

Peer Support Outline Plan v1.3	Author: T Fernandes / S Rae / M Newton	27/8/18	12 pages
Peer Support Model – Pilot Study			EoE Citizens’ Senate
Outline Plan (v1.3)			

Purpose of this document

- To provide Sponsor & Stakeholders with a view of the financial and resource commitment of the proposed pilot project.
- To provide a high-level plan of project timescales & deliverables
- To identify any particular facilities & resources which the team will require (e.g. training facilities, meeting rooms, equipment/materials)
- To define the organisation and roles and responsibilities for the Pilot Study
- To identify collaborators and sources of external expertise

Revision History				
Name	Ver	Reason for change	Status	Date
T Fernandes	1	Initial – Peer Support Outline Plan v1	In progress	10/6/2018
T Fernandes / M Newton / S Rae / J Yellon	1.1	Amendments to sect. 1.1, 1.2, 2.1, 3.1, 3.3	In progress	11/6/2018
Sarah Rae M Newton	1.2	Review and amendments to all sections	In Progress	17/06/18 18/6/18
T Fernandes	1.2	Updated 19/6/2018. Included referenced documents, links and Glossary of terms	Complete	19/6/18
T Fernandes	1.2	Following reviewer’s feedback, revised scope to 1 pilot site.	Complete	26/8/18
T Fernandes	1.3	Final	Complete	27/8/18

Documents and links to sources referenced in this document:

Ref 1: <https://www.sheffield.ac.uk/news/nr/200-million-medication-errors-occur-nhs-every-year-1.765781>

Ref 2: NHS Innovation Awards - South Central SHA 2012

Ref 3: Insights from Q Lab, What we’ve learnt from peer support <https://s20056.pcdn.co/wp-content/uploads/2018/04/Q-Lab-peer-support-learning-Q-Exchange-16-April.pdf>

Ref 4: Brainbox Report <https://s20056.pcdn.co/wp-content/uploads/2018/05/Brainbox-report-final-July-2016.pdf>

Q Lab Essays - <https://qlabessays.health.org.uk>

Glossary of Terms:

EAHSN	Eastern Academic Health Science Network
CPFT	Cambridge & Peterborough Foundation Trust

RDS	Research Design Service
PPG	Patient Participation Group

No part of this document may be reproduced or adapted in any form, including photocopying or storing it by electronic means, without the permission of the Author.

No information contained in this document shall be disclosed to any third party without the written permission of the author

ME CCG	Mid Essex Clinical Commissioning Group
CLAHRC	Collaboration for Leadership in Applied Health Research and Care

EoE	East of England

Table of Contents

1. Overview	3
1.1 Background	3
1.2 Objectives	3
1.3 Scope	3
2. Constraints / Assumptions	3
2.1 Risks	4
2.2 Benefits	4
3. Project Approach	5
3.1 Approach	5
3.2 Key Milestones (in red)	7
3.3 Estimated costs (manpower only) 1 pilot site (<i>costs rounded</i>)	8
4. Project Organisation	9
4.1 Roles and Responsibilities	9
5. Organisation Structure and Reporting Line	10
6. Empowerment and Escalation	10
7. Project Controls	10
8. Appendix 1	11
9. Appendix 2	12

1. Overview

Note: revised scope to one pilot site only

1.1 Background

The East of England Citizens' Senate consists of patients and carers, living with various Long Term Conditions and who are passionate about improving services and outcomes for patients. Throughout 2017/18, the group convened a number of workshops to use their experience and insight to explore the patient and carer's role in patient safety. Consistent with the EAHSN Improvement Portfolio, Action on Frailty, the group decided to focus on older people's quality of care and medication safety in Primary Care.¹ Informed by numerous workshop outputs, surveys and reports, the group believed there was potential to develop a peer support framework to play an active role in promoting medication safety.

1.2 Objectives

To provide an outline definition of the approach, organisation and controls for a pilot study, in particular:

- To develop a peer support model for older patients
- To ensure the model is replicable & sustainable for wider scale adoption
- To define the approach, with a view of the financial and resource commitment
- To identify and assess the risks
- To identify initial stakeholders.
- To set out initial organisation, roles and responsibilities
- To agree pilot outputs with a view to informing a larger study

1.3 Scope

The scope of this document will be limited to:

1. The Stakeholders & Partners in primary care
2. Stated objectives and Key Milestones
3. Project Resources & costs
4. Risks & Benefits

Note: revised scope to one pilot site only

2. Constraints / Assumptions

Successful delivery is dependent on the following:

- Adequate funding

¹ [Research from University of Sheffield](#)

- Resource availability (materials & professional expertise)
- Established Patient Participation Groups
- Peer Support workers
- Support from partner organisations
- Availability of pilot sites and cooperation from practice staff
- The project needs to be scalable and replicable

A Communication Plan will be developed to raise awareness and to obtain acceptance and commitment from Stakeholders and Partners, to implement the pilot study. The results of the pilot will inform the wider project, which will be presented to the appropriate commissioners and providers for wider implementation.

Other constraints are outlined in the Risks section.

2.1 Risks

Only the higher risks associated with pilot implementation are shown here (scoring 8 & above)

Item / Risk	Score	Mitigate / Manage / Avoid
Inadequate Budgetary control	8	Managed by PM selection and robust governance
Volunteer competence & suitability, risk of disruption to patients, staff and operational service.	10	Managed by adequate training including DBS Safeguarding & effective communications. Review, reporting and supervision will be in place
Measuring & maximising benefits	8	Managed by evaluation expertise, tools and iterative process
Training not fit for purpose	10	Managed by selection of expert training supplier. Apply continuous improvement principles to refine programme
Unsuitable environment for patient conversations/confidentiality.	12	Mitigate by selection of pilot sites and liaising with practice Mgr to arrange suitable rooms/space as required
Project Manager availability	8	Manage by obtaining assurance through contract and ensure Business Continuity process in place

Risk = Probability × Impact

Both Probability and Impact are scored on a scale of 1-5

Maximum risk score is therefore 25

Probability		Impact	
1	Rare	1	Negligible
2	Unlikely	2	Minor
3	Probable	3	Moderate
4	Likely	4	Major
5	Almost	5	Catastrophic

2.2 Benefits

1. Promoting shared decision making and understanding of medication risks & benefits
2. Empowering older patients to better manage their condition
3. Reducing harm caused by errors & misuse of medication

Other potential benefits

- Avoiding waste and improving cost efficiency
- Contributing to the learning and benefits of peer support through empirical evidence
- Evaluating methods of measuring the effectiveness of peer support and coproducing tools for training peer supporters
- Optimising demand for GP appointments

- Increased number of medicines reviews

3. Project Approach

3.1 Approach

The project approach will conform to appropriate Governance & Control measures, consistent with PRINCE II methodology or similar

Description:

We intend to build on the existing Medicines Optimisation project, which has been developed by Mid Essex CCG and **Medicine Waste UK**, which has worked closely with valued NHS partners to run this evidence based and award winning social marketing intervention² since it was initially launched in 2006. It was primarily aimed at reducing wasted medicine and improving concordance, rather than medicine safety specifically. We believe work already done in understanding patient behaviours in engaging with their peers, will provide a good platform from which to consider a similar campaign for medicine safety³⁴

We intend to engage with the Patient Participation Groups from the pilot site, to select and recruit potential peer support workers (4 PPG members) 4 people will attend the peer support training with the trainers and will coproduce the Tool Kits and campaign material e.g. directives, publicity materials and posters. Following training, a schedule of engagement with patients in the practice will be agreed.

Peer support workers will seek older patients who may have little understanding of why they are being prescribed medication and what they are taking. We consider this cohort of patients to be at risk of harm. The peer support workers will explain about the project and ask patients to participate in the pilot. They will also obtain their informed consent. Patients will respond to the following 5 questions and be signposted to the appropriate services accordingly, depending on practice resources. During their conversation the peer support worker will assess the patients' level of confidence regarding their medication. [appendix 1]

- 1) I understand what each of my medicines are for?
- 2) I know how and when to take my medicines?
- 3) I think my medicines are working well for me?
- 4) I find it easy to manage my supply of medicines
- 5) I have all the information I need about my medicines

We plan to run the pilot for 3 months. Peer Support workers will engage patients for 8 hours/week in each practice. This may be 2 half days a week but will be designed to fit in with the practice operation. We hope that a minimum of 10 patients/week will be assessed in each practice, with a total of 240 patients by end of pilot.

We propose two pilot sites based on typical demographics. which are easily accessible to and familiar with the project team. One will be in Cambridgeshire and the other in Mid Essex. The pilot study will evaluate the coproduced training programme for peer supporters and measure the benefits of the programme using appropriate methods and tools. The types of methods and tools will be assessed to see if they are suitable for use in the wider project.

² NHS Innovation Awards –South Central SHA 2012 (£100,000 award)

³ Insights from Q Lab – What we've learnt about peer support

⁴ Brainbox Report July 2016

Further points to learn from the pilot

From the research already cited it can be shown that patients can develop greater understanding, confidence and self-management skills by working with peer support workers. An evaluation will be conducted to see if these behaviours have taken place. Also, an assessment will be carried out to see if the activity has caused extra workload and additional cost to the practice.

Role of PPG rep to help improve patient safety

Peer Support workers can play a vital role in helping patients understand more about their medication, which will improve health outcomes and avoid harm. Whilst we understand that the best person for a patient to speak to about their medication is their GP, Pharmacist or prescriber, sometimes they don't feel confident enough to do so. This means that issues can go unresolved. Previous patient surveys have indicated that patients may not speak to their GP or Pharmacist, because:

- They can't get a GP appointment
- They don't want to appear to be a 'troublemaker'
- They are not taking their medication as prescribed and are concerned they will be 'told off'

There are many reasons which may result in medicines not being taken as prescribed, peer supporters can help by providing someone to chat to. There is no requirement for peer supporters to have any clinical knowledge or to know anything about medications or the conditions which have prompted them. They only need to make an assessment on patient understanding of their medication and signpost them to support services. Information about services in the locality will be provided by the peer support workers. The key is creating positive relationships with fellow patients, so they can feel comfortable talking about their concerns.

What Peer Support workers will NOT do:

- Prescribe medicines or alter prescriptions
- Give advice on specific medication or conditions
- Replace the GP or any other health professional
- Judge anyone's behaviour around medication use

Evaluation

The training will be amended accordingly during the pilot i.e. it will be an iterative process and evaluated for effectiveness. The responses to the 5 questions will also be evaluated and the signposting recorded. Information from the forms and follow-up conversations from the toolkit, will provide qualitative and quantitative data for the GP patients in practices 1 & 2. This will establish whether the intervention helped patients to:

- feel more confident about taking their medication
- improve their self-management skills
- have a better understanding of what their medicines are for
- request a medicines review

Age and gender will also be noted

3.2 Key Milestones (in red)

Stage 1

	(Milestones)	Date	Status
1	Opportunity identified	1/3/2018	Complete
2	Questions agreed for Evidence Scan	19/3/2018	complete
3	Evidence Scan completed	12/4/2018	Complete
4	Governance Structure in place (incl Steering Group)	31/7/2018	In progress
5	Idea submitted on Q Exchange	9/5/2018	Complete
6	AIMS application made	18/6/2018	In progress
7	Funding awarded	19/9/2018	tba
8	Risk & Benefit reviewed	21/9/2018	tba
9	Pilot site agreed	21/9/2018	tba

Stage 2

10	Project Manager appointed	21/9/2018	tba
11	Project brief - PID produced	28/9/2018	tba
12	Pilot designed	28/9/2018	tba
13	Evaluation criteria developed	28/9/2018	tba
14	Peer Support workers recruited	28/9/2018	tba
15	Training provider procured	1/10/2018	tba
16	Training package co-produced	8/10/2018	tba
17	Training start	15/10/2018	tba
18	Training complete	14/12/2018	tba
19	Training evaluation completed	21/12/2018	tba

Stage 3

20	Develop Communication strategy	Jan 2019	tba
21	Communication complete	Jan 2019	tba
22	Stakeholder & partners commitment obtained	Jan 2019	tba
23	Pilot started	Feb 2019	tba
24	Pilot finished	April 2019	tba
25	Pilot evaluation complete	May 2019	tba
26	Feasibility study for wider project	May 2019	tba

3.3 Estimated costs (manpower only) 1 pilot site

(costs rounded)

Role	Cost	Comments
*Project Manager Oct – Dec 2018	£14,400	2 days/week for 3 months @£600/day = 14,400
*Project Manager Feb – April 2019	£7,200	1 day/week for 3 months (Jan – March 2019)
Peer Support Supervisor (Feb – April 2019)	£612	1 existing practice staff. Payment for time/incentive 3hrs/week each for 3mths Approx £17/hour each (36 hrs x £17)
Peer support workers expenses (2 sessions/week) 4 people/week (each session 4 hrs)	£960	4 patient representatives will be selected from the locality PPG. This will require travel expenses for 8 visits per week. Due to local involvement, we expect claims will be minimal. An arbitrary sum of £20/pp has been allocated. £20 x 4 = £80/week x 12 = £960
Stakeholders expenses	£400	3 meetings + conference calls
Patient Leaders expenses	600	Travel for 3 PPI to pilot site in Cambridge (1 per month plus adhoc project & stakeholder meetings) 4 meetings @ £50 x 3 = £600
Sub Total	£24,172	

Training & Resources

Training Partners (2 days)	£1,500	Identify partners to develop training incl materials
Training delivery for 4 people	£1,000	We envisage 1 day training
Evaluation Partners (2 days)	£1,000	Identify experts to develop the evaluation criteria.
Facilities / room hire / refreshments	£500	Training could take place on partner premises, but we may require dedicated space. I have allowed for 2 sessions at £250/per session
Expenses for peer support workers	£200	4 people

Training materials

Advertising campaign & promotion	£250	Social media/networking, local radio, newspapers, specialist papers, internet and presentations
Materials - Design / roll up banners	£340	£180 for initial design plus 2 x roll up banners @ £80 each
Leaflets, flyers & posters	£200	Explore cost efficiencies through partner sources
Tool Kit - design & printing x 2	£300	Initial design work plus printing for 4 tool kits
Sub Total	£5,290	

Contingency @ 1.8%	538.00
Grand Total	£30,000

*Internal manpower may be contracted for PM role at reduced rate

*No contingency allocated

4. Project Organisation

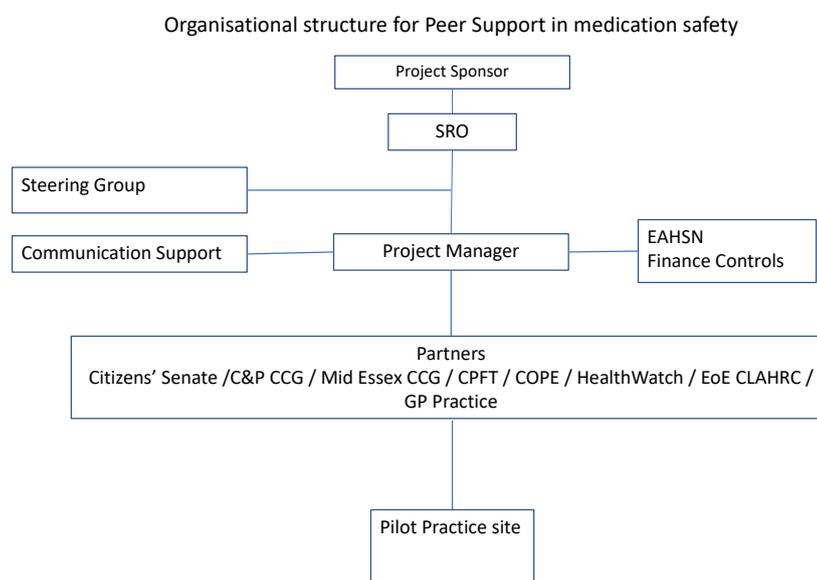
4.1 Roles and Responsibilities

Role	Function	
Senior Responsible Officer (SRO) Caroline Angel , Improvement Director	Project Oversight for EAHSN	
Project Manager To be recruited	Deliver the training and the pilot project. Implement appropriate governance structure. Develop Business Case, PID and Benefits appraisal. Manage milestones, Change Control, Risk & Issues log. Report to Steering Group Chair. Communicate with all stakeholders. The PM will manage by exception	
Peer Support Supervisor One in each practice, to be agreed	Existing staff in practice, the role and function for Support Supervisor will be defined. Communicate progress to practice Mgr. Facilitate & Support peer support workers. Manage & resolve any issues or conflict between patients/staff/peer support workers	
Peer Support workers 4 x PPG members from practice, to be agreed	Attend training and regular reviews to reinforce the message that medication advice must not be given to patients. Communicate, support and promote the medication safety project. Engage with patients to determine level of confidence & knowledge about their medication, Signpost those at risk to appropriate specialist staff and provide information.	

Patient Leaders x 3 Sarah Rae Mary Newton Trevor Fernandes	Chair Steering Group Guide, support & work with PM to develop PID & Proj plan. Ensure investment and benefits to patient outcomes are consistent with the idea. Communicate with Stakeholders and support PM to report by exception if necessary. Contribute to developing and procuring suitable training partners as well as evaluation experts. Promote the idea and project to other partners in Health Foundation and EAHSN. Take ownership for the success of the project, ensuring benefits are realised	
EAHSN Project Staff Joanna Yellon Caroline Angel	Support the patient leaders as above. Manage funding and allocation streams. Provide administrative support and report progress internally.	
Advisors x 5 & Partners including Primary Care & CCG	Providing guidance from advisors on technical and clinical issues.	
Training and evaluation Partners	Cambridge & Peterborough Foundation Trust / COPE / EoE CLAHRC	

Stakeholder Organisations & Partners	Project Team & Advisors	Function
Primary Care & Patient List Cambridgeshire	Sarah Rae Trevor Fernandes Mary Newton	Patient representatives, PPG & Citizens' Senate members
EAHSN	Joanna Yellon	Advisor EAHSN
EoE CLAHRC	Tracey Johns	Advisor - RDS
Mid Essex CCG	Paula Wilkinson	Advisor - Mid Essex CCG
CPFT Recovery College East	Tracey Bartlett	Advisor
Cambs & Peterborough CCG	TBA	Advisor
HealthWatch	Mike Hewins	Advisor
COPE	Hilda Campbell	Advisor - COPE Scotland

5. Organisation Structure and Reporting Line



6. Empowerment and Escalation

The Project Manager will manage by exception. Escalation will be made directly to the Steering Group. The Project Sponsor will be consulted on changes to:

- Scope
- Finance
- Milestones
- Benefits

7. Project Controls

The Steering Group will meet monthly. The PM will provide updates on Milestone Management, Risk & Issues log, Benefits and Change Control.

8. Appendix 1

Medication assessment form

(Can be completed on your own or with help from a patient representative or someone you know)

Welcome to your medicines self-assessment questionnaire. There are five questions that will help you understand if you might benefit from spending some time with a healthcare professional to discuss your medicines. You can answer the questions by yourself or with the help of a relative or friend.

Instructions
For each question place a tick ✓ in the box that most closely matches what you think or feel about your medicines. For example, if you think you completely understand each of your medicines then place a tick in column A as follows:

	- A - Yes, completely	- B - Yes, mostly	- C - No, not really
EXAMPLE: understand what each of my medicines are for	✓		

After you have answered each of the questions below, take a look at the **results** over the page to look at recommendations for finding out more about your medicines.

Please now answer each of the questions:

	- A - Yes, completely	- B - Yes, mostly	- C - No, not really
I understand what each of my medicines is for			
I know how and when to take my medicines			
I think my medicines are working well for me			
I find it easy to manage my supply of medicines			
I have all the information I need about my medicines			

Personal medication form

(To be completed with your GP or pharmacist)

My name: _____ My GP: _____ My community pharmacy: _____

Name and type of medicine	Prescribed by	I take it because...	It works by...	I take it...	I order it...
e.g. Bisoprolol (beta-blocker)	e.g. My hospital consultant	e.g. I need to control my blood pressure	e.g. Decreasing my heart rate	e.g. 5 mg tablet once per day	e.g. Every month

9. Appendix 2

Project title:	Patient led Peer Support to promote medication safety
Primary contact:	T Fernandes (Updated - revised scope 26/8/2018)

Please refer to the [Eligibility Criteria](#) for further detail on what our funding can be spent on

Activity	Set-up Sep-Dec 2018		Implementation Jan - May 2019		Total		Total	
	Q Exchange funding	Other funding (if applicable)	Q Exchange funding	Other funding (if applicable)	Q Exchange funding	Other funding (if applicable)	Q Exchange funding	Other funding (if applicable)
Dedicated time to lead and undertake the project								
Project Manager (24 days @ £600/day)	£14,400.00				£14,400.00			£0.00
Project Manager (12 days @ £600/day)			£7,200.00		£7,200.00			£0.00
Peer Support Supervisor (36 hrs @ £17/hour)			£612.00		£612.00			£0.00
					£0.00			£0.00
Sub Total	£14,400.00	£0.00	£7,812.00	£0.00	£22,212.00	£0.00	£0.00	£0.00
Staff & patient involvement, as appropriate (eg reimbursement of travel costs, locum, backfill, focus groups, survey design)								
Peer support workers travel expenses (12 weeks @ £80/week)			£960.00		£960.00			£0.00
Patient Leader travel to meetings (4 x £50 x 3)	£300.00		£300.00		£600.00			£0.00
Stakeholder expenses for travel to meetings (3 meetings + conf calls)	£200.00		£200.00		£400.00			£0.00
					£0.00			£0.00
Sub Total	£500.00	£0.00	£1,460.00	£0.00	£1,960.00	£0.00	£0.00	£0.00
Supply of technical skills (eg statistical support, data collection, organisational development, quality improvement skills, evaluation)								
Training Partners (4 person/class)	£1,500.00				£1,500.00			£0.00
Training delivery (1 facilitator/trainer)	£1,000.00				£1,000.00			£0.00
Peer Support workers expenses for attending training (4 people)	£200.00				£200.00			£0.00
Facilities for training (room hire/refreshments)	£500.00				£500.00			£0.00
Evaluation Partners (2 days)			£1,000.00		£1,000.00			£0.00
Sub Total	£3,200.00	£0.00	£1,000.00	£0.00	£4,200.00	£0.00	£0.00	£0.00
Other								
campaign advertising & promotion materials roll up banners & design	£250.00				£250.00			£0.00
Toolkit design & printing x 2	£300.00				£300.00			£0.00
Leaflets, flyers & posters	£200.00				£200.00			£0.00
					£0.00			£0.00
Contingency @1.8%	£538.00				£538.00			£0.00
Sub Total	£1,090.00	£0.00	£0.00	£0.00	£1,628.00	£0.00	£0.00	£0.00
Total	£19,190.00	£0.00	£10,272.00	£0.00	£30,000.00	£0.00	£0.00	£0.00