

NPCRDC Briefing Paper: How has the Expert Patients Programme been delivered and accepted in the NHS during the pilot phase?

The Expert Patients Programme (EPP) is a self-management course led by people who have personal experience of living with a long-term condition. It is a national NHS programme delivered by Primary Care Trusts (PCTs) and open to anyone with a long-term condition. The quality of the programme is controlled through regular monitoring of the paid trainers and volunteer tutors. This briefing note summarises findings from the research carried out by the National Primary Care Research and Development Centre (NPCRDC) during the pilot phase, between April 2003 and April 2005, when PCTs were funded to run four courses. The EPP is now being mainstreamed by PCTs who are taking over the funding and administration of courses. The study set out to examine the way the EPP was being delivered and accepted in the NHS. The research looked in detail at how the programme had been implemented in eight English PCTs. In-depth interviews were carried out with 76 participants. The findings were analysed with issues relating to the mechanics of running the courses within PCTs and with the acceptability and positioning of the EPP within the NHS in mind.

Organisational and professional issues	
Acceptance of self care within PCTs	<ul style="list-style-type: none"> • There was acceptance that the NHS should provide people with the support they need to self-care. • PCT managers viewed EPP as a way to reduce service use. • Very few professionals were engaged by the idea of a generic self-management course.
Management by PCTs	<ul style="list-style-type: none"> • Administration was mainly carried out by the Patient and Public Involvement arm of PCTs. This was where there was most direct contact with the local community. • PCTs were generally failing to use the goodwill and experience of participants to increase public involvement in local health debates or initiatives. • Most participants would like some form of support or communication post course. • PCTs generally managed tutors poorly as they had no experience of working with volunteers.
Fit with existing service	<ul style="list-style-type: none"> • EPP was delivered on a small scale in the community. • EPP did not fit well with the majority of care and support given to large numbers of patients by health and social services.
Engagement of health professionals	<ul style="list-style-type: none"> • Professionals were not engaged by EPP and few referred patients to courses. • There was limited knowledge of the content or rationale. • Training in self-care skills was not part of health professional culture at the time. • Health professionals wanted to remain central to providing care and giving self-care advice to patients with long-term conditions.

Implementation as a policy	
Engagement of the public	<p>The notion of taking more personal responsibility for health care:</p> <ul style="list-style-type: none"> • appealed most to white middle class female patients; • appealed less to those living in deprived areas, who placed a higher value on relationships with GPs.
Recruitment	<ul style="list-style-type: none"> • Up to now, the EPP has attracted those who were already good self-managers but has failed to reach those people who might benefit the most. • Recruitment through health professionals might be more effective than people referring themselves onto courses. • A lot of administrative work was required. Pointers to success in running future courses for this programme include appointing a dedicated EPP coordinator and PCTs collaborating to enable them to share coordinators, tutors and funding. • The poor response to courses led to a significant rate of cancellation.
Course content and delivery	
Content and outcome	<ul style="list-style-type: none"> • Participants appreciated learning about others' experiences and gaining social support, although the majority were already familiar with the content. • Participants and some leaders reported that the structured nature of the content restricted discussion time. • Most participants said their confidence increased but few reported changing their health-care behaviour as a result of attending the EPP. These self-reported outcomes will be a focus of analysis in the main trial (results in 2006).
Generic	<ul style="list-style-type: none"> • The generic course was difficult to market because patients found it initially unappealing and could not relate to it. • People only understood and appreciated the generic course once they had participated and some patients would have preferred courses that were specific to their condition.
Lay delivery	<ul style="list-style-type: none"> • People appreciated the lay leaders and found them easy to relate to. • There were problems finding volunteer tutors from ethnic minorities and deprived areas. • A positive experience from the course was dependent on the facilitator; several participants felt the courses were poorly led and called for better training in group management skills – also requested by tutors.



Policy recommendations	
Maximise the impact of self management in the NHS	<ul style="list-style-type: none"> • Better engagement by PCTs with community and voluntary groups • Better training and support of EPP tutors • Better education of health professionals about the EPP • Initiatives to target patients from socio-economically disadvantaged groups, and patients from ethnic minorities • Better integration of self-management approaches, including the EPP, with existing primary and secondary care providers
National guidance	National guidance is needed on the best balance between generic and disease specific support for self-management, both of which form part of government policy for supporting people with long-term conditions.

Study team contact details

For more information about the study please contact: [Anne Kennedy](#), Research Fellow at NPCRDC. (email: anne.p.kennedy@manchester.ac.uk)

About NPCRDC

NPCRDC is a multi-disciplinary centre, established in 1995 to carry out policy related research in primary care. Our centre is a collaboration between the Universities of Manchester and York, with our main base at the University of Manchester. We are committed to excellence in primary care research and dissemination.

If you would like further copies of this summary, please contact [NPCRDC](#).

Communications Unit, NPCRDC
5th Floor, Williamson Building,
The University of Manchester,
Oxford Road, Manchester,
M13 9PL.

Telephone: [0161 275 7634](tel:01612757634)

e-mail: communit@fs1.cpcr.man.ac.uk

Fax: [0161 275 0611](tel:01612750611)

Download this summary from www.npcrdc.ac.uk