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Long Term conditions – a new approach

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Enhancing the quality of life for people with long term conditions

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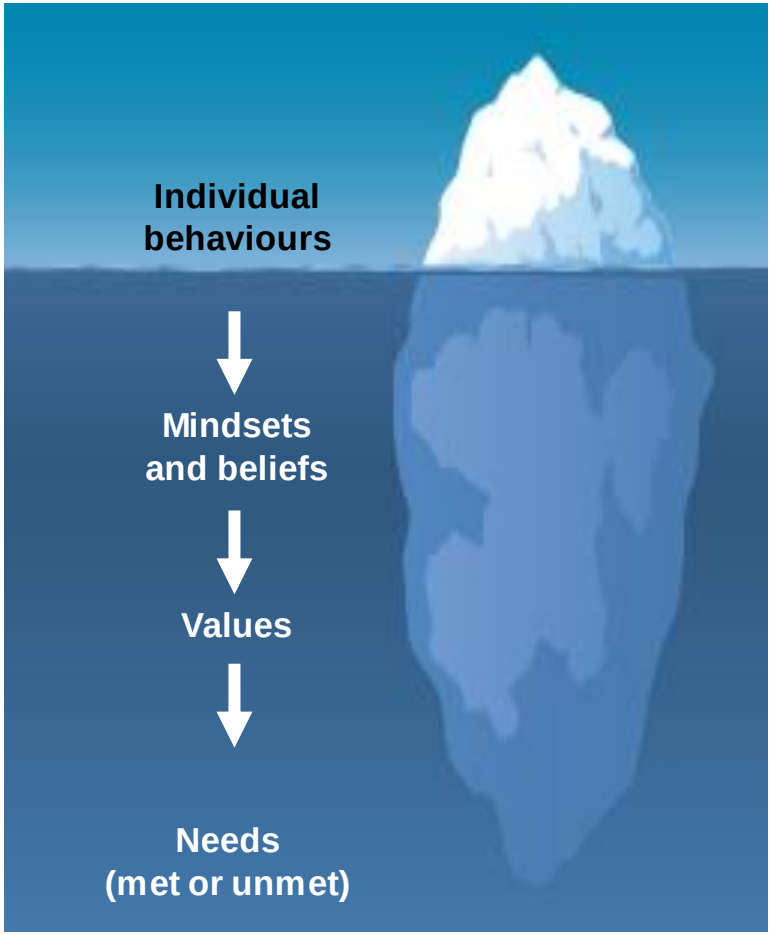
And let it be noted that there is no more delicate matter to take in hand, nor more dangerous to conduct, nor more doubtful in its success, that to set up as a leader in the introduction of changes. For he who innovates will have for his enemies all those who are well off under the existing order of things, and only lukewarm supporters in those who might be better off under the new. This lukewarm temper arises partly from the fear of adversaries who have the laws on their side, and partly from the incredulity of mankind, who will never admit the merit of anything new, until they have seen it proved by the event.

Machiavelli – ‘The Prince’

The soft stuff…is the hard stuff



SOURCE: Scott Keller and Colin Price, '*Performance and Health: An evidence-based approach to transforming your organisation'*, 2010.

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5YFV:
There are new opportunities

New technologies and treatments

•Improving our ability to predict, diagnose and treat disease

•Keeping people alive longer

•***But resulting in more people living with long term conditions***

New ways to deliver care

•Dissolving traditional boundaries in how care is delivered

•Improving the coordination of care around patients

•Improving outcomes and quality

…but the **financial challenge** remains, with the gap in 2020/21 previously projected at £30bn by NHS England, Monitor and independent think-tanks

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The new 'epidemic'?

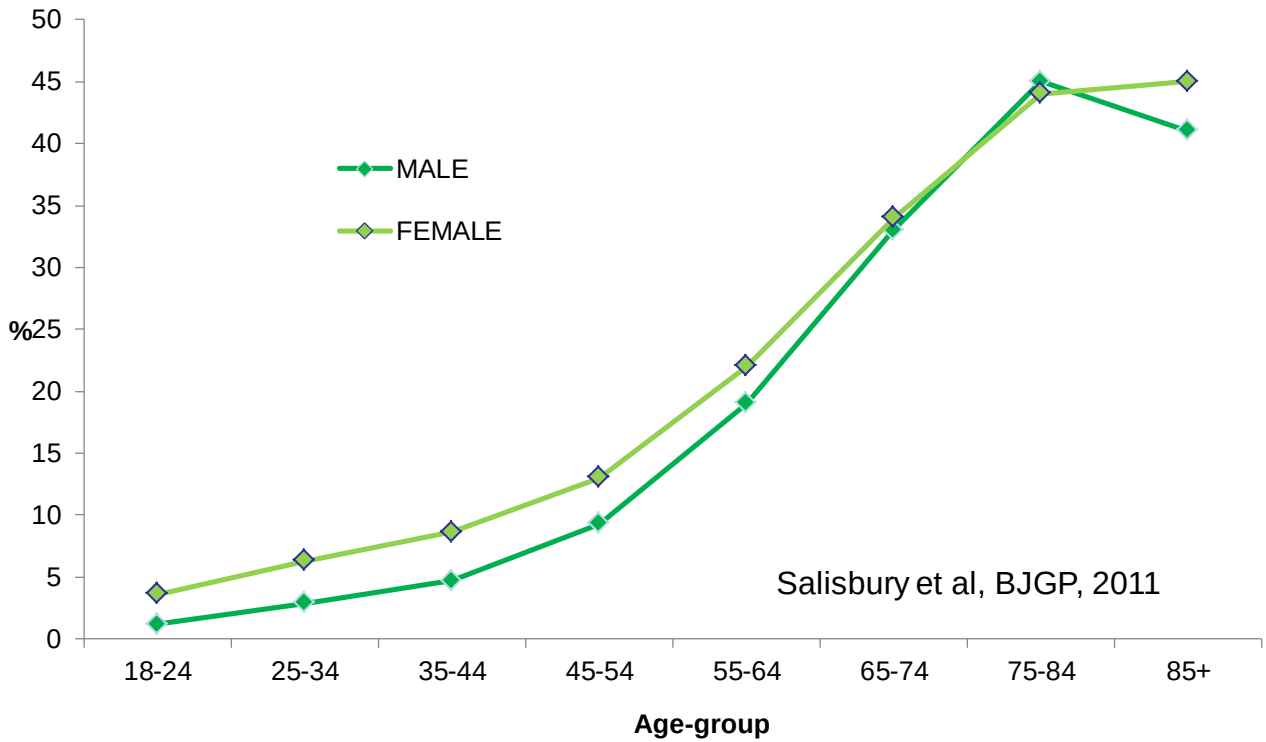
Number of Conditions[1]	% self reporting
1	30%
2	13%
3+	10%

The 15 million people in England with long term conditions have the greatest healthcare needs of the population (50% of all GP appointments and 70% of all bed days) and their treatment and care absorbs 70% of NHS and social care budgets in England

1. The percentage of people aged 18 and over self-reporting experiencing long-term conditions in the GP Patient Survey

Multimorbidity is very common

Percentage with more than one of 17 major chronic conditions, by age and sex

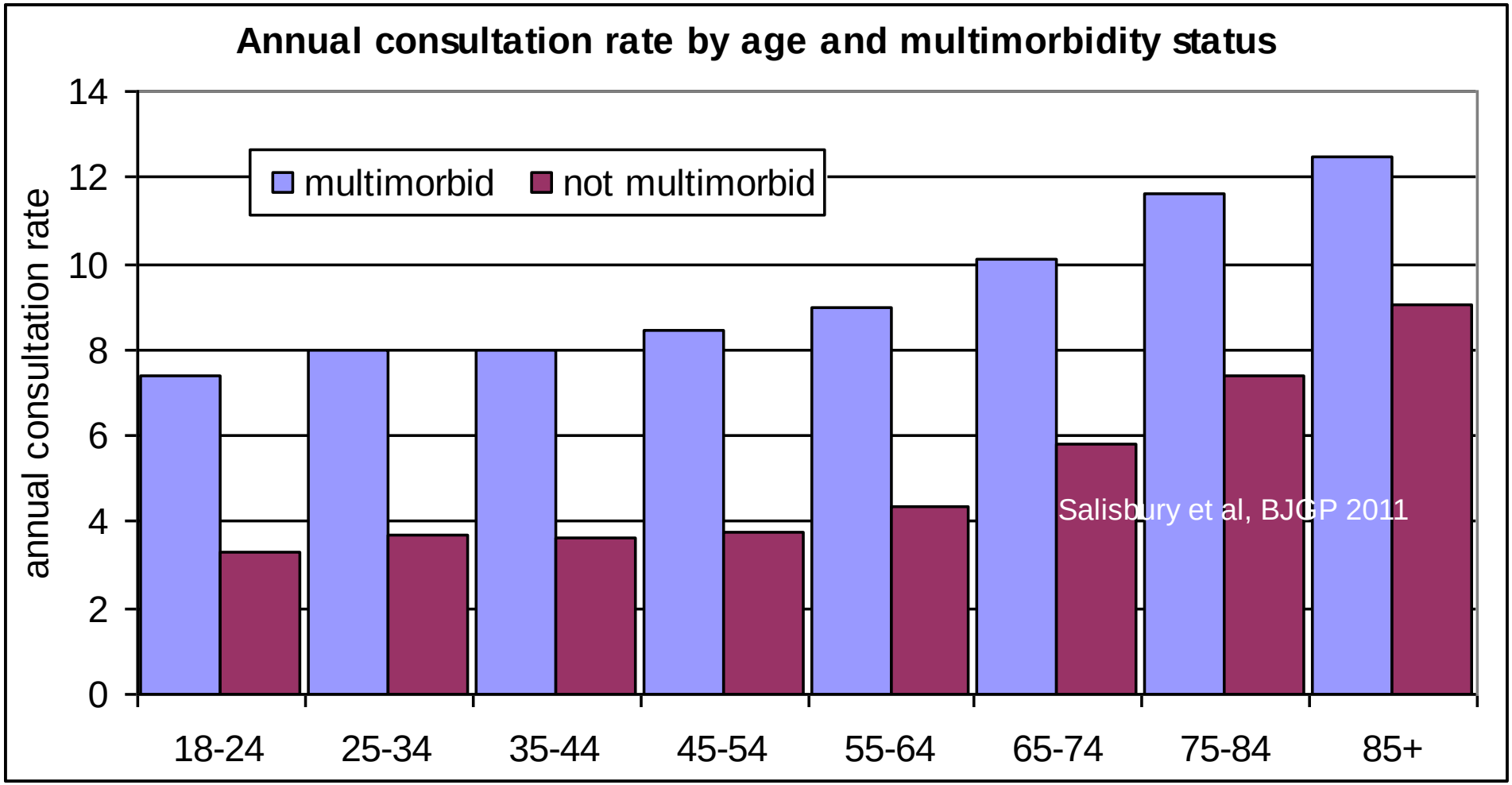


Overall:

16% of population have multimorbidity (based on 17 QOF diseases)

57% have multimorbidity (based on 115 ACG diseases)

Impact on health care system



People with multimorbidity account for 16% of the population but account for 33% of all consultations

Bridging the gap: Financial Context

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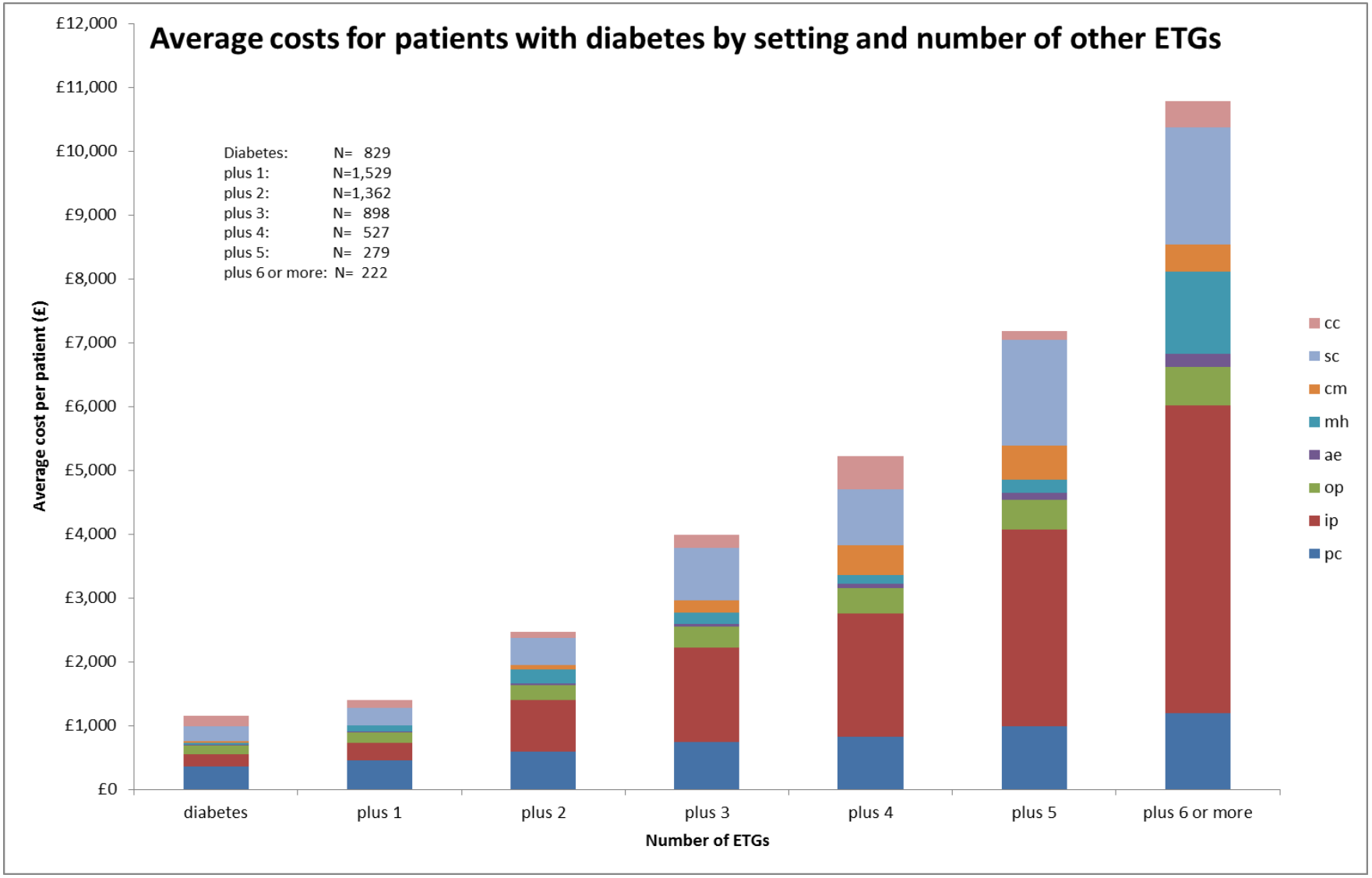

The number of bed days increases very strongly by age. This ranges from less than 1 million for all age bands under 40, to over 7 million for the age band 85+. Those age 75+ account for 46% of bed days.

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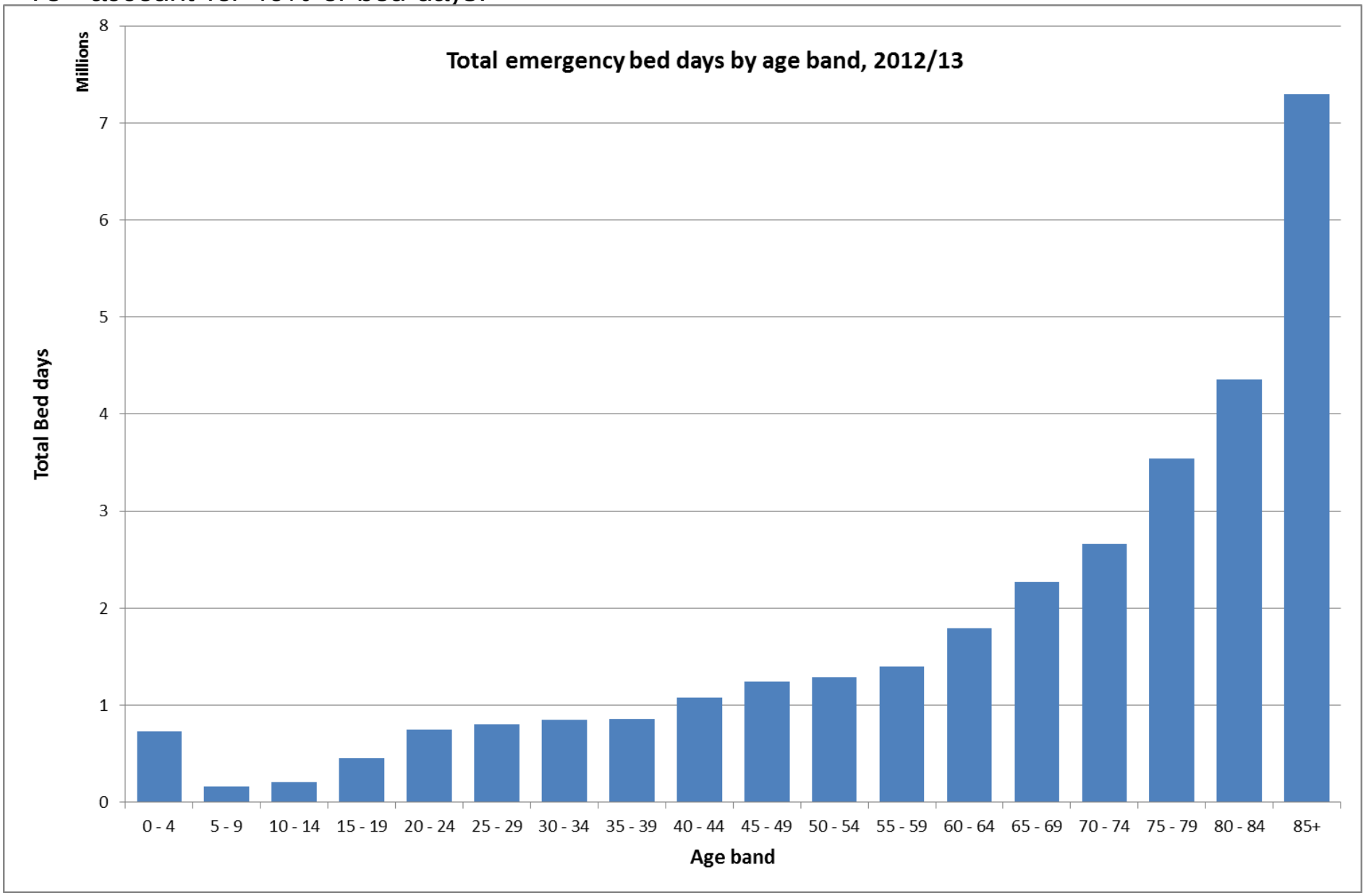
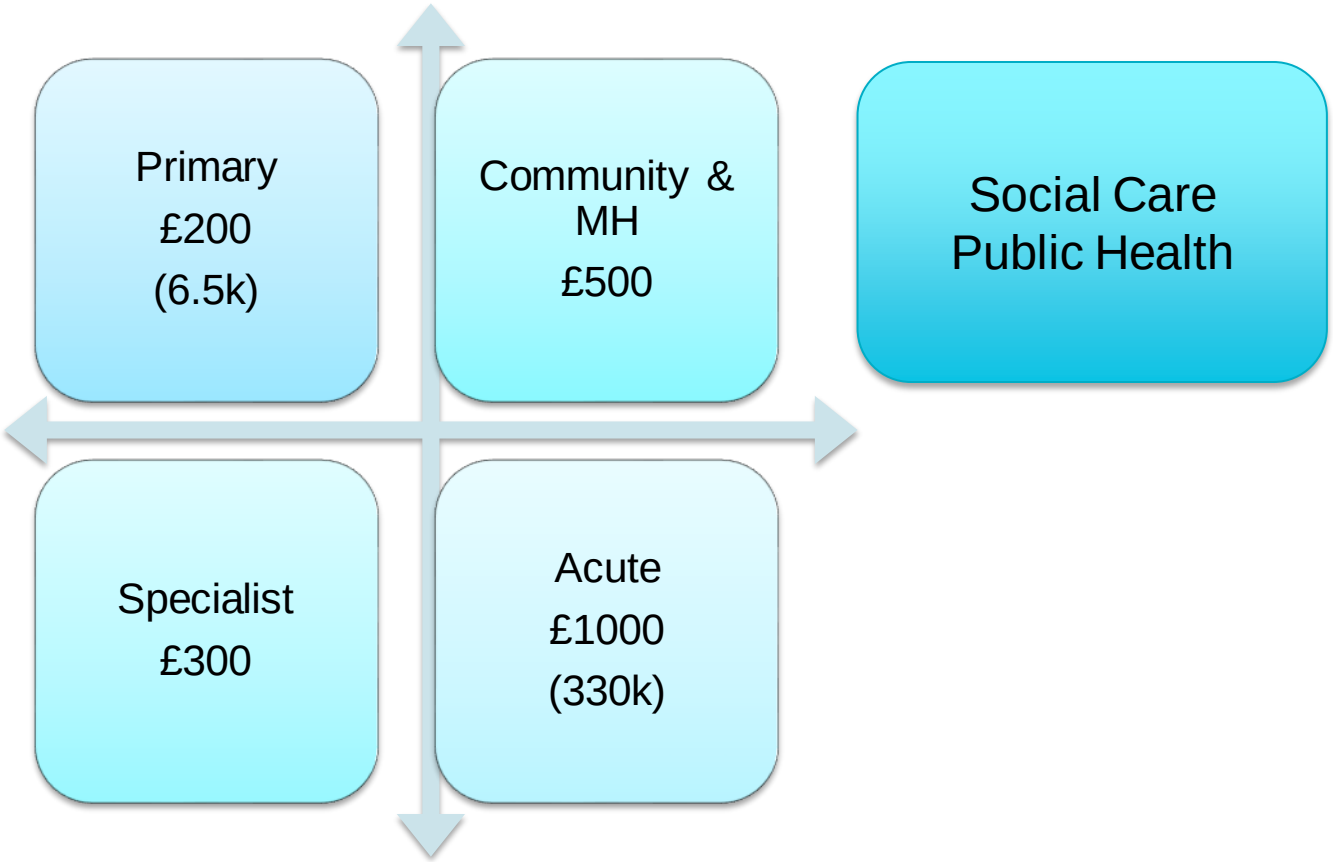
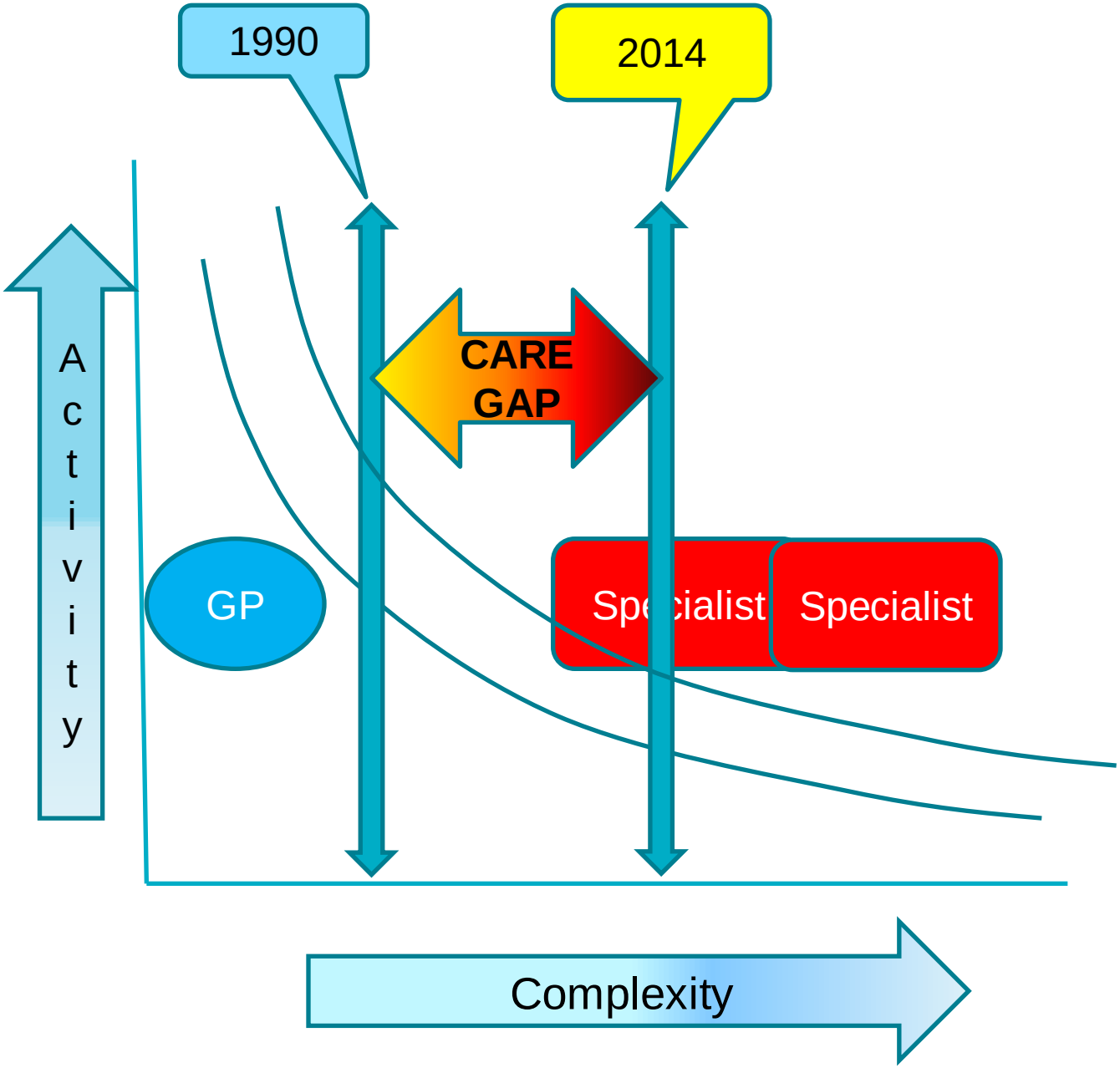


Financial and population 'gearing'




1990
2014
Activity
CARE GAP
GP
Specialist
Specialist
Complexity

Three types of personalised care

Prevention

People without an LTC where it could be prevented

Standardised care

People with one or synergistic LTCs

Individualised care

People with multimorbidity and complex care needs

Levels of Care - Stratification

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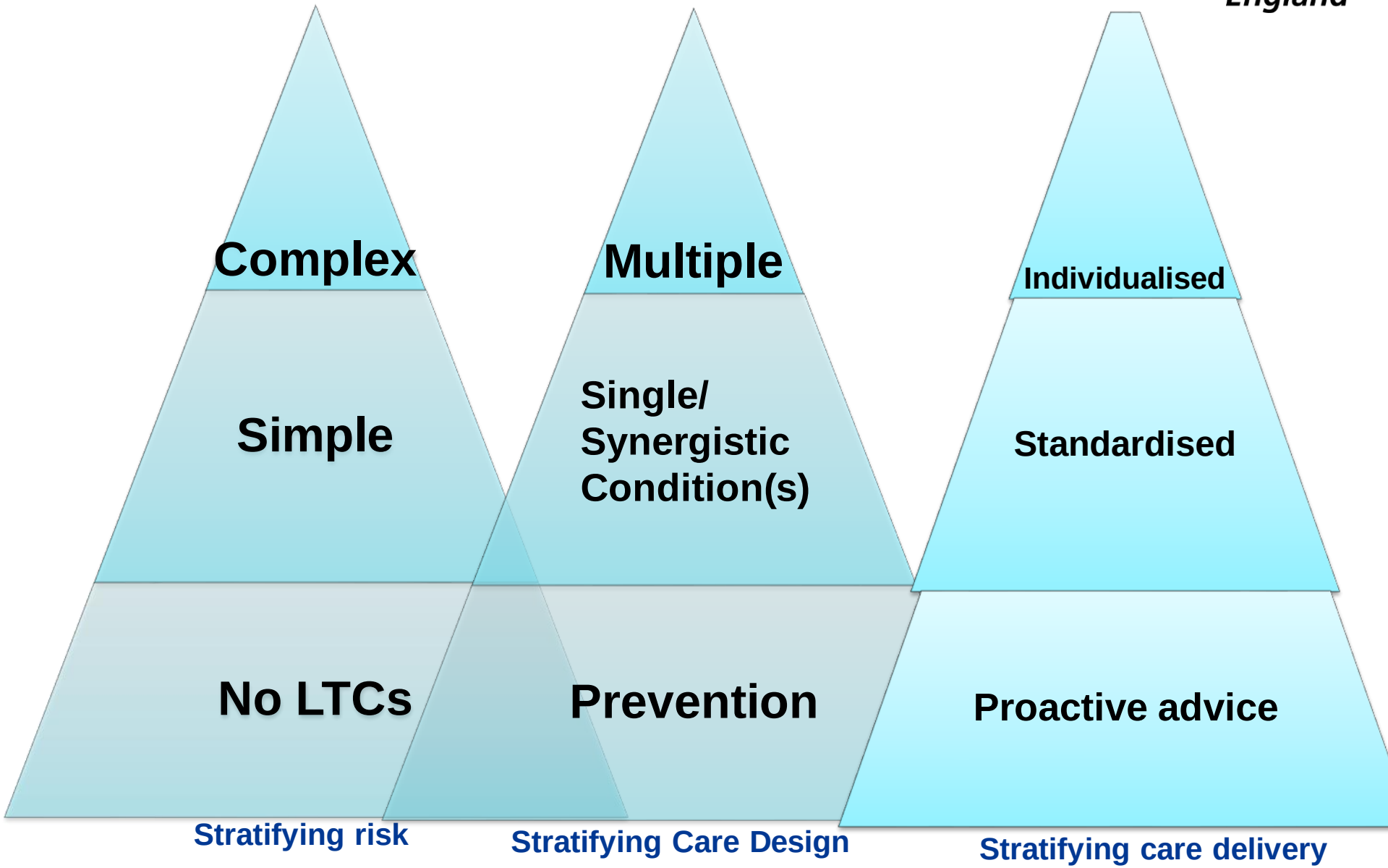

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Complex Care

Is it time to develop/support complex care practices that meet the unmet needs of a host of people who have fallen into our care gap?

http://www.england.nhs.uk/2014/01/06/complex-needs/

…but they need to make the case

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Bridging the care gap…..

Enablers

- Linking data
- Tracking costs
- Demonstrating value (quality/cost)

- Directors of Finance….

5YFV:
Developing new care models

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- We need to take decisive steps to transition towards better care models
- There is wide consensus that new care models need to:
  - Manage systems (networks of care), not just organisations
  - Deliver more care out of hospital
  - Integrate services around the patient
  - Learn faster, from the best examples around the world
  - Evaluate success of new models to ensure value for money

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Multispecialty Community Providers

What they are

- Greater scale and scope of services that dissolve traditional boundaries between primary and secondary care
- Targeted services for registered patients with complex ongoing needs (e.g. the frail elderly or those with chronic conditions)
- Expanded primary care leadership and new ways of offering care
- Making the most of digital technologies, new skills and roles
- Greater convenience for patients

How they could work

- Larger GP practices could bring in a wider range of skills – including hospital consultants, nurses and therapists, employed or as partners
- Shifting outpatient consultations and ambulatory care out of hospital
- Potential to own or run local community hospitals
- Delegated capitated budgets – including for health and social care
- By addressing the barriers to change, enabling access to funding and maximising use of technology

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The Function of care models…

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Whole system approach

LTC Framework:

- Empowered patient and carers
- Professional collaboration
- Best Practice (clinical and organisational)
- Commissioning

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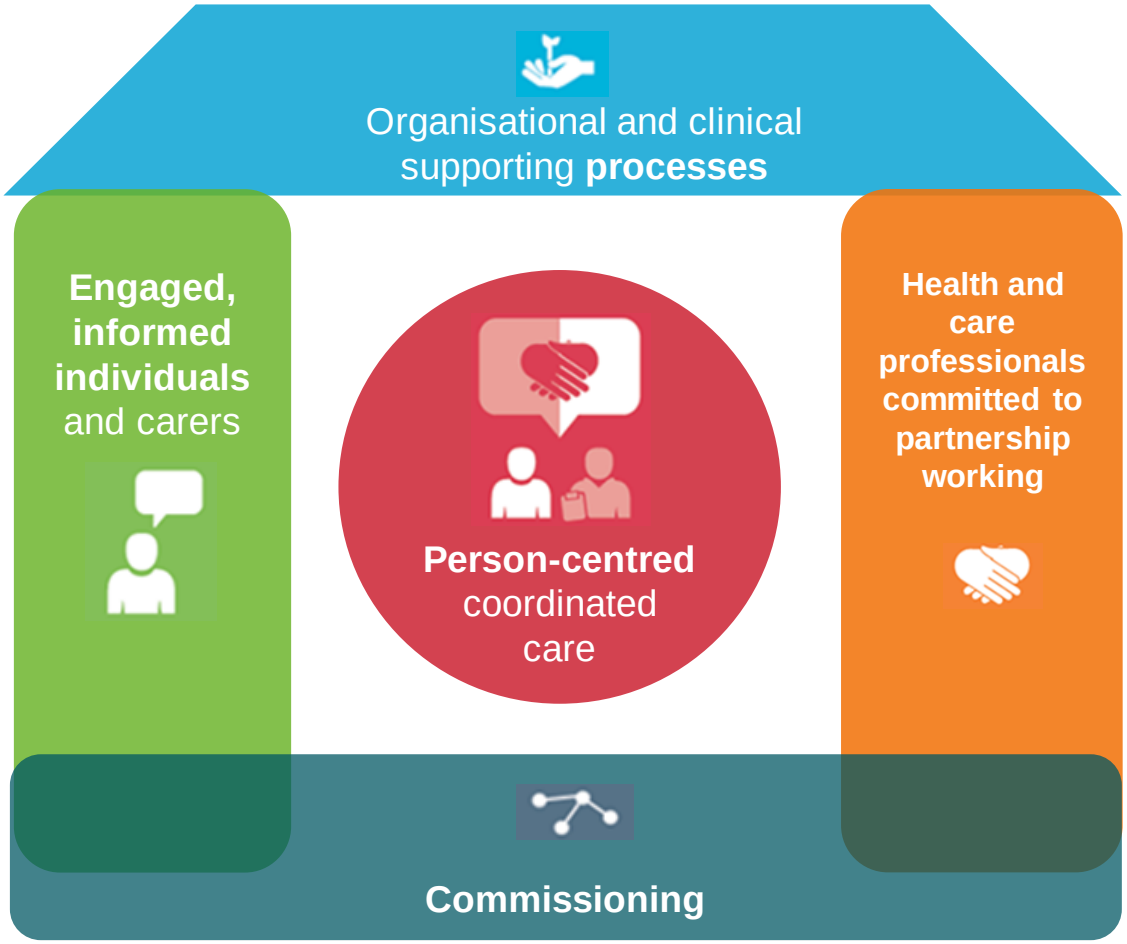
The House of Care



Goal

My goals/outcomes

National Voices
People shaping health and social care

Communication

Person centred coordinated care

"My care is planned with people who work together to understand me and my carer(s), put me in control, co-ordinate and deliver services to achieve my best outcomes"

Emergencies

Information

Transitions

Care planning

Decision-making

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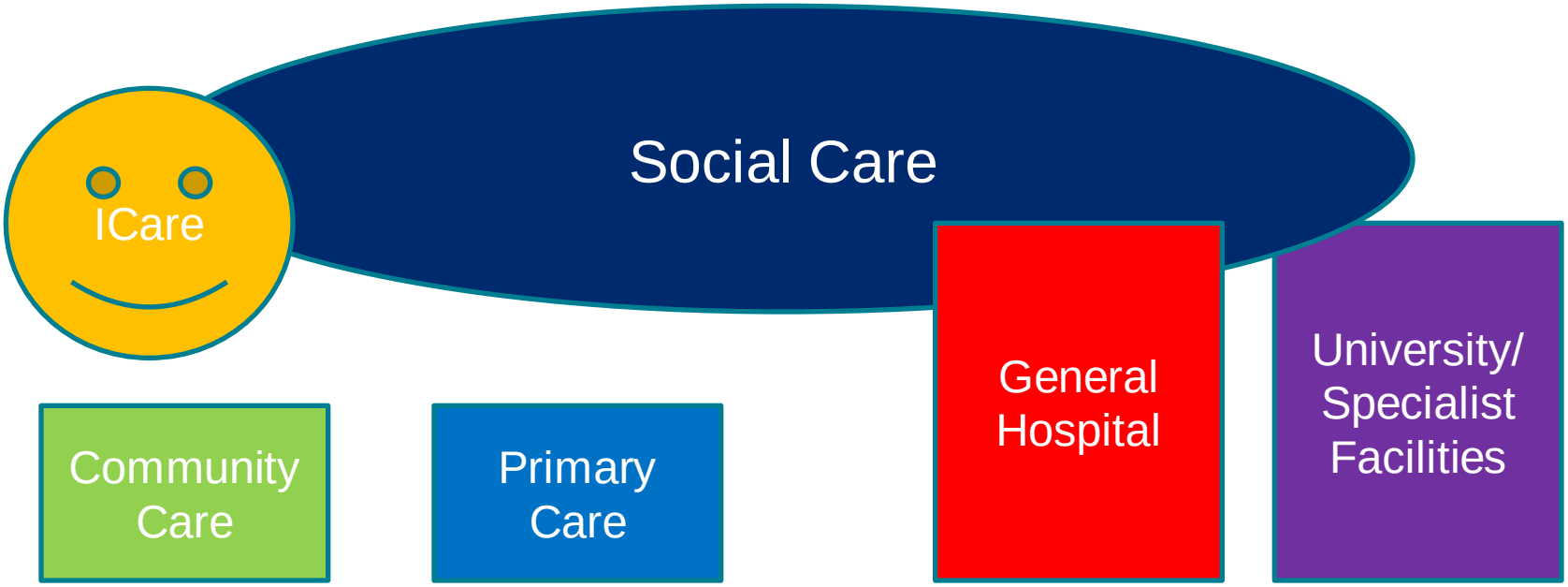
The Future: 2015-2020



Thank you