

INFORMATION
ANALYSIS
DIRECTORATE



Patient Education / Self Management Programmes for People with Long Term Conditions (2017/18)



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Health

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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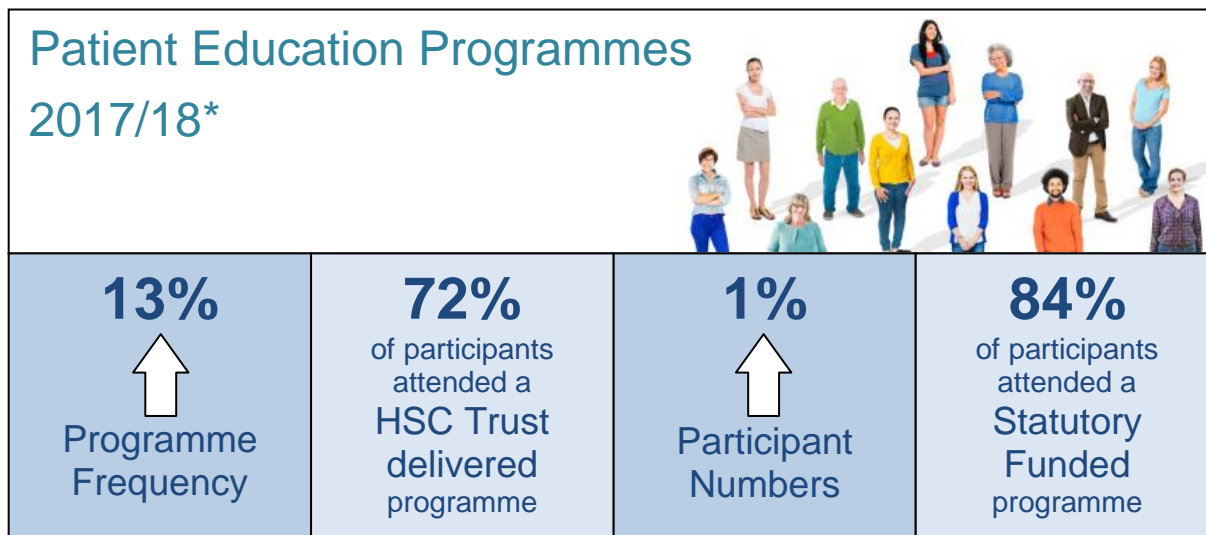
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Contents

1. Key Findings	5
2. Programmes	6
3. Conditions	8
4. Participants	10
Diabetes	13
COPD	16
5. Tables	18
Table 1. Programme Frequency by HSC Trust Area (2013/14 – 2017/18).....	18
Table 2. Programme Frequency by Programme Type and HSC Trust Area (2017/18)	19
Table 3. Frequency of Programmes by Type and HSC Trust Area (2013/14 – 2017/18)	20
Table 4. Programme Frequency by Provider Organisation (2017/18).....	20
Table 5. Participant Numbers by HSC Trust Area (2013/14 – 2017/18).....	21
Table 6. Participant Numbers by Programme Type and HSC Trust Area (2017/18).....	22
Table 7. Annual Change in Participant Numbers by Provider Organisation (2013/14 – 2017/18).....	23
Table 8. Participant Numbers by Provider Organisation (2013/14 – 2017/18).....	24
Table 9. Participant Numbers by Programme Type and Programme Delivery (2017/18).....	25
Table 10. Participant Numbers by Programme Type and Funding Arrangements (2017/18)	26
Appendix A. Background	27
Appendix B. Technical Notes	28

1. Key Findings*



- There were 38 patient education / self management programmes provided a total of 1,456 times with 13,037 participants in 2017/18*.
- Programme frequency has increased by 13% when compared to 2016/17 (1,291). Participant numbers have increased by 1% (127) in 2017/18 when compared to 2016/17* (12,910).
- Approximately 1 in 4 participants attended a diabetes type 2 specific programme with 15% and 14% of participants attending a programme for COPD and cardiac conditions respectively.
- Of the 13,037* participants, 72% were attending a patient education / self management programme delivered by the five HSC Trusts.
- 10,951* participants (84%) attended a programme that was statutory funded.

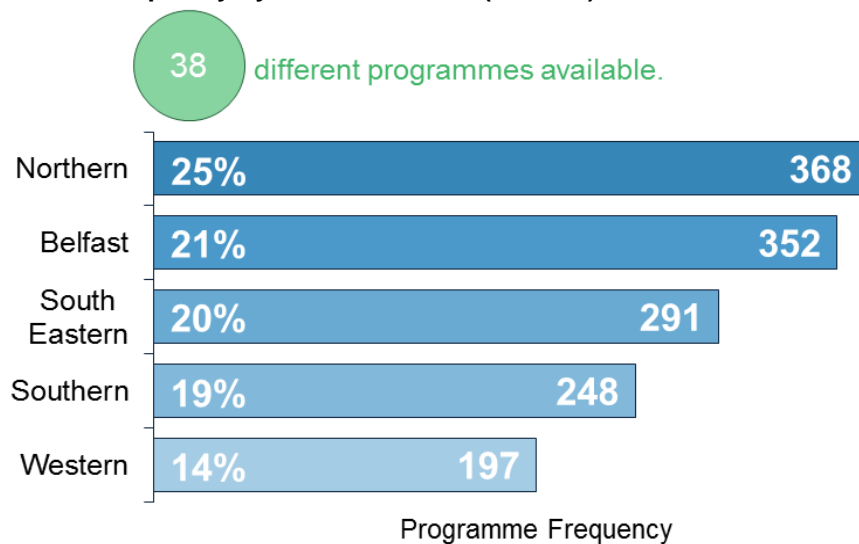
* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

2. Programmes*

In 2017/18 there were 38* different patient education / self management programmes in place across Northern Ireland. These programmes ran a total of 1,456 times throughout the year ranging from 368 in the Northern HSC Trust area to 197 in the Western HSC Trust area.

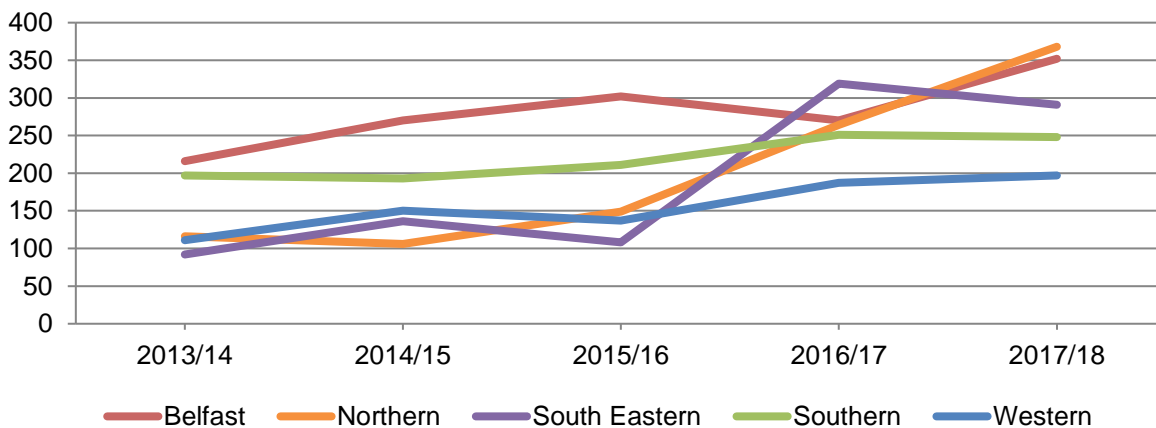
The number of different programmes available this year was 3 less than the previous year (41). Programme frequency increased by 13% in 2017/18 (165) when compared to 2016/17 (1,291) (Figure 1).

Figure 1. Programme Frequency by HSC Trust Area (2017/18)*



Since 2013/14, the frequency of programmes regionally has risen by 73%, reflecting an increase across all HSC Trust areas. There were increases in the frequency of programmes provided in the Belfast and Northern HSC Trust area compared to last year. This can be largely attributed to the frequency of dementia, cancer and chronic pain programmes being available for 2017/18 (Figure 2) (Table 1).

Figure 2. Programme Frequency by HSC Trust Area (2013/14 – 2017/18)*



* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

During 2017/18, of the 1,456 times that programmes ran, 95% were condition specific and 5% were generic. Similar to 2016/17, the most frequent programme in 2017/18 was diabetes type 2 (433), accounting for approximately 3 in ten (30%) of all programmes run (Figure 3) (Table 2).

Figure 3. Programme Frequency by Programme Type (2017/18)*

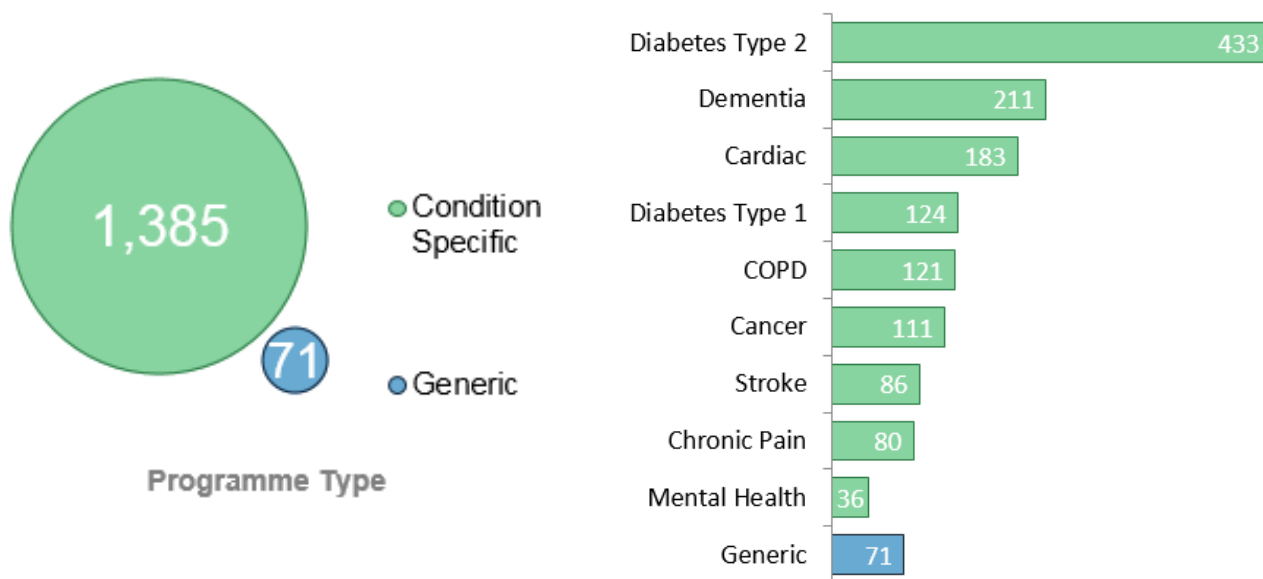
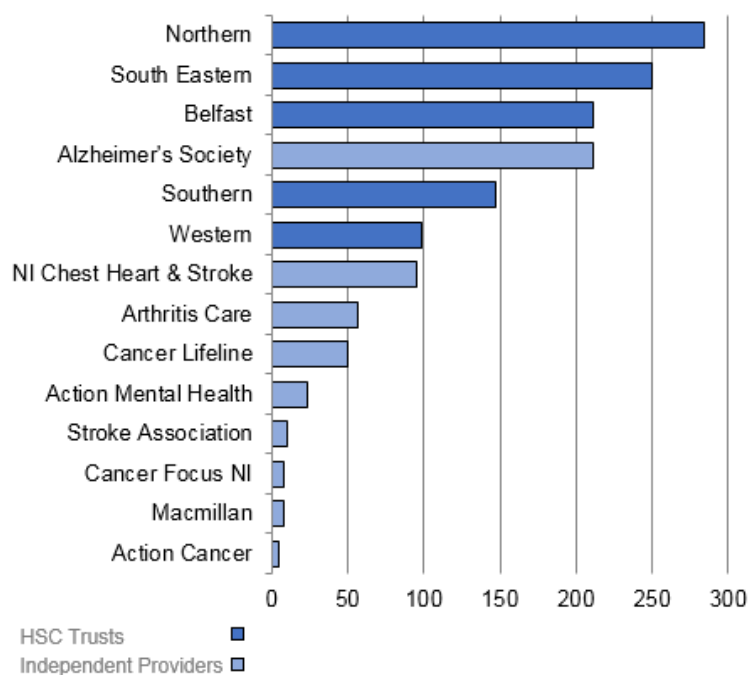


Figure 4. Programme Frequency by Provider Organisation (2017/18)*



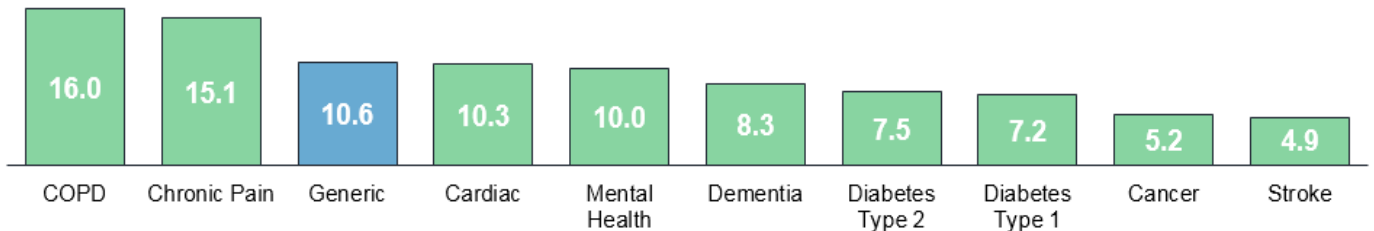
Nearly 7 in 10 (68%) programmes run during 2017/18 were provided by HSC Trusts, with the Northern HSC Trust delivering the greatest number (Figure 4). Of those programmes run by independent providers, Alzheimer's Society provided the most (211), NI Chest Heart & Stroke (NICHHS) (95). Compared to 2016/17, the frequency of condition specific and generic programmes both increased by 13% (Table 3).

* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

3. Conditions*

The average number of participants per programme, by condition, ranged from just under 16.0, for those attending COPD programmes, to just under 5 for stroke programmes (Figure 5). The overall average number of participants per programme was 8.8.

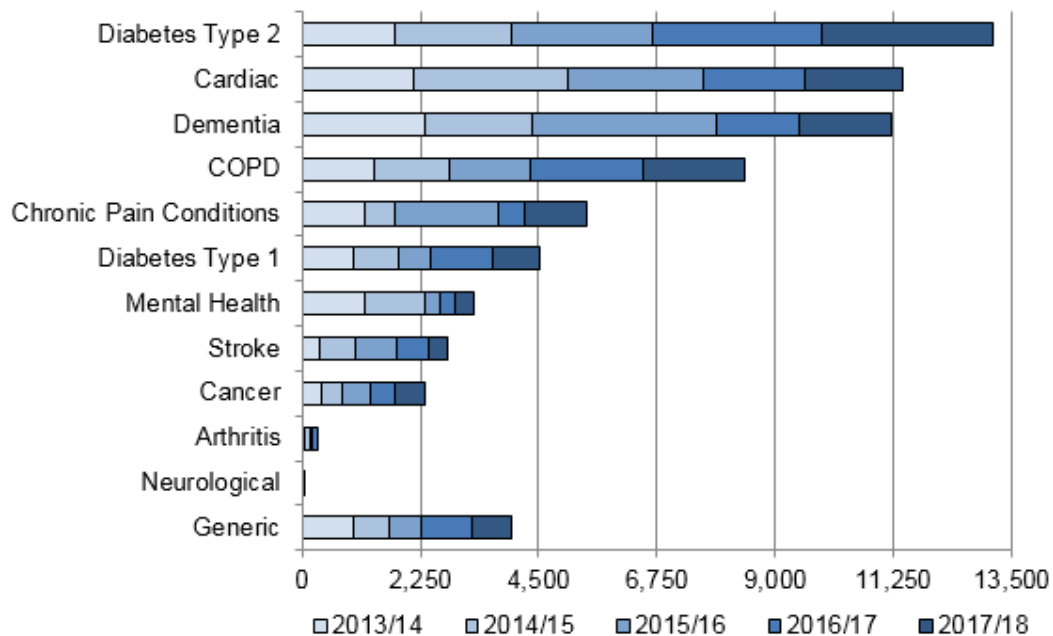
Figure 5. Average Number of Participants per Programme by Condition (2017/18)*



Approximately 1 in 4 participants at a patient education / self management programme in 2017/18 attended a diabetes type 2 specific programme.

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

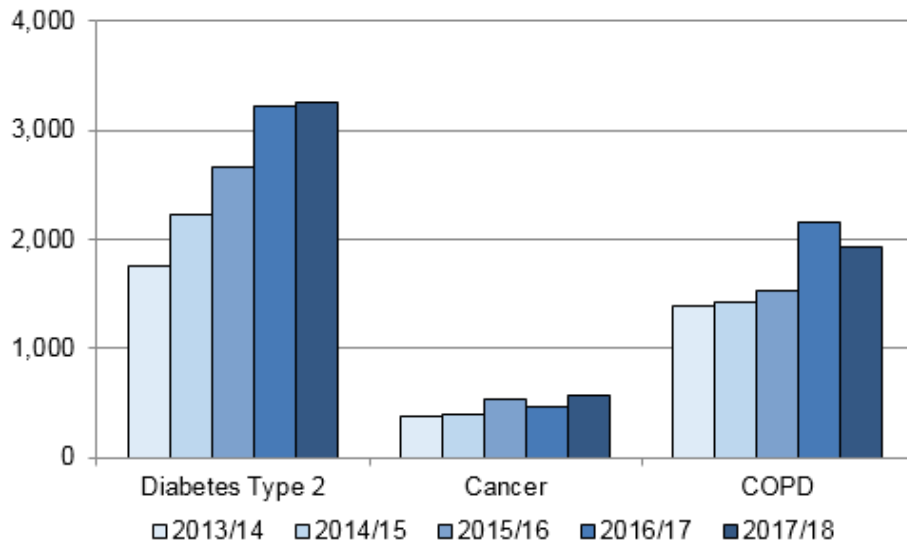
Figure 6. Number of Participants by Programme Type (2013/14 – 2017/18)*



* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer’s Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16. Figures for 2014/15 and 2016/17 have been revised. Please see Appendix B for detail.

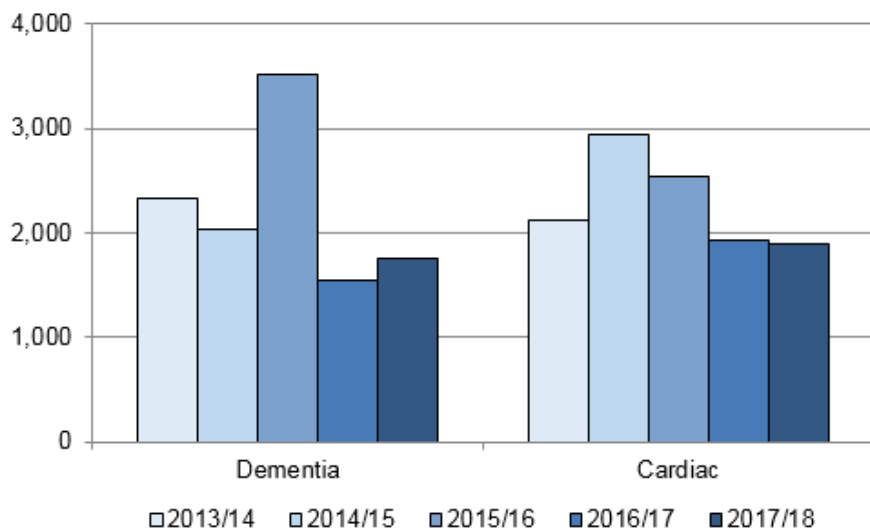
Between 2013/14 and 2017/18 the number of annual participants at programmes for diabetes type 2 has increased by 84%. There has been a 55% increase in the number attending Cancer programmes and the number of participants at COPD programmes has increased by 40% (Figure 7). An overall increase in participants attending stroke programmes has also been seen since 2013/14, although 2017/18 represented a drop in participant numbers compared to the prior three years.

Figure 7. Number of Participants by Condition (2013/14 – 2017/18)*



Over the past 5 years, participant numbers have decreased at those programmes tailored to dementia and cardiac conditions (Figure 8) (Table 7). Any annual analysis of participant numbers and programme frequency should be considered in conjunction with each other, and also take account of any caveats in the information as set out in the footnotes below and the accompanying data tables.

Figure 8. Number of Participants by Condition (2013/14 – 2017/18)*



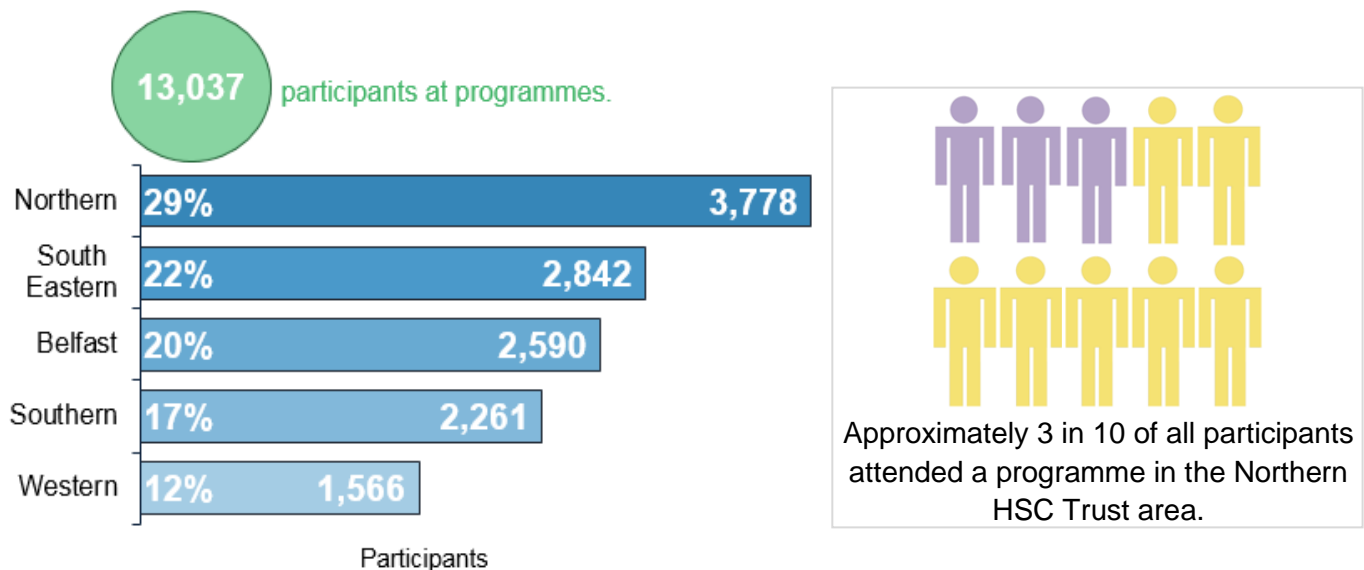
* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

4. Participants*

Participants by HSC Trust Area

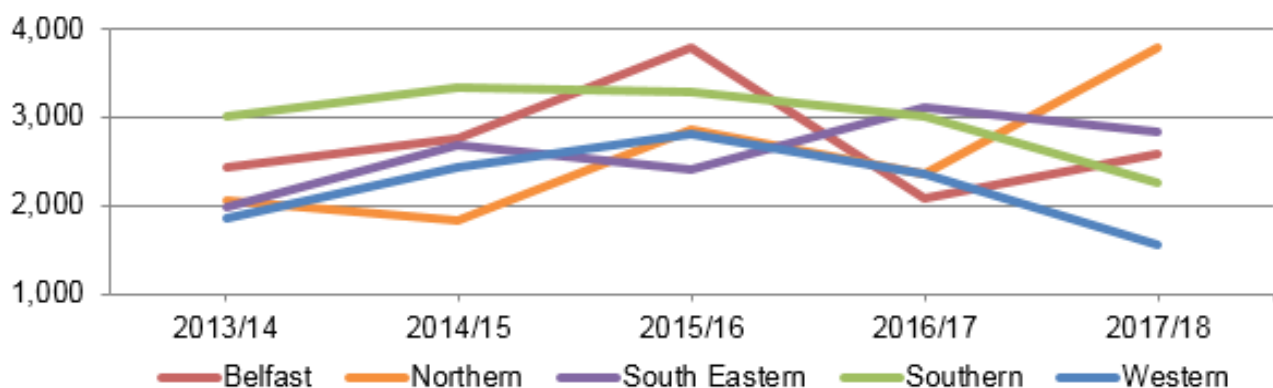
In 2017/18, 13,037* participants attended a patient education / self management programme ranging from 3,778 in the Northern HSC Trust area to 1,566 in the Western HSC Trust area (Figure 9). This represented an increase of 1% (127) compared to 2016/17 (12,910). Annual changes should be treated with caution, please see related footnotes.

Figure 9. Participant Numbers by HSC Trust Area (2017/18)*



Since 2013/14, overall participant numbers at patient education / self management programmes have increased by 5% (652). Participant numbers have increased in each of the HSC Trust areas over the past 5 years with the exception of the Southern and Western HSC Trust areas (Figure 10) (Table 5). Annual changes should be treated with caution, please see related footnotes.

Figure 10. Participant Numbers by HSC Trust Area (2013/14 – 2017/18)*



* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

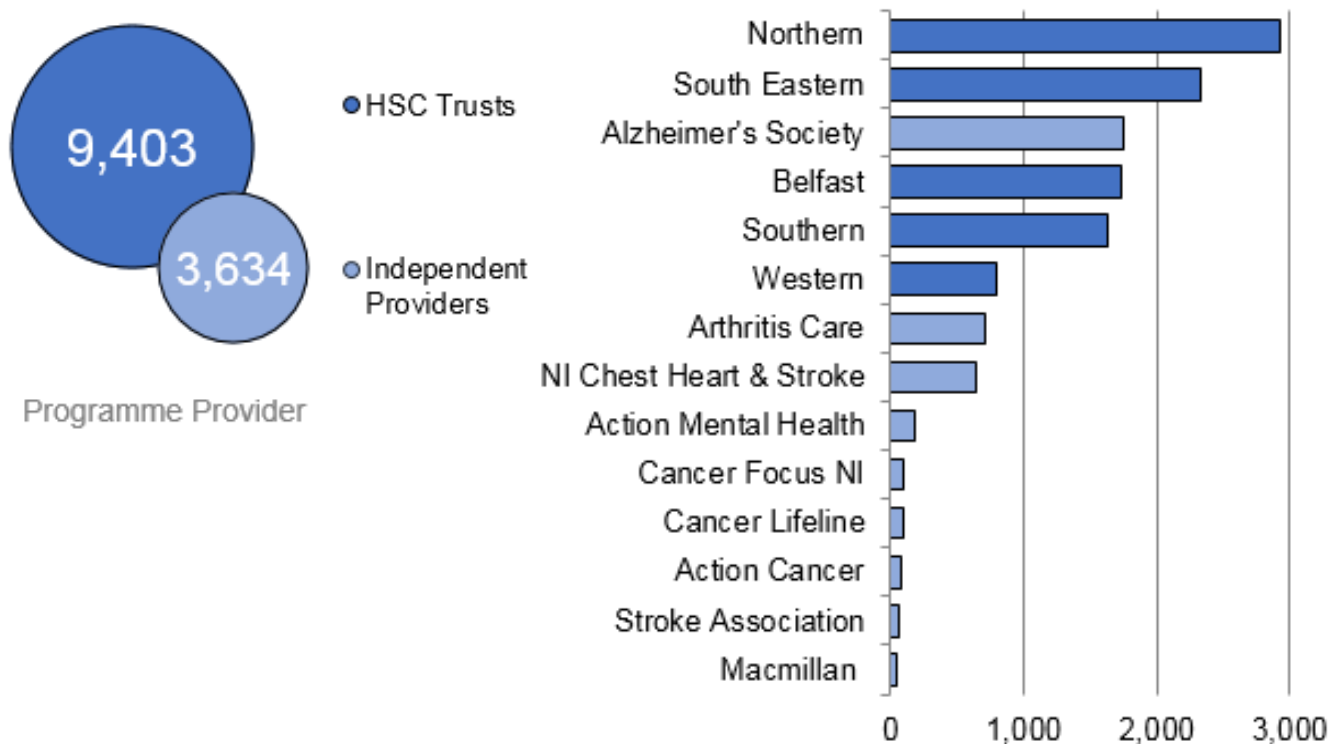
Participants by Provider

Of the 13,037* participants, 72% were attending a programme delivered by HSC Trusts and 28% a programme by independent sector organisations. In 2017/18, participant numbers at programmes provided by HSC Trusts (9,403) showed a 5% (-492) decrease over the number of participants in 2016/17* (9,895). The Northern HSC Trust provided programmes for 22% of all participants.

The Alzheimer’s Society had 1,752 participants at programmes they provided during 2017/18, the most of all the independent sector organisations who provided programmes, and 13% 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 5 years (Table 8)*, however, figures for 2016/17 did not include participants at Alzheimer’s Society programmes in the Belfast, Northern and South Eastern HSC Trusts.

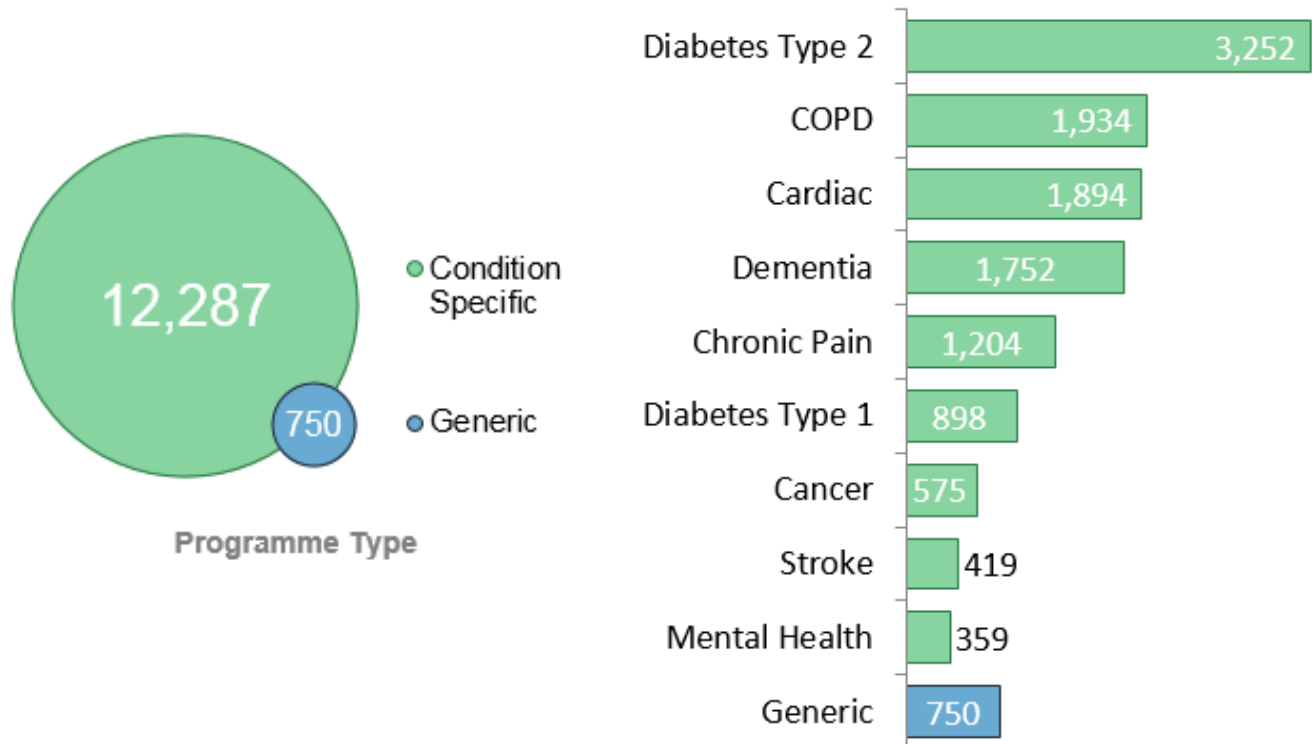
Figure 11. Participant Numbers by Provider Organisation (2017/18)*



* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer’s Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

Of the 13,037* participants at programmes, 94% were attending a condition specific programme with 6% attending a generic programme. Figure 12 shows that the majority of participants (25%) attended a programme related to diabetes type 2; followed by COPD (15%). This was a similar position to that reported at 2016/17*, although the number of participants at diabetes type 2 specific programmes has fallen by <1% since then. Annual changes should be treated with caution, please see related footnotes.

Figure 12. Participant Numbers by Programme Type (2017/18)*



The top 6 conditions, by participant numbers, had programmes available across all 5 HSC Trust areas with one exception. There were no cardiac specific programmes reported in the Belfast and Western HSC Trust areas; however NICHHS provided the generic 'Taking Control' programme in these areas during 2017/18 (Table 6). The number of participants at a condition specific programme has increased by 4% (455) in the 5 years since 2013/14* (Table 7).

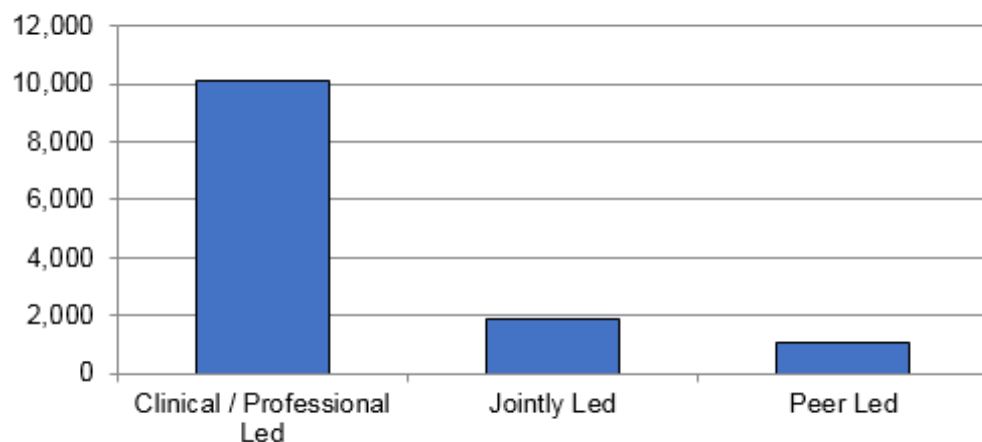
* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

Participants by Programme Delivery

In 2017/18*, 78% (10,129) of participants attended a programme that was either clinically or professionally led; this was greater than the proportion in 2016/17* (75%). Participants at jointly led programmes accounted for 14% (1,869) of the total, with the remaining 8% (1,039) of participants attending a programme that was peer led.

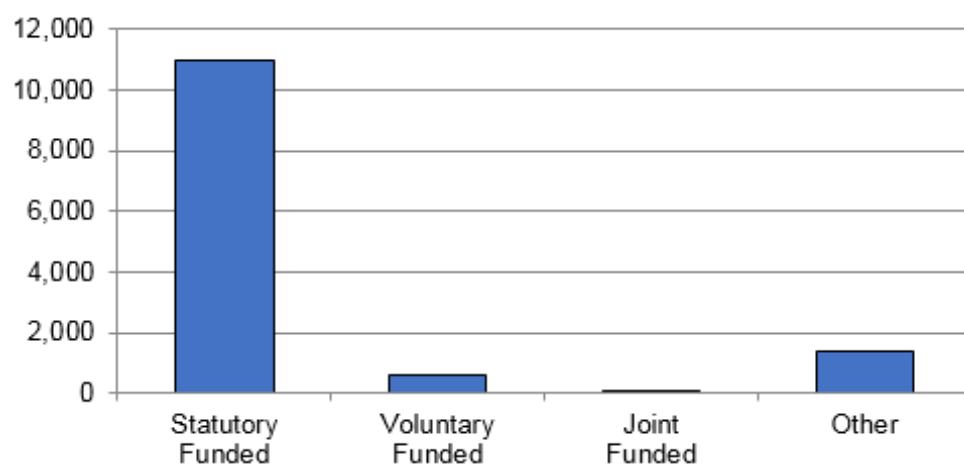
Of the participants at clinically or professionally led programmes in 2017/18, 100% (10,129) were attending a condition specific programme. 74% (1,383) of those at a jointly led programme and 75% (775) at a peer led programme (Table 9) were attending condition specific programmes.

Figure 13. Number of Participants by Programme Delivery (2017/18)*



In 2017/18*, 84% (10,951) of participants attended a programme that was statutory funded, an increase of 14% (1,309) since the previous year. Jointly funded programmes were provided for <1% of participants; with 4% of participants each attending voluntary funded programmes and 11% at programmes utilising other funding arrangements¹ (Table 10).

Figure 14. Number of Participants by Funding Arrangement (2017/18)*¹



* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

¹ 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

Standardised Prescription Rate for Diabetes
by ICP Rate Against Northern Ireland Average

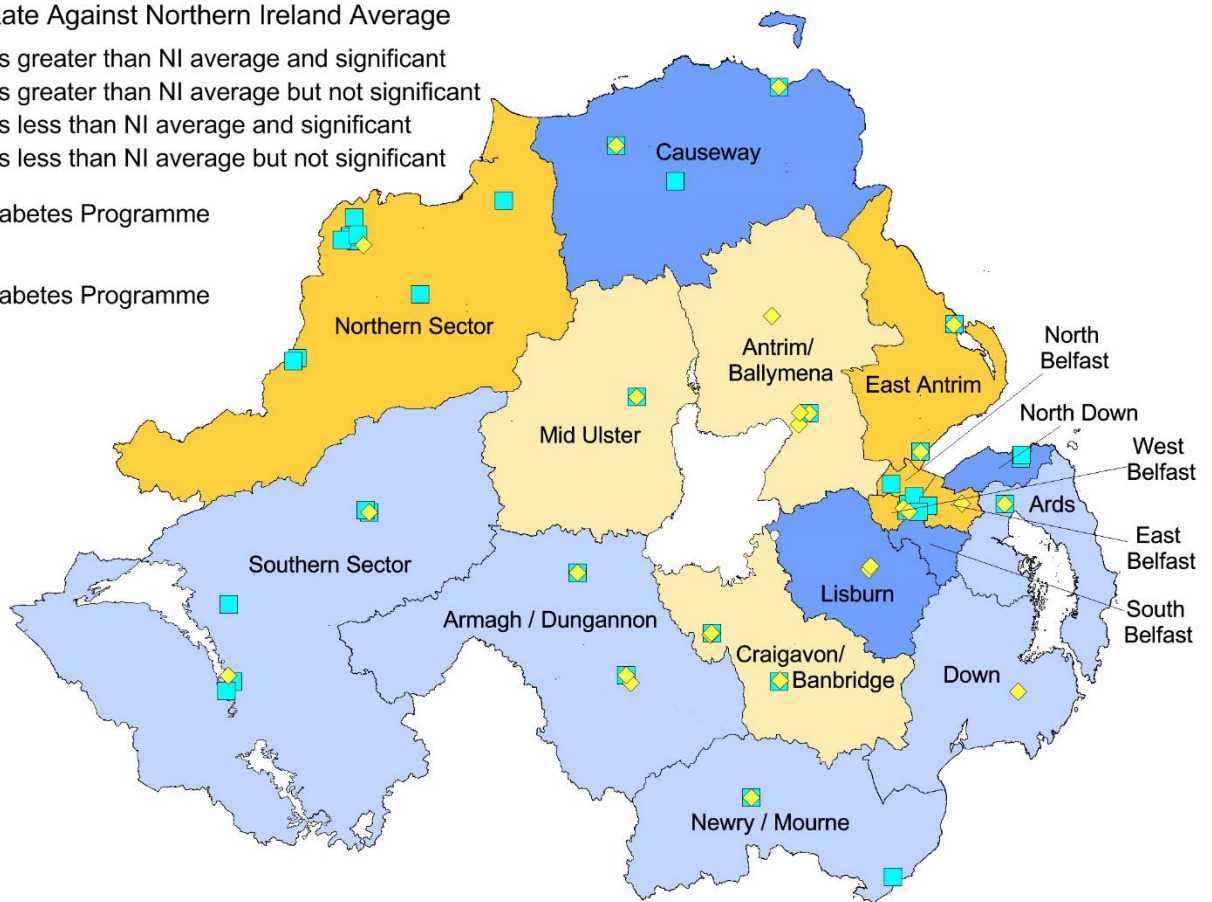
- Rate is greater than NI average and significant
- Rate is greater than NI average but not significant
- Rate is less than NI average and significant
- Rate is less than NI average but not significant

Type 1 Diabetes Programme

◆ Point

Type 2 Diabetes Programme

■ Point

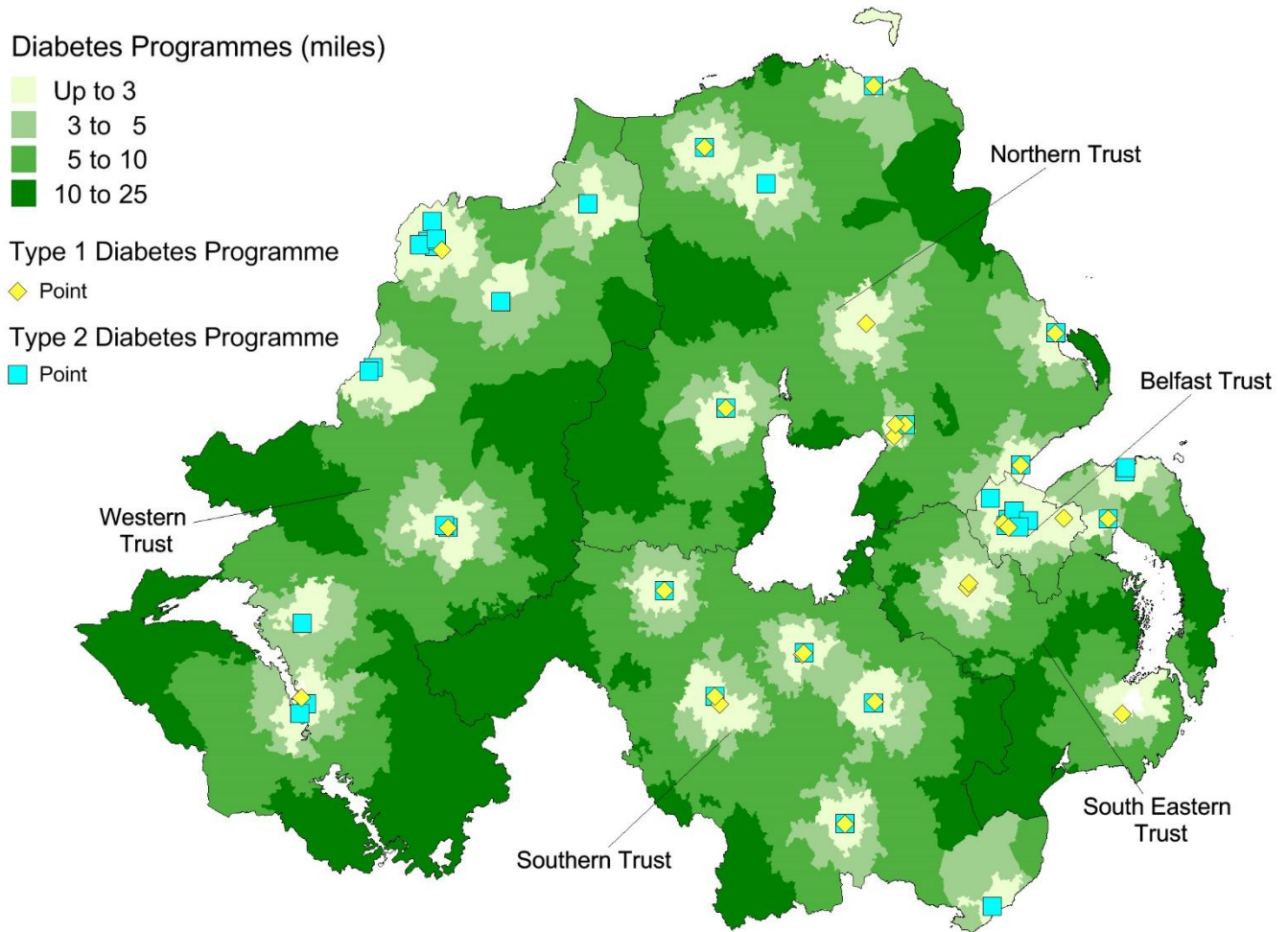


Source: BSO, DoH

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Using 2017 diabetes specific 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. When comparing to the previous year, those areas where the SPR was greater than the Northern Ireland average have remained as such. There was one ICP (Ards) where the SPR was greater than the Northern Ireland average in 2016/17, however while this now has a SPR that is less than the average, it is not a significant finding.

Figure 16. Proximity of Census Output Areas to Diabetes Programmes



Source: DoH

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Figure 16 illustrates the locations of patient education / self management programmes for both Type 1 and Type 2 diabetes that ran during 2017/18 and their proximity to census output areas in Northern Ireland. More than half (55%) of the population in Northern Ireland lived within 3 miles of a diabetes programme. Approximately 1 in 12 (8%) 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 2017/18 were located in similar locations as in the previous year. However, there was less provision of programmes, for example Type 2 programmes, in the south of the South Eastern HSC Trust, one less Type 1 programme in the north of the South Eastern HSC Trust, and some movement of Type 2 programmes from the east of the Northern HSC Trust, and south of the Western HSC Trust to more central locations within the respective Trusts.

COPD

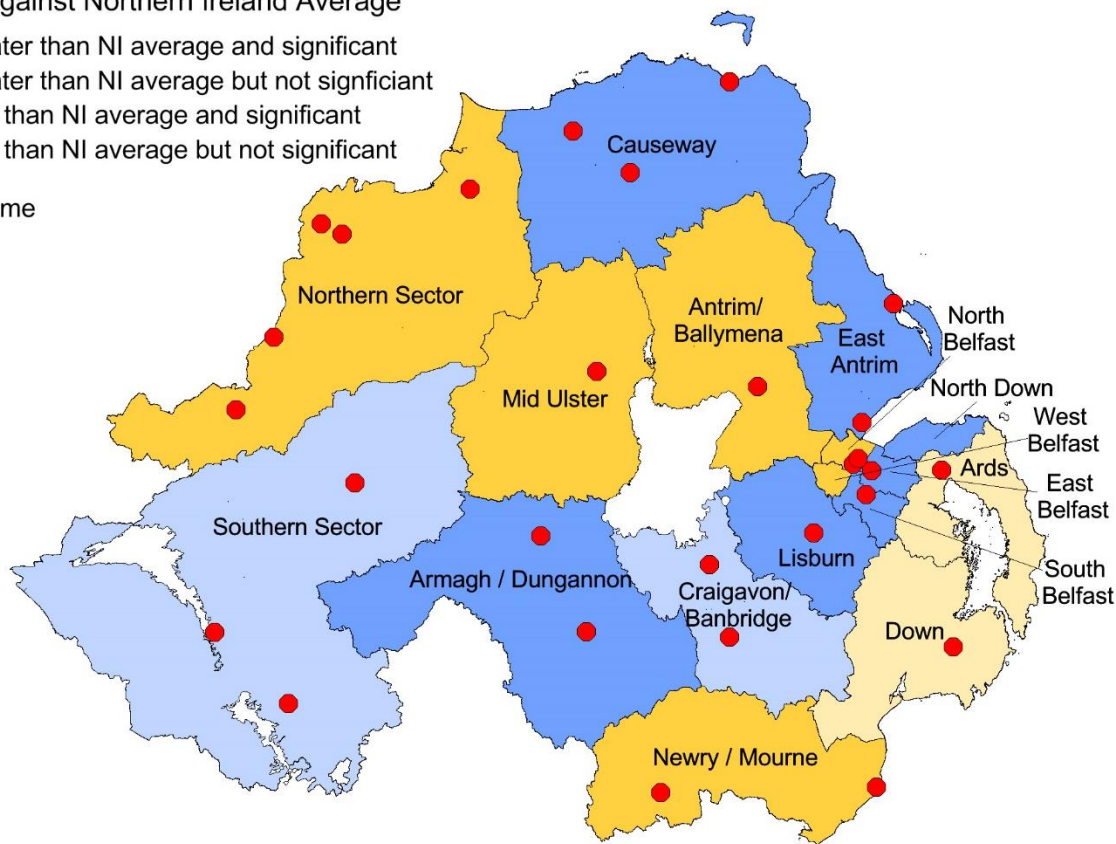
Figure 17. Standardised Prescription Rate for COPD, by ICP Rate Against Northern Ireland Average; with COPD Programme Locations

Standardised Prescription Rate for COPD
by ICP Rate Against Northern Ireland Average

- Rate is greater than NI average and significant
- Rate is greater than NI average but not significant
- Rate is less than NI average and significant
- Rate is less than NI average but not significant

COPD Programme

- Point

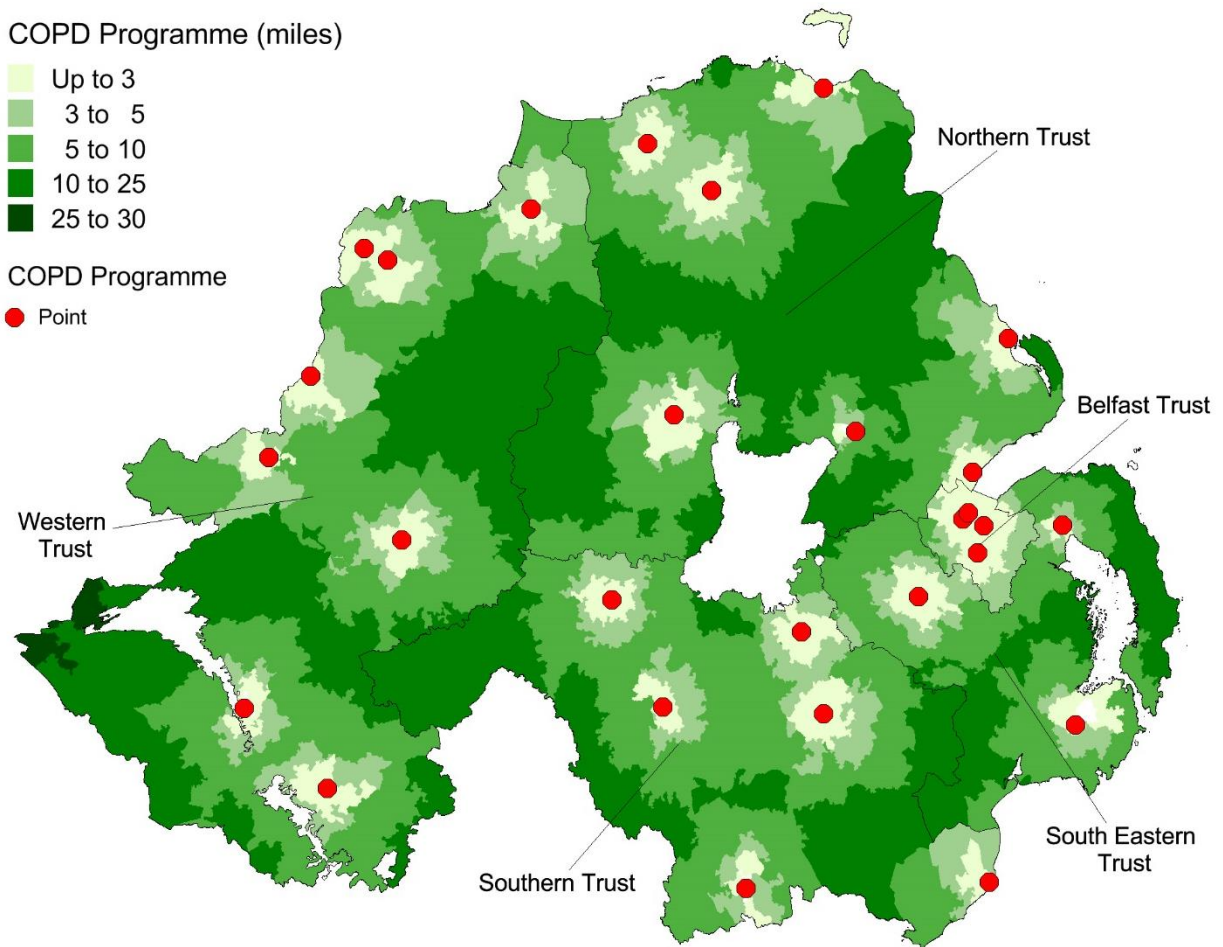


Source: BSO, DoH

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Figure 17 uses COPD specific prescription data to compare the SPR against the regional average. All but four ICP areas had a rate that was either significantly greater or less than the Northern Ireland average. The Ards and Down ICP areas had higher rates, and the Southern and Craigavon/Banbridge ICP areas had lower rates that were not significant when compared to the regional average. As was the case in 2016/17, the North Down (SPR less than the NI average) and West Belfast ICP areas (SPR significantly greater than the NI average) were the only areas with no provision for a COPD specific programme during 2017/18. Figure 18 overleaf provides more information on the access to programmes.

Figure 18. Proximity of Census Output Areas to COPD Programmes



Source: DoH

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Figure 18 illustrates the locations of programmes for COPD that ran during 2017/18 and their proximity to census output areas. Approximately 44% of the population in Northern Ireland lived within 3 miles of a COPD programme in 2017/18 with approximately 1 in 1000 persons located more than 25 miles away from a programme. With no programme located in the North Down or West Belfast ICP areas (Figure 17), the map above, in conjunction with Figure 17, shows how the majority of these ICP areas are located no more than 10 miles from a COPD programme. COPD programmes during 2017/18 were located in similar locations as in the previous year, however there was less provision of programmes in Northern Trust around Ballymena, the top and bottom of Western Trust around Londonderry and Enniskillen respectively, although an additional programme was provided in the centre of Western Trust around Omagh.

5. Tables

Table 1. Programme Frequency by HSC Trust Area (2013/14 – 2017/18)*^

HSC Trust Area	Programme Frequency				
	2013/14	2014/15	2015/16	2016/17	2017/18
Belfast	216	270	302	270	352
Northern	116	106	149	264	368
South Eastern	92	136	108	319	291
Southern	197	193	211	251	248
Western	111	150	137	187	197
Total	802	856	908	1,291	1,456

* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

^ 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 (2017/18)*

Programme Type	HSC Trust Area					Total
	Belfast	Northern	South Eastern	Southern	Western	
Condition Specific	344	361	288	221	171	1,385
Arthritis	-	-	-	-	-	-
Cancer	64	35	1	6	5	111
Cardiac	-	40	136	7	-	183
Chronic Pain	25	23	12	12	8	80
COPD	40	29	17	16	19	121
Dementia	46	55	8	48	54	211
Diabetes Type 1	22	14	61	10	17	124
Diabetes Type 2	133	148	33	63	56	433
Stroke	14	17	17	26	12	86
Mental Health	-	-	3	33	-	36
Generic	8	7	3	27	26	71
Total	352	368	291	248	197	1,456

* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

Table 3. Frequency of Programmes by Type and HSC Trust Area (2013/14 – 2017/18)*^

HSC Trust Area	2013/14		2014/15		2015/16		2016/17		2017/18	
	Condition Specific	Generic	Condition Specific	Generic	Condition Specific	Generic	Condition Specific	Generic	Condition Specific	Generic
Belfast	208	8	263	7	295	7	264	6	344	8
Northern	105	11	103	3	149	0	264	0	361	7
South Eastern	82	10	127	9	100	8	276	43	288	3
Southern	169	28	180	13	199	12	238	13	221	27
Western	85	26	125	25	110	27	161	26	171	26
Total	719	83	798	57	854	54	1,203	88	1,385	71

Table 4. Programme Frequency by Provider Organisation (2017/18)*

Provider Organisation	2017/18
Action Cancer	5
Alzheimer's Society	211
Arthritis Care	56
Cancer Focus NI	8
Cancer Lifeline	50
Macmillan Cancer Support	8
NI Chest Heart & Stroke	95
Stroke Association	10
BHSCT	211
NHSCT	284
SEHSCT	250
SHSCT	147
WHSCT	121
Total	1,456

* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

Figures for 2014/15 and 2016/17 have been revised. Please see Appendix B for detail.

^ 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 5. Participant Numbers by HSC Trust Area (2013/14 – 2017/18)*

HSC Trust Area	Participants				
	2013/14	2014/15	2015/16	2016/17	2017/18
Belfast	2,443	2,751	3,773	2,074	2,590
Northern	2,063	1,838	2,865	2,359	3,778
South Eastern	1,975	2,683	2,410	3,110	2,842
Southern	3,013	3,327	3,295	3,014	2,261
Western	1,845	2,432	2,809	2,353	1,566
Total	12,385	13,069	15,192	12,910	13,037

* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

Table 6. Participant Numbers by Programme Type and HSC Trust Area (2017/18)*

Programme Type	HSC Trust Area					Total
	Belfast	Northern	South Eastern	Southern	Western	
Condition Specific	2,472	3,685	2,774	2,017	1,339	12,287
Arthritis	-	-	-	-	-	-
Cancer	213	258	8	36	60	575
Cardiac	-	690	1,073	131	-	1,894
Chronic Pain	277	525	179	137	86	1,204
COPD	631	382	506	233	182	1,934
Dementia	353	610	171	214	404	1,752
Diabetes Type 1	166	118	408	60	146	898
Diabetes Type 2	770	1,023	320	737	402	3,252
Mental Health	-	-	24	335	-	359
Stroke	62	79	85	134	59	419
Generic	118	93	68	244	227	750
Total	2,590	3,778	2,842	2,261	1,566	13,037

* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

Table 7. Participant Numbers by Condition (2013/14 – 2017/18)*1, 2

Provider Organisation	2013/14	2014/15	2015/16	2016/17	2017/18
Condition Specific	11,772	12,375	14,578	11,952	12,287
Arthritis	65	87	56	83	-
Cancer	371	400	531	461	575
Cardiac	2,118	2,950	2,548	1,929	1,894
Chronic Pain Conditions	1,207	567	1,977	466	1,204
COPD	1,384	1,423	1,530	2,160	1,934
Dementia	2,325	2,038	3,522	1,555	1,752
Diabetes Type 1	974	873	587	1,194	898
Diabetes Type 2	1,764	2,228	2,668	3,223	3,252
IBD	-	-	36	-	-
Lymphoedema	-	6	6	-	-
Mental Health	1,198	1,123	314	269	359
Neurological	14	14	7	-	-
Stroke	352	666	796	612	419
Generic	969	694	614	958	750
Total	12,741	13,069	15,192	12,910	13,037

* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of [Appendix B](#). Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

Figures for 2014/15 and 2016/17 have been revised. Please see Appendix B for detail.

¹ The Belfast HSC Trust did not provide information for cardiac rehabilitation programmes during 2016/17. During 2015/16 this programme accounted for approximately 570 participants.

² Data for Mental Health programmes for all years are provisional due to ongoing data quality work.

Table 8. Participant Numbers by Provider Organisation (2013/14 – 2017/18)*³

Provider Organisation	2013/14	2014/15	2015/16	2016/17	2017/18
Action Cancer	52	62	67	60	77
Alzheimer's Society	2,125	2,026	3,469	1,422	1,752
Arthritis Care	1,281	540	468	357	704
Aware	1,008	1,123	-	-	-
Cancer Focus NI	102	96	69	85	96
Cancer Lifeline	69	64	68	67	87
Extracare	-	-	-	-	-
Macmillan	54	130	254	30	41
NI Chest Heart & Stroke	330	532	452	519	639
Stroke Association	220	324	478	258	53
BHSCT	1,743	1,824	2,866	1,775	1,726
NHSCT	845	997	1,967	2,087	2,919
SEHSCT	1,355	1,953	1,629	2,862	2,331
SHSCT	1,902	1,969	1,850	1,876	1,638
WHSCT	1,299	1,429	1,555	1,512	974
Total	12,385	13,069	15,192	12,910	13,037

* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of Appendix B. Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

Previous figures reported against Action Mental Health have been reclassified and reflected in Western HSC Trust figures.

³ 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.

Table 9. Participant Numbers by Programme Type and Programme Delivery (2017/18)*

Programme Type	Clinical / Professional Led	Peer Led	Jointly Led	Total
Condition Specific	10,129	775	1,383	12,287
Arthritis	-	-	-	-
Cancer	516	-	59	575
Cardiac	1,394	-	500	1,894
Chronic Pain	764	440	-	1,204
COPD	1,934	-	-	1,934
Dementia	1,201	-	551	1,752
Diabetes Type 1	898	-	-	898
Diabetes Type 2	3,032	-	220	3,252
Mental Health	24	335	-	359
Stroke	366	-	53	419
Generic		264	486	750
Total	10,129	1,039	1,869	13,037

* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of Appendix B. Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

Table 10. Participant Numbers by Programme Type and Funding Arrangements (2017/18)*⁴

Programme Type	Statutory Funded	Voluntary Funded	Joint Funded	Other³	Total
Condition Specific	10,474	308	102	1,403	12,287
Arthritis	-	-	-	-	0
Cancer	262	264	49	-	575
Cardiac	1,894	-	-	-	1,894
Chronic Pain	1,204	-	-	-	1,204
COPD	1,752	-	-	182	1,934
Dementia	1,730	22	-	-	1,752
Diabetes Type 1	876	22	-	-	898
Diabetes Type 2	2,055	-	-	1,197	3,252
Mental Health	335	-	-	24	359
Stroke	366	-	53	-	419
Generic	477	273	-	-	750
Total	10,951	581	102	1,403	13,037

* The Belfast HSC Trust did not provide figures for 2017/18 therefore their data has been imputed based on 2016/17. Further information can be found in the Data Presentation section of Appendix B. Alzheimer's Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts during 2016/17. Programmes in these areas accounted for approximately 1,300 participants in 2015/16.

⁴ 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 2017 to 31 March 2018.

The [Programme for Government \(PfG\) 2011-15](#) included 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. The commitment sought 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 increasing⁴. 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 2017/18. Information was provided by HSC Trusts and independent sector organisations who delivered programmes during 2017/18. The report summarises the key statistical information provided for the year 2017/18 and how this compares with that collected in previous years.

⁴ <https://www.northernireland.gov.uk/publications/programme-government-2011-2015>

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 2018 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 [collection guidance notes along with a copy of the questionnaire.](#)

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 2013/14 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 2017/18 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. In addition, there are some instances where data was unavailable but an estimate could be derived. Details of these can be found in the table below.

During 2012/13-2013/14 Aware were unable to provide figures broken down by HSC Trust area. Aware did not provide figures for 2015/16-2017/18.
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.
During 2014/15 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 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.

Data for Mental Health programmes in 2014/15 has been revised to reflect Aware – <i>‘Living Life to the Full’</i> programmes which ran in each of the 5 HSC Trusts, e.g. 25 courses ran in Belfast HSC Trust with 325 participants, 10 courses ran in Northern HSC Trust with 135 participants, 17 courses ran in South Eastern HSC Trust with 221 participants, 12 courses ran in Southern HSC Trust with 156 participants, and 22 courses ran in Northern HSC Trust with 286 participants.
During 2015/16 Cancer Focus, who provided 1 programme for 40 participants, were unable to provide figures broken down by HSC Trust area.
During 2015/16 there were 3 programmes provided 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.
For 2016/17 the Belfast HSC Trust were unable to provide programme frequency figures for their CHOICE and PUMPS programmes therefore an estimated figure has been used. The figure for CHOICE is derived from the average participants at CHOICE programmes provided by other HSC Trusts in 2016/17. The figure for PUMPS is derived from the average participants at diabetes type 1 programmes provided by other HSC Trusts in 2016/17. These averages are used to estimate the programme frequency based on the number of participants reported. The Belfast HSC Trust did not provide information for cardiac rehabilitation programmes during 2016/17. During 2015/16 this programme accounted for approximately 570 participants.
In 2016/17 Alzheimer’s Society did not provide information for programmes that ran in the Belfast, Northern and South Eastern HSC Trusts. Programmes in these areas accounted for approximately 1,300 participants during 2015/16. In 2017/18, programmes in these areas accounted for approximately 1,243 participants.
Data for Mental Health programmes in 2016/17 has been revised. Figures for the <i>‘Managing the Challenge’</i> programme in WHSCT have been recategorised under generic programmes.
For 2017/18 the Belfast HSC Trust did not provide programme frequency figures, therefore their data has been imputed based on 2016/17. Data estimates for Belfast Trust in 2016/17 are noted above.

Amendments

The cut-off point for amendments to data was 26th October 2018. 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.

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
PUMPS	Insulin Pump Education Programme
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>

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