

6. Long Term Conditions and Self Care

[The DH Long Term Condition Team has developed a range of policies and resources](#) to help organisations provide better and more integrated care to those living with a long-term condition. Providing high quality, comprehensive and readily accessible sources of information is key to supporting patients to self care and make more informed choices about the care they wish to receive. This can only be achieved by working with a wide variety of statutory and non-statutory organisations across local health and social care boundaries.

The DH published [Raising the Profile of Long Term Conditions Care – a compendium of information](#) in January 2008. This compendium suggests that a co-ordinated, integrated and multi agency approach is needed at local and regional levels to ensure people:

- 1 have improved quality of life, health and well-being and are enabled to be more independent.
- 2 are supported and enabled to self care and have an active involvement in decisions about their care and support
- 3 have choice and control over their care and support so that services are built around their needs
- 4 can design their care around health and social care services which are integrated, flexible, proactive and responsive to individual needs
- 5 are offered health and social care services which are high quality, efficient and sustainable

[Lord Darzi's Next Stage Review](#) seeks to 'empower patients with greater choice, better information and more control and influence.'

Dr David Colin-Thome, National Director for Primary Care & Medical Adviser, states that "delivering improvements for people with long term conditions isn't just about treating illness, it's about delivering personalised, responsive, holistic care in the full context of how people live their lives. Our journey to achieve this has started, our challenge is to continue to take it forward and the evidence compels us to do this."

Ben Bradshaw, Minister of State for Health Services, states, "Information and choice are indispensable if we are to achieve a truly patient-centred NHS in which standards and quality are constantly improved. NHS Choices already provides an unprecedented wealth of information on the health and social care system and will change over the next months and years to give people more information to help them make decisions about their care."

[Supporting People with Long Term Conditions to Self-Care](#) – was published by the DH in February 2006. Section 3 highlights the importance of information to people living with long-term conditions. Section 5 describes the development of support networks. The DH highlights 3 key roles for PCTs and NHS Trusts:

1. To make local health and social care information more widely available. Since 2000, local authority social services, housing departments and PCTs have worked

14 February 2009



National programmes linked to information prescriptions

- together to produce Better Care, Higher Standards charters. These charters can be useful sources of information for anyone wanting access to local services.
2. To work closely with local authorities that have excellent information about voluntary organisations, which can be shared across health and social care organisations. Local Strategic Partnerships have a crucial role to play.
 3. To have the infrastructure in place to help people make day-to-day choices and manage their condition and own care independently, so they become true participants in making decisions about their care.

[Self Care Connect](#) is a pioneering and dynamic new resource and networking organisation for everyone with a professional interest in self-care.

Following the launch of the [Next Stage Review](#) and the [Primary and Community Care Strategy](#), the Department of Health will be testing and evaluating new ways in which PCTs can commission more integrated services from innovative groups of clinicians in order to deliver more personal, responsive care and better outcomes for a local population.

[The Integrated Care Pilot Programme](#) will empower clinicians, working closely with their partners, including patients, to lead the testing of new models of integration. The pilots, which will be based on one or more GP registered list populations will run for two years and will be evaluated over 3 years against a set of criteria such as health outcomes, improved quality of care, patient satisfaction, better health outcomes and effective relationships and systems.