one precious life

Final Report

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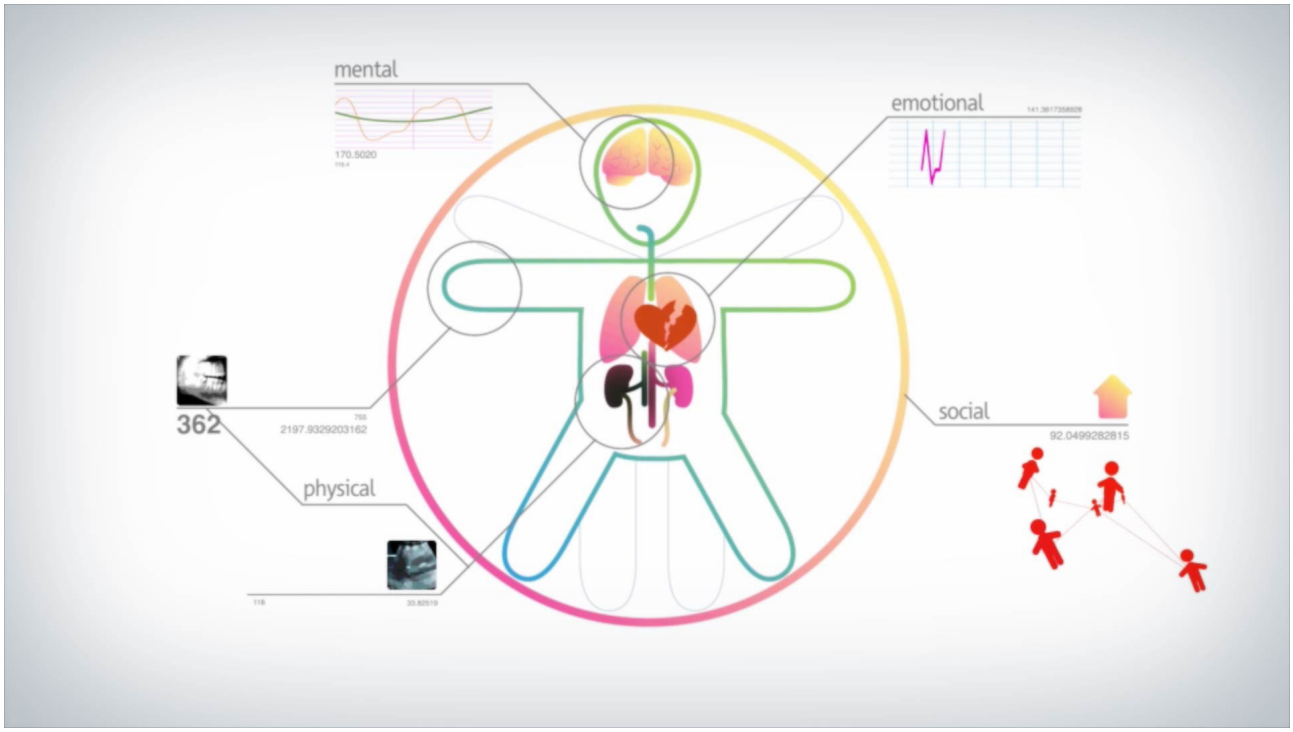
rescon

Summary



The current health and social care models are not configured for long-term condition care either presently or especially for the future, given projections of long-term condition prevalence. With the UK prevalence of long-term conditions standing at more than 15 million people, we are not meeting the care demands of this population, let alone enhancing them. This problem will only get worse over time.

Both the UK healthcare system and the social care system, have become increasingly disconnected, working separately rather than together, despite a recognition of the importance of fusion and several initiatives in place to bring them together. With a lack of communication between the two services, it has become the rule rather than the exception that people are not receiving important aspects of care. This leaves patients at risk of ill health and poor quality of life, not to mention the ineffective use of tax payer's money, and is a problem that will only deteriorate with an increasing prevalence of diagnoses. There is a need for a new model within the UK that promotes optimised life through empowering people to take responsibility for their own health and at the same time improve health and quality of life, thereby reducing the burden on the system. Developments in technology can help to streamline this process.

"One Precious Life" (OPL) was an ambitious project between Rescon, a UK human performance company, Going For Independence, a UK social enterprise and Lexiab, a health and social care economics consultancy. The OPL project was designed to overcome the problems currently facing patient care utilising the novel approach of treating individuals in the UK with long-term conditions as we would high performance athletes, with a person centred service. Using this approach OPL was designed to enhance the performance of an individual's social, emotional, mental and physical life. The OPL solution did not attempt to directly change the current system, instead we modeled embedding ourselves within it, creating the change from inside.

For program delivery Tom Dawson, a human performance specialist and physician, teamed up with Pam Bennett, a person centred support specialist. They created, with the help of their research team, 25 educational modules designed to deliver the necessary baseline knowledge to individuals wanting to be practitioners delivering the OPL service. In parallel technologies were developed to support OPL including: the one precious life website; a bespoke, searchable online research driven information portal; an accessible online tool for tracking wellbeing and activity.

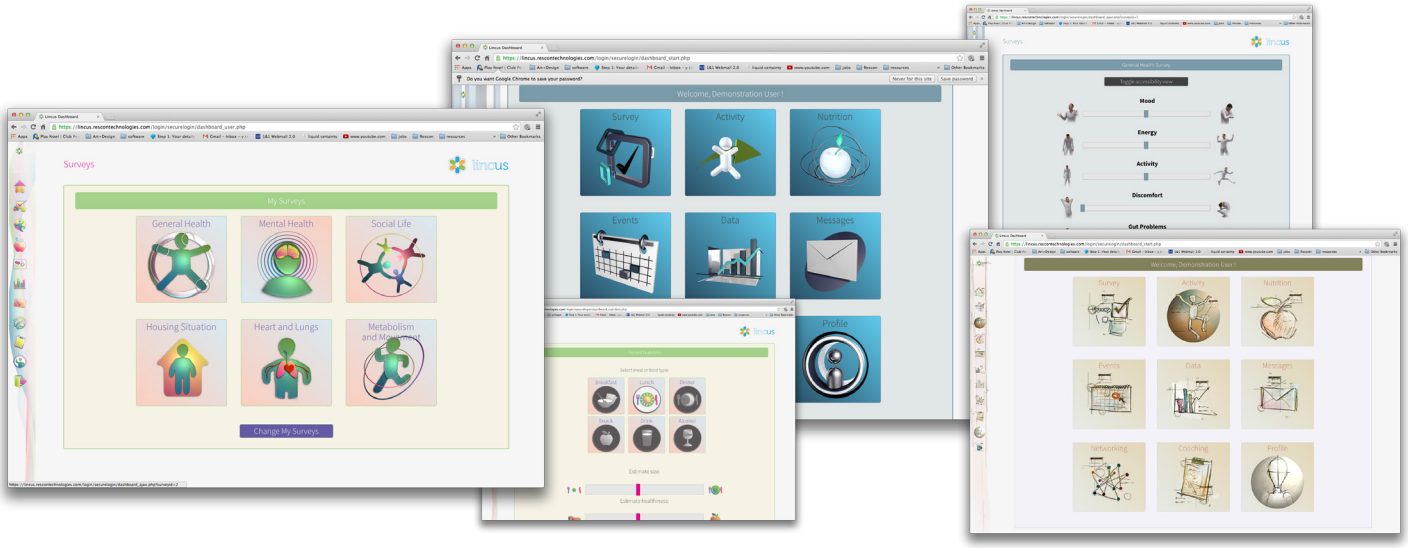
After development of the educational modules (including assessments), four individuals with backgrounds in human performance or psychology were recruited and housed together as 'coaches', where for three months they underwent intensive training, learning how to apply the principles of high performance athlete training, service and support to enhance the life of those with long-term conditions. They learnt from the module material, lectures, one to one support and each other. Evaluations on learning were performed weekly.

The coaches were deployed in the Liverpool area to recruit participants with long-term conditions who had the motivation to improve body, mind and spirit. After consent they were evaluated and educated over a month with a focus on self-goals. After the first month they were guided in how to coach themselves with ongoing education and support from the OPL coaching team. They were taught how to set their own goals, starting from large aspirations and breaking these down into achievable steps that could be performed on a day to day basis. Utilising this method created a program that was sustainable, owned and individualised, not a one size fits all intervention.

OPL promoted digital inclusion, ensuring the foundations were there to allow implementation of technologies, which relieve some of the perceived burden on self-management, such as using a physical activity tracker and Rescon's self-reporting tool Lincus. Where people were unable to use digital or needed something to bridge the gap we provided Lincus questionaires in paper format for database input later on. Coaches taught participants how to use these technologies, whilst educating them on why using these were beneficial for improving health and wellbeing. Behind the scenes, the Rescon IT team continued to adapt and modify these technologies in accordance with feedback on user experience, immediately making them more accessible.

OPL is based upon the premise that everyone can better, and by helping people to become better we are educating them on how to do so. Education is a key cornerstone of this program. When people were recruited they were at varying degrees of health literacy, being relatively disempowered and unable to optimally self-manage their own health and wellbeing. When the program finished, they felt more empowered and more able to participate optimally in their own self-management. This outcome encompasses the aims of the OPL program, by taking the time to ask people what they need to be better, we encourage them to think about their own health and social care, giving them the freedom to take ownership of it.

The limited duration of the trial and the cultural shift required challenged our participant recruitment phase, in which we fell significantly short of the participant recruitment targets set on program initiation. However, this gave us great insight into the current resistance of individuals to be open to the idea of investing in an attitude and behaviour change program, even with a very approachable personalised service. However, with the participants that we did recruit, from their perspective the success of the OPL program was undisputed. Upon completion of the trial 100% of participants said they would recommend the program, stating that they had benefited from the intervention, that their quality of life had improved, and that they would continue to make improvements to their lifestyle based on what they had learnt. Some participants expressed disappointment at the conclusion of the trial and requested to maintain contact with coaches. Technological inclusion was also beneficial with the self-reporting tool, Lincus, enhancing disclosure of symptoms, and the OPAL physical activity tracker enhancing motivation to be more active. However, due to the limited duration of the program it was not possible to identify the long-term compliance of participants to these changes after cessation of the trial. The use of Lincus and OPAL tracker appeared to enhance motivation during the trial. It would be hypothesised that we have provided individuals with both the internal (education and self-efficacy) and external tools to motivate themselves to continue to take control of their health. To confirm this, further research would be required to replicate the program at scale. Statistically significant participant numbers, and suitable baseline and after intervention measurements would help strengthen and determine the most robust business case for OPL.



There are a wide range of potential commercial outputs from the OPL program:

1. During the program we developed learning and assessment material that could be readily converted into online courses and/or form the basis of workshops
2. The standard operating manual sets up in combination with the rest of the “tool box” has the potential to set up OPL as a franchise, license or partnership opportunity either as a standalone or integrated into an organisation combined.
3. The development of the OPL website sets up a commercial offering with a free information portal with potential for further development of it as a marketplace for purchase of e-learning, e-books and, supportive and performance technologies.
4. The development of Lincus during the program has enhanced the value of this technology offering incorporating more choice, accessibility, messaging and networking capabilities.

For the program to be developed as a standalone offering the commercial viability is not completely clear, especially given the high overheads associated with the small offering we developed during the program. Health and social care services are facing funding cuts. The price per person of delivering the program worked out at around £1,200 and £1,500 for a 6 and 12 week OPL program respectively. Therefore to be economically feasible as a public service OPL needs a clear demonstration of the benefits to individuals coupled with well documented cost savings to health and social care services. There is also resistance from service providers who are comfortable with current methods of operating and are reluctant to integrate new methods. The majority of people that we came across during the program are unwilling to self-fund services that they feel entitled to from their healthcare provider. This cultural sense of entitlement is often coupled with individuals who do not have the financial ability to self fund a program anyway. The feasibility of deployment of OPL as a technology based remote online service was investigated and 20% of people with long-term conditions surveyed suggested that they would pay up to £5 per month for this service. On its own this would compromise the concept of delivering a personalised service, unless it could be brought in with an existing service that was already state funded.

It has become increasingly obvious that the business plan and commercial offering needs to be further developed through engagement with the many players in the complex social and healthcare ecosystem, putting the end-users first. It is likely that partnerships with open minded providers of social or health care services, that realise there is a need to make a difference, will be a likely positive outcome of these engagements. To do this partners will need to embrace real and innovative change. We cannot let the focus on holistic performance enhancement fall by the wayside. We also need to further develop the platform to include monitoring and enhancement of those things that make us human such as love, sex and intimacy. This is the time for opening up what we are doing, not closing it down so it conforms to organisational requirements. So, the partners, their aspirations and visions for the future need to be taken into close account before formally going forwards.

In summary, we have demonstrated the utility of the One Precious Life approach, developing some powerful tools and experience on the way. Now is the time to expand OPL both at scale and through scope with an ongoing focus on what makes the human experience special, and how to optimise this.