

### Project Aim

The aim of the project was to provide a Psychology-led integrated, holistic and Multi-disciplinary service to improve people living with SCD quality of life and ability to self-manage. The project aimed to provide rapid and specialist treatment within A&E, to promote smooth transitions from ED to the ward and to focus on early discharge.

### Background

- The local population of East London has one of the highest proportions of people living with sickle cell disease in Europe and the number of registered patients with sickle cell disease (SCD) has increased by 58 %
- Over the last 5 yrs, admissions to the Royal London Hospital have increased by 13%, A&E attendance by 81% and average length of hospital stay by 120%.
- Research evidence clearly shows that individuals with SCD are at high risk of developing a range of mental health and psychological difficulties including iatrogenic opiate dependency, depression, anxiety and adjustment disorder<sup>1</sup>
- Untreated mental health and psychological difficulties in long term health conditions such as SCD lead to poorer quality of life, more frequent and longer acute hospital admissions, increased disability and increased costs to the NHS of 59-62%<sup>2</sup>
- Psychological and social interventions, for example cognitive behaviour therapy (CBT) and mindfulness, have been shown to be effective in the treatment of psychological difficulty in long term health conditions such SCD<sup>3</sup>
- Multi-modal assessments of pain in SCD and rapid access to specialist nursing support have also been shown to reduce attendance and admissions

### Intervention/Method

- A range of interventions were offered by the clinical team including:**
- 1:1 and group evidence based psychological treatments
  - Welfare and benefits review
  - Rapid and specialist pain input in A&E including support to follow pain protocols
  - Intensive home based intervention and outreach post -discharge
  - Multi-model pain care plans
  - MDT support and comprehensive guidelines for management of pain, service use and behaviour

- Interventions were evaluated using:**
- Pre and post questionnaires assessing pain self efficacy, anxiety, depression, and Quality of Life
  - Semi structured qualitative satisfaction forms for patients and staff
  - Pre/post economic evaluation

### The Project Team

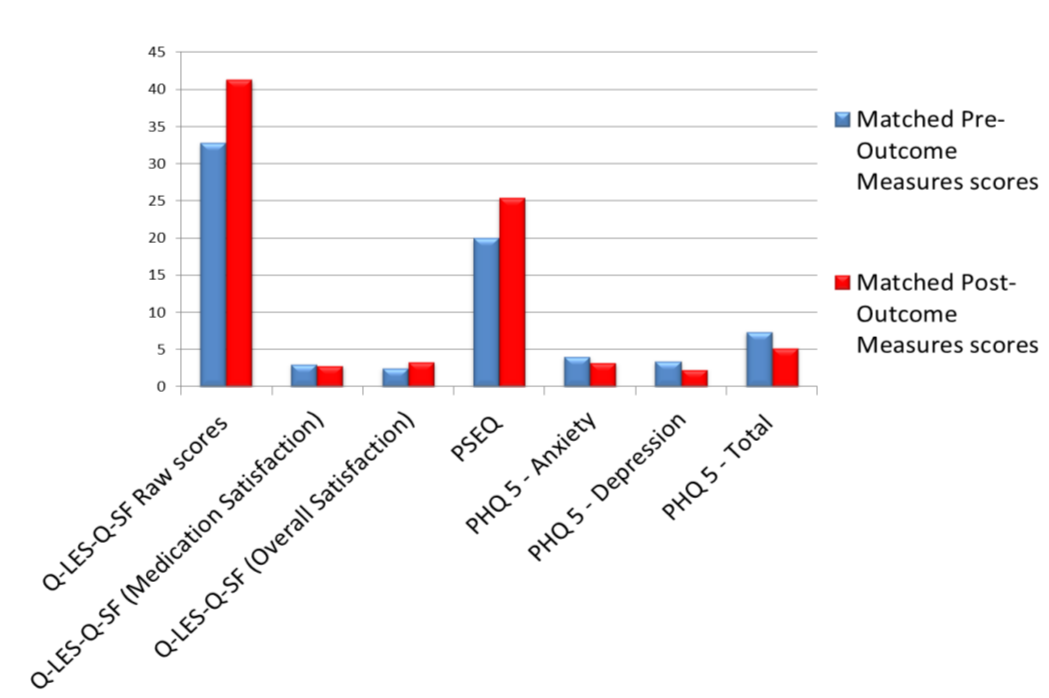
The project commenced in Feb 2016 for 5 months. It was a joint initiative between Barts Trust and ELFT RAID and funded by non-recurrent winter resilience funding. The team was led by the RAID Lead Psychologist and Lead Haematology CNS. The clinical team consisted of:

- 1 x 0.6 wte band 8a Clinical Psychologist
- 1 x 1.0 wte band 7 Clinical Nurse Specialist
- 1 x 1.0 wte band 7 Psychiatric Nurse
- 1 x 0.5 wte band 5 Benefits Advisor
- 1 x 0.2 wte band 4 Assistant Psychologist

### Activity

- 99 patients were seen as part of the project
- 100% of patients who completed the feedback form would recommend the service.
- 100% of staff who completed the feedback survey would recommend the service.
- 91% of patients who completed the feedback survey stated that they felt better after receiving treatment from the service.

### Clinical Outcomes

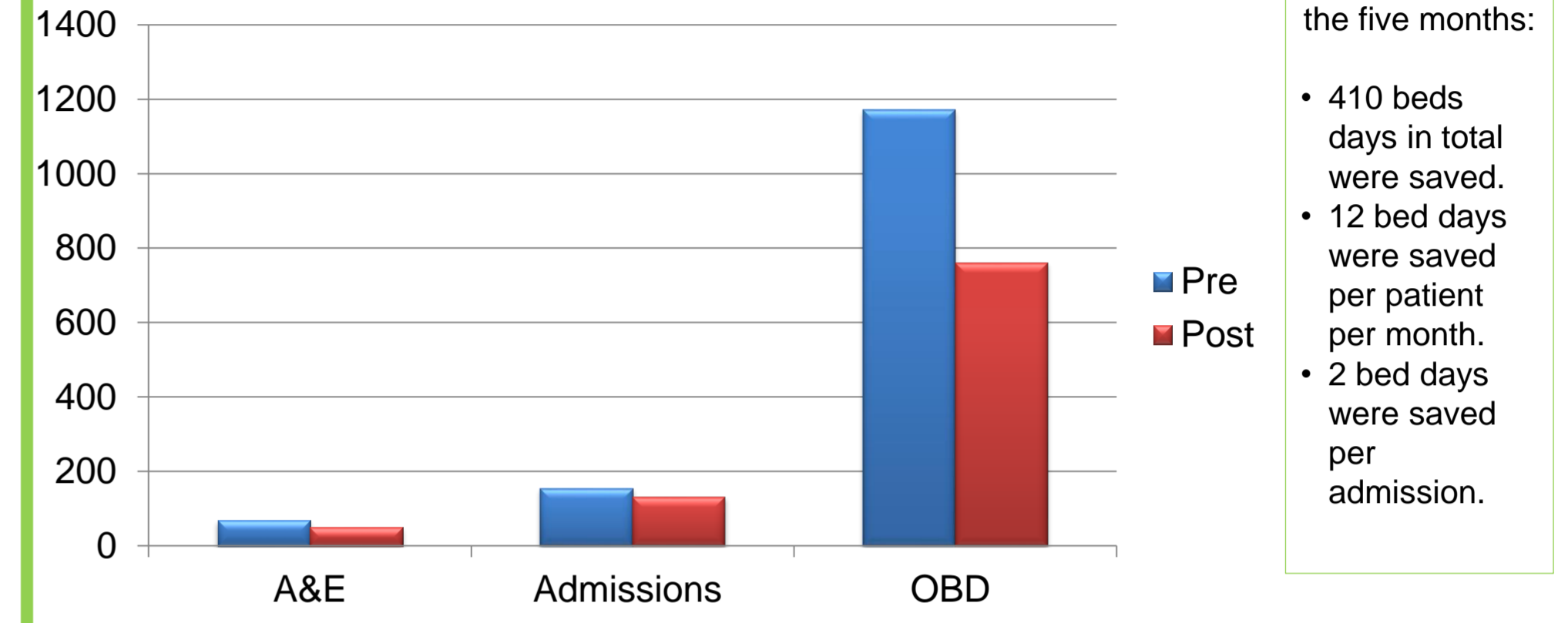


Clinical improvements were seen in measures of depression, pain self-efficacy and quality of life.

### Qualitative Feedback

“ The Wellbeing Service has really provided me with the tools I required to lead a productive life. Putting goals and objectives in place for me to achieve within a realistic frame, also changing my own individual outlook ”

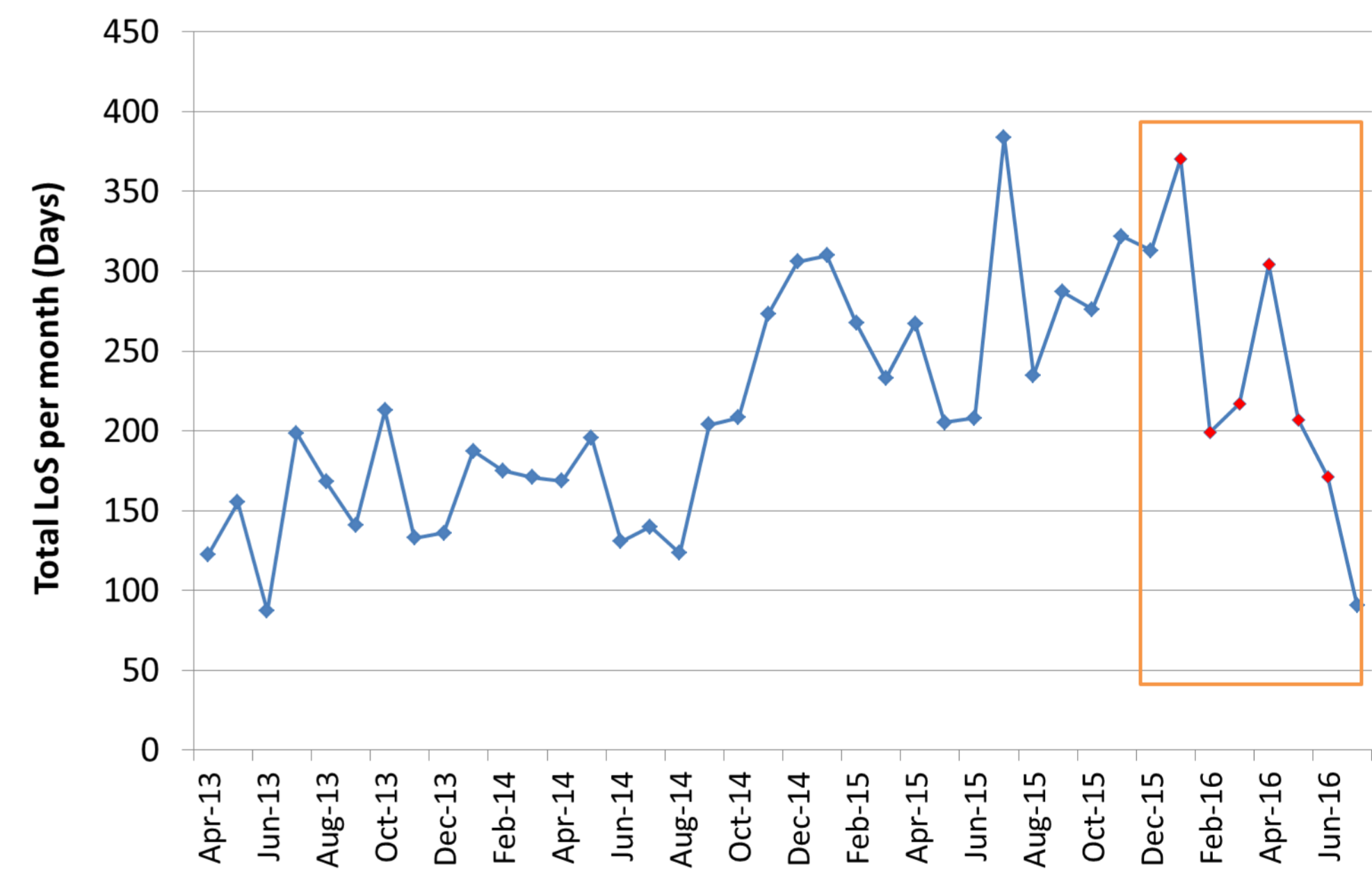
### Pre and Post A&E, Admissions and Bed days (OBD) for cohort (n=99)



Savings over the five months:

- 410 beds days in total were saved.
- 12 bed days were saved per patient per month.
- 2 bed days were saved per admission.

### Impact the pilot had on LoS for Sickle Patients



### Cost and Savings per year

	Cost/Savings (£)
Estimated savings based on reduction in admissions / ED / LoS	£408, 000
Cost of service	£192, 000
Estimated total savings	£216,000

### Conclusions

- Delivering a service that aimed to treat SCD more holistically was a new approach which showed clinical and cost effectiveness
- The project shows preliminary evidence for the need of both social and psychological components of support for people with SCD
- Learning to live with and self manage SCD is essential for Quality of life and provides a useful adjunct to medical management

### References

- NICE guidelines [CG91] (2009). Depression in adults with a chronic physical health problem: recognition and management.
- Kings Fund. (2016) Improving quality in the English NHS: A strategy for action.
- Thomas, V. J., Gruen, R., & Shu, S. (2001). Cognitive Behavioural Therapy for the Management of Sickle Cell Disease Pain: Identification and Assessment of Costs. *Ethnicity & Health*, 6(1), 59-67.