

MANAGING LONG-TERM CONDITIONS: AUDIT SCOTLAND (16/08/07)

Selected extracts

Key Messages

In order to provide more community services for people with long-term conditions, NHS Boards, through CHPs, need to redesign services and transfer resources from acute to community settings.

Patients want better information about their long-term conditions and many want greater involvement in their own care.

CHPs are expected to bring together all parties involved in providing long-term condition care in their area, for example general practice teams, community pharmacists, hospitals, social work, voluntary organisations, and patients and carers, and take a lead role in:

- Easing access to primary care services.
- Taking a systematic approach to long-term conditions.
- Providing preventative care.
- Supporting people at home.
- Avoiding hospital admissions.
- Identifying opportunities for more local diagnosis and treatment.
- Enabling appropriate discharge and rehabilitation.
- Improving health and tackling inequalities.
- Improving specific health outcomes.

Participants in our focus groups would have welcomed more information when they are diagnosed, particularly about the long-term implications of their condition, the services available, and where to get more information. They felt that this would have helped them play a more active part in their own care. In particular, there was little awareness about the availability of social care services, and many relied on considerable support from family and friends.

There is scope for public bodies to work with the voluntary sector to ensure that all patients diagnosed with a long-term condition receive comprehensive information about their condition. This condition-specific information should be supplemented with better information about local services. A new approach called Information Prescriptions is being piloted across 20 sites in England: people with long-term conditions or social care needs will receive tailored information which will guide them to relevant information about their condition, for example information about conditions and treatments, care services, benefits advice and support groups.

Recommendations

The SEHD should prioritise work on developing systems to ensure that comprehensive information on patients is available to all professionals so they can assess and manage the total care package for each individual. A timescale should be set for this.

NHS boards and local authorities, through CHPs, should ensure comprehensive information is given to patients about their condition, and the health and social care services available, at the time of diagnosis.

Website: www.audit-scotland.gov.uk