

DoH National Evaluation of the Condition Management Programmes

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Independence

Activation

Social inclusion

Occupation

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Aims of the Evaluation

- **To explore and describe the models of Condition Management developed in the seven IB Pilot areas**
- **To assess the (short term) impact of the CMP pilots on health and work readiness**

Methodology

- **Realistic Evaluation**
 - Pawson & Tilley (1997)
 - What works? For whom? In what context?
- **Mixed methods research**
 - Cresswell & Plano Clark (2006)
 - Triangulated convergence design
 - Quantitative & qualitative data collection
 - Data transformation to allow comparative analysis

Data Collection

- Mapping of the context & operation of the 7 models of Condition Management
- Management information returns
- Outcome measures:
 - **HAD (anxiety & depression)**
 - Initial & outcome scores
 - **Routine outcome returns:**
 - Work readiness scores
 - Qualitative questions on participant experience of CMP
 - Useful aspects
 - Changes as a result
 - Reasons for dropout

Qualitative Studies

- **Qualitative study of impact of CMP**
 - **Focus groups**
 - Stakeholders
 - Clinicians
 - Participants
- **Participant pathways**
 - **Casenote analysis**
 - 4/7 pilots
 - 30 participants in each



Mapping the Programmes

1. Data collection workshops

- Organisational set up
- Professional team
- Programme design
- Data handling

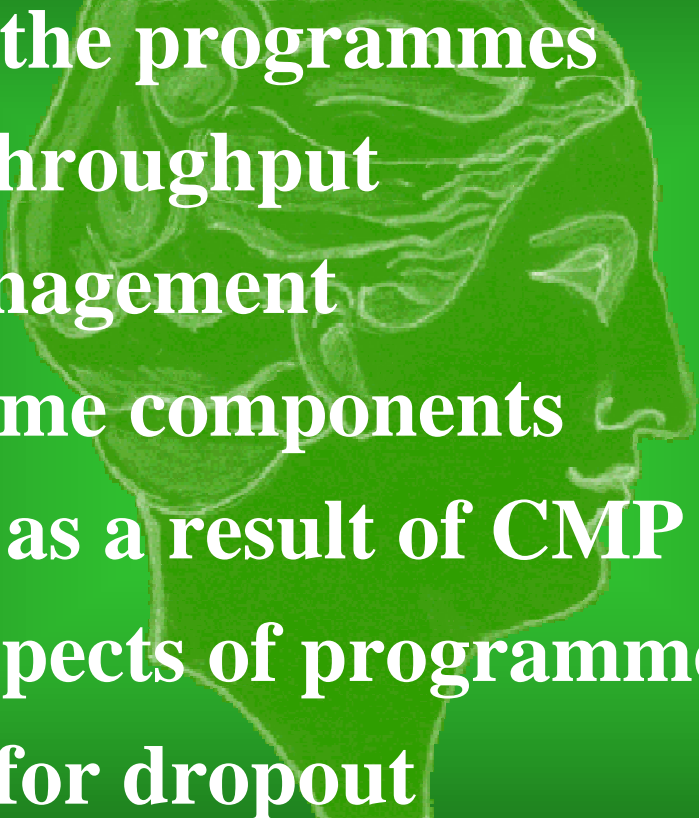
2. Feedback to/from pilots & key informants

3. Comparative analysis

- SPSS database
- Pilot feedback



Interim Results: the 7 Models

1. Focus of the programmes
 2. Annual throughput
 3. Case management
 4. Programme components
 5. Changes as a result of CMP
 6. Useful aspects of programme
 7. Reasons for dropout
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1. Focus

- **Health**
 - 4 pilots
- **Work**
 - 2 pilots
- **Commissioning**
 - 1 pilot

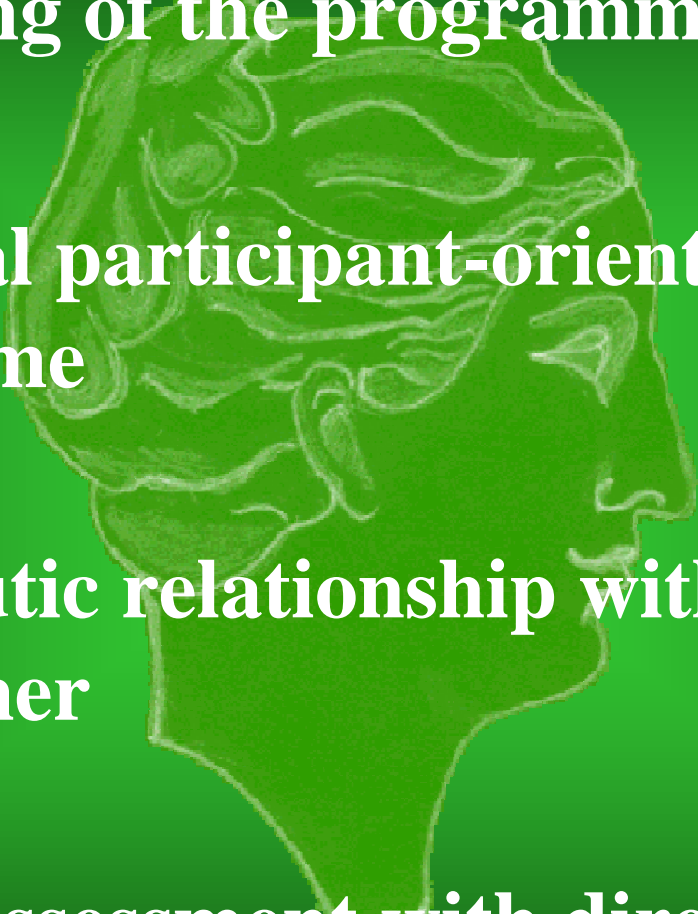


2. Annual Throughput

Pilot	Referrals/clinician	% complete
1	40	25%
2	102	27%
3	66	24%
4	367	49%
5	52	16%
6	33	44%
7	56	21%

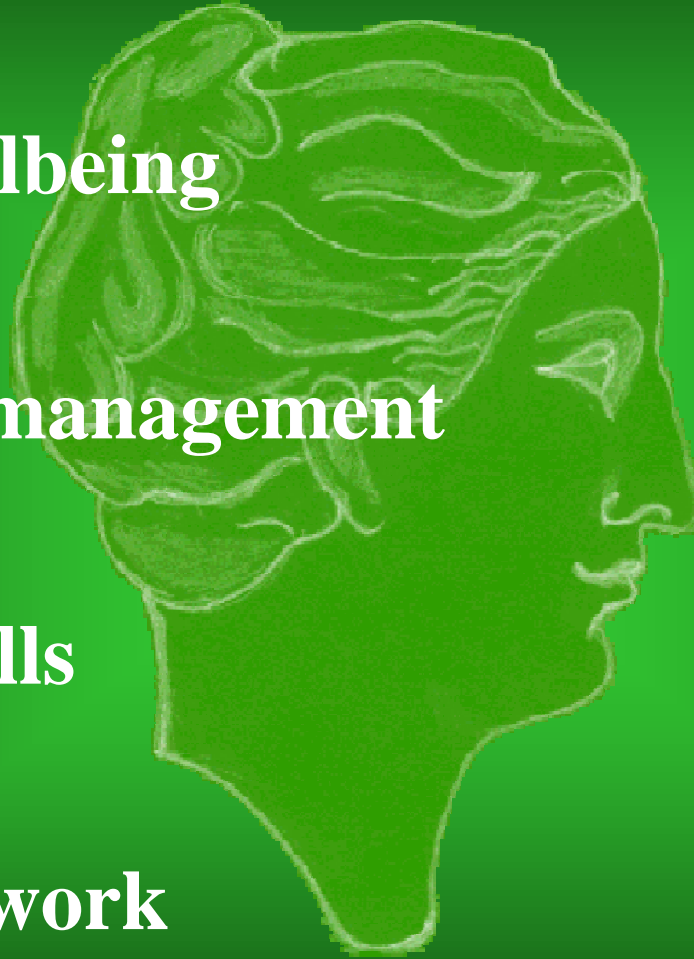
3. Case Management

1. Team assess client need and provide programme
2. Core team responsible for assessment and assignment to programmes
3. Individual case manager responsible for assessment, assignment to programmes and continuing therapeutic input

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- 4. Core team responsible for assessment and monitoring of the programmes**
 - 5. Individual participant-orientated clinical programme**
 - 6. Therapeutic relationship with individual practitioner**
 - 7. Clinical assessment with direct programme provision by the team**

4. Programme Components

- Health/wellbeing
- Symptom management
- Coping skills
- Return to work



Delivery Models



	1 %	2 %	3 %	4 %	5 %	6 %	7 %
Well being	10	11	35	42	0	0	11
Symp toms	38	27	25	5	40	59	13
Coping	33	33	25	21	60	41	31
RTW	19	28	16	32	0	0	45

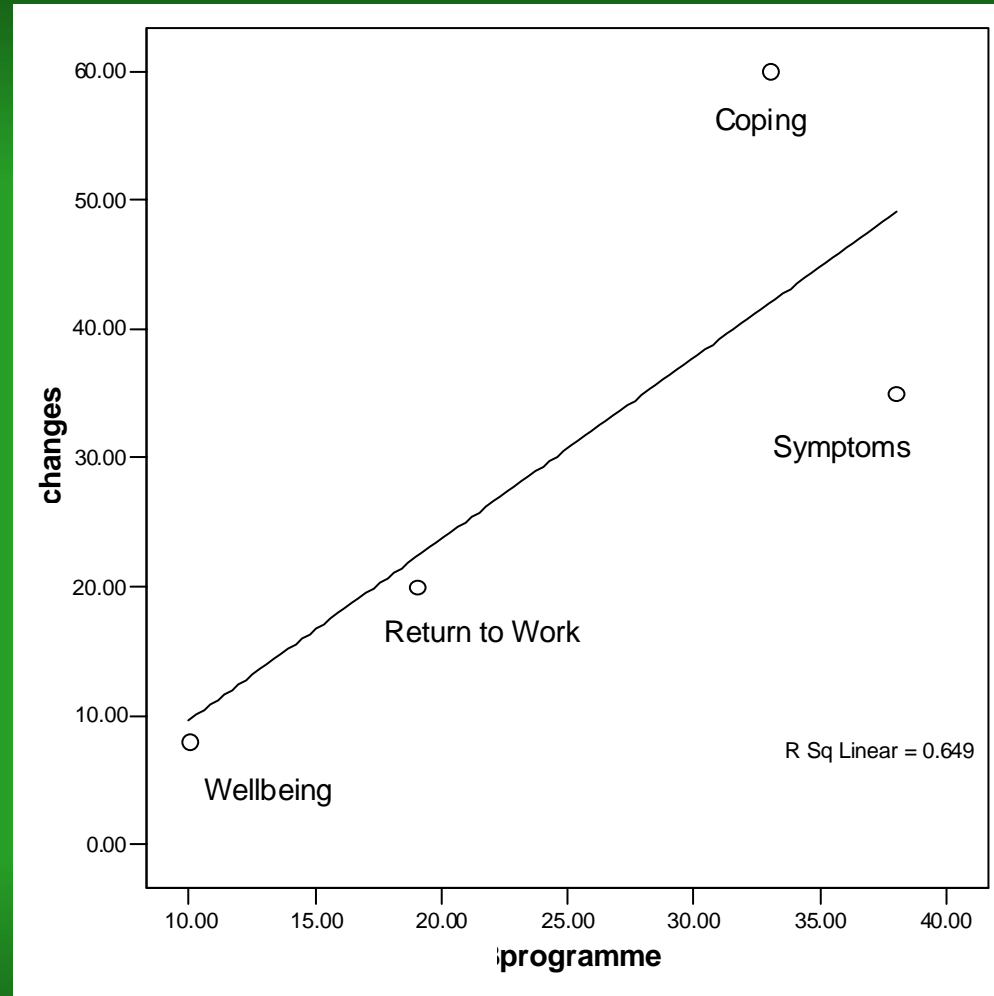
5. Changes as a Result of CMP

- **Activity (wellbeing)**
- **Symptom management**
- **Coping/confidence**
- **Motivation (RTW)**



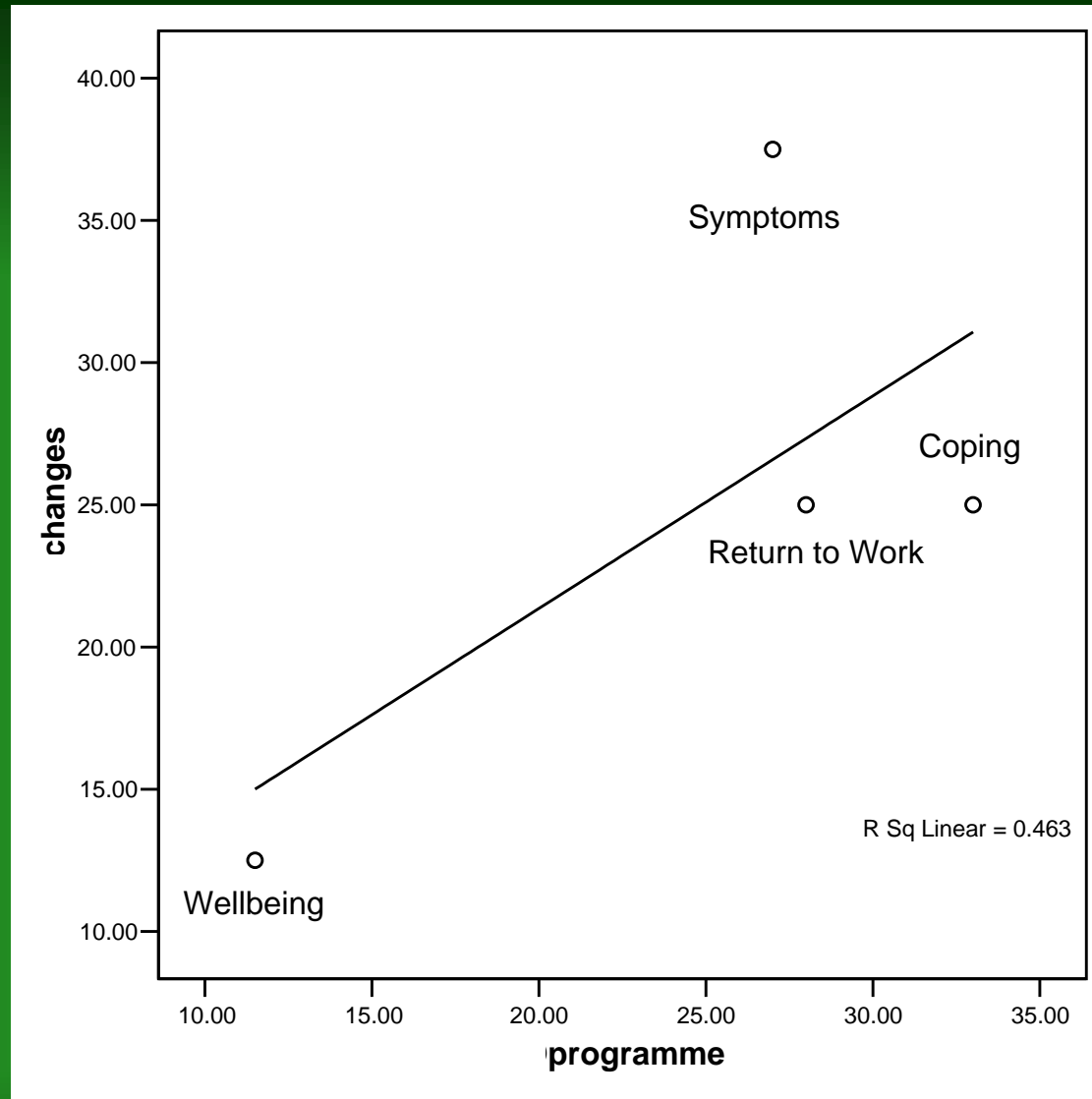
Programme & Resulting Changes

1



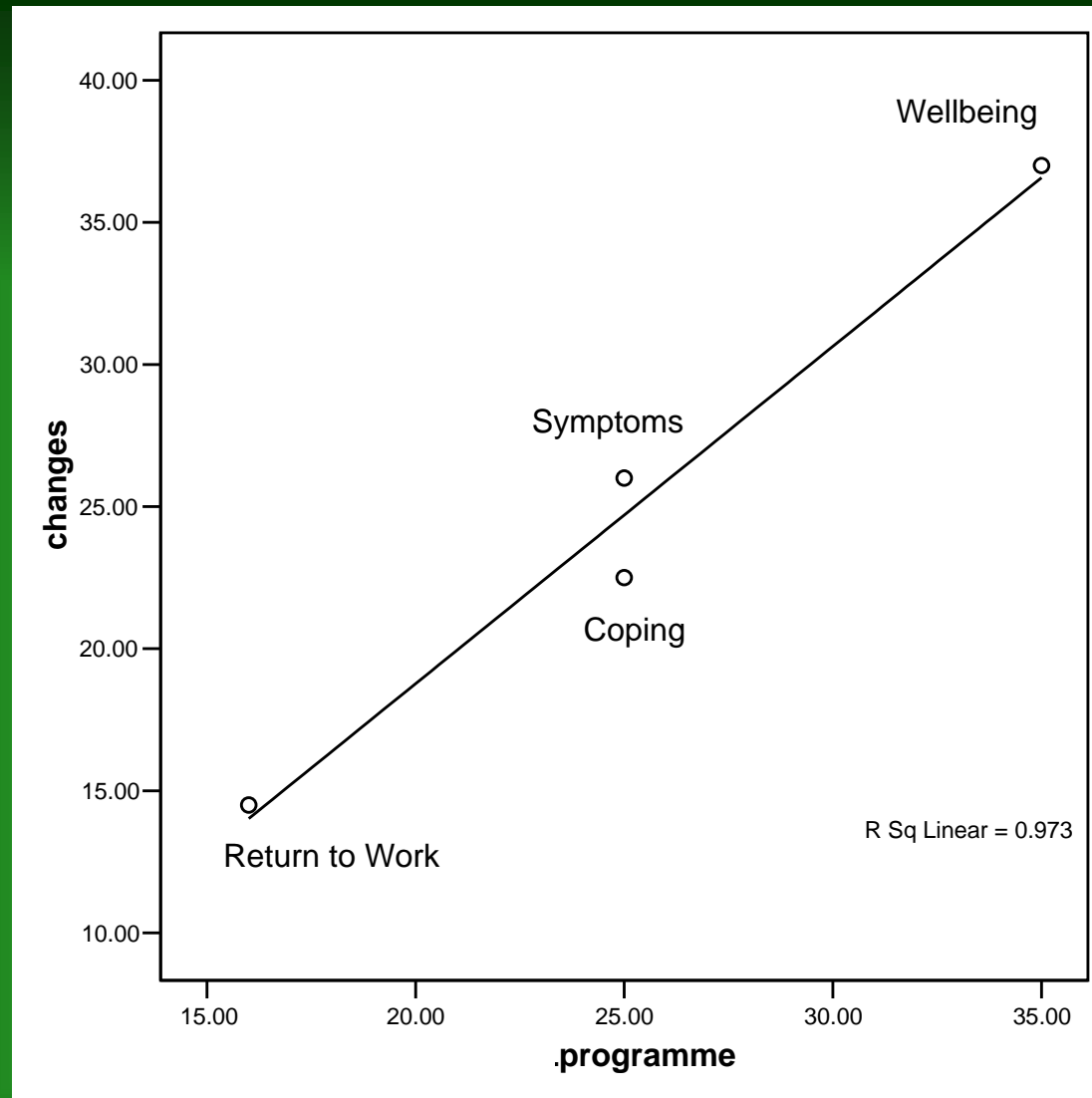
Condition management programme resulting in improved confidence

2



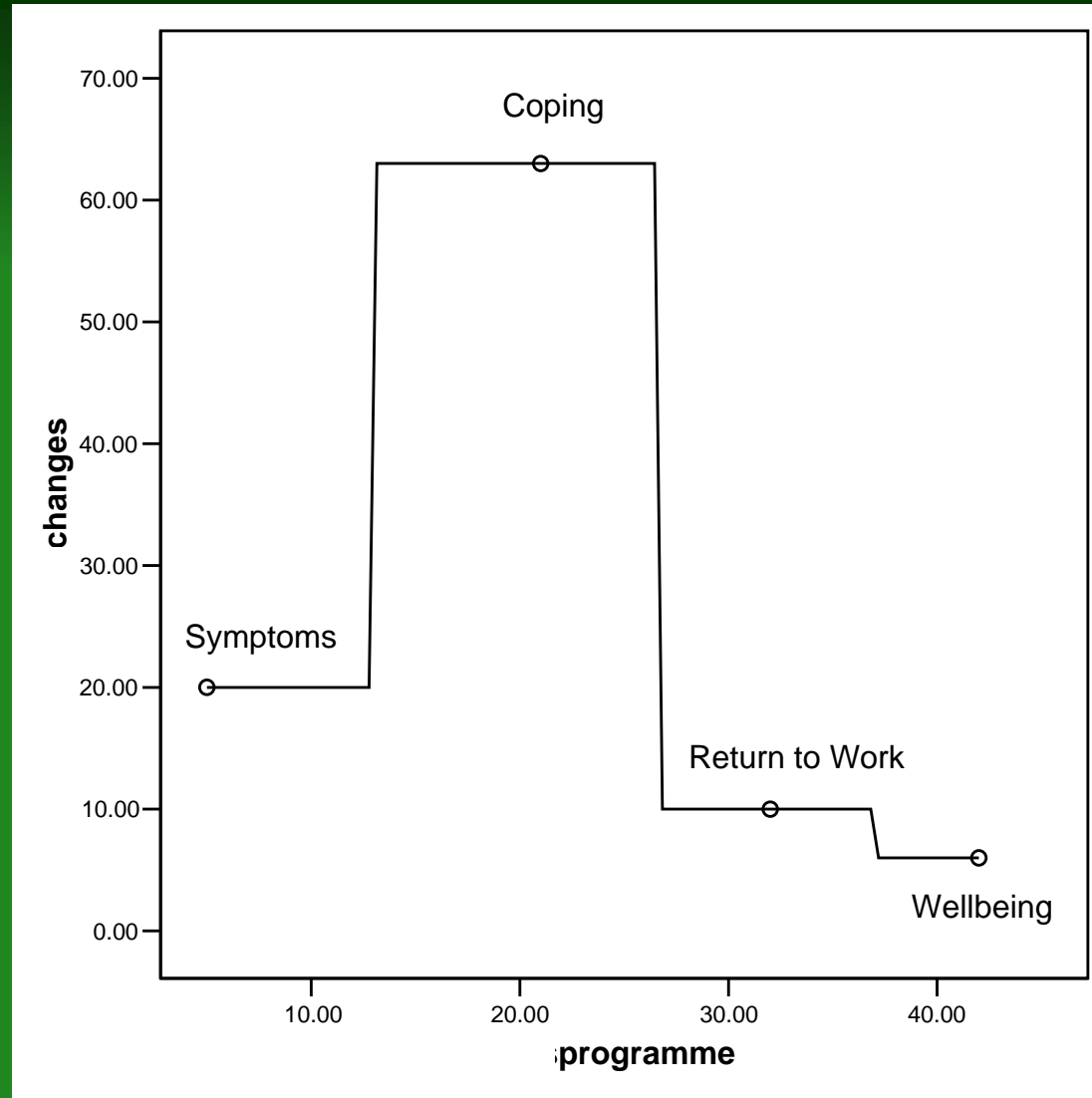
Vocational rehabilitation programme resulting particularly in improvements in management of specific symptoms

3



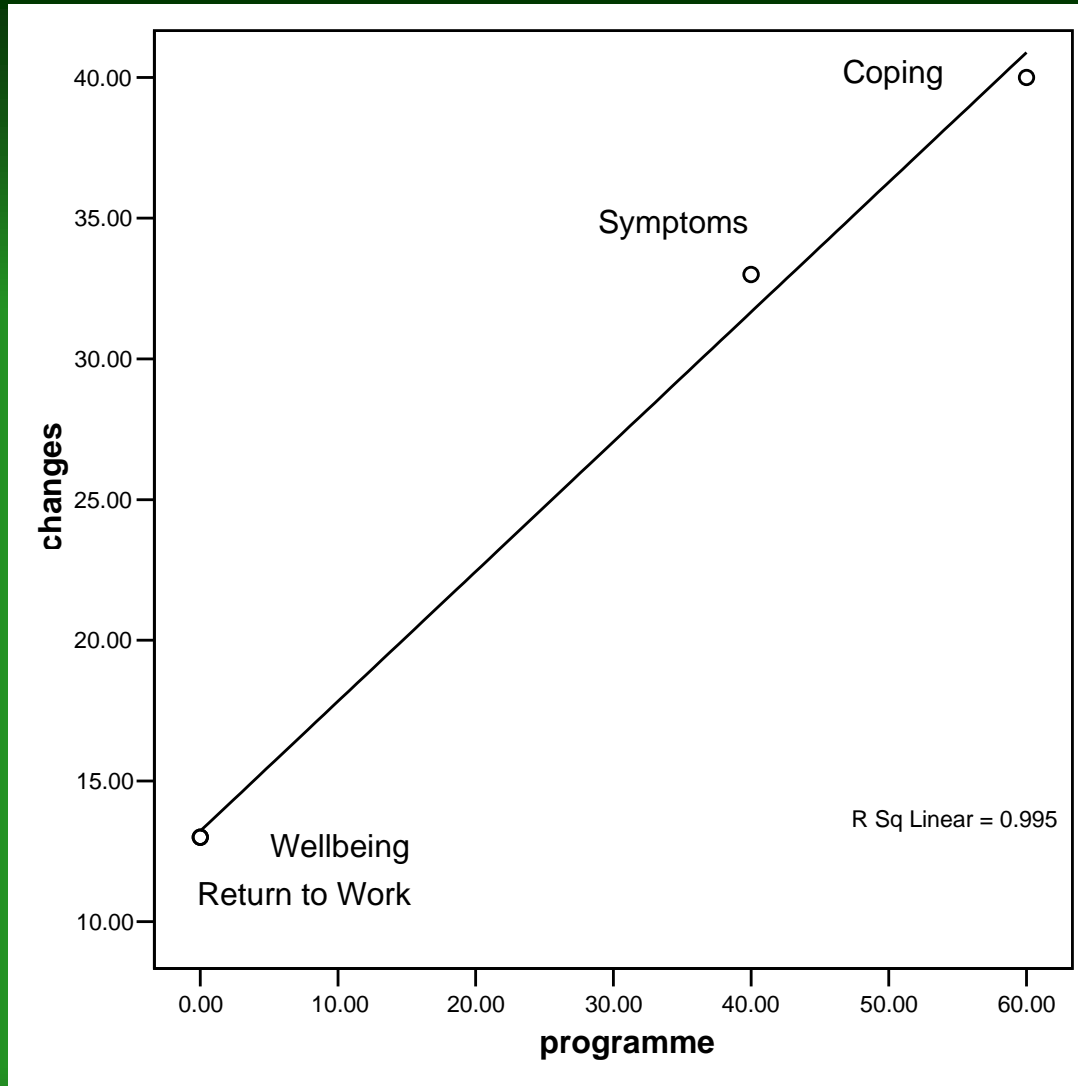
Health promotion programme resulting in substantial improvements in wellbeing & activity

4



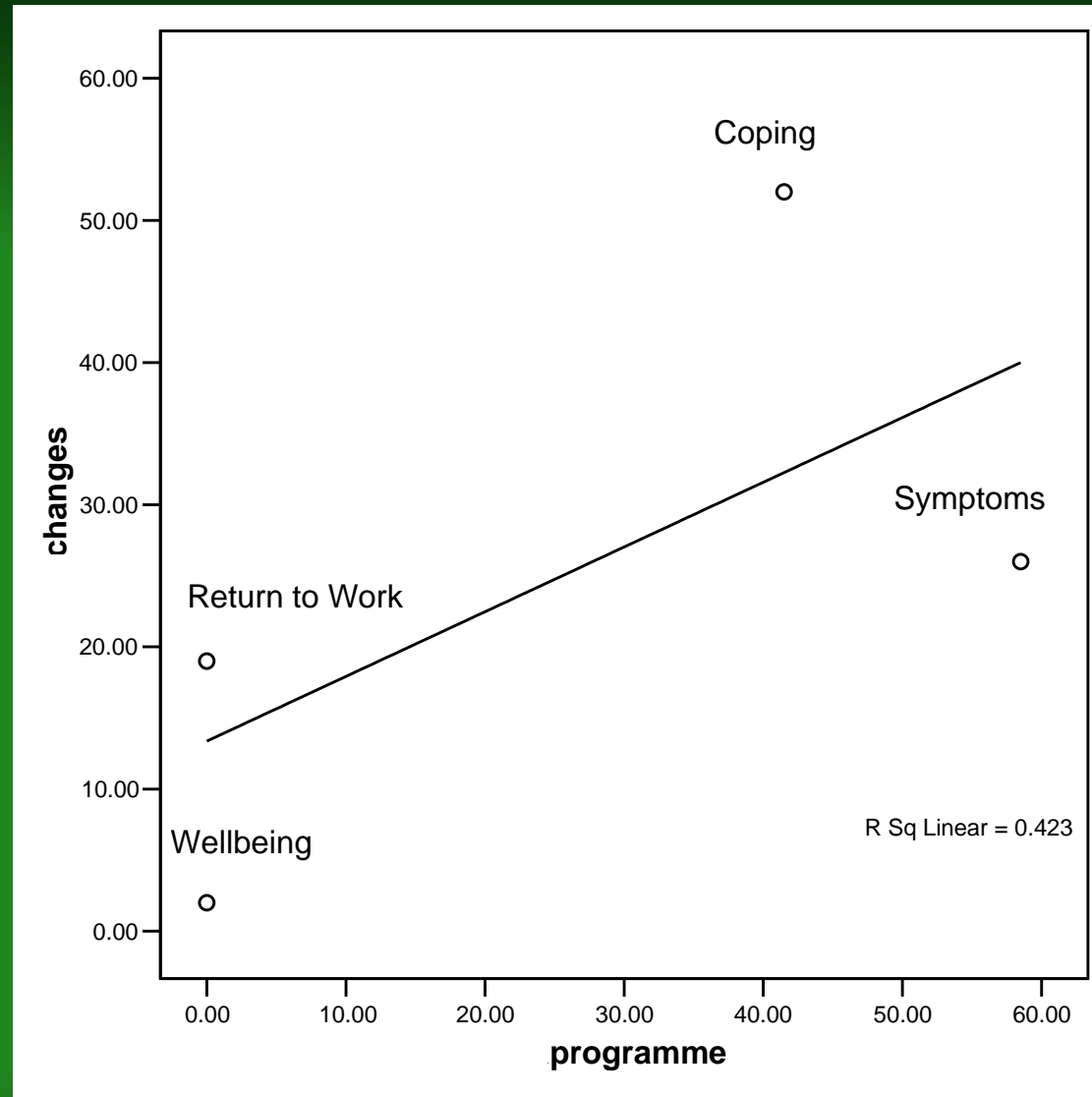
Health and fitness programme resulting in major improvements in confidence

5



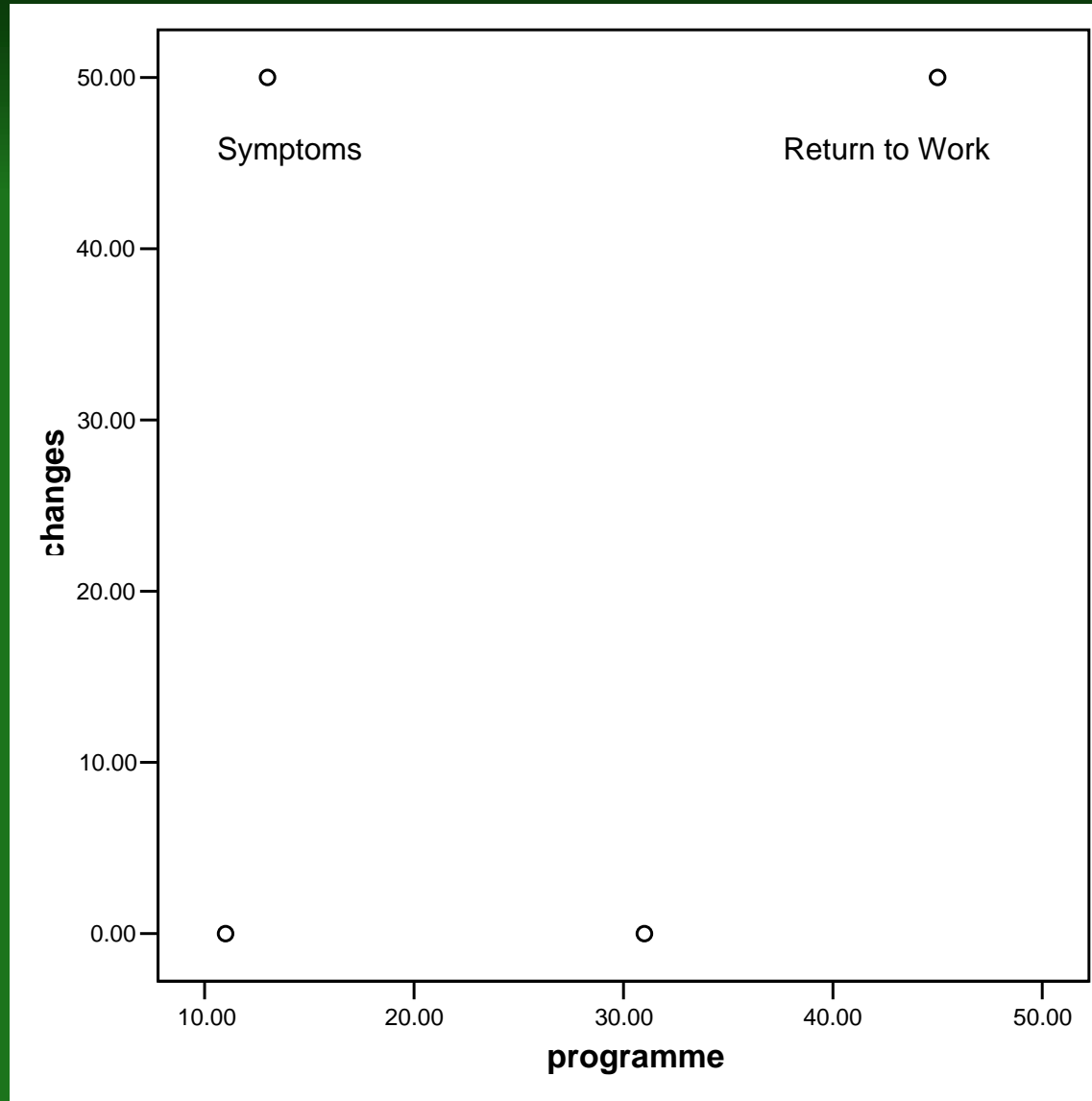
Condition management programme resulting in increased confidence and symptom management

6



Occupational therapy programme resulting in increases in confidence and motivation.

7



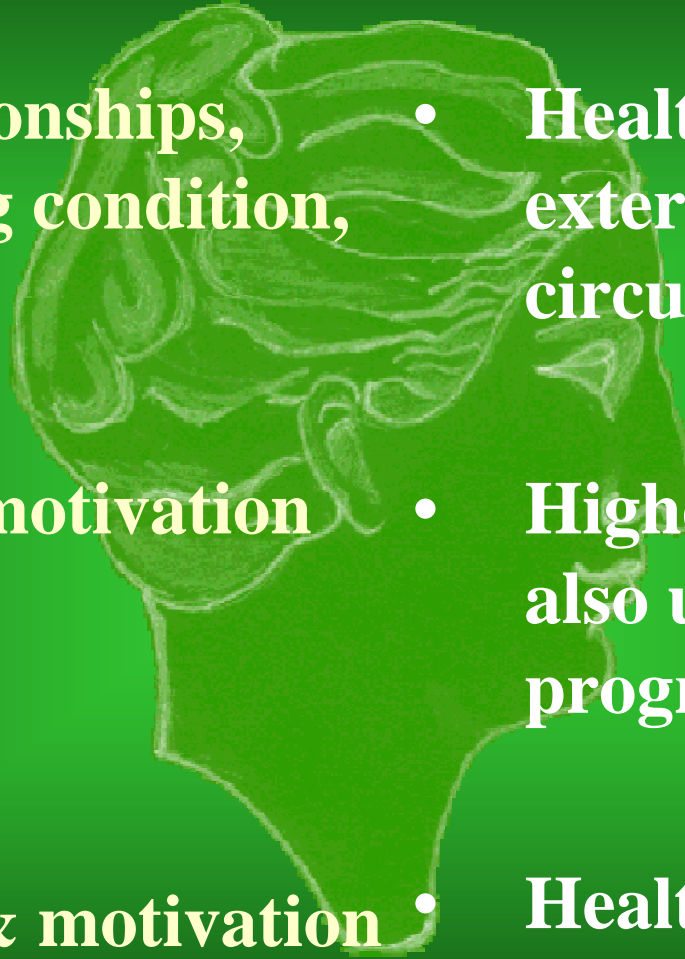
Vocational rehab programme resulting in changes in motivation and symptom management

6. Useful Aspects

1. **Clinical relationships, understanding condition, pacing**
2. **Challenge & motivation**
3. **Relationships, socialisation & motivation**

7. Reasons for Dropout

- **Health condition and external/social circumstances**
- **Highest Return to work, also unsuitable programme**
- **Health condition**



6. Useful Aspects

4. Enjoyable & relaxing

5. Strong clinical relationships

6. Strong clinical relationships

7. Team relationships & motivation

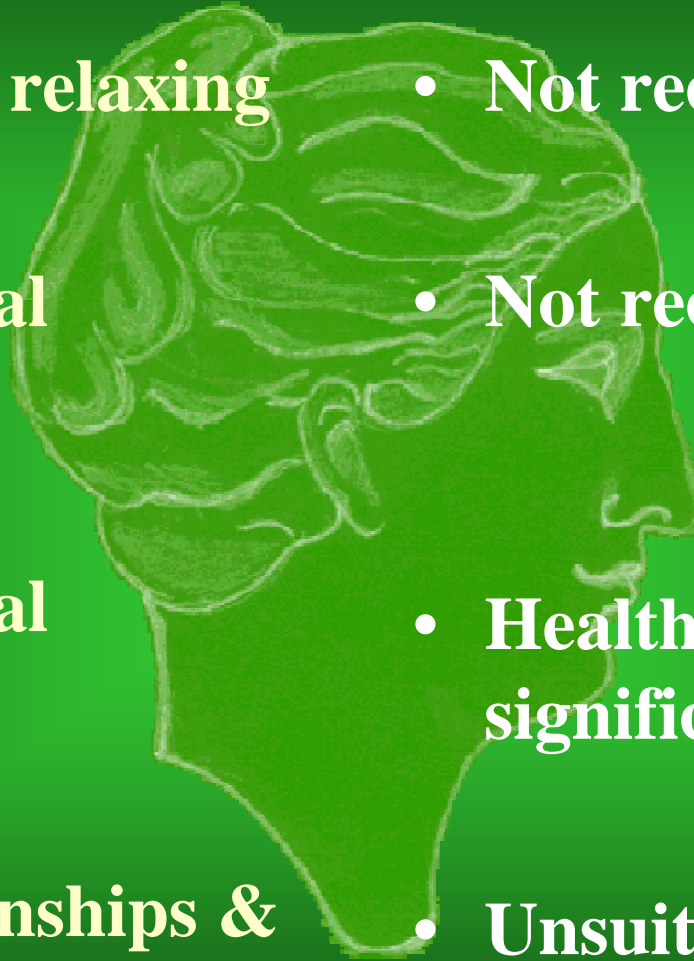
7. Reasons for Dropout

- Not recorded

- Not recorded

- Health condition with significant RTW

- Unsuitable programme



Conclusions

- 7 different models of Condition Management developed by the pilots include varying proportions of
 - Wellbeing
 - Coping skills
 - Symptom management
 - Return to Work
- Programme components do not necessarily result in expected changes in participant behaviour
- Strong individual clinical relationships associated with health as reason for dropout
- Challenge within the programme is given as both a useful aspect and reason for dropout
 - Thinking/Participation = Health dropout
 - Return to work = Programme dropout