows the participant numbers at programmes for the four selected conditions during 2014/15. Increases in the number of participants attending Type 2 diabetes in all HSC Trusts, excluding the Northern, as well as those attending cardiac programmes in the South Eastern HSC Trust has contributed to the overall increase of 20% seen in 2014/15.

**Table 9. Participant Numbers for 4 Selected Conditions by HSC Trust Area (2014/15)**

	BHSCT area	NHSCT area	SEHSCT area	SHSCT area	WHSCT area	Total
Cardiac	568	564	1,172	500	146	<b>2,950</b>
COPD	232	280	334	164	413	<b>1,423</b>
Diabetes Type 1	346	118	51	239	119	<b>873</b>
Diabetes Type 2	557	-	384	896	391	<b>2,228</b>

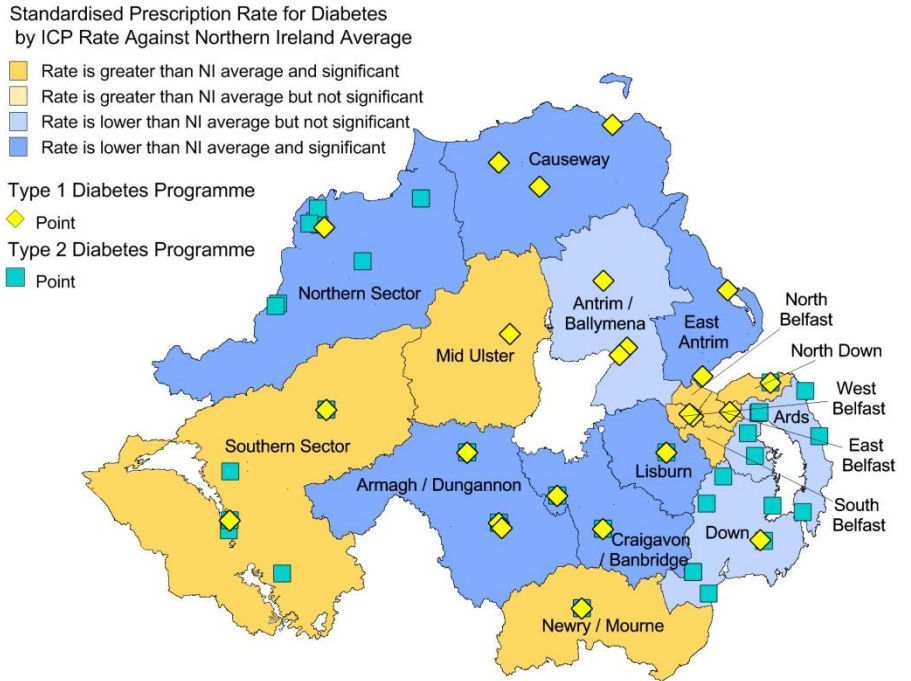
**Figure 6. Participant Numbers for 4 Selected Conditions (2012/13 - 2014/15)**



# 6. Diabetes

Using 2013 diabetes prescription data, a map has been generated to show 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 to the map. The map shows no provision for Type 2 Diabetes programmes in the Antrim / Ballymena, Causeway, East Antrim and Mid Ulster ICP areas.

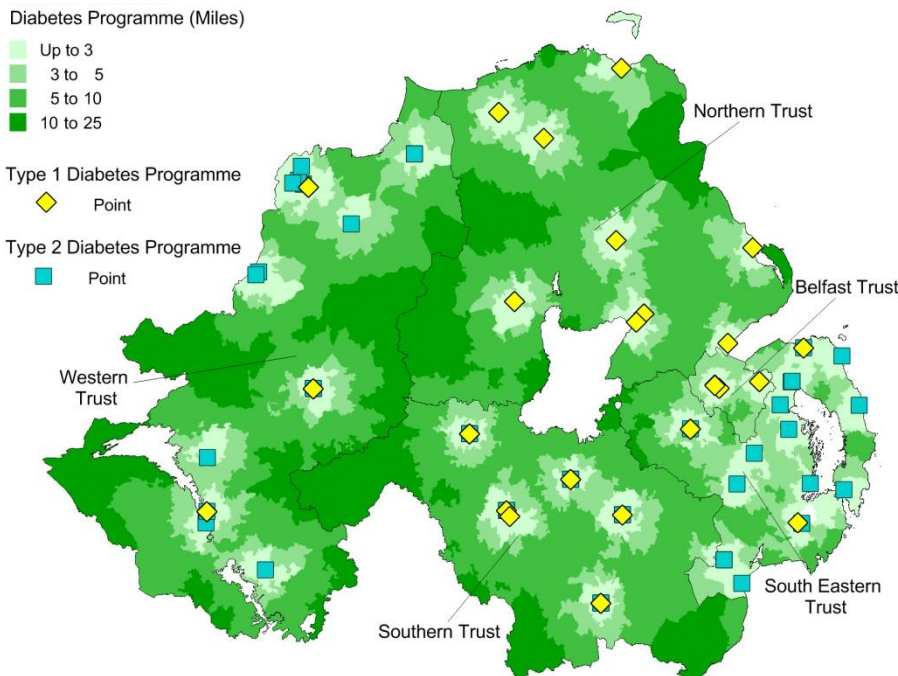
**Figure 7. Standardised Prescription Rate for Diabetes, by ICP Rate Against Northern Ireland Average, with Diabetes Programme Locations**



Source: BSO, DHSSPS

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**Figure 8. Proximity of Census Output Areas to Diabetes Programmes**



Source: DHSSPS

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The map to left illustrates the locations of patient education / self management programmes for both Type 1 and Type 2 diabetes that ran during 2014/15 and their proximity to census output areas in Northern Ireland. Over half (54%) of the population in Northern Ireland live within 3 miles of a diabetes programme. One in twenty (5%) people in Northern Ireland live more than 10 miles from a diabetes programme, with no one located more than 25 miles away from a programme.

# Appendix A. 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, Social Services & Public Safety.

For this publication, the questionnaire covered the year ending 31 March 2015 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 2014/15 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 2014/15 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 in 2014/15 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.



## **Amendments**

The cut-off point for amendments to data was 4th March 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 DHSSPS can be found in the DHSSPS 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 DHSSPS. 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. Feedback can be provided using the details above or through our website at: <https://www.dhsspsni.gov.uk/contacts/community-information-branch>

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

<b>This data collection IS covering</b>	<b>This data collection IS NOT covering:</b>	<b>LTCs included in audit:</b>
<p>Programmes for people with long term conditions.</p> <p>Programmes designed for:</p> <ul style="list-style-type: none"> <li>• Adults;</li> <li>• Children/young people;</li> <li>• Carers.</li> </ul> <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"> <li>• Diabetes;</li> <li>• Cardiac;</li> <li>• COPD / respiratory;</li> <li>• Stroke / dementia / neurological;</li> <li>• Chronic Pain;</li> <li>• Arthritis / other Musculoskeletal;</li> <li>• Cancer.</li> </ul> <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
DHSSPS	Department of Health, Social Services and Public Safety
HOPE	Help to Overcome Problems Effectively
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
WHSC	Western Health and Social Care Trust

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

<http://www.dhsspsni.gov.uk/index/statistics/socialcare.htm>

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