

Our purpose

Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran



# Multimorbidity becomes HARP (Tertiary Prevention Programme)

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Our values

Caring Safe Respectful

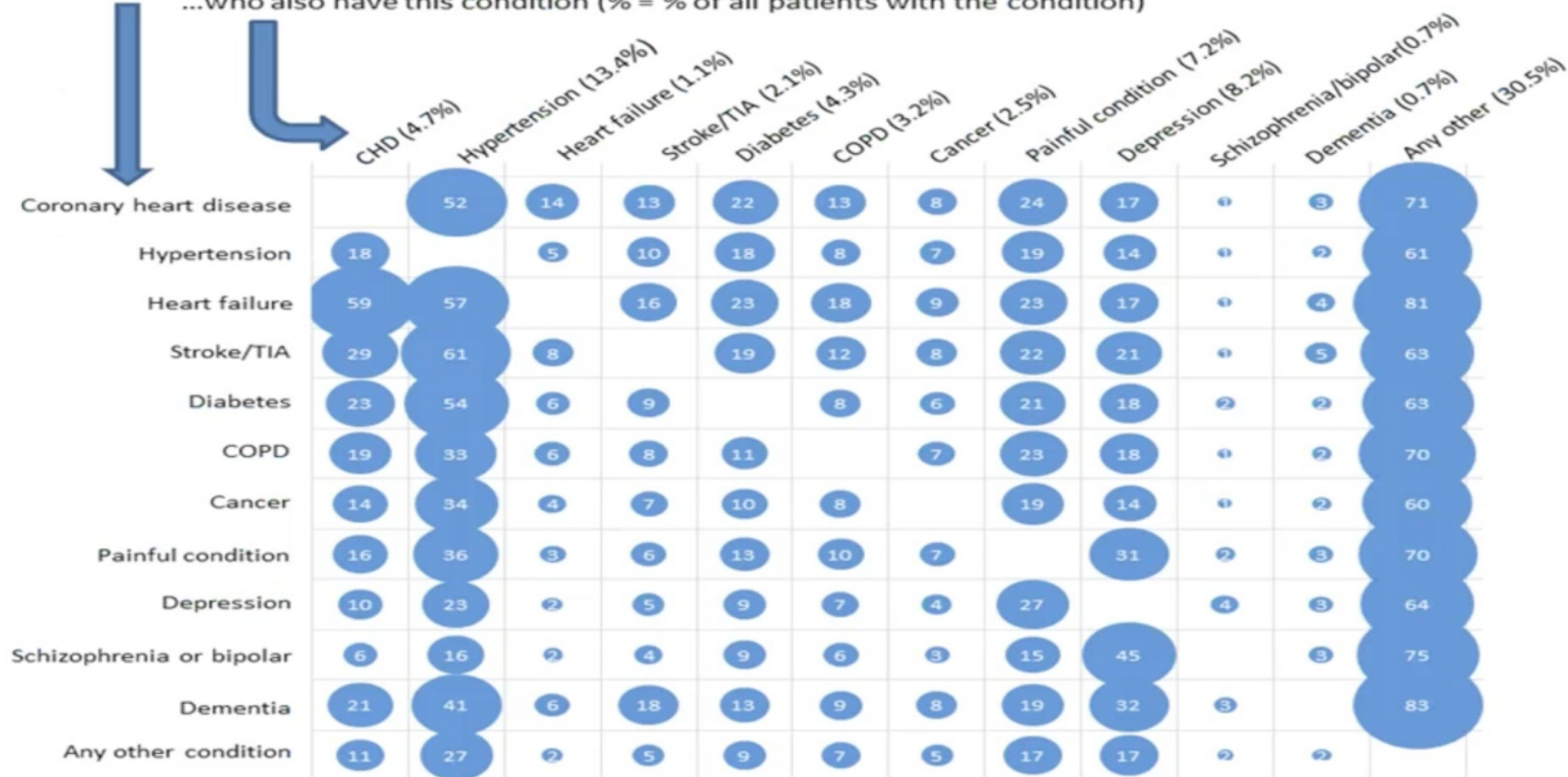
# The scale of multimorbidity

## Long Term Conditions: The scale of the challenge (2)

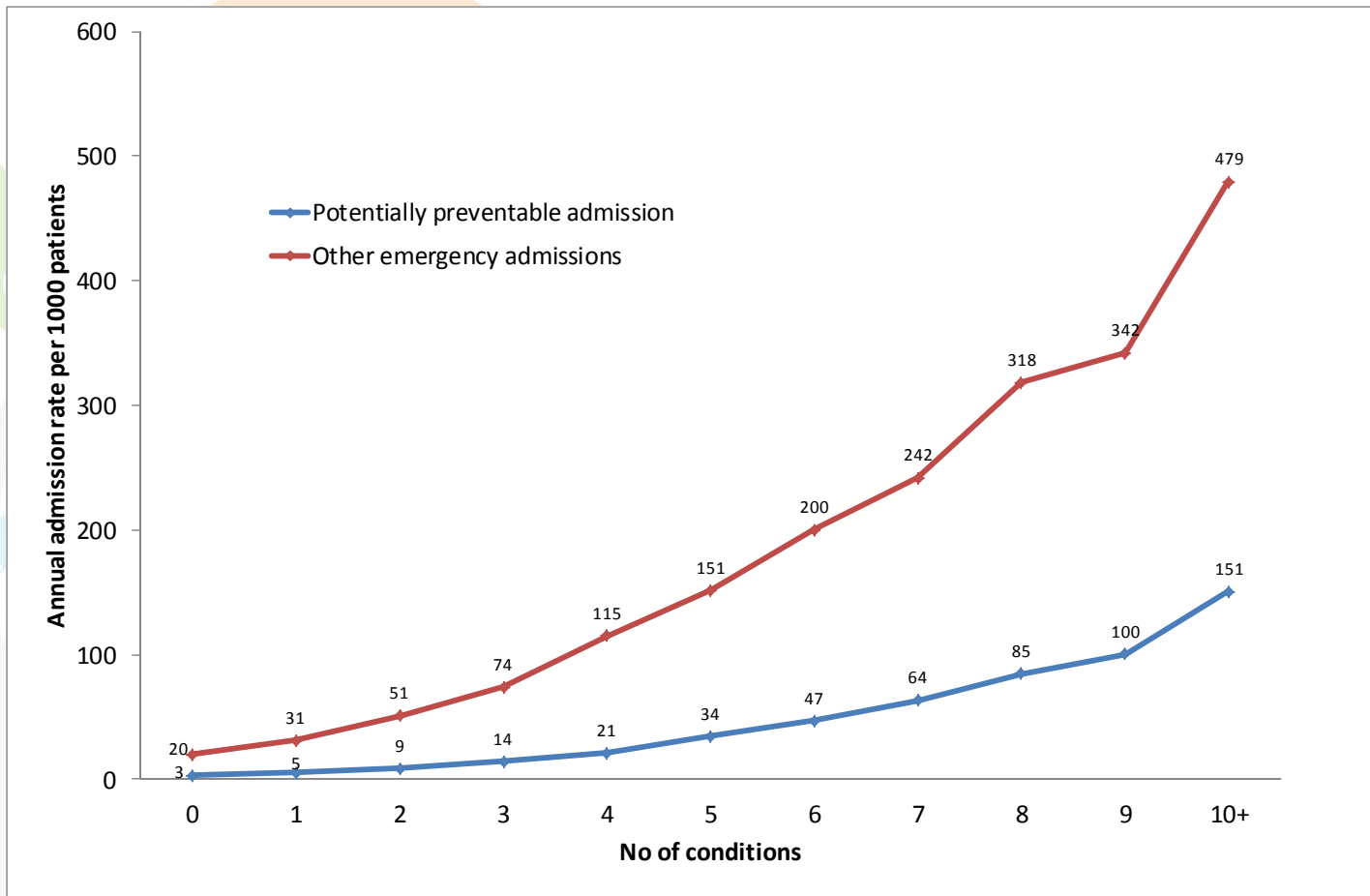


% of patients with this condition...

...who also have this condition (% = % of all patients with the condition)



# People with multi-morbidity in Scotland are much more likely to have emergency and potentially preventable admissions

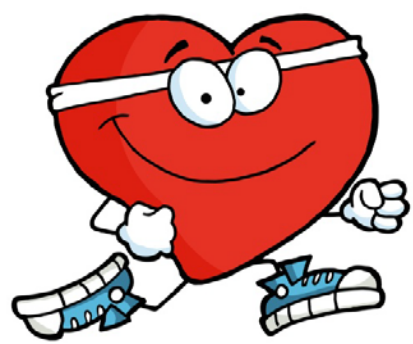


# Lifestyle choices impact Health

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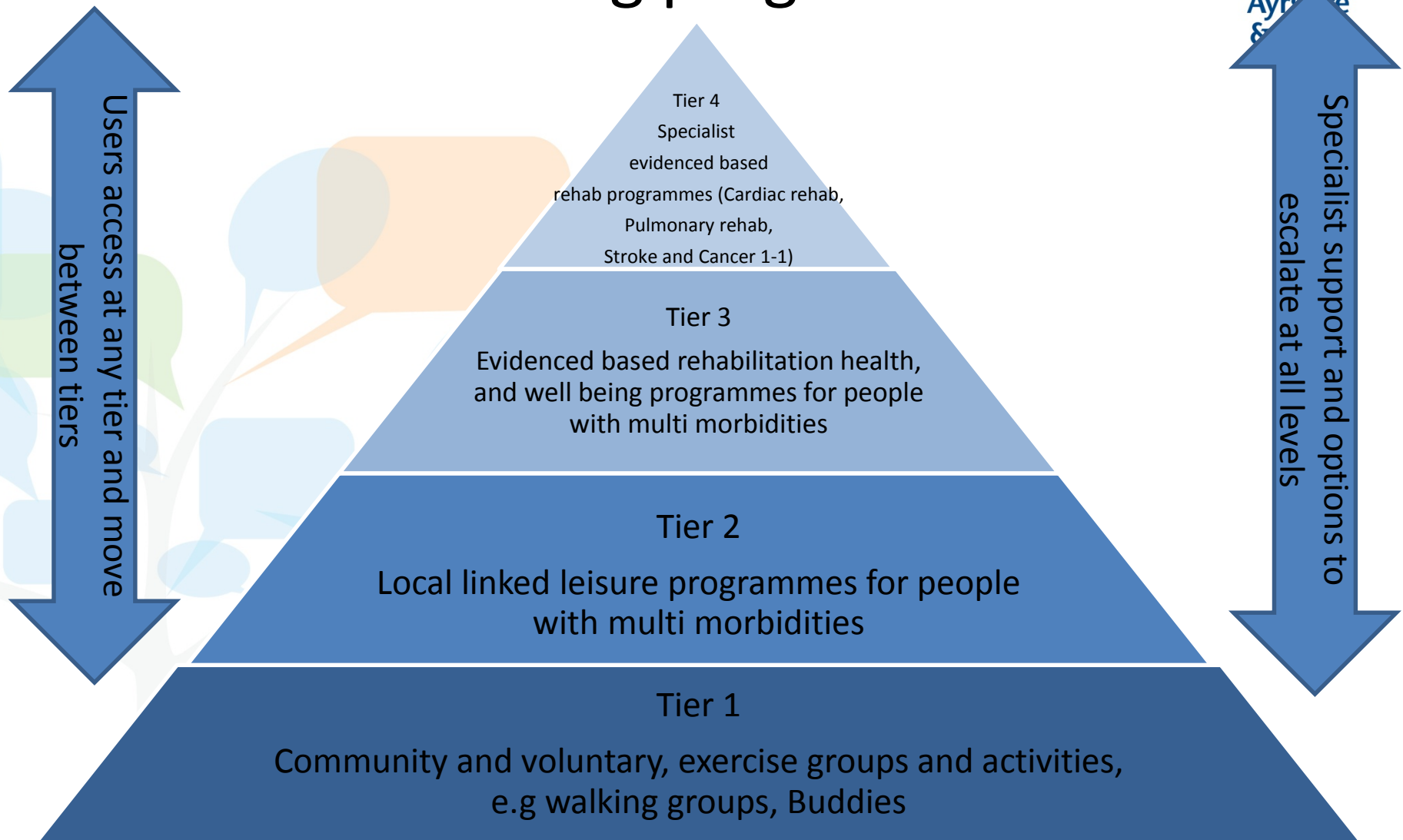
**“Resistance training is just as important as cardio. Train yourself to resist chocolate, pastries, fried foods, beer, pizza....”**



# The Birth Of HARP

- **April 2015- ICF funding confirmed for Healthy and Active Rehabilitation Programme for NHS and leisure across Ayrshire**
- **A multi disciplinary rehab programme for people affected by Long Term Conditions**
- **Targets high users of unscheduled Care i.e. Cancer, Cardiac Conditions, COPD, Falls, Stroke, Diabetes**

# Tiered Model for Rehabilitation, health and wellbeing programmes





# What does HARP entail?

**1. A multidisciplinary assessment with goal setting**

**2. Options of**

- **Circuit training class with weekly education**
- **Onward referral to another service / AHP**
- **In house Weigh to Go**
- **In house MoT intensive self management course**
- **Leisure Services**
- **Volunteering/ Vocational outcomes**



# Cancer Rehab within HARP

- **Patients can be referred at any stage of diagnosis and treatment until a year after treatment finishes**
- **Staff have had training to identify red flags, safety of participants very important to the team.**
- **Cancer Aims of Rehabilitation**
  - **Restorative, return to pre illness level**
  - **Supportive, limit functional loss with persistent disease**
  - **Palliative, reduce complications and symptom management**





# Patient and staff experience

## Cancer Participants comments

- “I am fed up with my whole world revolving around cancer and this class makes me feel like it doesn’t.”
- “The condition is not important; we are more interested in peer support”
- “It is an organised step on the way to getting fit”

## Staff Comments

- “initially overwhelmed”
- “it hit us that this is massive”
- “patients very complex”
- “the patients and staff work as a team”
- the patients are so grateful, it makes it so worthwhile”
- “more holistic working than when we only did specialist rehab”



# Outcomes

- **New model in place- 1100 referrals to date**  
**50% full HARP, 50% selecting options**
- **Consistent 20% improvement in QoL measures**
- **Economically sustainable as analysed using EQ5d**
- **Improved Knowledge and skills of staff**
- **Model is *sustainable*, transferrable, fits with National Clinical Strategy/ 2020 vision**
- **Close co-productive working with third sector, FEI, Leisure and health partners**

# Emergency Admissions and Bed Days

Three age and sex-matched groups, six months pre- / post- HARP:  
 'Full HARP', 'Assessment+', 'Declined All' (3 x 90 = n=270)

Group	Pre-HARP			Post-HARP				
	Total Admissions* <sup>α</sup> [mean per service user <sup>ς</sup> ]	Total Service Users Admitted	Total Bed Days <sup>α</sup> [mean per service user <sup>ς</sup> ]	Total Admissions* <sup>α</sup> [mean per service user <sup>ς</sup> ]	Change From Pre-HARP <sup>β</sup>	Total Service Users Admitted	Total Bed Days <sup>α</sup> [mean per service user <sup>ς</sup> ]	Change from Pre-HARP <sup>β</sup>
Full HARP	88 [0.98]	38	139 [1.54]	32 [0.35]	64%↓ (p=0.002)	21	33 <sup>‡</sup> [0.36]	77%↓ (p=0.01)
Assessment +	150 [1.66]	49	220 [2.44]	64 [0.7]	58%↓ (p=0.02)	23	102[1.13]	54%↓ (p=0.04)
Declined All	87 [0.97]	45	257 [2.85]	45 [0.5]	49%↓ (p=0.002)	23	263 [2.92]	2%↑

\* , admissions <24 hours are not always recorded (i.e. may be recorded as 'LOS 0' or not recorded at all); <sup>α</sup>, between group analysis conducted using one-way ANOVA;  
<sup>β</sup> , within group analysis pre- and post-HARP conducted using paired t-tests; <sup>ς</sup> mean calculated based on all 90 within each group;  
<sup>‡</sup>, these data exclude one service user who accrued 167 bed days – including this in analysis results in total bed days of 200 [2.22 per service user] and a 31% increase from pre-HARP; **bold type**, statistically significant (p<0.05) result (non-significant outcomes not displayed); ↓, decrease; ↑, increase.



# Health supporting Walking Football

## Cardiac Rehab Participation



## Why Support this Area?

- Growing interest from cardiac patients
- Low Impact
- Rules that reduce chance of injury but promote cardiovascular fitness
- Reduces Social Isolation
- Anecdotally often last form of sport that a man has participated in.

# **Volunteer Outcomes to date**

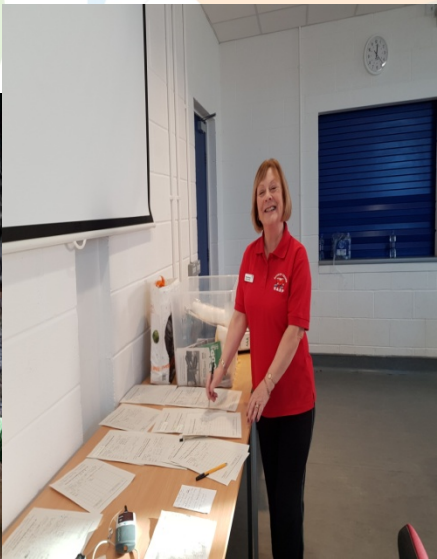
- 1. 21 Activity  
Friends**
- 2. 6 Moving on  
Together Lay  
Facilitators**
- 3. 7 new  
volunteers have  
begun training  
January 2018**



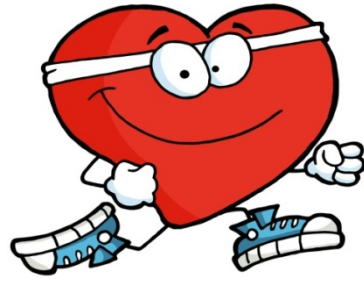


# Volunteers in Action

- Role development?



# Meet Nicky- An Activity Friend Volunteer



# Any Questions?

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