



Have we lost sight of long-term conditions?

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We have become increasingly uneasy with the NHS spotlight shining on access and waiting list reductions which seems to push long-term condition management into the shadows. In a system under pressure ensuring people can access a GP appointment and don't wait years for hospital appointments is important but it feels like the system is losing sight of long-term condition management, particularly in terms of proactive planned care.

Much planned care for people with long-term conditions is delivered by GP practices, and in England this is incentivised by the Quality and Outcomes Framework (QOF). QOF focuses on tests and checks for a limited range of conditions which is largely dictated by a biomedical agenda. QOF doesn't incentivise a planned conversation to support people to understand and manage their own health.

Failing to recognise a person's agency in the management of their health can be disempowering and given that people make all of the day-to-day decisions about how they manage their own health these conversations should be an opportunity to support people to understand, engage with and plan how to do that.

In addition, systems of care currently focus on individual long-term conditions which leads to people being treated in disease silos, often failing to recognise the whole person and the social and psychological aspects of living with long-term conditions. As a result, people often experience care that is fragmented, and healthcare professionals feel dissatisfied with the care they can offer.

This is contrary to the 'big picture' which sees a growing number of people living with multiple long-term conditions including frailty, often with worsening health outcomes. This is particularly true of people from deprived populations who are more likely to develop single and multiple long-term conditions and associated complications earlier, compounded by the inverse care law. People who live with health inequalities have greater ill health, higher treatment burden, higher mortality rates and are less satisfied with the care they receive.

Is it possible we are focusing on the wrong things?

Perhaps as a result of the way we have delivered care with little focus on planned conversations for people with long-term conditions this group of patients are using a disproportionate amount of NHS resource. Most of this cost is down to the use of unplanned care, medication and treatments associated with managing complications.

Whilst it feels as though there can never be enough resource within the healthcare system, are we prioritising the right things? Our current system seems to perpetuate the problem by focusing on access which tends to be more transactional, rather than planned relational care which is particularly important for people with long-term conditions.

What needs to change?

Long-term conditions are different, they cannot be cured and are best managed by people in partnership with professionals. People with long-term conditions need to feel listened to, be involved in decisions and supported to understand and manage their own health in the context of their life.

This requires a psychosocial approach, the development of trusting relationships with healthcare professionals and continuity. Personalised care should be integrated into safe and effective clinical care – one does not preclude the other.

How could we do this? Conversations not consultations

There is a better way! Of course, this requires general practice to be adequately funded with a secure workforce – neither of which are a given. We need better planned long-term condition care whilst we work towards improved access. This should include:

- A universal offer of personalised care and support planning for people on ‘disease’ registers with a combined review process for people with multiple long-term conditions.
- Enhancing the current disease-focused annual review with a good quality personalised care and support planning conversation.
- Patient preparation materials to support people to understand their own health parameters, prepare for the conversation and think about what matters most to them.
- Training for healthcare professionals in person-centred conversations, including how to do this when people have multiple long-term conditions.
- Conversations that focus on prevention and planning, and support people to make decisions about managing their own health.

Systems of care should free up space for people to have useful conversations which focus on what’s important to them including their personal goals, helping them identify what they can do and the support they may need to manage and live with their long-term conditions.

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References:

1. <https://www.longtermplan.nhs.uk/wp-content/uploads/2023/06/The-NHS-in-England-at-75-priorities-for-the-future.pdf>
2. <https://www.gov.uk/government/statistics/public-health-outcomes-framework-november-2021-data-update/public-health-outcomes-framework-commentary-november-2021>
3. <https://www.nuffieldtrust.org.uk/resource/care-and-support-for-long-term-conditions#:~:text=Care%20of%20people%20with%20long,need%20to%20go%20into%20hospital>
4. <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2023-health-in-an-ageing-society>
5. <https://www.health.org.uk/publications/understanding-the-health-care-needs-of-people-with-multiple-health-conditions>



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Becky has been a GP Partner at Glenpark Medical Centre in Gateshead since 2002. She has led the diabetes team at her practice since then and was the Gateshead Clinical Lead for Diabetes for Newcastle Gateshead Clinical Commissioning Group from 2014-2023. When NGCCG started working with Year of Care to implement care and support planning in 2014, Glenpark was one of the trailblazer practices and Becky completed training to become a Year of Care Trainer in 2015.

Her practice has embedded Year of Care personalised care and support planning for people with single and multiple long-term conditions with positive feedback from patients and practice staff. Becky joined the Year of Care team in 2019 as GP Clinical Lead and Advisor.



Lindsay Oliver

National Director of NHS Year of Care Partnerships

Lindsay is National Director of Year of Care Partnerships who support and provide training for organisations and practices to implement personalised care and support planning for people with single and multiple long-term conditions.

Lindsay has extensive experience in developing quality assured training and education programmes and a major interest in communications skills and patient centred care, including the development of innovative approaches to patient care. In 2009 Lindsay was seconded to head up the national training team for the Year of Care Programme. She was appointed to the role of National Director in 2011.