Aim

Recognising that traditional, condition-specific rehabilitation does not holistically address the increasing prevalence of chronic multiple morbidities within our ageing population, a multi-agency health and social care collaborative piloted a more sustainable rehabilitation model. The aim of the Healthy and Active Rehabilitation Programme (HARP) is to proactively support prevention and self-management in those with chronic multiple morbidities that typically place high demands upon unscheduled care. To reduce health inequality, HARP targets deprived and rural communities across the region.

Methodology

Within HARP, service users can move between tiers to suit their needs (fig.1):

- **Tier 1**: Third sector community and voluntary groups
- **Tier 2**: Local leisure services
- **Tier 3**: A new, innovative programme for those struggling to manage multiple conditions
- **Tier 4**: Traditional, condition-specific rehabilitation

Initial evaluation of the first year of HARP has focused mainly upon Tier 3. To evaluate cost-effectiveness of the project, and ascertain its impact upon service users' conditions, data obtained from the EuroQol (EQ-5D-5L) questionnaire were examined in 117 service users who completed 10 weeks of tier 3 exercise and education.

Emergency admissions were examined in three age and sex-matched groups of 90 service users (total n=270): those who attended for initial tier 3 assessment + 10 weeks of exercise and education, those who attended for initial tier 3 assessment + advice, those who declined all input.

Outcomes

**EQ-5D-5L Data:**

Cost-effectiveness:

As the cost per quality-adjusted life year for delivering tier 3 was calculated at £29,350 (cost-effectiveness threshold: £30,000), HARP is cost-effective.

Service user perceptions (Fig.2):

Upon completion of tier 3, fewer service users reported problems with mobility, self-care, usual activity, pain or anxiety/depression, indicating that HARP reduces impact of chronic disease upon service users.

Conclusions

Evaluation of the first year of HARP demonstrated that this model is cost-effective, reduces impact of chronic disease, and significantly reduces bed days.

References
