



ROADMAP FOR SUSTAINABLE HEALTHCARE

Background

The hepatitis C virus (HCV) is a potentially fatal infection that can cause serious liver disease including cirrhosis, end-stage liver failure, and liver cancer. There are an estimated 214,000 individuals chronically infected with HCV in the UK.¹ Currently, the condition is both under-diagnosed and under-treated, with less than 50% of people infected with HCV aware of their condition and only 3% of those who are diagnosed receiving treatment each year.^{1,2}

SUSTAINABLE HEALTHCARE PILOT 1: THE HEPATITIS C PARTNERSHIP

Overview

With AbbVie's support, Addaction and The Hepatitis C Trust, two charities, are partnering in a new pilot initiative in the South West region, designed to widen HCV testing and offer additional support to access appropriate treatment for people who use drugs or who are in recovery. The pilot initiative comprises of three key interventions:

1. Workforce development

Addaction staff are provided with training on HCV to improve their understanding of the disease, the benefits of testing, new treatment options and the importance of modifying individuals' behaviour. The training helps them to better understand the ways in which they can effectively support local drug service users

Status

An ongoing programme to train the frontline staff is currently underway.

2. Peer-to-peer education

Peer-to-peer educators are trained to deliver a personal message to service users regarding the importance of testing and attending hospital appointments. Through talks at various sites, the peer educators use their personal story to encourage service users to get tested and receive treatment.

Status

So far over 300 people who use drugs or are in recovery have been reached by the peer-to-peer education programme.

3. Buddying scheme

Buddies are trained up to provide support to service users throughout the treatment pathway. They accompany HCV patients to their hospital appointments, carry out one-to-one visits and provide ongoing support through the treatment cycle.

Status

These interventions are being rolled out in different combinations in Cornwall, North Somerset, Devon and Dorset.



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Anticipated outcomes

The partners all hope to create an environment in the South West region that will lead to a long-term increase in HCV testing and treatment rates amongst people who use drugs or are in recovery. It is hoped that this will translate into improved health outcomes, reduce the number of “Did Not Attend” patients within the local population and contribute towards the delivery of the ultimate aim of HCV elimination. The pilot’s results are being independently evaluated during 2015/16. It is hoped that 2016 will see the creation of the first Community Treatment Center and the national roll-out of the principles from the pilot.



David Badcock, Head of Recovery Engagement at Addaction with Len Gooblar, Head of Strategic Health Initiatives at AbbVie

Further information

For more information about the Pilot initiative please contact David Badcock, Head of Recovery Engagement at Addaction on d.badcock@addaction.org.uk

¹ Public Health England, Hepatitis C in the UK: 2015 report, 2015. Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/448710/NEW_FINAL_HCV_2015_IN_THE_UK_REPORT_28072015_v2.pdf (accessed: 30.10.15)

² NHS Choices, Hepatitis C: What is hepatitis C? Available at: www.nhs.uk/hepatitisc/what-is-hepatitisc/Pages/the-facts.aspx (accessed: 30.10.15)



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The UK is facing a growing challenge in terms of the health of its workforce. Every year almost a million workers take sick leave of over a month in length and more than 300,000 people permanently leave their employment due to illness or injury.¹ The situation is becoming critical; it is estimated that almost 21 million people of working-age will have at least one long-term health condition by 2030.²

A system-wide cultural shift is needed throughout the NHS and the public health system, recognising the therapeutic benefits associated with employment and identifying work as an important health outcome. Continuous engagement of patients in conversations about the relationship between their health and work will be essential in achieving this cultural shift and in helping people with long-term conditions remain in employment.

SUSTAINABLE HEALTHCARE PILOT 2: SHARED DECISION-MAKING TOOL

Overview

AbbVie is supporting the development of a new, shared decision-making (SDM) tool, led by Professor Debbie Cohen at Cardiff University. The SDM tool has been designed to aid and improve conversations and decisions about health and work between patients and their healthcare professionals. Specific area of focus relates to how Fit Notes are completed, especially the adjustments box.

By facilitating better conversations, for example around the patient's wants, concerns and needs around their ability to work, this project aims to help optimise the management of their long-term condition and ultimately support people in achieving their goals.

Status

The development of the shared decision-making tool is progressing smoothly, with the first prototype already reviewed by experts. The tool is now being piloted in both primary and secondary care settings and the results of these pilots will be evaluated in the summer of 2016.

Anticipated outcomes

Real world data will be created on the usefulness of the tool for both individuals and clinicians, analysing changes in outcomes for a locality. When evaluated, it is hoped that the tool will sit alongside and support the existing 36 therapy based SDM tools for long-term conditions and that it is used by clinicians in multiple settings across the NHS to help guide conversations about health and work.

¹ Department for Work and Pensions, A million workers off sick for more than a month, February 2014 Available: <https://www.gov.uk/government/news/a-million-workers-off-sick-for-more-than-a-month> (accessed: 30.10.15)

² H Vaughan-Jones, Healthy Work: Challenges and opportunities to 2030, 2009 Available: <https://www.gov.uk/government/news/a-million-workers-off-sick-for-more-than-a-month> (accessed: 30.10.15)



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Musculoskeletal disorders (MSDs) consist of a wide range of disorders that affect the bones, joints, muscles and connective tissue. They include disorders such as lower back pain, osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. These conditions place a major health burden on the UK population and greatly intensify pressures on the finite NHS resources. Given that MSDs also represent the single largest cause of sickness absence in the UK, they also have a detrimental effect on the UK economy.¹

If provided with specialist help quickly, people with MSDs are often able to manage their conditions effectively, improving their quality of life and enabling them to remain within the workforce. Indeed, early intervention for people with MSDs can reduce temporary work disability by 39% and permanent work disability by 50%.² Unfortunately, referrals of people with MSDs from primary into a specialist care setting can take a long time, resulting in unnecessary discomfort and work absence.

SUSTAINABLE HEALTHCARE PILOT 3: EARLY INTERVENTION CLINIC FOR MUSCULOSKELETAL DISORDERS

Overview

AbbVie is supporting the creation of the UK's first Early Intervention Clinic for people who have been signed off work with a MSD. Rolled out by the Leeds Community Healthcare NHS Trust, the clinic is being specifically designed to enable quick referrals from primary care, reducing the time from being signed off from work with a MSD to being able to access a specialist from several weeks to just 5 days.

It is planned that there will be six dedicated clinics per week over two to three sites, which will be offering 45 minute initial appointments. It will serve a population of 750,000.

Status:

The clinic is due to open in January 2016.

Anticipated outcomes:

It is hoped that through early intervention the clinic will reduce work disability and improve patient outcomes and satisfaction. If successful in achieving its primary objectives, the clinic will demonstrate a proof of concept that reduces temporary lost working days and absenteeism, improves presenteeism, delivers savings to the employer and the wider economy, reduces hospital appointments and will be transferable to other therapy areas.

¹ The Work Foundation, Self-management of chronic musculoskeletal disorders and employment, September 2014 (work was supported by a grant from AbbVie)

² Abasolo L, Blanco M, Bachiller J, et al. A health system program to reduce work disability related to musculoskeletal disorders. *Ann Intern Med* 2005;143: 404-14