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Introduction

A pilot model of social care using peer to peer mentoring was developed for children and young people with Sickle Cell Disease (SCD) aged 10-24 and started in August 2017. The mentoring programme was commissioned by the City and Hackney Clinical Commissioning Group (CCG) through their Innovation Fund and provided by the Sickle Cell Society (SCS).

The aim of the project was to support emotional, social and physical wellbeing by fostering development of skills and positive behaviours through mentor-mentee interaction.

This included confidence building and promotion of self-management, improving knowledge and sign posting available health, social and education support structures. The impact on short term quantitative and qualitative outcome measures was evaluated for the period Aug 17- Jun 18.

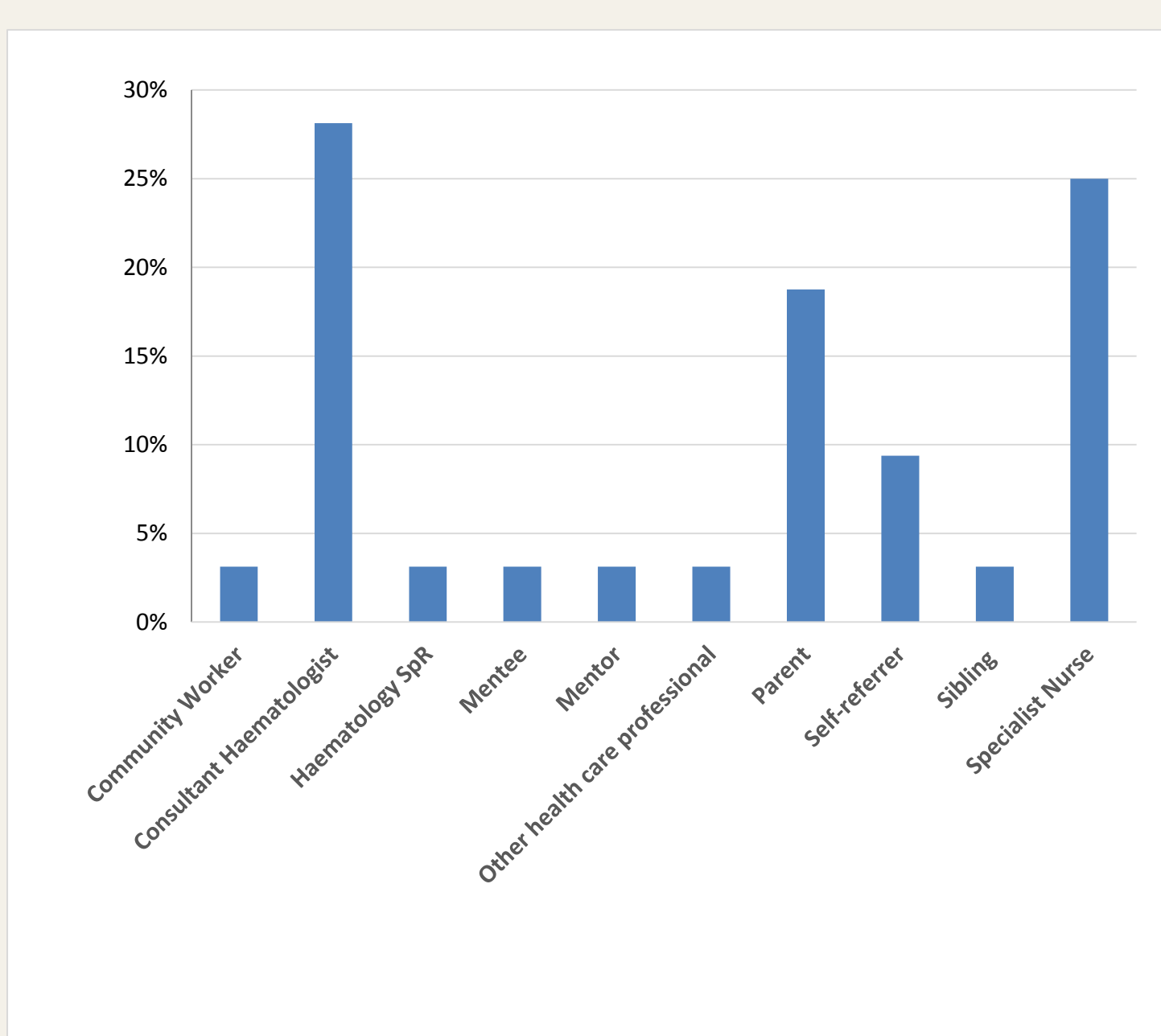
Methods

Three adult mentors with SCD were competitively recruited by interview and received formal training and Disclosure and Barring Services screening. Referral of children and young people to the mentoring scheme was promoted by the SCS and CCG and encouraged by self-referral, family members or referral from health care professionals.

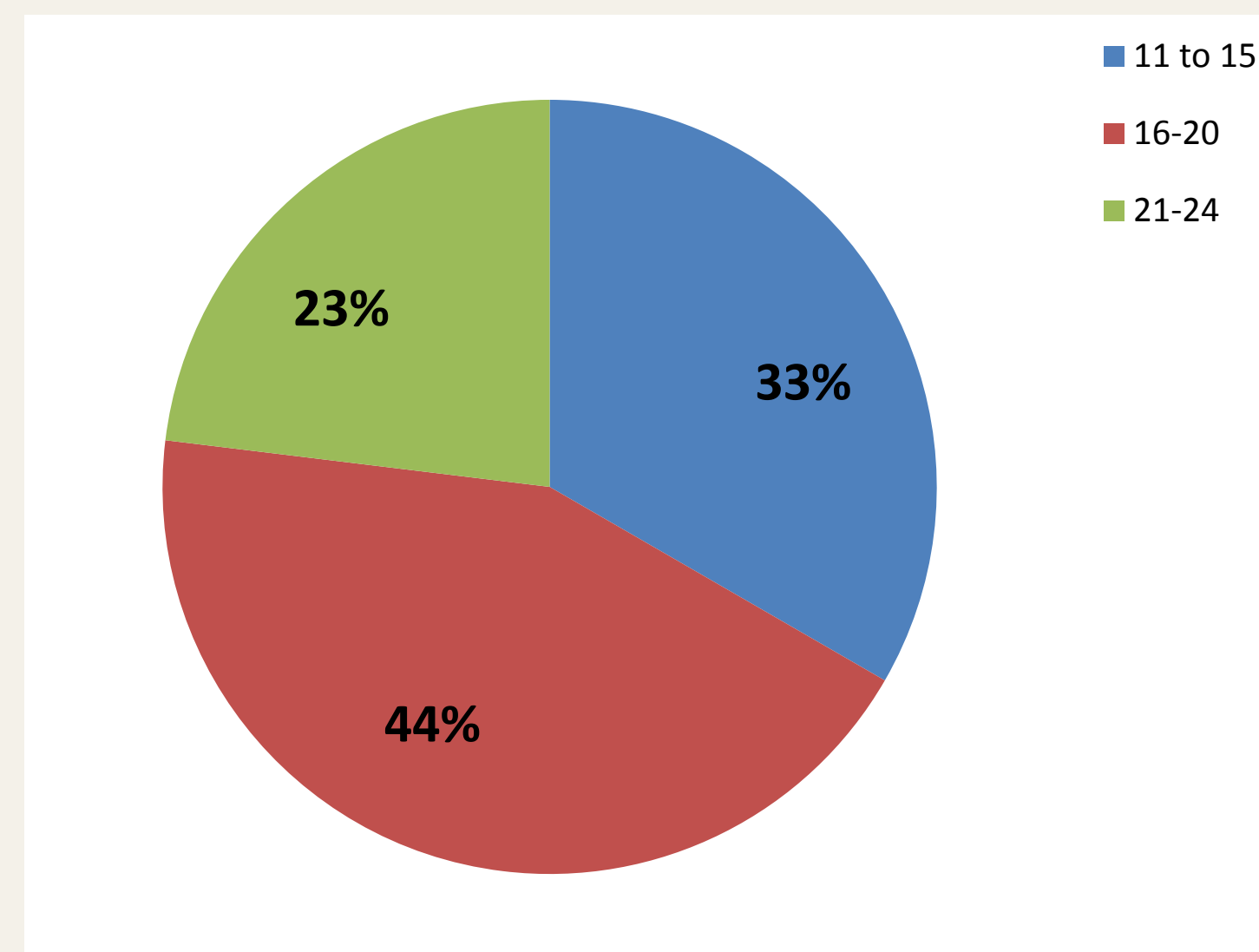
Mentor-mentee interaction was conducted through face to face meetings, by telephone or by other digital means. Questionnaire data was collected from patients before and after the mentoring period.

Data on emergency department visits, hospital admissions, length of stay and missed clinic visits was collected from consenting patients attending the Royal London Hospital for a period of at least 12 months prior to the mentoring and at least three months from starting the programme.

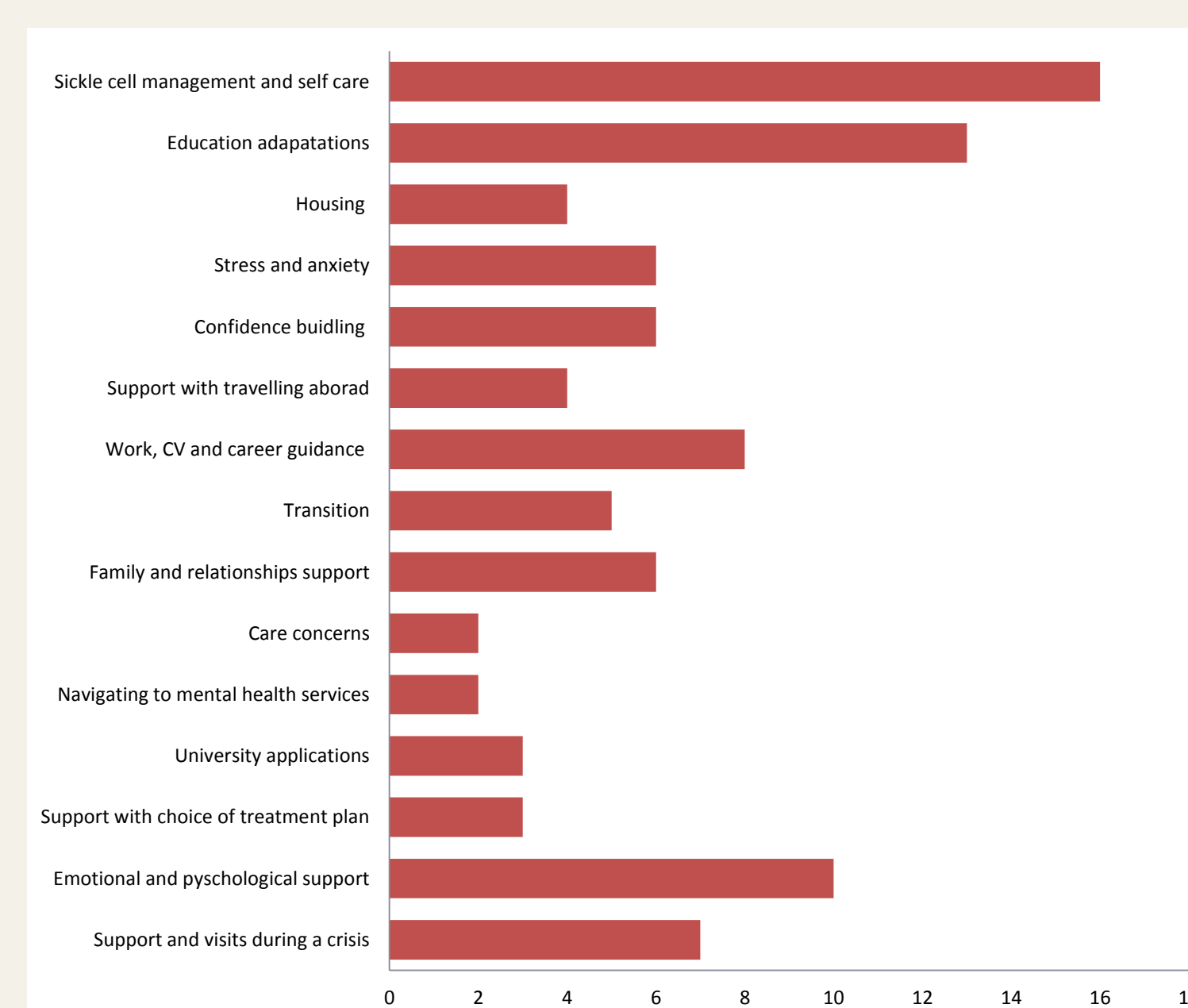
Referral sources



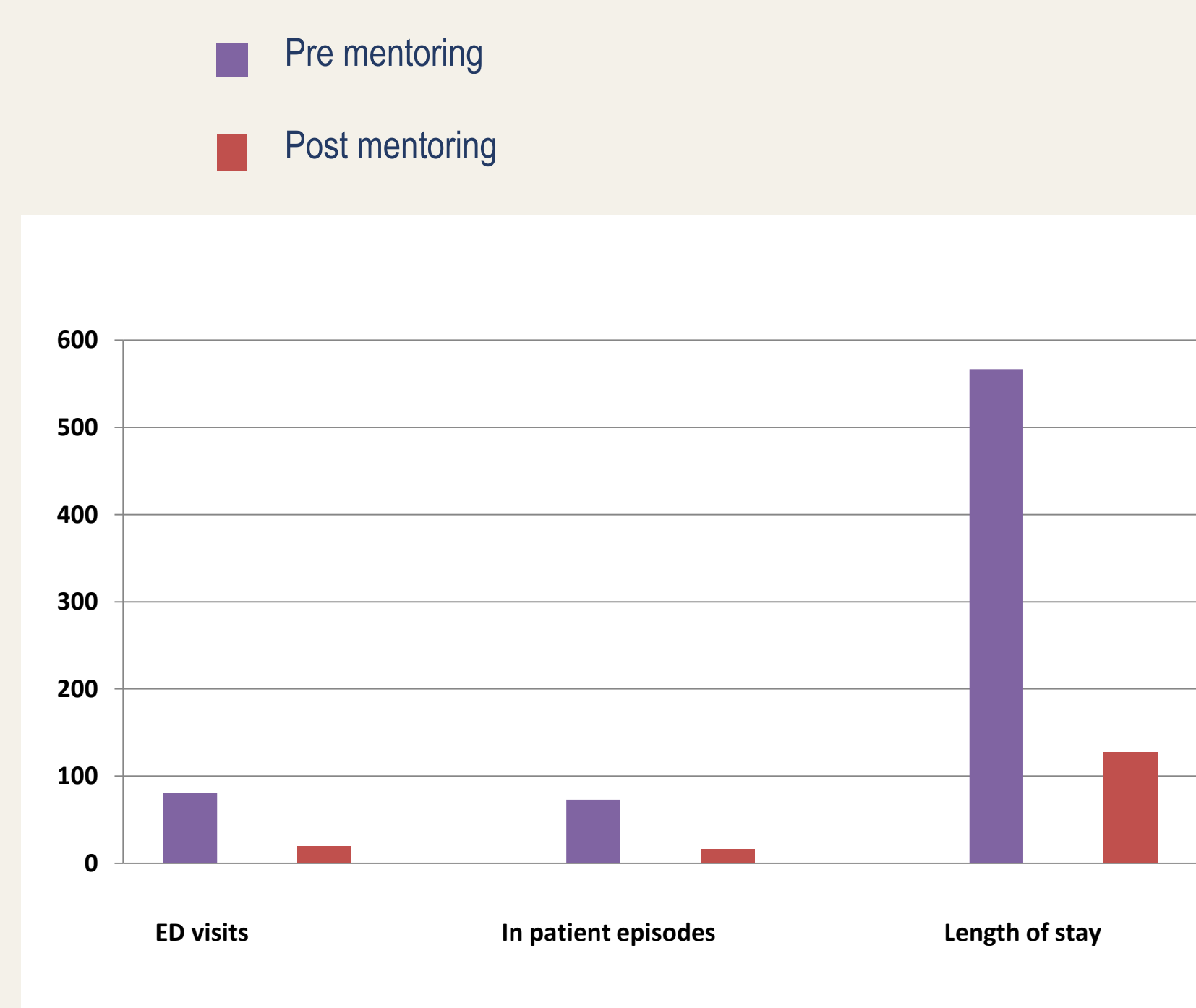
Age range of mentees



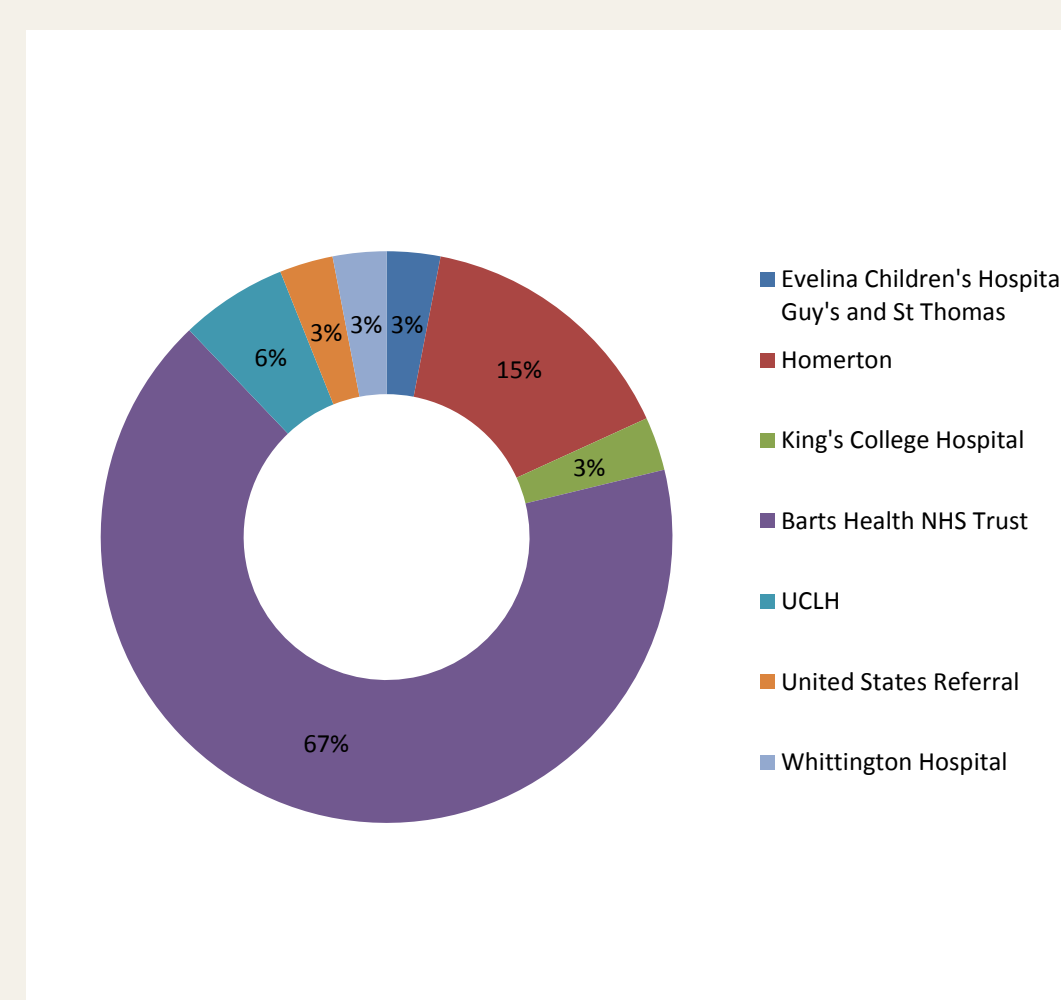
Common Interventions



Mentoring impact



Hospital referral sources



Results

Forty mentees were referred with 31 actively engaging with the programme. The average length of the duration of mentoring was for six months and a total of 140 sessions were provided by three mentors during the ten month period. Those referred were most likely to be in the age group 16-20 (45%) with 32% aged 12-15. Young adults aged 21-24 made up 23% of cases. Health care professionals referred the highest number of cases (57%), with parents or other family members referring 20%.

Of those responding to the feedback questionnaire (45%), 100% found the mentoring programme had been a positive experience, that mentors were able to provide them with information, advice and tips on how to manage their condition. They confirmed that they would recommend the mentoring programme to other young people and felt they had better control over their health and reported increased confidence with self-management and navigating health and social care services.

Analysis of data for a small cohort (13 patients) demonstrated reductions in emergency department visits (77%), inpatient episodes (76%) and length of stay (77%). Based on the pilot format, we estimate a net NHS cost saving per mentee of £1,465 per annum and expected net NHS cost saving per mentee of £1,560 per annum based on an outward expansion format.

Conclusion

Both Public Health England and NHS-E are jointly committed to evidence-based community-centred approaches to health and wellbeing by building resilience within communities.

This project demonstrated that collaborative working between health care providers, community organisations and patient groups can positively influence patient perceived wellbeing and health related outcomes and is likely to be cost effective in the longer term.

We recommend similar programmes are rolled out nationwide and the longer term benefits evaluated.

Acknowledgements

We would like to acknowledge City and Hackney Clinical Commissioning Group for funding the project and the Sickle Cell Society for facilitating and supporting the project.

References

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