

Workforce issues and service planning for people with Long Term Conditions (LTCs)

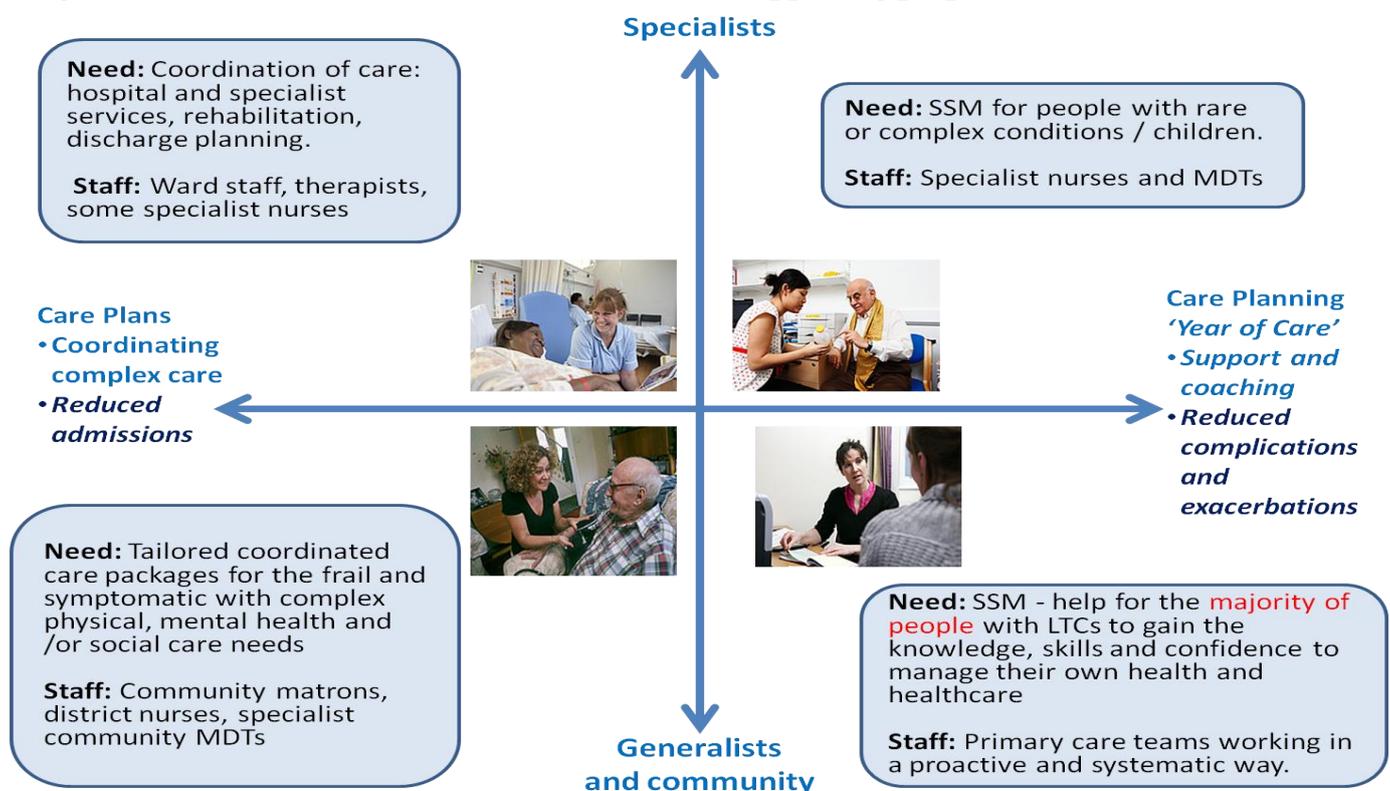


Questions: Which staff are involved in supporting people with Long Term Conditions (LTCs)?
Should services for people with LTCs be generic or disease/condition specific?
Should staff have generic or specialist skills?

Answer: ‘It all depends!’ There’s no easy, right or wrong answer. People with LTCs are seen everywhere in the NHS because they have different needs at different times; staff working with them need a range of skills to match these needs. Some are generic and some condition-specific.

The Year of Care Programme observed: staff acquired skills quickly and confidently, if they understood their own role and where they fitted into the whole picture (Figure 1). Training was only effective if the context of care and the ‘service infrastructure’ were also understood and made fit for purpose.

Figure 1: Different individual needs and staff roles, supporting people with LTCs in the NHS.



‘Collaborative care planning’ is a way to support self management (SSM) and coordinate routine care for people with LTCs. Care planning may look very different in different settings.

Not all generalist care is generic! Generalists can have expertise in a group of conditions with similar issues (e.g. vascular, respiratory, neurological, musculoskeletal). Some generalists work with people to reduce symptoms, and gain immediate benefit; others need additional ‘motivational’ skills, if benefits are delayed but the required behaviour is unpleasant (more exercise, less food, more blood testing). As symptomatic physical, mental, and social co morbidity increases, generic issues of mood, mobility, isolation, bladder and bowel function overwhelm condition specific aspects. (Figure 1: bottom left quadrant.)

Everyone with a LTC needs ‘Systematic care, ‘SSM’ and ‘access to specialist care’ when required.

Some people with complex needs also need **care coordination** (care plans)

Most people need **condition-specific understanding** to engage in their care, make decisions and choices and take medications appropriately. Compare using an inhaler, adjusting insulin, pain killers, and antihypertensives, with managing drugs for Parkinson’s disease or epilepsy. Generalist staff need to know the key issues.

Commissioners need to design pathways and contracts that ensure people with LTCs see staff with the right skills in the right place, to ensure high quality and best value care.