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FEDERATION OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

Department of Health, Social Services and Public Safety

Consultation on Living with Long Term Conditions - a Policy Framework

The Federation of Royal Colleges of Physicians of the UK is pleased to respond to the Department of Health, Social Services and Public Safety's consultation on *Living with Long Term Conditions - a Policy Framework.*

We consider this to be an important framework document, with the primary purpose of improving the delivery of care to patients with Long Term Conditions (LTCs).

The main principles presented in the document, such as partnership working; supporting self management; improving information provision and supporting carers are key subjects that must be included in any analysis of the provision of services and care for adults in Northern Ireland who have one or more long term condition.
We have a number of comments on the contents of the policy framework consultation; these include:

Recognising the variety of long term conditions: it is important to recognise that there are many different forms of long term conditions. The needs of a patient with multiple sclerosis will be very different from those of a patient suffering from mild hypertension, although both are classified as having long term conditions.

Some believe that the most important aspect of the document is that it recognises the impact of non life-threatening long term conditions which may not be taken seriously compared to life-threatening conditions. Others believe that there is a risk that in aspiring to be inclusive of all long term conditions, the policy framework is overambitious in its aims, and there is a need to clarify the threshold for the utilisation of this framework. This could be based on either the severity of the underlying condition or its prognosis, for example.

Emphasis on self management and personalised care plans: in principle, personalised care plans are helpful for many different conditions. This is particularly applicable for patients with, for example, asthma or insulin treated diabetes. However, there is an argument that caution should be exercised in suggesting that all people with a long term condition should have a personal care plan. This could potentially generate a huge paper exercise with little in terms of benefit for the patient or provision of clarity for those providing care.

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Consideration needs to be given as to what conditions should be included (ie those where there would be a clear benefit), how comprehensive the care plan should be and how care plans can be integrated for people with more than one long term condition. Thought also needs to be given to who is responsible for developing, updating and recording personal care plans and how these will be accessed in emergency situations.

Patients should be supported to develop their knowledge and skills to help self manage their long term condition, however it is important to stress that self management does not mean replacing services and leaving people to manage their conditions alone and unsupported.

Partnership working: coordinated and integrated delivery of services provided through the primary care and community care sectors should enable people to better manage their own conditions, obtain independence and potentially reduce hospital admissions.

The goals set out in this consultation document, if implemented successfully, would hold considerable potential to reduce pressures in secondary care by reducing the number of unplanned admissions of patients with chronic conditions.

However, it is important that it is recognised that for some chronic conditions, such as inflammatory joint diseases, improved outcomes will also require access to secondary consultant led rheumatology services in secondary care.

It is also important to note that changing demographics and an aging population will have an impact on the continuing need for secondary care. For example, increased longevity of patients with diabetes, and cardiovascular disease, have been one of the prime drivers of increases in the patient population for renal dialysis, where previously individuals might have died from their underlying conditions prior to reaching end-stage renal failure. There needs to be the assurance that the emphasis on an expanded community-based model of care would not divert resources from the acute sector inappropriately.

Proactive and early identification: Proactive and early identification of people with a long term condition is vital to the delivery of improved services. This could, for example, be achieved through GP practice-based registers to identify patients and on the basis of this information, multidisciplinary teams could undertake needs assessments with regular reviews to assess the level of support appropriate to the patient, including access to specialist medical support.

Management of conditions: The framework advocates early diagnosis and intervention with medication to manage conditions. However, we are concerned that there are inequalty of access issues with regard to some high cost and effective treatments for chronic disease in NI compared to the UK (eg anti-TNF therapy for Rheumatoid arthritis). NICE advice and recommendations are not legally binding and are therefore used selectively.

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