

Living Well - A pilot project for patients and staff at Chase Meadow Health Centre



Dr. Peter Gregory, Dr. Emma Grennell, Dr. Neha Sharma

Our Project:

We took a novel approach at tackling both chronic disease and staff resilience by using Lifestyle medicine focusing on how we can help our patients and staff *stay well*, and not just *get better faster*. We ran two workshops, one initially for our staff and another for 16 patients, based on the lifestyle medicine themes of; nutrition, exercise, sleep and relaxation.

Our Vision:

For our staff: To improve staff resilience and well being. Daily headlines report staff moral at an all-time low. PHE estimates the cost to the NHS of staff absences due to poor health at £2.4bn per annum¹.

For our patients: To improve the patient's understanding of lifestyle modifications to help address the root of chronic disease. WHO estimates that 71% of deaths globally are due to non communicable diseases², taking up 50% of GP appointments in the UK³.

Patient Workshop:

- This was 1.5 hours long session and ran out of clinic hours.
- Stratified by risk and likelihood of attendance and chose a group of pre-diabetics, based on the date of next HBA1c. Consent was gained from reply to the written letter, and we had approx. 10% uptake.
- The session ran very well, with lots of patient interaction and discussion evidenced by a significant increase in knowledge on all four themes (figure 1) and 83% committing to a lifestyle change and 84% wishing to attend another session.
- We will also be looking at the future HBA1c scores of attendees in comparison to non attendees over the coming months

Staff Workshop:

- This was one hour long and ran during practice meeting time. By way of consent, we sent out an invite to all staff ahead of time. The session was attended by all staff invited.
- The feedback at the end of the session was very positive, with over 90% requesting more workshops.
- We have since made changes to our practice based on staff feedback, including reminders for *mindful moments* at work, *healthy food platters* at practice meetings and *exercise/fresh air breaks*.

Figure 1: Change in Knowledge based scores Pre and Post Workshop



Conclusion:

Given the growing economic and clinical burden of lifestyle-related diseases among both our patients and our staff, it is vital that we look at things differently. Group consultations are also being heralded by RCGP as a new way to consult. This is a simple achievable project that could be reproduced in many local surgeries and produce similar positive outcomes.

References:

1 Public Health England Data 2015

2 GBD 2015 Risk Factors Collaborators, Global, regional and national comparative risk assessment of 79 behavioral, environmental and occupational and metabolic risks or clusters of risk 1990-2-15 a systematic analysis for the Global Burden of disease Study 2015. Lancet 2016

3 Department of Health Report 2012: Long Term Conditions compendium of information: 3rd Edition