

Care Planning: What is all the fuss about?

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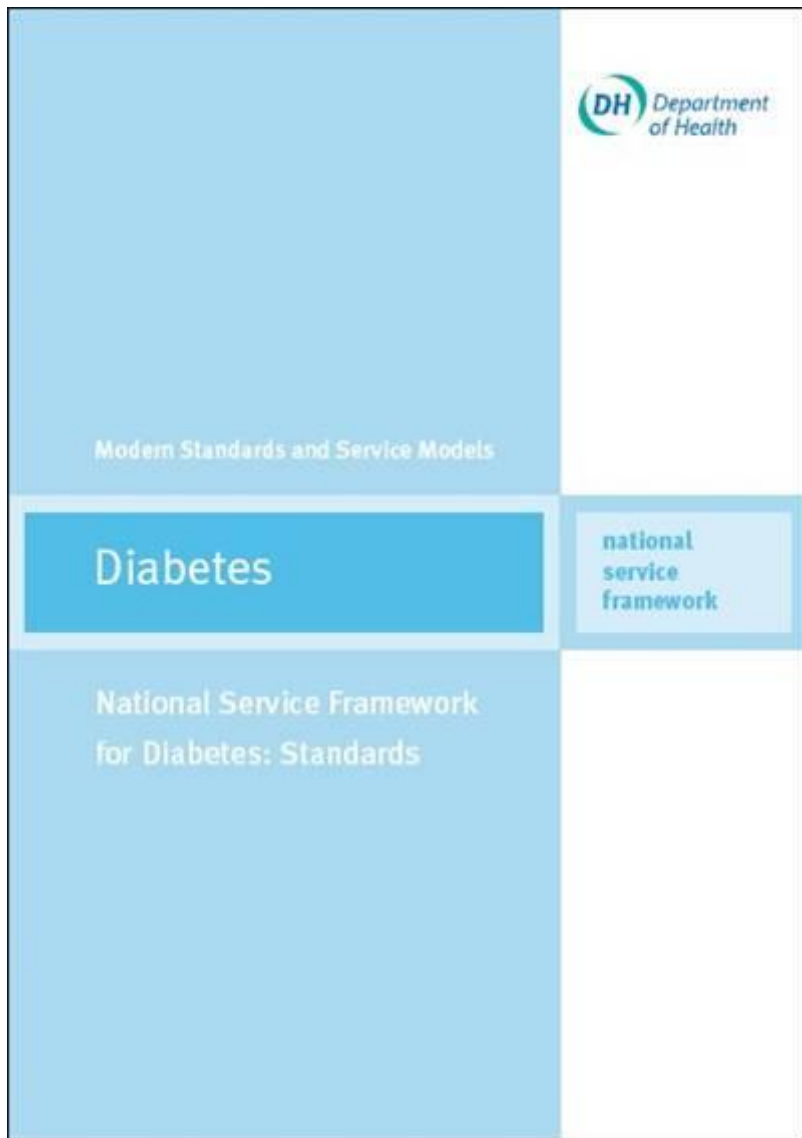
SHA Clinical Lead for Long Term Conditions

Care Planning

- The case for change
- Policy perspective
- Practical examples
- Linking to commissioning
- Discussion

The Case for Change...

The Policy Perspective...



Diabetes NSF Standard 3:

‘encourages partnership in decision-making, supports them in managing their diabetes and helps them to adopt and maintain a healthy lifestyle. This will be reflected in **an agreed and shared care plan**’

*National Service Framework
for Diabetes:*

Delivery Strategy

Diabetes NSF Delivery Strategy:

‘The process of agreeing a care plan offers people active involvement in deciding, agreeing and owning how their diabetes will be managed.’

NHS

NHS

Supporting
long term

Supporting
with Long

Securing
Tailor

Securing our Future Health: Taking a Long-Term View
Final Report

HM Government

DH Department of Health



Our health, our care, our say:
a new direction for community services

Health and social care working together in partnership

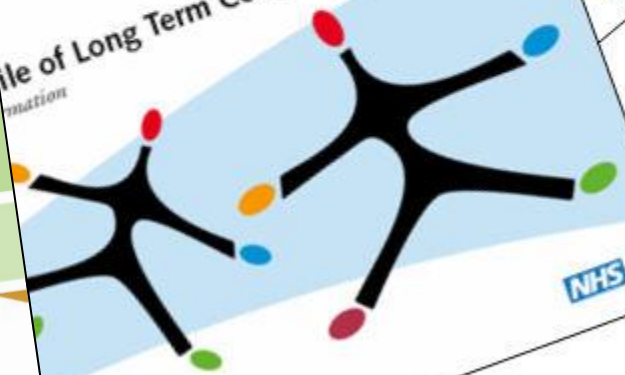
NHS

Independent
Advice



Role of Long Term Conditions Care
Information

DH Department of Health



NHS

NHS

Celebrating the 60th anniversary of the NHS

NHS60

the operating framework

for the NHS in England 2009/10

high quality
care
for
all

DH Department
of Health

Over the next two years, to ensure that those living with long term conditions receive a high quality service and help to manage their condition, everyone with a long term condition should be offered a personalised care plan



NHS Next Stage Review

Our vision for primary and community care



Services that fit together and make sense

People should always feel that the system is connected and working for them – that they are treated not just for their individual symptoms or care needs but as a whole person.

Supporting People with Long Term Conditions

Commissioning Personalised Care Planning
A guide for commissioners



Putting **People First**
Transforming Adult Social Care

 NHS

Commissioners will need to:

work with providers so they are able to put in place the necessary framework to be able to adopt a care planning approach and generate care plans for people with long term conditions and those approaching end of life

Personalised Care Planning

- Diabetes NSF (2003)
- Our Health, Our Care, Our Say (2006)
- High Quality Care for All (Darzi, 2008)
- NHS Operating Framework (2009/10)
- Guide for Commissioners (2009)

Personalised Care Planning

- Quality
- Partnership; Involvement
- Support to manage their condition
- Connected; Working for them
- Whole person

What does that actually
look like?



Care Planning in Diabetes

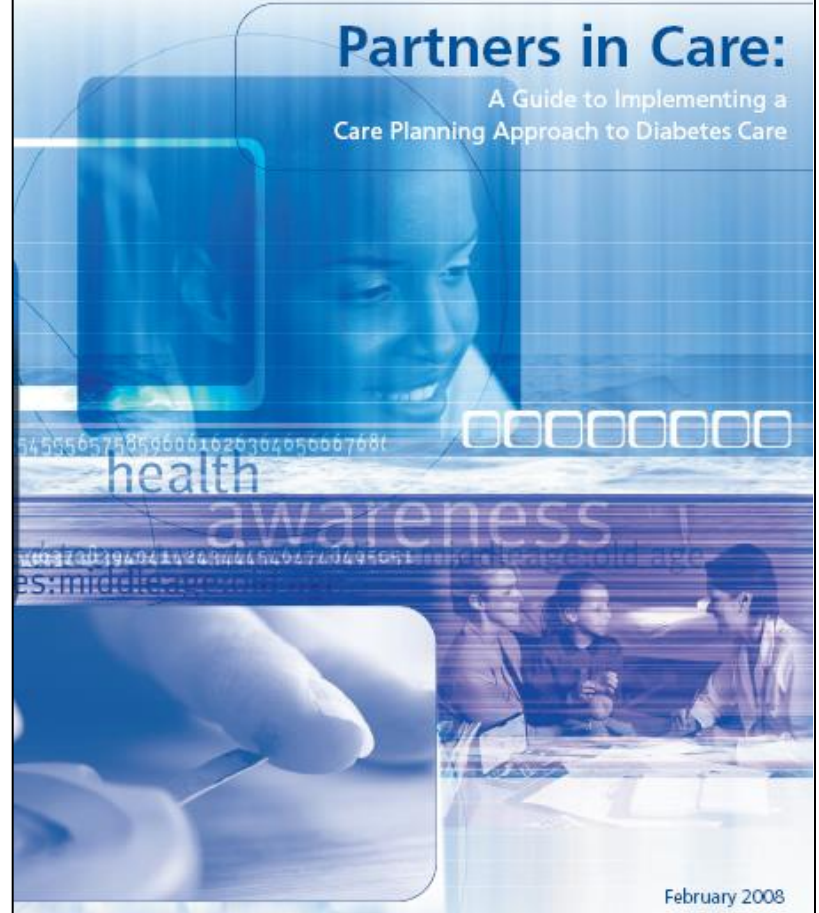


Report from the Joint Department of Health and Diabetes UK Care Planning Working Group

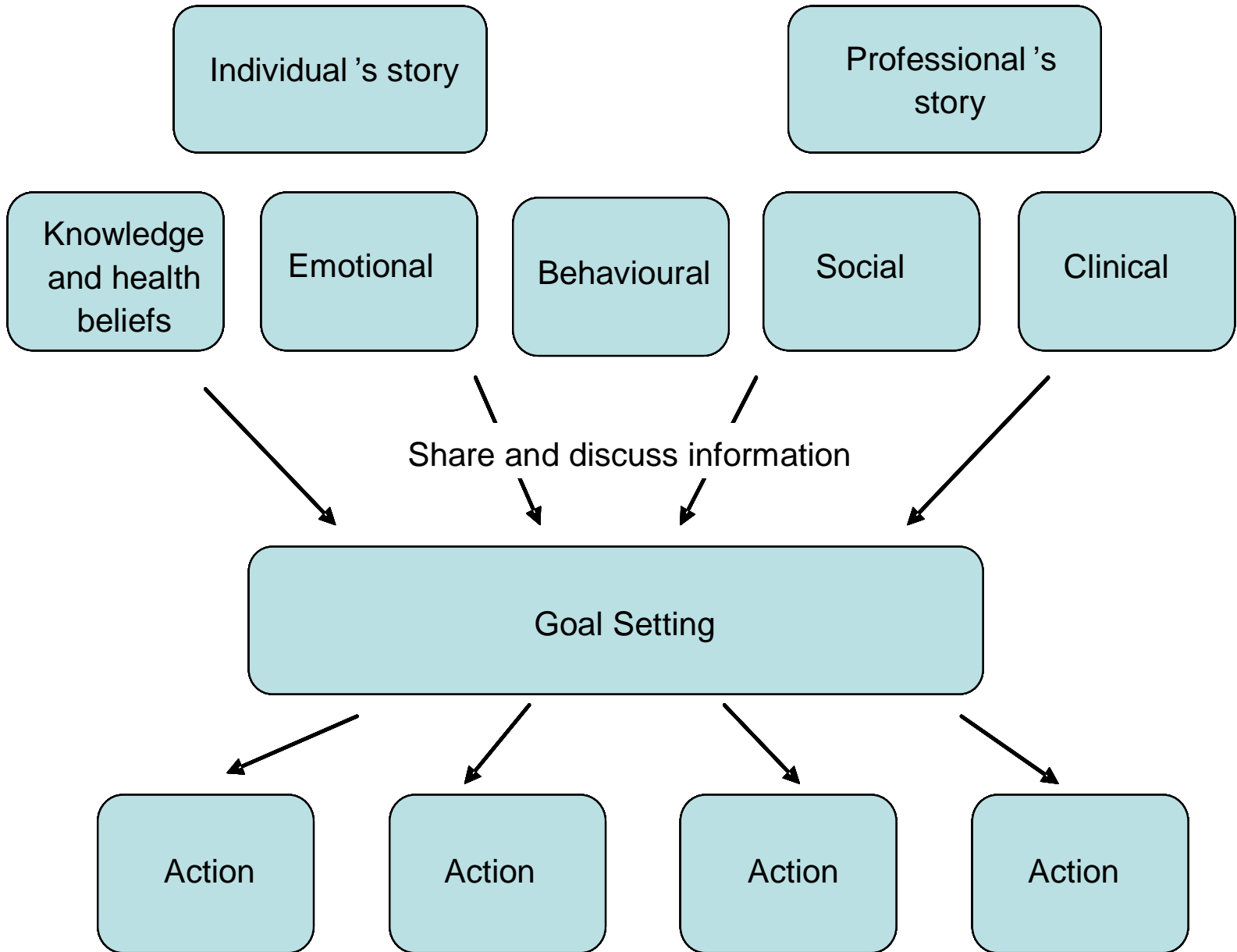


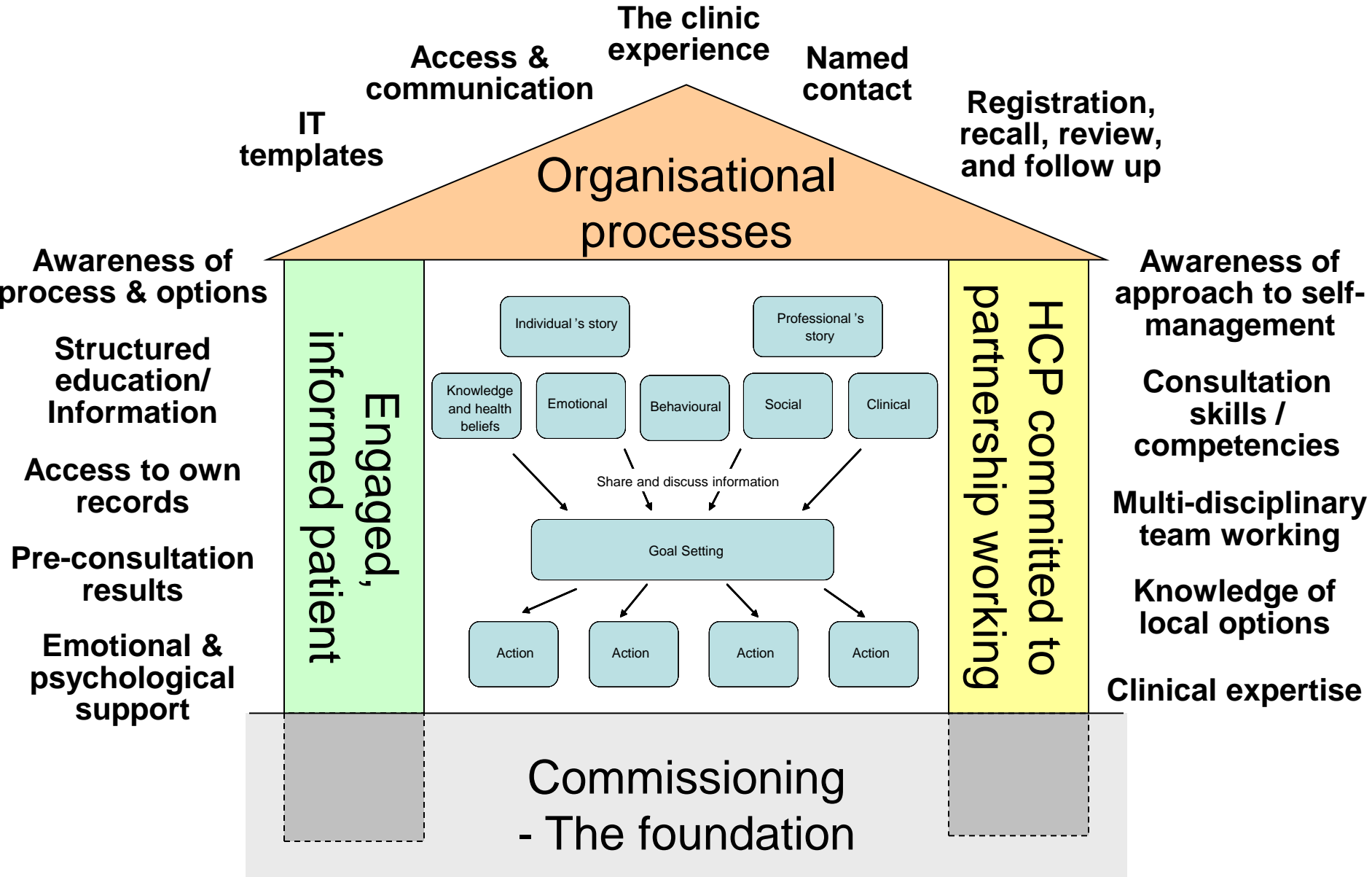
Partners in Care:

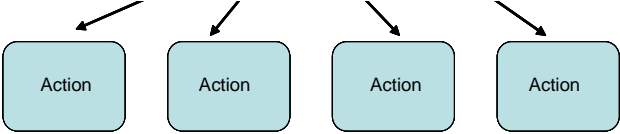
A Guide to Implementing a Care Planning Approach to Diabetes Care

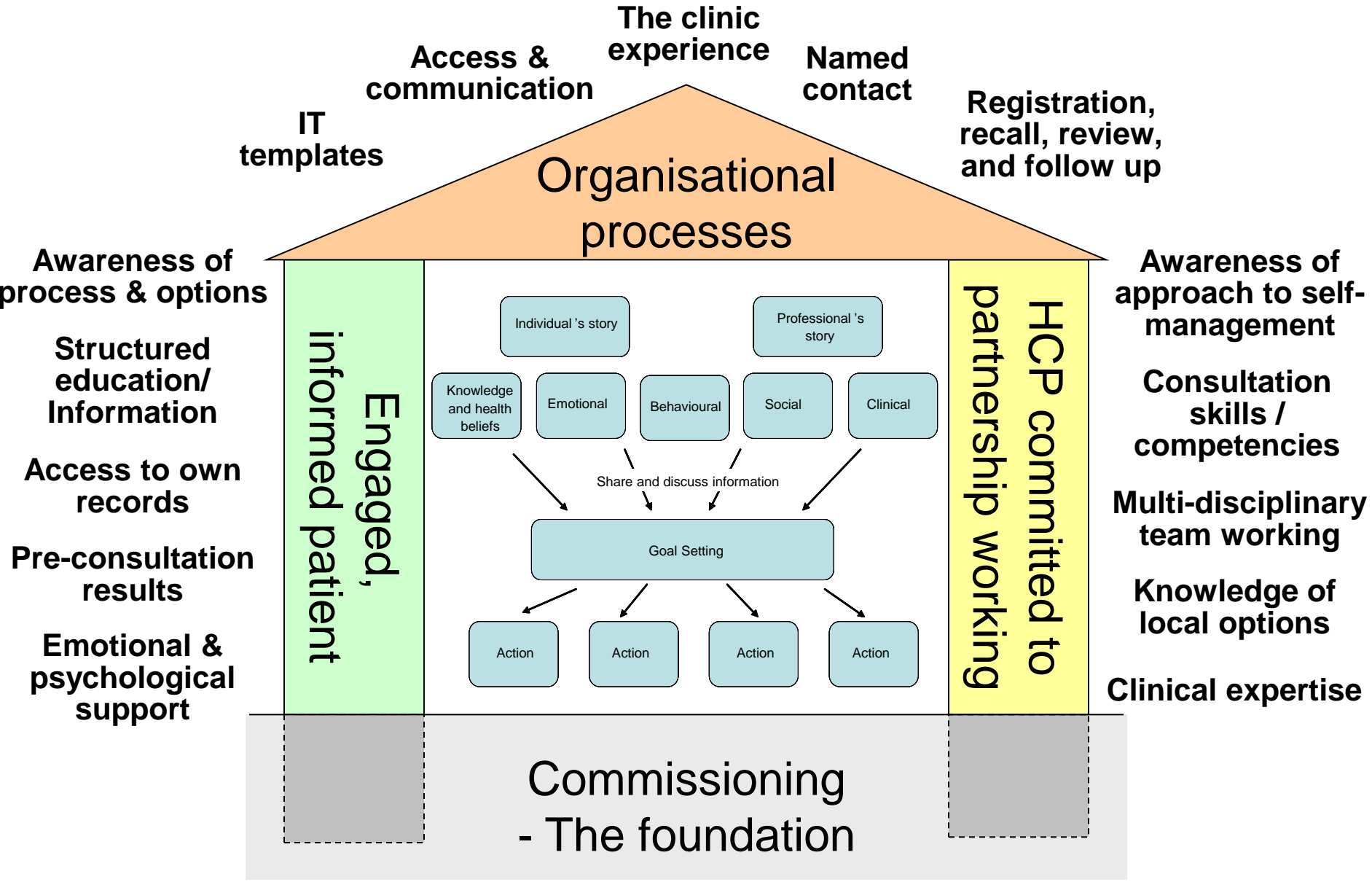


February 2008



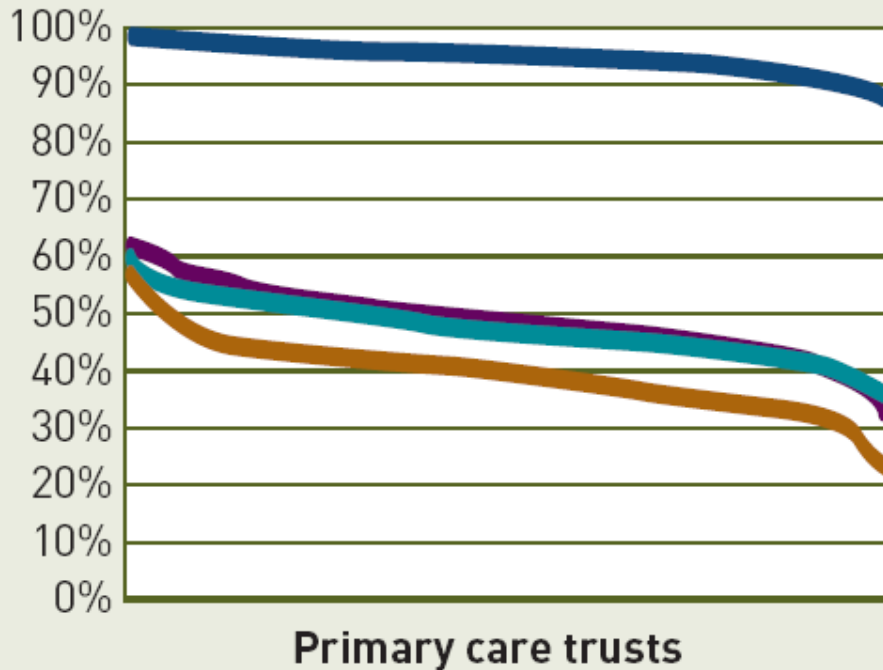






‘We do that already...’

'We do that already...'



■ The percentage of adults with diabetes diagnosed for more than a year, who report that they have had at least one diabetes checkup in the last 12 months

The percentage of adults with diabetes who have had a checkup who report that they 'almost always'...

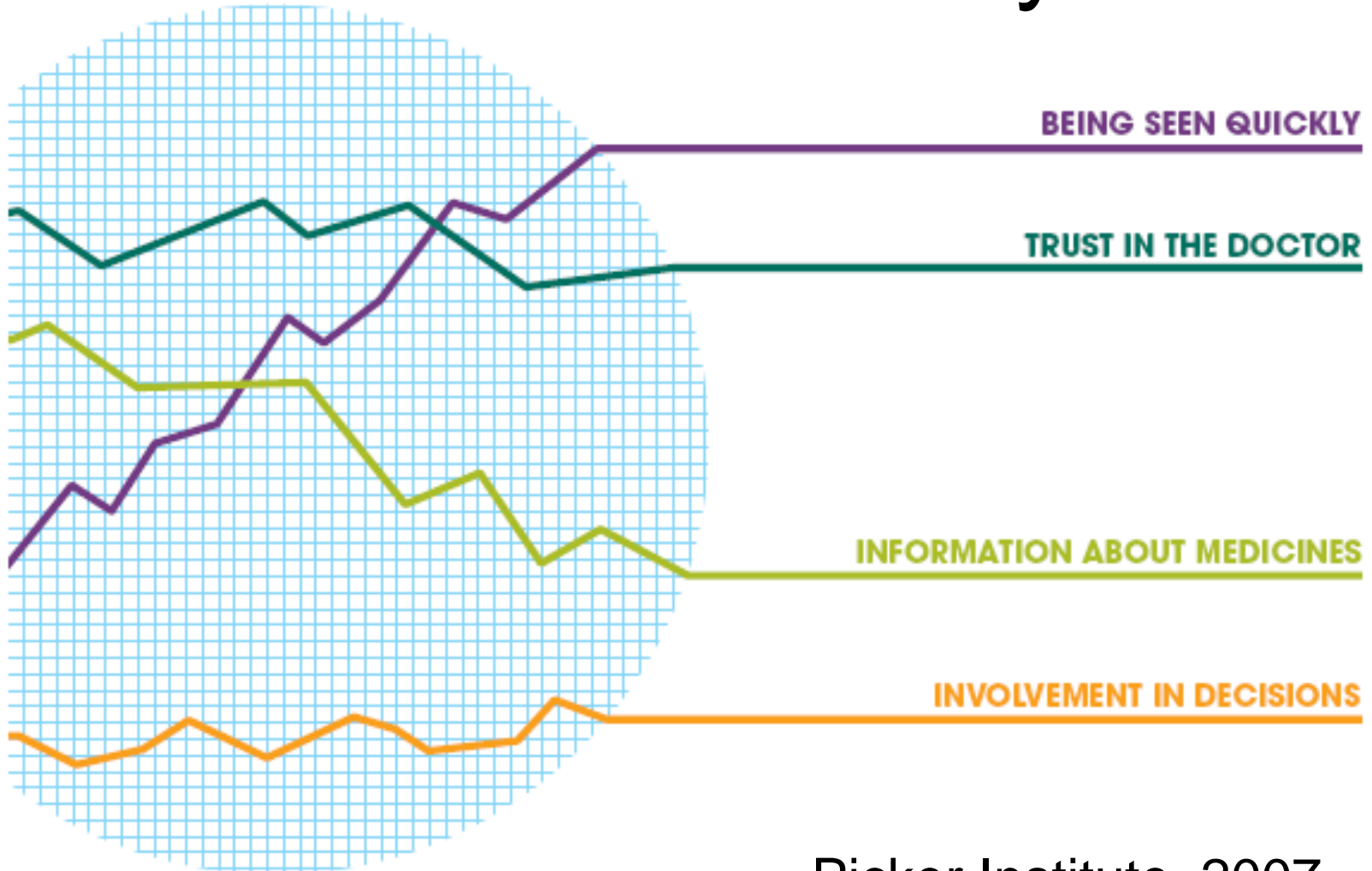
■ ... discuss ideas about the best way to manage their diabetes at their checkup

■ ... agree a plan to manage their condition over the next 12 months at their checkup

■ ... discuss their goals in caring for their diabetes at their checkup

HCC National Patient Survey

'We do that already...'



Picker Institute, 2007

‘My patients don’t want what it...’

>60% said they would like to be sent HbA1c

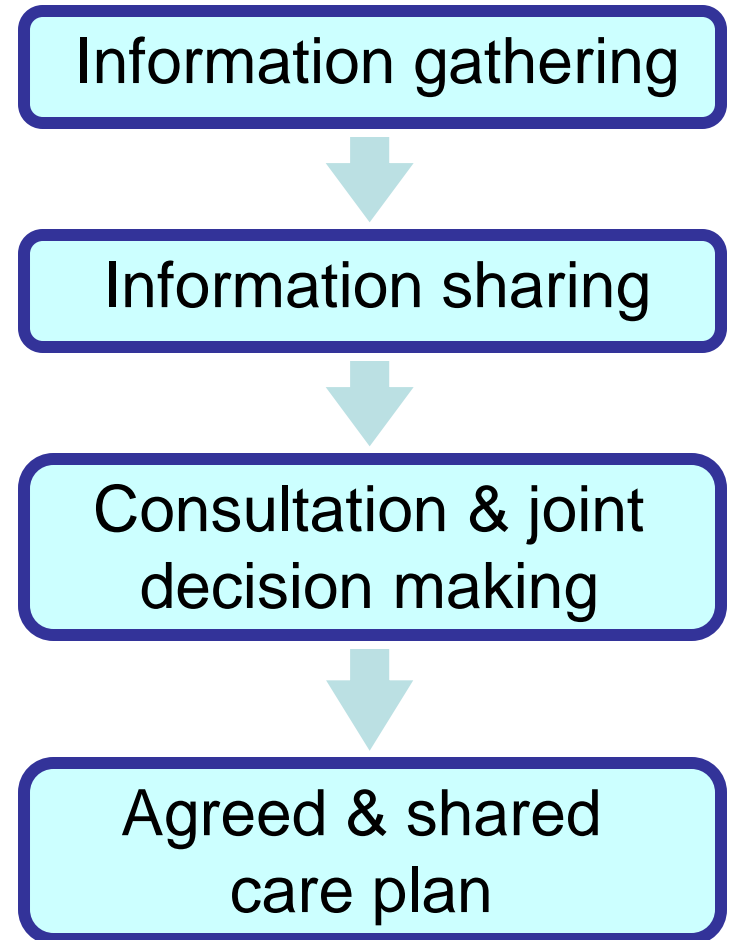
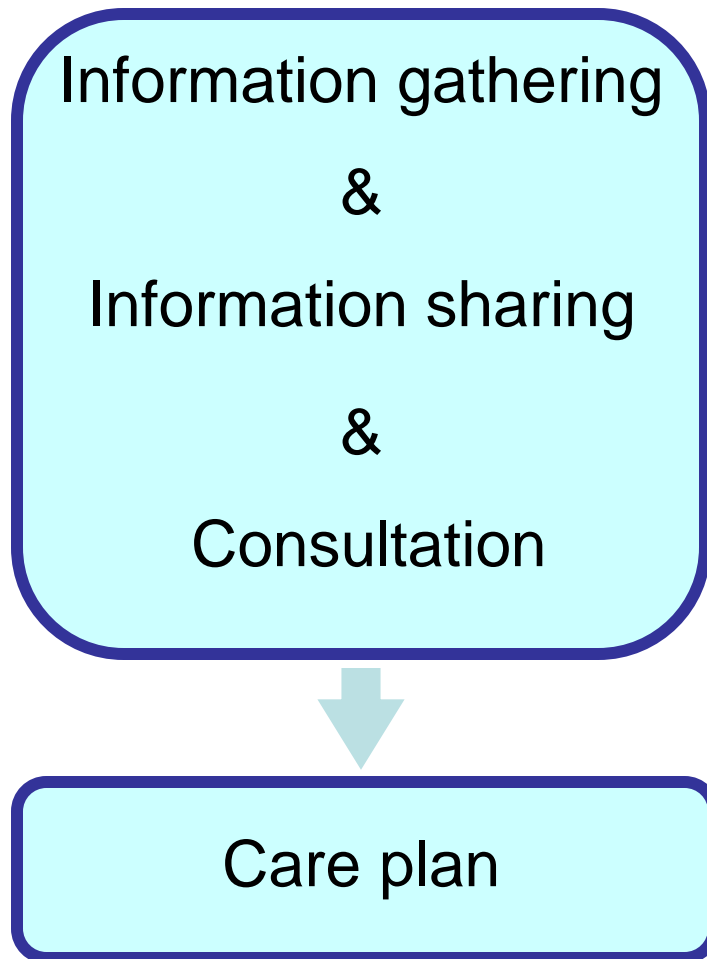
Just 13% did receive in writing

Healthcare Commission Survey, 2006

Your blood pressure's a little high...



- Ah, yes but...
- a) nightmare parking
 - b) thought going to be late
 - c) awful traffic jam
 - d) working very hard recently
 - e) budgie has died
- (Choose one or more from above)





Information gathering



Information sharing

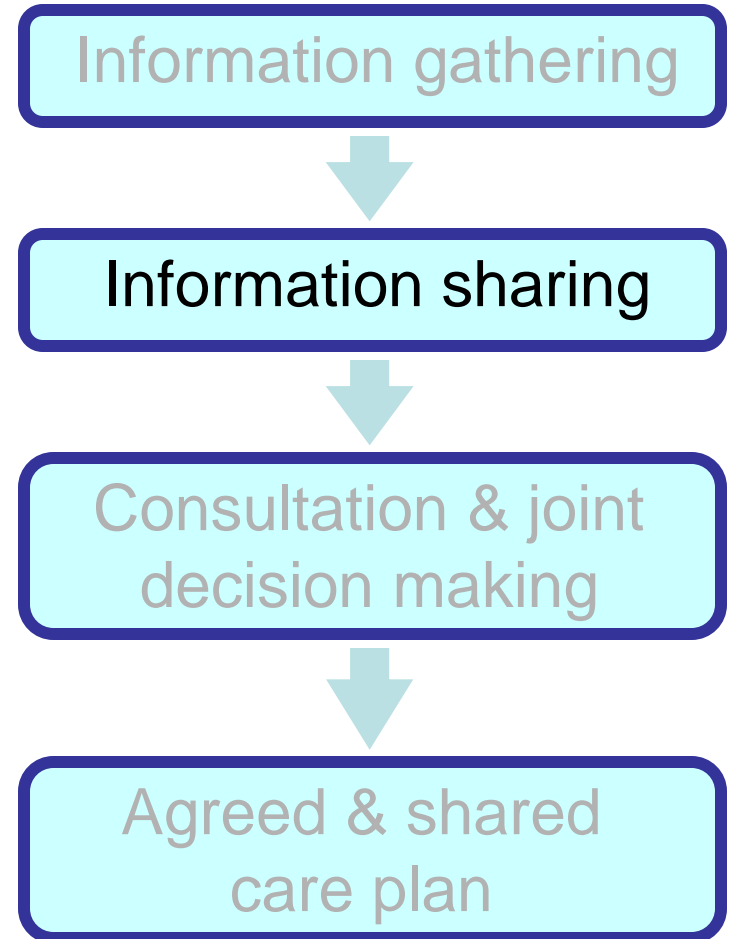


Consultation & joint
decision making



Agreed & shared
care plan

	Your result was:	Please feel free to write any questions or comments you may like to discuss
Diabetes control Your HbA _{1c} is an overall measure of glucose control over the past 8-10 weeks. A level of between 6 and 7% is associated with the lowest risk of complications.	HbA _{1c} 6.6%	
Blood pressure (BP) A target blood pressure of below 140/90 lowers the risk of complications (a target of below 135/75 is used if you have kidney disease).	BP135/72	
Cholesterol and blood fats Lowering your cholesterol can reduce the risk of complications such as heart attacks and strokes. Whether or not you need treatment depends on your overall risk. If you are on treatment the target cholesterol is less than 5.	Cholesterol 4.2	
Kidney tests Your kidneys are tested by looking at a blood test (creatinine) and the leak of protein from your kidney.	Creatinine 146 Urine: Normal	This result is stable but may indicate some kidney problems. This can be discussed in more detail at your appointment.
Weight & body mass index Being overweight increases the risk of many medical conditions including heart disease, arthritis and premature death. It can also make your diabetes and blood pressure more difficult to control. The body mass index (BMI) is another way to look at your weight by adjusting for your height. A BMI between 19 and 25 is associated with the lowest risk to your health.	Weight 104.6kg BMI 34.95	
Smoking Smoking causes problems with your health in many ways but is particularly damaging in people with diabetes.	You are an ex-smoker	





Information gathering



Information sharing

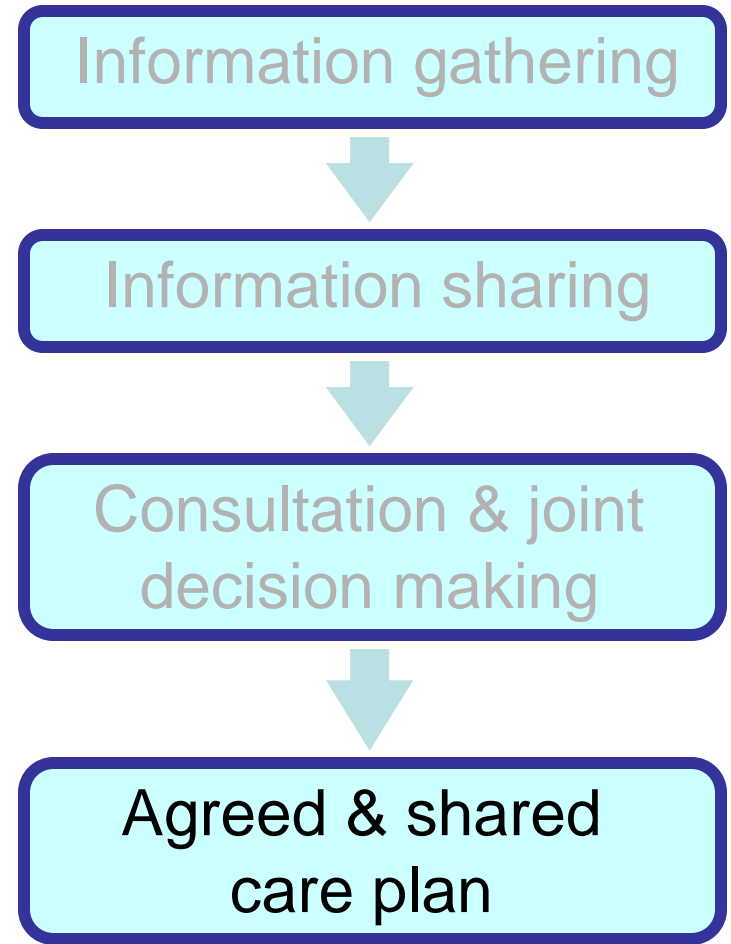


Consultation & joint
decision making



Agreed & shared
care plan

	Your result was:	Comment
Diabetes control Your HbA _{1c} is an overall measure of glucose control over the past 8-10 weeks. A level of between 6 and 7% is associated with the lowest risk of complications.	HbA _{1c} 6.6%	This shows good control but you are getting sugars frequently below 4 in the morning. We agreed to reduce your evening Glicazide to 40mg (half a tablet) or perhaps even stop it.
Blood pressure (BP) A target blood pressure of below 140/80 lowers the risk of complications (a target of below 135/75 is used if you have kidney disease).	BP 135/72	Excellent
Cholesterol and blood fats Lowering your cholesterol can reduce the risk of complications such as heart attacks and strokes. Whether or not you need treatment depends on your overall risk. If you are on treatment the target cholesterol is less than 5.	Cholesterol 4.2	Excellent
Kidney tests Your kidneys are tested by looking at a blood test (creatinine) and the leak of protein from your kidney.	Creatinine 146 Urine: Normal	Your creatinine is slightly high (eGFR 45) but this has been stable since at least 2001. I explained this does demonstrate some damage to the kidneys but suggested I was not too worried about this at the moment.
Weight & body mass index Being overweight increases the risk of many medical conditions including heart disease, arthritis and premature death. It can also make your diabetes and blood pressure more difficult to control. The body mass index (BMI) is another way to look at your weight by adjusting for your height. A BMI between 19 and 25 is associated with the lowest risk to your health.	Weight 104.6kg BMI 34.95	We discussed this in some detail today and used the action planning approach sheet. You have already made some changes such as cutting down portion sizes and avoiding fatty foods which seem to be working (you have lost some weight since the last appointment). You are quite confident you will be able to keep these up.
Smoking Smoking causes problems with your health in many ways but is particularly damaging in people with diabetes.	You are an ex-smoker.	



Why bother?

I could focus on the important things for me and get help

I enjoy doing the clinic a lot more now... working with them rather than at them

Took the 'cork out of the bottle'

People feel more relaxed

Time to read [results] and think about what to raise... you know what was coming

It's absolutely 100% better for me and for the patients

Year of Care



NHS

National Diabetes Support Team



Pilot sites:

Calderdale and Kirklees PCT

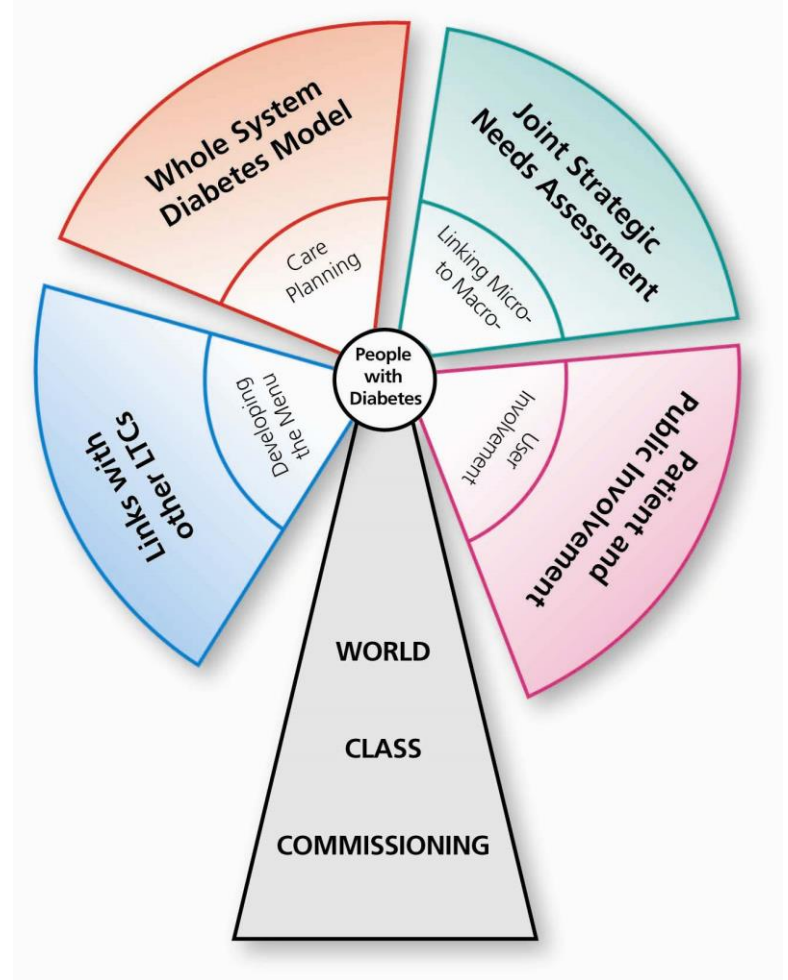
Tower Hamlets PCT

NHS North of Tyne

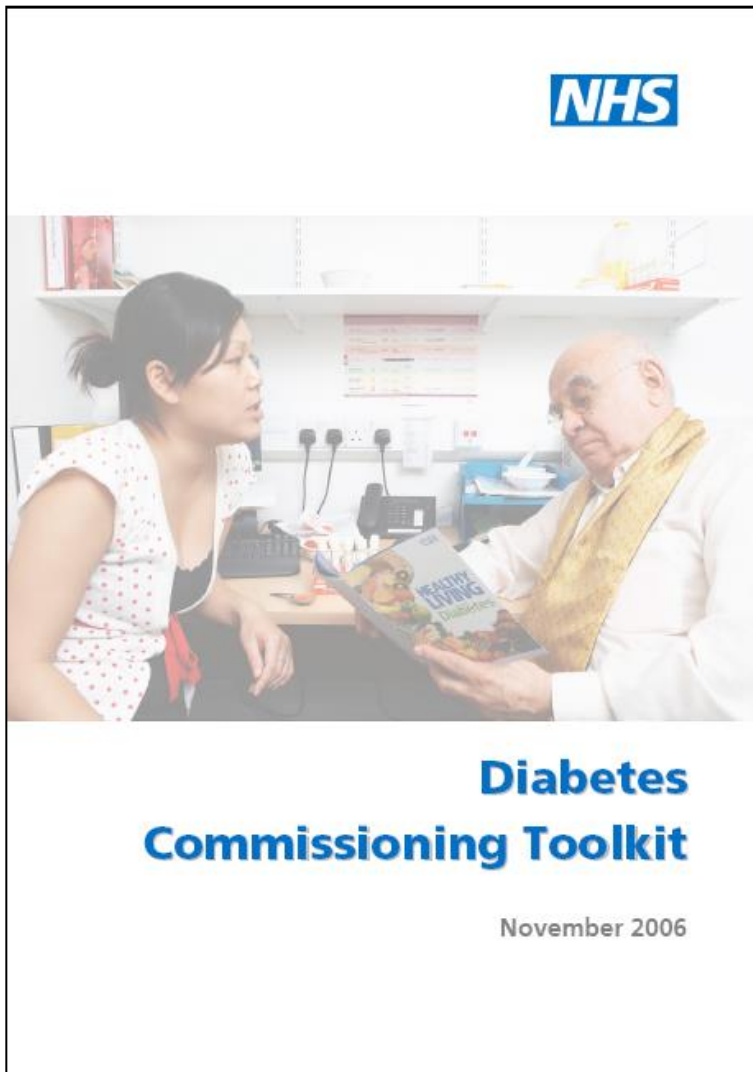
yearofcare@diabetes.org.uk



Getting to Grips with the Year of Care: A Practical Guide



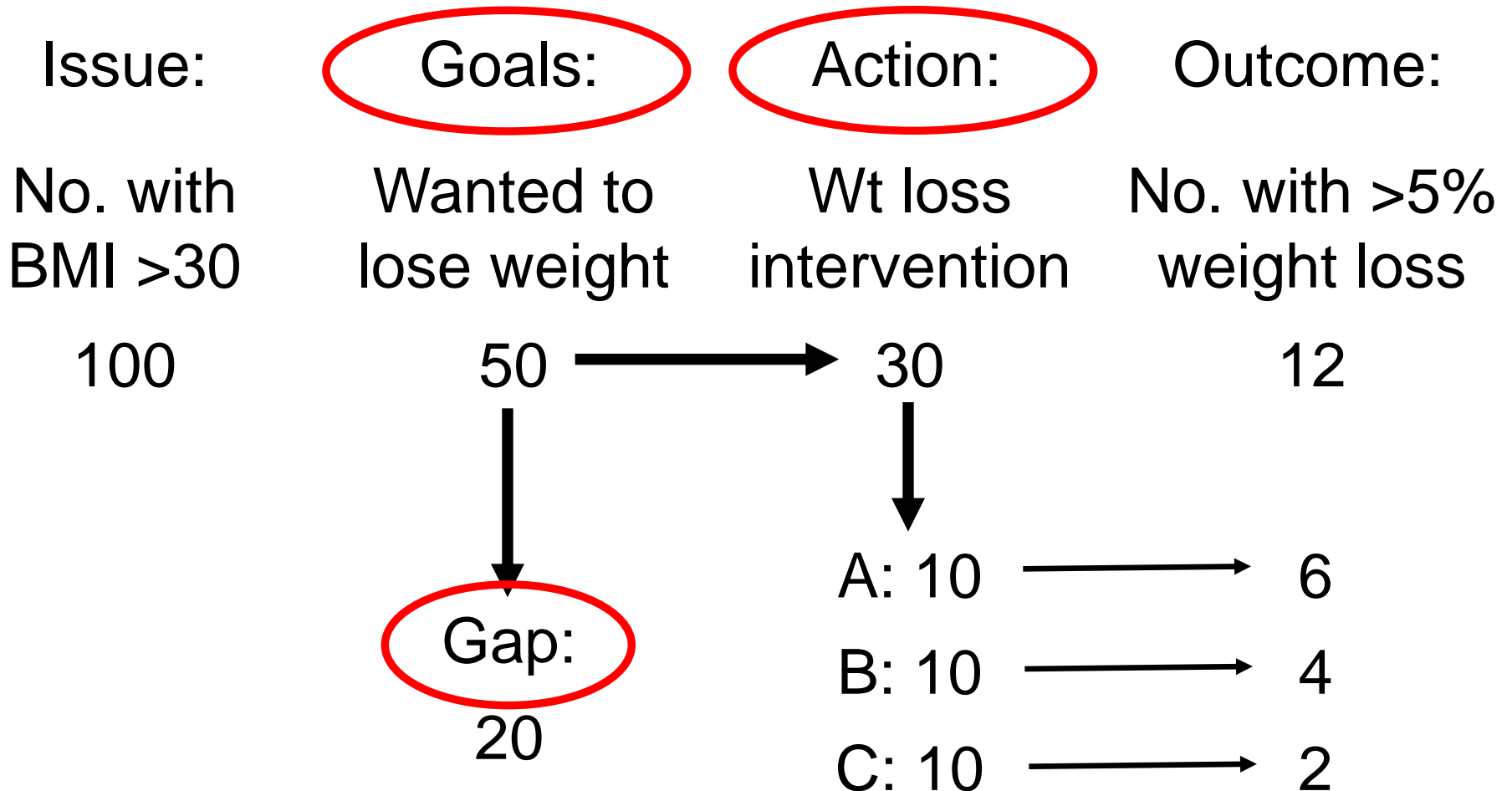
Commissioning



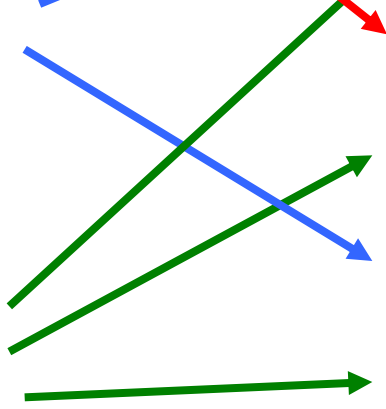
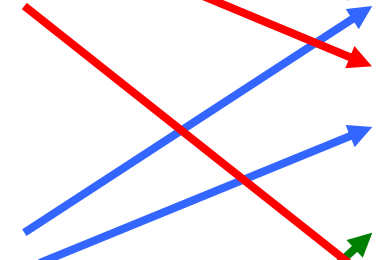
	2006/7	2007/ 8
No. with diabetes	400	412
No. with BMI>30	100	105
% with BMI>30	25%	25.5%

How can we commission weight loss services with data like this?

Micro to Macro-commissioning



Individual patient choices
via the care planning
process = micro-level
commissioning



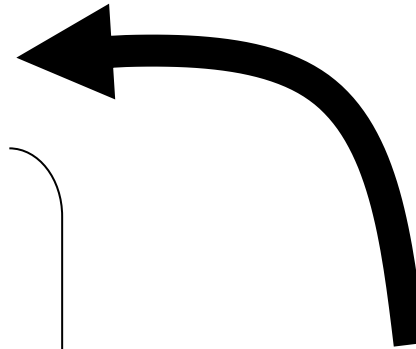
MENU OF OPTIONS

(menu set by
commissioner in
collaboration with
diabetes network)

- Education
- Weight management
- Screening for complications
- Telephone review
- Smoking cessation advice
- Local authority exercise programme
- Specific problem solving
- EPP
- etc...



Macro-level commissioning by
the commissioner
(PCT/practice) on behalf of the
whole diabetes population



‘End in itself’

‘Means to an end’

Personalised Care Planning

- Quality
- Partnership; Involvement
- Support to manage their condition
- Connected; Working for them
- Whole person

With your neighbour, discuss...

*One thing that really made
sense for you*

*One thing are you still not
sure about*