1. Background
The Integrated COPD service is designed to reduce hospital admissions in COPD, through medical and evidence-based interventions with Pulmonary Rehabilitation as a core component of the patient pathway. However, up to 80% of patients with COPD have another co-morbidity, and a proportion struggle to engage with self-care within the current service structure. CQUIN 11 supports establishing a different way of patient stratification, to provide a more tailored approach to COPD care focused on Person Centred Care Planning. A specialist clinician within the service has introduced a new referral system, documentation and tailored coaching approach and goal setting, to support these patients to being more active in self-manage their condition.

2. Aim
To improve the patients knowledge, skills and confidence to manage their health and well being through case managing, person centred care and care planning.

3. Measure
Patient Activation describes the knowledge, skills and confidence a person has in managing their own health and care. The Patient Activation Measures (PAM) is a simple, evidence-based questionnaire for establishing the capacity a patient has to manage their health and this information can support delivery of care.

People with high levels of activation are engaged in behaviours to manage their health and experience better health outcomes and use health services less.

The PAM questionnaire was completed for patients at the beginning and end of receiving Personalised Care Planning.

4. Interventions
• CQUIN 11 enabled funding for a COPD Nurse to case manage patients identified for personalised care planning.
• COPD Nurse Specialist gained knowledge and skills in Personalised Care and supporting patients to self-manage.
• The Integrated COPD team learnt and understood patient activation and using PAM as part of a new pathway to Personalised Care Planning.
• Treatment was focused on ‘what matters to you’ and through small achievable goals.

5. Results
From a caseload of 37 patients the PAM average improvement was 11 points. Evidence suggests that this equates to 22% reduction in hospital admissions & NHS

6. Outcome
Patients with low PAM scores, often feel overwhelmed and disengaged. Providing personalised care and support, through interventions focusing on ‘what’s matter to you’. Patients can make changes to improve their knowledge, skills and confidence to self-manage. Resulting in better health outcome, better experience of care and use health service less.

7. Lessons Learnt
• It's takes training and mentoring to adapt clinicians approaches to focus on ‘what matters to you’.
• Measuring patients ability to self management through the PAM, gave confidence to clinicians in their way of working through the personalised care approach.
• Patients with COPD & co-morbidities can become more active in managing their health through a personalised approach rather than the traditional medical model.