

How good is primary care at supporting self management for people with diabetes?

Using PCRS – UK (Assessment of Primary Care Resources and Support for chronic disease self management) - a new tool to support practice self reflection and improvement



Dr I Hodgkinson¹, Dr S Roberts², Dr D Russell¹, Ms A Worthington¹

¹NHS Tower Hamlets, ² Year of Care Programme Board

Aim

Better support for self management (SSM) is a high priority for people with diabetes, and for today's NHS. We describe the use of a new tool, the PCRS - UK (Primary Care Resources and Supports) designed to map changes in SSM at practice level, during the Year of Care Programme (YOC).

Background

The PCRS¹ is a validated tool for self assessment. It is designed to help primary care teams focus on the actions needed to support self management for people with diabetes and other chronic diseases, and the level to which this is integrated into their practice.

The PCRS is divided into two components - **Patient Support** and **Organisational Support** - each with 8 domains and ratings of 1–10. The PCRS tool licensors approved two word changes for UK use to produce the PCRS-UK¹.

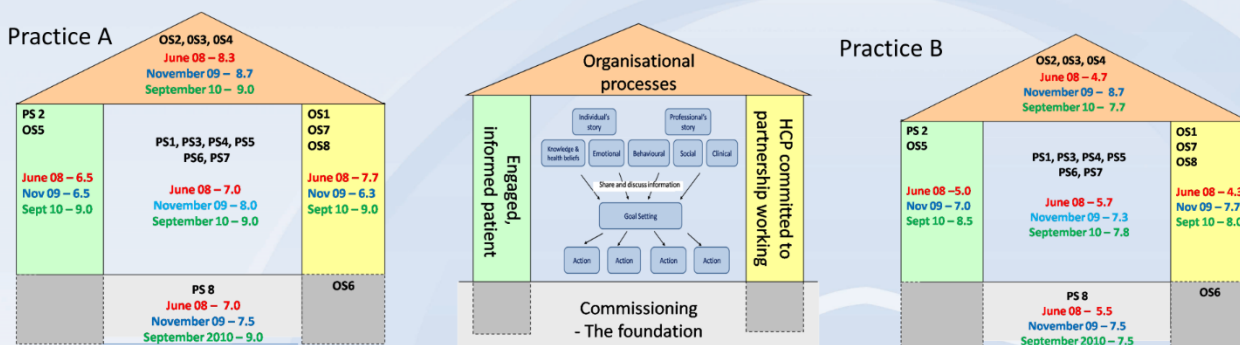
Figure 1: PCRS-UK domains

Patient Support (PS)		Organisational Support	
PS 1	Assessment of Patient's Self –management educational needs	OS 1	Continuity of Care
PS 2	Patient self –management education	OS 2	Coordination of referrals
PS 3	Goal Setting / Action Planning	OS 3	Ongoing Quality Improvement (QI)
PS 4	Problem - Solving skills	OS 4	System for documentation of self–management support services
PS 5	Emotional Health	OS 5	Patient input
PS 6	Patient Involvement	OS 6	Patient integration of self –management support into primary care
PS 7	Patient social support	OS 7	Patient Care Team (internal to the practice)
PS 8	Linking to Community resources	OS 8	Doctor, team and staff self management education and training

Methods

In one of three national YOC pilot sites, 7 primary care teams completed the PCRS-UK annually for three years (2008-2010) to review and record their readiness to support self care. The feedback from each practice was mapped to the different components of the YOC House. This is a framework for the delivery of care planning, each component representing systems and processes that need to be in place to support a collaborative care planning consultation (Figure 2 middle house).

Figure 2: Centre - The YOC House. Left and right - scores (as Figure 1) for 2 representative practices : A and B



Results

Scores can only be compared within a practice.

Practices reported an improvement in:

- Consultation skills - (range 3.7- 9.0)
- Supporting patient engagement – (range 3.0 – 9.0)
- Organisational processes – (range 3.3 – 9.3)
- Practitioner commitment – (range 4.0 – 9.7)
- Commissioning – (range 5.0 – 9.0)

Three out of the 7 practices dropped a total of four scores in 2009, two recovering by 2010. One score dropped between 2009 and 2010 (9.0 – 8.3)

The changes were congruent with other elements of performance recorded by the local Year of Care team.

Conclusions

PCRS – UK proved a useful improvement tool to enable teams to reflect on their journey as a practice to better SSM for their diabetes population. It also acted as a useful adjunct to discussions during practice visits by the local facilitator, highlighting successes and identifying areas for further support. Some examples of changes which occurred as a result of the YOC Programme are :

- The introduction of robust recall systems
- Improved teamwork
- Improved communication
- Changes in skill mix

PCRS -UK enables changes in practice activity in support for self management to be mapped numerically year by year, supporting self reflection and improvement.

'It was useful to have a discussion about items for which doctors put different scores and about their rationale for their scoring. The examples under various scores were very helpful and generated discussions about what would be ideal care for patients and why it is not always possible to achieve' General practitioner